



THE COST OF RAISING A CHILD WITH DISABILITIES IN GEORGIA

THE GOODS AND SERVICES REQUIRED FOR THE EQUAL PARTICIPATION OF
CHILDREN WITH DISABILITIES

2023

Dear Reader,

UNICEF has been supporting child development in Georgia for almost three decades, and ensuring that all children — including the most vulnerable — have the opportunity to survive, thrive and reach their full potential. We collaborate with the Government, civil society organizations, academia, businesses, media, religious leaders, children, parents and youth to prioritize child rights in Georgia. Children with disabilities are among the most vulnerable groups of children in Georgia; they face high levels of stigma and limited access to education, health and social services, which leads to isolation and marginalization. However, the Government is taking significant steps to improve the situation for people with disabilities, including the ratification of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), and the adoption of the Law of Georgia on the Protection of the Rights of Persons with Disabilities. The Government is also working on inclusive education and disability pension reform, as well as gradually increasing the State budget dedicated to disability services.

The study “The cost of raising a child with disabilities in Georgia: the goods and services required for the equal participation of children with disabilities” found that living with a disability in Georgia is costly for families. Children require assistive devices, additional human care and professional support, therapies, extra support in school, and environmental adaptations. Moreover, the cost of care for children with different types and severities of disabilities varies greatly, requiring a more targeted approach by the Government in providing support. The study offers evidence of the types of support needed and their approximate magnitude. It is important that the burden on families is gradually lifted, and children have access to the support they need for full inclusion in education, health and social services.

I believe that this study will be valuable in shaping better public policies and programmes for children with disabilities, and that the study will be used by organizations of persons with disabilities, human rights defenders, and parents to advocate for a better environment. UNICEF will continue its work to protect the rights of all children and ensure they have the best chances in life to develop and thrive.

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DISCLAIMER

Opinions expressed in the report belong to the author and might not reflect the official position of UNICEF.

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¹ “Elements of the Financial and Economic Costs of Disability to Households in South Africa”; National Department of Social Development, Republic of South Africa, Pretoria, 2015

ABBREVIATIONS

ABA	Applied Behavior Analysis
CWD	Children with Disabilities
GDP	Gross Domestic Product
GEL	Georgian Lari – local currency
GSR	Goods and Services Required
HIES	Household Incomes and Expenditures Survey
HSN	High Support Needs
LSN	Low Support Needs
MoIDPLHSA	Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia
MRDI	Ministry of Infrastructure and Regional Development
MES	Ministry of Education and Science of Georgia
OPD	Organizations of Persons with Disabilities
PWD	Persons with Disabilities
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
UNICEF	United Nations Children's Fund
WHO	World Health Organization

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EXECUTIVE SUMMARY

UNICEF has been supporting the Government of Georgia to transform the system of disability assessment and status determination and to optimize social protection measures for children with disabilities (CWD). The study “The cost of raising a child with disabilities in Georgia - The goods and services required for the equal participation of children with disabilities” was developed by UNICEF Georgia to generate evidence in support of the Government-led transformation of the disability support system. Such evidence is critical to formulate a package of support that would allow for the effective matching of the needs of children with a more individualized support system.

The report provides information to better understand additional costs for families raising CWD. These costs are incurred due to additional goods and services required (GSR) for CWD to communicate, move around, go to school, socialize, play with peers, and perform all other activities necessary for a child’s harmonious development.

The overall objective of the study was to collect information on the range and type of expenditures needed to enable CWD to participate equally in society. This was done through reporting on the additional goods and services that would be required for their full participation, and on current and required expenditures in the children’s given environment to meet their needs.

The study aimed to identify the GSR for children with various types of disabilities and different support needs, and the respective necessary extra costs for households. Then, the study sought to calculate the approximate range of costs for GSR for children with various types of disabilities and different support needs.

The objective of these activities was to identify the GSR and their value for groups of children with different functional difficulties and related support needs (High and Low Support Needs). The following eight groups of children were considered and their additional needs in form of goods and services were identified:

1. Children with a physical disability
2. Children with an intellectual disability
3. Children with a behavioural disability
4. Children with multiple/complex needs
5. Children with psychosocial needs (a mental health impairment)
6. Children with vision difficulties
7. Children with hearing difficulties
8. Children with deaf-blindness

STRUCTURE OF THE REPORT

The report is structured to allow readers of different interests and knowledge to easily access and digest the presented information. It consists of three parts.

Part 1 of the report consists of information about the objective of the study and methodology, including data processing. This is followed by a comparison and analysis of the required goods and services and associated costs for the inclusion of children from different disability groups. It is concluded by the major findings of the study, and the applications of the data are presented.

Part 2 goes into detail on each disability group and provides detailed information on the types of GSR for the particular group of children and an estimation of the respective costs.

Part 3 of contains case studies of children from each disability group.

Finally, the annexes present tables with detailed lists of the GSR for the inclusion of children with all disabilities, and an estimation of the respective costs, and the frequency of their use.

STUDY METHODOLOGY

A qualitative three-phase study was selected as the research method.

Phase I: Pre-identification, by an expert panel, of the GSR and their related costs for the groups of children with different functional difficulties and their related support needs (type of disability and the level of support needs). Expert panel consisted of clinical professionals and parents of children with disabilities with extensive experience of supporting parents' association and fighting for the rights of CWD.

Phase II: Group discussions to validate met and unmet needs for GSR (including frequency and intensity) as well as their costs and coverage by the state programmes. Through the focus group discussions over 60 parents, persons and children with disabilities, and field professionals were reached.

Phase III: Consolidation of the costs of GSR through market research. This meant identifying products and services, the value of which was unknown to the panel or could not be specified, and determining their value based on their costs in online stores or stores in Georgia.

The study was predominantly based on the experience and expertise of parents of children with disabilities, as they have the most complete insight on the GSR and the related costs of their children participating in public life like their peers without disabilities. The study was supported by the knowledge and experience of service providers, especially with regards to rehabilitation and assistive technologies the children might need.

The derived lists of GSR per group of disabilities were clustered into six distinctive categories: (1) Assistive Technologies and Products; (2) Personal Human Assistance and Care Services; (3) Rehabilitation Services, (4) Health Care; (5) Mobility/Accessibility; (6) Other and 12 subcategories.

Categorization of the goods and services required

	Categories	Subcategories
1	Assistive Technologies	Assistive Devices (international WHO list)
		Other Assistive Devices
2	Personal Human Assistance and Care Services	Personal Assistant
		Caregiver
3	Rehabilitation Services	Day-care centre
		Therapies
4	Health Care	Hygiene Products
		Medical Procedures/treatment
5	Mobility/Accessibility	Medicine/Special Food
		Transportation
6	Other	Infrastructure
		Rare and expensive goods and services

The cost of goods and services were calculated for each listed item, for each category and subcategories of goods and service and for each group (8 groups) and subgroups (high and low support needs) of children. Within each group and subgroup, the share of goods and services, of common (actual) and required costs, and of government and household costs in total costs and were distinguished.

The estimation of unit costs was done using 2022 market prices, and reflect existing costs for individual households. When goods and services were provided by the government, the cost defined by the government was used. It should be noted that the costs include recurrent monthly costs as well as monthly share of the costs of those items that were procured annually, once in two or four years, or once in lifetime.

In addition to the detailed lists of goods and service and respective cost estimations, typical child profiles were developed for each group. These profiles served to illustrate the reality of those combined costs with details about monthly recurrent or yearly costs as well as more infrequent costs such as Assistive Technologies or the need for home adaptation.

MAJOR FINDINGS

Based on the analysed data, the following major findings were concluded:

- **For the equal participation of CWD, the cost of GSR are out of reach for most families in Georgia.**

The study confirmed the reality of the additional costs of GSR for children with disabilities. All members of the expert team involved in the study, as well as the parents participating in the focus groups, were in agreement. However, many were surprised by the magnitude and diversity of the costs. The vast majority of the population of Georgia does not have the capacity to pay for such high out-of-pocket and disability-related expenses, which implies the persistent and high-level of

exclusion of CWD and the financial pressure on their families. This was particularly evidenced in the focus groups, where parents often mentioned that they were not able to provide even basic support to their children due to insufficient financial resources; thus, they had to make tough decisions on how to prioritise expenses.

- **Children with different disabilities have different categories of needs.**

Research provides strong evidence of the vast diversity of type, scope and intensity of support needs between the different groups of children with disabilities. The lists created for each group provide new insights on this diversity.

- **The structure and level of costs differ vastly between groups of children with different functional difficulties and support needs, with those with the highest support needs facing higher costs across categories.**

The vast diversity of needs among CWD translates into a diversity of structures and levels of disability-related costs. This is true between groups of children with different functional difficulties, but also within those groups, between children with High and Low Support Needs.

- **“One size does not fit all”: The current State system of relatively uniform support for children with disabilities does not respond to the level and diversity of their needs.**

The current system of disability assessment and determination in Georgia does not take into consideration the structure or level of support, nor the costs required for different groups of children; every child receives the same disability status: ‘child with a disability’ which is linked to a uniform cash transfer for children. This leads to a very large number of CWD not being adequately registered or covered. The relative uniformity of the State support system does not address the different needs of children as a similar package of cash allowance and rehabilitation programmes is provided for all disability groups irrespective of higher or lower support needs.

- **The Government does not cover all identified cost categories yet.**

This analysis revealed that the Government’s support, at this stage, does not cover all the identified cost categories. This means that the Government does not have any participation in covering the costs for mobility or accessibility services. Currently, there are no State-funded programmes to cover the costs of home renovations to ensure accessibility of a living space. Additionally, there are no cases where transportation costs — such as taxi service — have been covered despite the high need due to the inaccessibility of public transportation across Georgia. Transportation costs only cover travel services to reach State-funded day-care centres and some municipality-funded rehabilitation services. Accessible transport is only available in some areas of Tbilisi, and does not address the needs of the entire community, as the regional transport infrastructure is quite faulty.

- **The Government and civil society have already found solutions to some of the issues facing children with disabilities.**

Initiatives exist throughout the country that seek to address the diverse needs regarding GSR. Very few of the goods and services identified during the study are totally non-existent in Georgia. Some existing responses need to be scaled up, the quality of some should be improved, and some are at

the piloting or testing stage. The study's findings reflect an increased confidence in Georgia's ability to model, and then develop, an optimized support system and package of services that respond adequately to the diversity of needs for all groups of children with disabilities.

- **Parents have a tendency to spend the family's limited expenditure mainly on health and therapies (rehabilitation services).**

The study provided evidence on a current trend among families who have children with disabilities. In response to the existing children's needs, parents have a tendency to prioritise rehabilitation services and bear therapy costs (or demand from the Government an increase in the intensity of therapy), as they believe this to be the best way to improve their children's participation in community life. As therapy requires a considerable amount of money and the families' budget is often very limited, children are deprived of other activities that require additional costs, such as leisure and recreational activities.

- **Families in the regions have further additional costs caused by the problem of the geographic inaccessibility of services.**

Families living in rural areas have additional costs, which are caused by the problem of the geographic inaccessibility of services. Additional costs are associated with transportation to big cities where services are concentrated. The cost of transportation varies and depends on the place of residence of the families. In some cases, there may also be additional costs related to the short-term rental of residences and the associated incidentals to be nearer to the location of necessary services, as well as the opportunity costs in terms of lost work when it comes to receiving the necessary services monthly or bimonthly.

This detailed analysis of the GSR and respective costs, confirmed that:

- All children with disabilities may require additional goods and services to participate equally, and those needs are very different depending on their type of functional difficulties and their environment, which leads to the need for different levels of support.
- This diversity translates into different structures and levels of disability-related costs.
- The current State support system is relatively uniform and does not consider and respond to the level and the diversity of the needs of children with disabilities.
- While the current package can support some groups of children better than others, no group receives the support required for equal participation.
- Families have to bear a large financial cost, and in the vast majority of cases, cannot afford the costs of the GSR for the equal participation of their children with disabilities.
- While the ongoing reform of disability assessment will allow better consideration for the diversity and level of support needs, a critical review of the current State support system is required to identify ways to respond more adequately to this diversity.

BACKGROUND

Georgia is a high middle-income country with a population of 3.78 million people, of which 24 per cent are children.² Caught between the geopolitical interests of its large neighbours, Turkey and Russia, Georgia navigates its way towards reaching its aspirations of becoming part of the European family. To reach that goal, Georgia is developing systems and institutions that are rights-based and comply with the best international standards and principles.

Georgia ratified the UN Convention on the Rights of Persons with Disabilities (UNCRPD) in 2014. Since then, it has been reforming its state systems to ensure the protection and support of persons with disabilities who reside in the country. Currently, around 3 per cent of the population — including 1.4 per cent of children — have the official status of person with disabilities (PWD).³ The Government uses this status to channel its scarce resources toward those who are the most vulnerable. It does so through a disability cash allowance and specialised support services that are primarily located in large urban centres. In total, based on UNICEF estimates the Government spends around 0.5 per cent of the Gross Domestic Product (GDP) on PWD, including 0.12 per cent of GDP on children with disabilities (CWD).

In addition to this earmarked support, the Government factors disability into different mainstream policies and programmes. For example, the formula that guides the intragovernmental transfer of funds from the central level to municipal level takes the number of PWD in the community into account. The targeting mechanisms for the largest cash support programme to poor households, called the Targeted Social Assistance Programme, also factors in PWD, thus providing better chances to families with PWD to receive increased cash support from the State.

However, PWD are still considered to be one of the most disadvantaged groups in Georgian society. Many of their disabilities are not visible — like children with Down Syndrome, whose disabilities are not visible before a certain age, and children with developmental or psychosocial conditions, like Autistic Spectrum Disorder. Around 33.4 per cent of the Georgian public stigmatizes disabilities, thus restricting the opportunities for full integration and equal participation.⁴ There is an apparent lack of services for PWD, especially in rural, more remote and mountainous areas; children lack access to health care, and they are underrepresented in the mainstream education system and overrepresented in institutional care⁵. In 2019, the estimated additional costs for families with PWDs were and the cost varied between 150 – 2,500 Georgian Lari (GEL) per month depending on income quintile.⁶

Acknowledging challenges that PWD face in Georgia and complying with the requirements of the UNCRPD, the Government initiated a large-scale reform of its systems. Inclusive education was introduced in the legislation and gradually institutionalised.

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2 Source: National Statistics Office of Georgia

3 Source: Social Service Agency

4 Real Time Monitoring Survey 2020-2021, National Statistics Office of Georgia

5 In Georgia, 1.4% of children have an official status of a child with disability (data from Social Service Agency) and 5.6% of children have severe functional difficulties, with 6.5% for children aged 5-17 (Child Welfare Survey 2022). In different forms of state care, 23% of children have disability status. As for the schools, actual number of children with disabilities is unknown, although 4% of all school aged children are children with special educational needs that includes children with disabilities.

6 The Standard of Living (SOL) approach was used to calculate these costs. The SOL approach calculates extra disability costs through analysing expenditures of households with and without PWD; this approach calculates additional expenditures for the families with PWD to reach a similar standard of living as families without PWD. Indicated numbers derived from the Household Income and Expenditure Survey (HIES) database produced annually by the National Statistics Office of Georgia. The average monthly income for the same period was 1,063 GEL per month.

Currently, reform of the system to assess and grant disability status is underway. The process is transformative, and it incorporates a bio-psychosocial assessment as compared to a purely medical one. This will allow the system to have rich individualized information about the needs of PWD, which will enable more responsive case management.

However, despite this progress, the current offer of support (cash and services) is limited. It does not reflect the scope of the goods and services that are required by the diverse range of children with disabilities so that they can achieve equal participation in the community.

UNICEF has been supporting the Government to transform the system of disability assessment and status determination. UNICEF is also providing technical support to optimize social protection measures for CWD. In order to develop a system of support that takes the diversity of support needs of children into account, UNICEF commissioned a study on Goods and Services Required (GSR) for the inclusion and equal participation of children with disabilities and their respective costs. Such information is critical to develop a package of cash and services that would allow for the effective matching of the needs of children with a more individualized support system.

STRUCTURE OF THE REPORT

The report is structured to allow readers of different interests and knowledge to easily access and digest the presented information. It consists of three parts.

Part 1 of the report is the main section. It consists of information about the objective of the study and methodology, including data processing. This is followed by the comparison and analysis of the required goods and services and associated costs for the inclusion of children from different disability groups. It is concluded by the major findings of the study, and the applications of the data are presented.

Part 2 goes into detail on each disability group and provides detailed information on the types of GSR for the particular group of children and an estimation of the respective costs.

Part 3 of contains case studies of children from each disability group.

Finally, the annexes present tables with detailed lists of the GSR for the inclusion of children with all disabilities, and an estimation of the respective costs, and the frequency of their use.

PART I

1. THE AIM OF THE STUDY

The overall aim of the study was to collect information on the range and type of expenditures needed to enable CWD to participate equally in society. This was done through reporting on both current and required expenditures in the children's given environment to meet their needs, and the additional goods and services that would be required for their full participation.

More specifically, the study aimed to identify the GSR for children with various types of disabilities and different support needs, and the respective required extra costs for households. Then, the study sought to calculate the approximate range of costs for GSR for children with various types of disabilities and different support needs.

The objective of these activities was to identify the GSR and their value for groups of children with different functional difficulties and related support needs (High and Low Support Needs). The choice of functional difficulties as a criterion to create the group, rather than age groups for instance, was motivated by the fact it allowed better and clearer consideration for the diversity of support needs. The choice also better reflected the structure of the disability movement and parents' organizations, which have been an integral part of the process. The following eight groups were considered:

- Children with a physical disability
- Children with an intellectual disability
- Children with a behavioural disability
- Children with multiple/complex needs
- Children with psychosocial needs (a mental health impairment)
- Children with vision difficulties
- Children with hearing difficulties
- Children with deaf-blindness

The present study was based on the following definition of disability groups and Low and High Support Needs:

Children with a Physical Disability	Children who mainly have impaired physical and motor skills (gross and fine motor), which limits their motor activity and, accordingly, their performance of daily activities. In some cases, physical disability can be manifested with cognitive impairment.
Intellectual Disability	Children who mainly have an impairment of cognitive skills, which affects the development of problem-solving skills, adaptive behaviour, and independent functioning in everyday life.
Children with Behavioural Disabilities	Children who mainly have behavioural disabilities along with intellectual.
Children with Complex (and medical) Needs	Children who have, simultaneously, impairments of motor, intellectual and sensory functions, and to varying degrees. In the most severe cases, children may have additional medical needs, leading to frequent hospitalizations. Children with complex needs are always considered to be in need of high support. However, within the framework of the study, children with complex needs, who have additional medical needs and/or require frequent hospitalizations, are considered as High Support Need (HSN) Children; Low Support Need (LSN) Children — refers to children who, simultaneously, have difficulties of motor, intellectual and sensory functions, and to varying degrees, but have fewer medical issues.
Children with Psychosocial Disabilities	Children with mental health issues. The severity of the disability is determined by how often and severely the episodes of the manifestation of the disability occur.
Children with Visual Difficulties	Children with varying degrees of visual difficulties.
Children with Hearing Difficulties	Children with varying degrees of hearing difficulties.
Children with Hearing and Vision Difficulties (Deaf-blindness)	Children who have simultaneous hearing and vision difficulties. This can include total deaf-blindness, sometimes accompanied with intellectual disability, or total difficulties of one sensory channel and a residual condition of another. Within the framework of this study, children who have total deaf-blindness (sometimes accompanied with an intellectual disability) are considered under the Subcategory of HSN; Low Support Need refers to children with (a) total deafness and residual vision or (b) total blindness and residual hearing.
HSN Children include those who have very significant difficulties or are not able to perform daily activities independently. For participation and inclusion in daily activities they are totally and simultaneously dependent on a variety of assistive devices together with the significant support / assistance of another person, often a parent(s).	
LSN Children include those, who need assistive devices and/ or a lesser amount of human support / assistance for independent functioning and inclusion in daily life. With the support of assistive devices and/or personal assistance, children are able to be actively involved in a variety of daily activities.	

2. STUDY METHODOLOGY

A qualitative three-phase study was selected as the research method.

Phase I: Pre-identification, by an expert panel, of the GSR and their related costs for the groups of children with different functional difficulties and their related support needs (type of disability and the level of support needs).

Phase II: Group discussions to validate met and unmet needs for GSR (including frequency and intensity) as well as their costs and coverage by the state programmes.

Phase III: Consolidation of the costs of GSR through market research. This meant identifying products and services, the value of which was unknown to the panel or could not be specified, and determining their value based on their costs in online stores or stores in Georgia.

The study was predominantly based on the experience and expertise of parents of children with disabilities, as they have the most complete insight on the GSR and the related costs of their children participating in public life like their peers without disabilities. The study was supported by the knowledge and experience of service providers, especially with regards to rehabilitation and assistive technologies the children might need.

Phase I:

To identify a thorough list of GSR, an expert panel was formed at an early stage. The panel united parents of children with disabilities, youth and adults with disabilities, and clinical experts working with CWD (including: occupational therapists (2), psychologist (1), neuropsychologist (1), and development paediatrician (1)). The panel had a total of 12 members. Select parents and persons with disabilities were backed by a relatively large number of other parents through different parental associations. The parents had personal experience fighting for the social inclusion of their children. The selected specialists had broad competence working with the diversity of the CWD considered, and were able to facilitate effective professional dialogues with the parents and persons with disabilities to identify the GSR.

The identification of GSR was based on the analyses of the daily routines of CWD. These included common activities inside and outside the home, including: self-care; moving within and outside the home; communication with family members, peers and others; engagement in kindergartens and schools; participating in social life; having fun and leisure activities; accessing necessary universal and public services; and other varied activities.

The expert panel developed a detailed list of GSR for all eight groups (and 17 subgroups). Taking into account that, within each group, two subgroups were differentiated based on high and low support needs, and three subgroups were defined within the group with simultaneous hearing and visual difficulties, there was a total of 17 subgroups analysed. The identified list of goods and services was reflected in a preliminary special questionnaire developed by the expert panel, as well as a focus

group guide that was further used to collect and verify information from other parents.

See Annex N18 – Checklist to collect information on Goods and Services Required included in the focus group guide.

Phase II:

After the list of GSR was pre-identified, 12 focus groups were conducted within the frame of this study, including one focus group with children with disabilities themselves.⁷ Each focus group with parents was devoted to one specific group and level of support. In total 56 adults and 4 children with disabilities participated in the focus group discussions.

The aim of each focus group was to validate the list of GSR provided by the expert panel to ensure that nothing was missed. The focus groups provided valuable information on what goods and services households were currently spending the most on, and how much per month they were spending on those goods. These were referred to as “Common Goods” in the report.

When recruiting focus group participants, it was important to have a range of age groups among the children, as well as different genders, and children from both rural and urban locations.

Caveat: Connecting to the focus group meetings was a significant challenge for parents residing in rural areas due to their limited access to quality internet and digital literacy. Furthermore, the length of these meetings sometimes extended to three hours, making it difficult for parents of children with high support needs to find adequate time for participation as they were primarily occupied with caregiving responsibilities at home.

In Georgia, due to the stigma related to psychosocial disabilities, it was very difficult to recruit the parents of children with psychosocial disabilities. Thus, a focus group was conducted with social workers, caregivers and other specialists working with this group of children. Additionally, it was challenging to identify parents of deafblind children for participation in a focus group because of the lack of identification mechanisms, and families’ limited access to the necessary services. These are elements that make the group particularly “invisible”. Accordingly, the needs of the aforementioned groups were analysed only based on the professional reasoning of the expert panel.

To overcome uncertainties related to the costs of various goods and services, and to define the cost of required items that are not available in Georgia, market research of available products and their prices in Georgia and globally was conducted to obtain the best cost estimates for required items.

⁷ The focus groups were held online due to COVID-19 restrictions at that time.

3. DATA PROCESSING

The data collected in the first three phases of the study were processed as follows:

Categorization of the identified goods and services

Based on the input of the expert committee and focus groups, the derived lists of GSR per group of disabilities were clustered into six distinctive categories: (1) Assistive Technologies and Products; (2) Personal Human Assistance and Care Services; (3) Rehabilitation Services, (4) Health Care; (5) Mobility/Accessibility; (6) Other and 12 subcategories.

Table N1: Examples of goods and services under each subcategory

	Categories	Subcategories	Items – Goods or Services
1	Assistive Technologies	Assistive Devices (international WHO list)	Wheelchair with Postural Support, Presser Relief Cushion, Walker, Stander, Orthoses (splints), Orthopaedic Mattress, Bath/ Shower Chair, etc.
		Other Assistive Devices	Transfer Board, Adapted Cup, Adapted Utensils, Apron, Sensory Toys, Swing/Hammock, etc.
2	Personal Human Assistance and Care Services	Personal Assistant	Personal Assistant
		Caregiver	Caregiver
		Day-care centre	Day-care Centre, Home-based Care
3	Rehabilitation Services	Therapies	Early Intervention Service, Habilitation / Rehabilitation (including physical, occupational, sensory, food and/or speech and language therapy, psychologist); Behavioural Therapy, Consultation of a Sexologist; Art, Ride, Aqua, or Music Therapy, Recreation Services at a Medical Resort (including transportation), etc.
4	Health Care	Hygiene Products	Diapers, Special shampoo (without soap), Special cream and powder for burnt skin, Hypo-allergenic special face cream, etc.
		Medical Procedures/ treatment	Outpatient consultation, Inpatient Care, Botulinum Toxin, Electroencephalography Medical consultation, Anaesthesia for Dental Service, etc.
		Medicine/Special Food	Special Meal, Medications (Psychotropic, Stomach Protective and other Medications), etc.
5	Mobility/Accessibility	Transportation	Taxi Service/Fuel Cost
		Infrastructure	Home Renovation
6	Other	Rare and expensive ⁸	Transfer Crane

Within each group and subgroup, the share of goods and services in total costs were distinguished.

⁸ "Rare and Expensive" sub-category referred to those goods and services that (1) were used by children in rare cases (e.g. dialysis); (2) were not available in Georgia and only used by few (e.g. Braille notetaker) or (2) were expensive and thus affordable only through state financing (e.g. crane)

High and Low Support Needs

Within each group of disabilities, the categories of costs were compared for High and Low Support Needs Children. Such comparisons revealed how high and how different the cost of care are for children with HSN compared to children with LSN, and the reasons for such a difference.

Common and Required Costs

To the best extent possible, the team sought out to distinguish the existing costs, which are commonly occurring, and the required costs related to unmet needs. This made it possible to have an idea of the gap in cost coverage the children's GSR. The previous statistical analysis of the national Household Incomes and Expenditures Survey (HIES) showed that the households in the lower income quintiles had very limited capacities to pay for disability-related expenditures (see Table N2). The study sought to identify the current expenses for households that have the financial ability to pay, which were more likely to be in the higher income quintile, and were more likely to have a higher education and access to information.

Table N2: The data analysis of the HIES 2018 using the Standard of Living method – the additional out of pocket expenditures faced by household with persons with disabilities (children and adults)

	Extra Cost (per cent of income)	Median Income (GEL/month)	Extra Cost (GEL/month)	Average Pension/Benefit for Household with Disability (GEL/month)
Overall	38 per cent	1,063	406	189
Urban	37 per cent	1,132	415	171
Rural	37 per cent	961	354	216
Quintiles				
Poorest	57 per cent	263	149	216
Second	17 per cent	538	92	338
Middle	25 per cent	830	208	380
Fourth	26 per cent	1,261	332	375
Richest	102 per cent	2,438	2491	342

Costs of human assistance

The study seeks to estimate the additional human assistance, care and support required for children with disabilities compared with children without disabilities of the same age. This refers to unpaid care, provision of care through day care services, child care or personal assistance services purchased by families. It is important to note that the unit costs of an hour of required additional support was estimated at the price of contracting the service in 2022, not the opportunity cost that the unpaid care represents for parents who could otherwise earn income on the labour market. While this may have led to an underestimation or overestimation of actual costs depending on households' profiles, it is the most consistent way to value unpaid care.

Consolidation of data coming from different groups

Once the data was collected, there was a need to bring consistency across the groups for the following reasons:

Different costs associated with identical items

Given that different pairs of parents and specialists worked with different groups, sometimes the presented prices of the same items differed, reflecting the different sourcing. A harmonization of prices was conducted with the involvement of the respective participants and considering market research results.

Inflated demand with regards to unmet needs

While parents had a clear and convergent estimate of common goods and services, the estimate for unmet needs was sometimes questioned by service providers, especially with regards to type, frequency and intensity of rehabilitation. Some of the therapies requested were not necessarily backed by evidence. Some of the requested combinations of services could be duplication and frequency would not only be ineffective, but could also be detrimental to the child. Therefore, the participating specialists (paediatricians, occupational therapists and psychologists) rationalized that it was best to group therapies so as to avoid duplication, and to adjust their relevant frequency and intensity.

Data weighting

Once the list of items was consolidated for each group of children, two typical child profiles (High and Low Support Needs) were developed for each group. These profiles served to illustrate the reality of those combined costs with details about recurrent monthly or yearly costs as well as more infrequent costs such as Assistive Technologies or the need for home adaptation.

However, in order to provide average costs for each group, there was a need to weigh each item to reflect the fact that not all children in a given group would need it. For instance, some children with mobility difficulties might need extensive physiotherapy, while others may not. In the absence of official national data (the new national disability survey might provide additional elements), clinical specialists from the expert panel estimated the percentage of people in the subgroup that would need particular items (e.g. they estimated that 100 per cent of children with physical disabilities and High Support Needs will require a wheelchair, whereas 80 per cent of children in this group require a bath/shower chair and around 60 per cent require expenses for house adaptation). This enabled the construction of data weighting that allowed for the estimation of the total weighted average cost for each subgroup.

In addition to the recurrent monthly costs, the costs of products or services purchased yearly or less frequently was prorated by dividing the respective cost by the number of years of the product's lifetime, and then dividing by 12 (months).

As a result of the data collection and processing, 17 detailed lists were developed — one for each subgroup of children with disabilities — depicting categorised GSR, including their estimated costs, percentage of need, and weighted costs.

Theoretical coverage of costs by government services

Based on the extensive review of policy and publicly funded services in place, and the feedback from focus groups, a theoretical percentage of State coverage of costs per item was estimated. This ranged from 0 per cent (all costs would be paid by the families) to 100 per cent (all cost would be covered by government programmes). The reference to theoretical (or legal) coverage of costs suggests that the costs identified are supposed to be covered by publicly funded services and programmes according to current Georgian laws and regulations, if the access and provision was perfect, which is rarely the case. Though a number of services and programmes have been developed and is increasing in Georgia, they are mostly accessible in Tbilisi, the capital. This is the case in many countries and in the larger cities. In rural, mountainous or remote areas, services are non-existent or not easily accessible. Also, limited availability of funds, human resources or providers might limit access to officially guaranteed support.

Caveat on overestimation

It is important to note that the estimation of costs was done using 2022 unit market prices, and did not take into consideration any future efficiency gain or lower unit costs that would be related to significant intervention by the Government. However, this would not affect the scope, structure or diversity of costs estimated.

4. PRESENTATION OF DATA

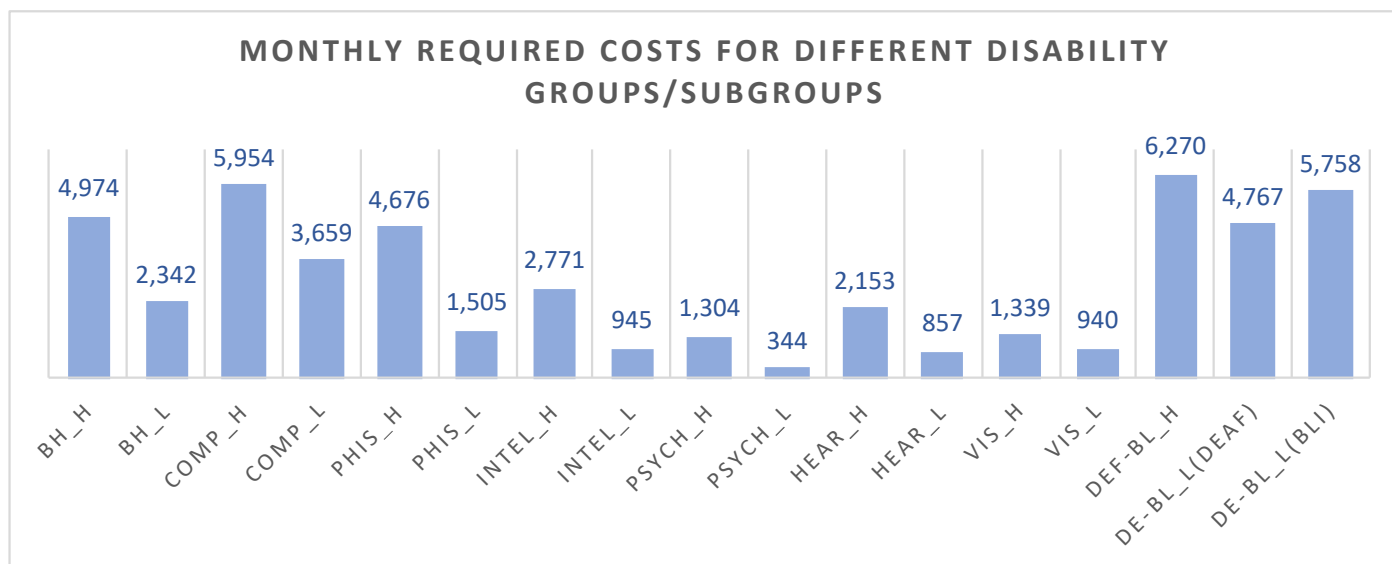
4.1. COMPARATIVE ANALYSIS OF THE COSTS OF GOOD AND SERVICES REQUIRED FOR DIFFERENT GROUPS AND SUBGROUPS OF CHILDREN WITH DISABILITIES

4.1.1. Total monthly costs for all disability groups and subgroups

The study makes it possible to compare costs of GSR for different groups and subgroups of children with disabilities. This comparison clearly shows that the costs faced by families of children with different disabilities vary considerably, both in terms of magnitude and composition.

Chart N4.1 shows the monthly required costs for each group and subgroup.

Chart N4.1 – Monthly required costs in GEL for different disability groups and subgroups

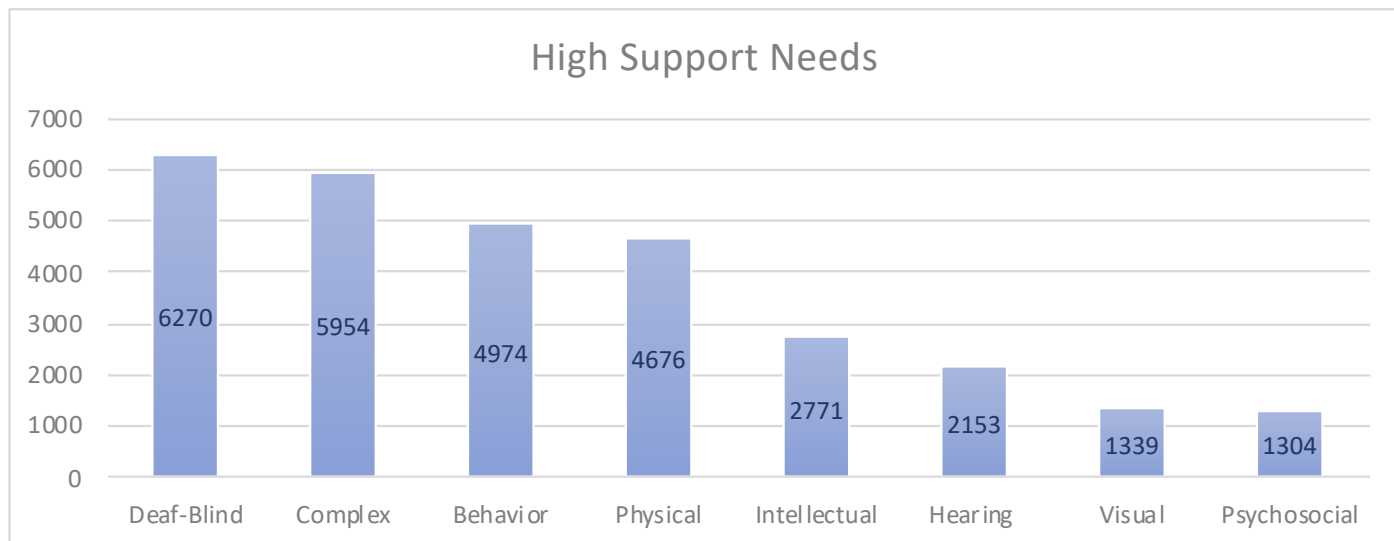


Note: BH_H, BH_L – behavioural disabilities, high and low support needs; COMP_H, COMP_L – complex disabilities high and low support needs; PHIS_H, PHIS_L – physical disability, high and low support needs; INTEL_H, INTEL_L – intellectual disability, high and low support needs; PSYCH_H, PSYCH_L psycho social disabilities, high and low support needs, HEAR_H, HEAR_L – hearing difficulties, high and low support needs; VIS_H, VIS_L – visual difficulties, high and low support needs; DEAF.BL_H – total deaf-blindness; DE.BL_L(BLI) – Deaf blindness with total blindness and some hearing functions present; DE.BL_L(DEAF) – Deaf blindness with some visual functions present.

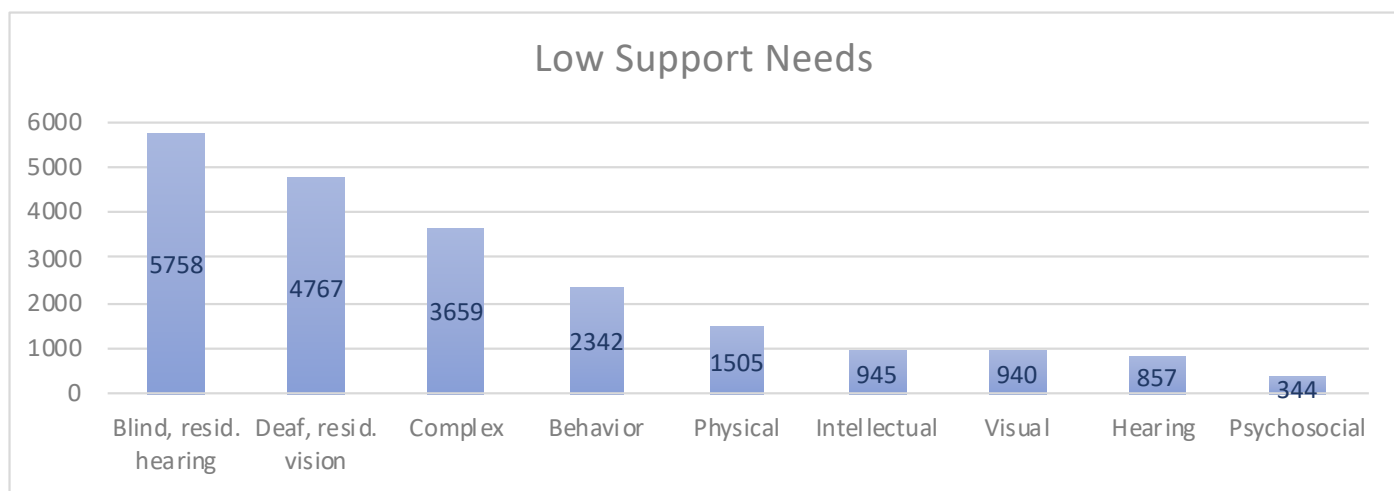
At the same time, the amount of required costs depends significantly on the type and level of disability. In the case of CWD with HSN, the required costs vary from 1,304 GEL to 6,270 GEL. This amount includes the cost of items (goods and services) for monthly consumption, as well as the monthly share of costs for those items that need to be procured once every two to four years, or to be procured only once. Deaf-blindness, complex medical needs and behavioural issues are associated with the highest additional expenditures, whereas children with psychosocial needs or visual difficulties have the lowest monthly costs.

For CWD that have LSN, the required costs vary from 344 GEL (psychosocial) to 5,758 GEL (deaf-blindness). Similar to children with HSN, children with both sensory channel impairment (deaf-blindness) have the highest monthly expenses, whereas children with psychosocial disabilities and or hearing difficulties have the lowest monthly expenses. Charts N4.2.1. and N4.2.2. represent the distribution of disability subgroups according to their related costs.

Charts N4.2. — Order of different disabilities, HSN, according to the monthly required costs (in GEL)



Charts N4.3 — Order of different disabilities, LSN, according to monthly required costs (in GEL)

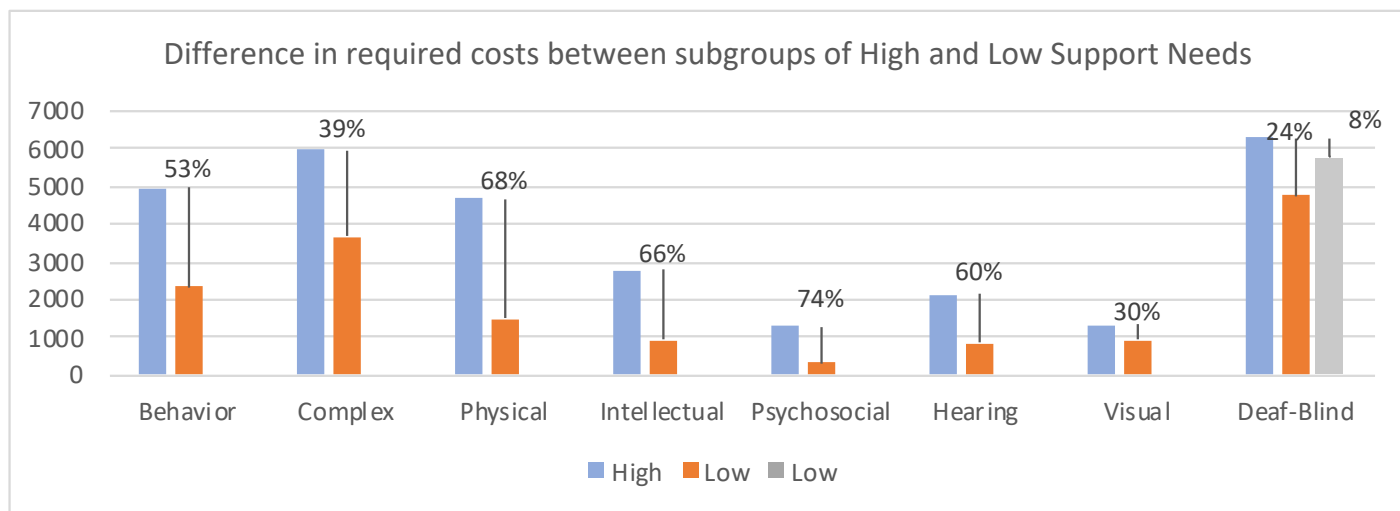


To better understand the magnitude of the extra costs, it is important to note that the average monthly income per household in Georgia varies from 248 GEL to 3,580 GEL, depending on the income decile group, and the overall mean is 1,221.8 GEL.⁹

⁹ Data from the National Statistics Office of Georgia 2021. Similarly, for a person, average monthly income varies in decile groups from 90 GEL to 1,040 GEL, and on average is 346.7 GEL. See: <https://www.geostat.ge/en/modules/categories/50/households-income>

The monthly expenditure on children with disabilities who have HSN is, on average, 48 to 52 per cent higher than the expenditure on children with LSN. Chart N4.4. Illustrates the differences between the subgroups.

Chart N4.4 – The difference in required costs between subgroups of High and Low Support Needs (as a percentage of total cost spent on care)

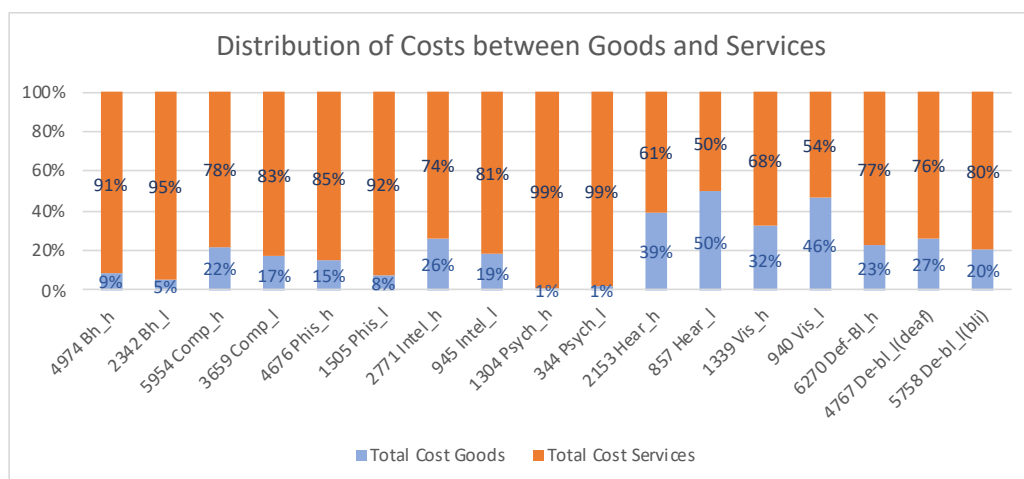


The most significant difference in the amount of expenses is revealed between subgroups of psychosocial disability, physical disability and intellectual disability. The smallest difference is observed between subgroups representing impairment of both sensory channels.

4.1.2. Distribution of monthly costs between goods and services for all disability groups and subgroups

The research revealed that, for each disability group and subgroup, the distribution of required costs between goods and services was different, though a common trend was observed: the absolute majority of monthly expenses was required for services. An exception to this trend were the expenses for children with visual and hearing difficulties who have LSN; in this case, the expenditures on goods and services is almost equal.

Chart N4.5. – Distribution of costs between goods and services for all disability subgroups (as a percentage of total cost spent on care)



Note: BH_H, BH_L – behavioural disabilities, high and low support needs; COMP_H, COMP_L – complex disabilities high and low support needs; PHIS_H, PHIS_L – physical disability, high and low support needs; INTEL_H, INTEL_L – intellectual disability, high and low support needs; PSYCH_H, PSYCH_L – psychosocial disabilities, high and low support needs; HEAR_H, HEAR_L – hearing difficulties, high and low support needs; VIS_H, VIS_L – visual difficulties, high and low support needs; DEAF.BL_H – total deaf-blindness; DE.BL_L(BLI) – Deaf blindness with total blindness and some hearing functions present; DE.BL_L(DEAF) – Deaf blindness with some visual functions present.

Numbers before the sub-group (e.g. 4974 Bh_h) indicated a total monthly cost of goods and services for this particular sub-group.

Taking into account the data of all subgroups, on average, 29 per cent of the total care expenditure is required for goods, and 71 per cent on services. It should be noted that this is the average across all groups. If the number of children in each category was available, and those percentages were calculated for the population of children with disabilities, that distribution between goods and services would be somewhat different, though still very much weighted towards services.

4.1.3. Distribution of costs among cost categories for all disability groups and subgroups

The study clearly revealed that the extra costs for children with different disabilities and different support needs are distributed differently across cost categories.

Chart N4.6. – Order of disability subgroups, HSN, according to distribution of monthly costs among cost categories (in GEL)

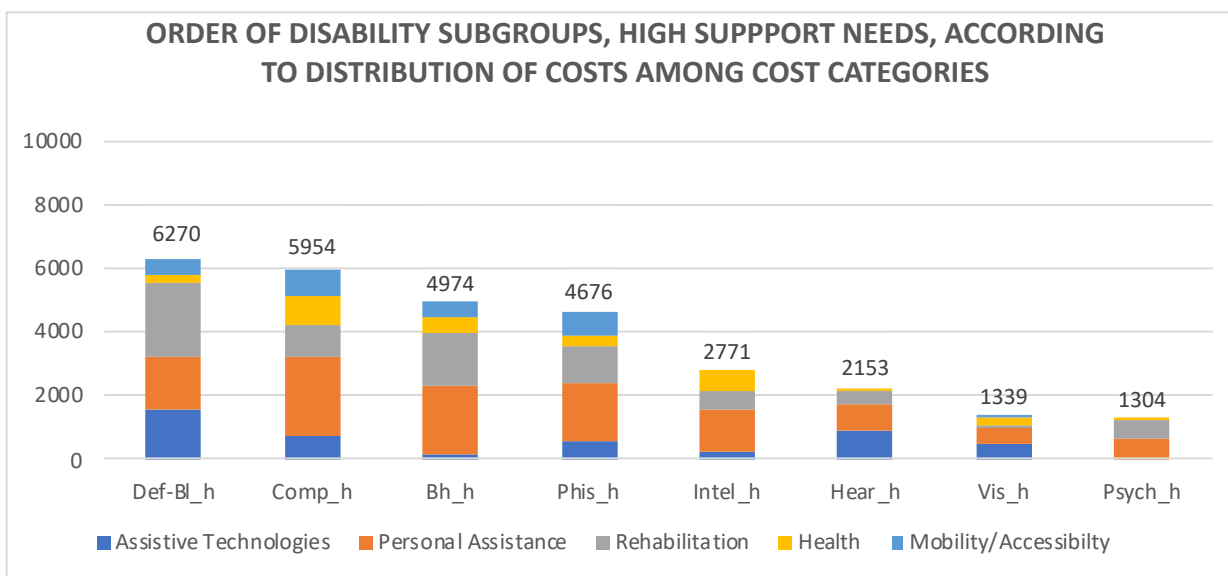
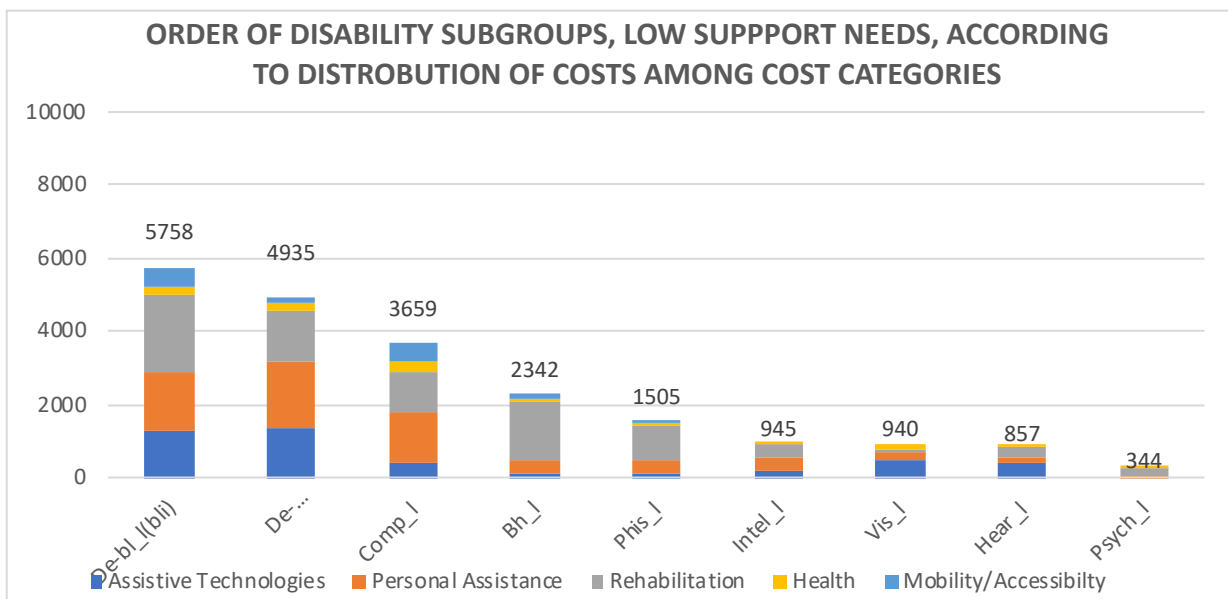


Chart N4.7. – Order of disability subgroups, LSN, according to distribution of costs among cost categories (in GEL)



Note: PH_H, PH_L – physical disability, high and low support needs; BH_H, BH_L – behavioural disabilities, high and low support needs; COMP_H, COMP_L – complex disabilities high and low support needs; INTEL_H, INTEL_L – intellectual disability, high and low support needs; VIS_H, VIS_L – visual difficulties, high and low support needs; HEAR_H, HEAR_L – hearing difficulties, high and low support needs; DEAF.BL_H – total deaf-blindness; DE.BL_L(BLI) – Deaf blindness with total blindness and some hearing functions present; DE.BL_L(DEAFF) – Deaf blindness with some visual functions present.

Chart N4.8. — Distribution of costs among cost categories for disability subgroups with HSN (as a percentage of total cost spent on care)

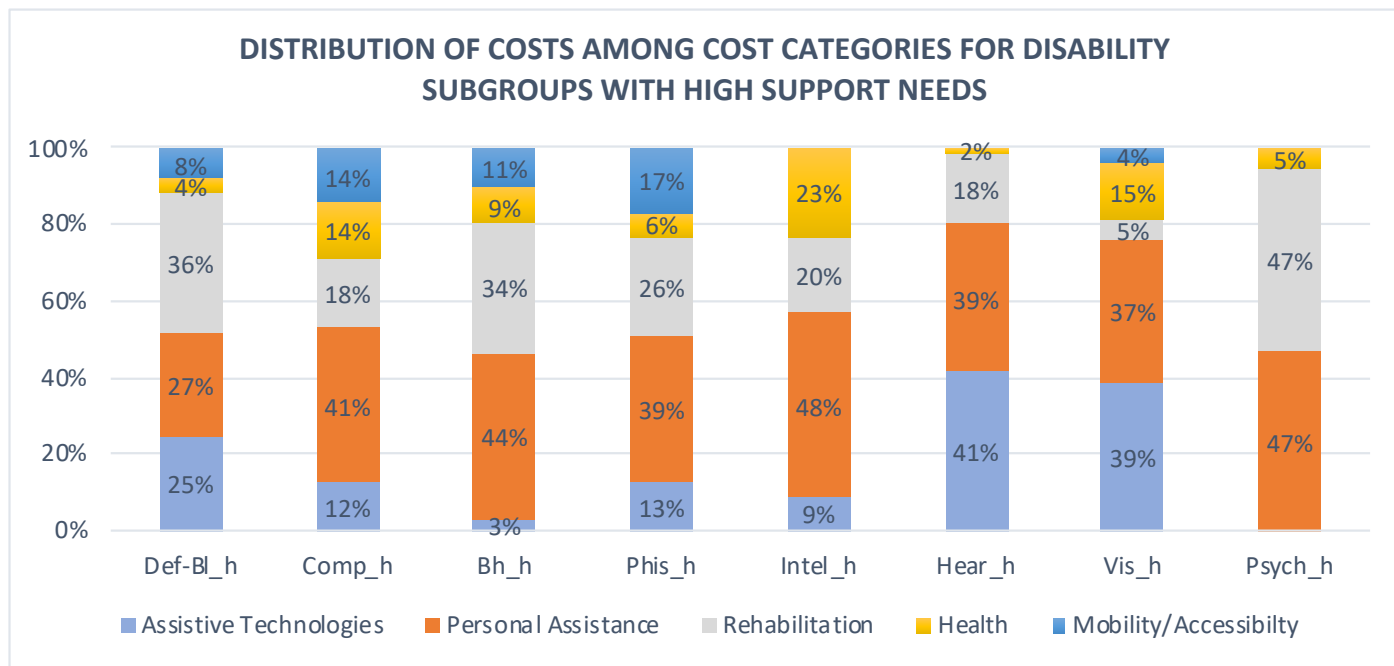
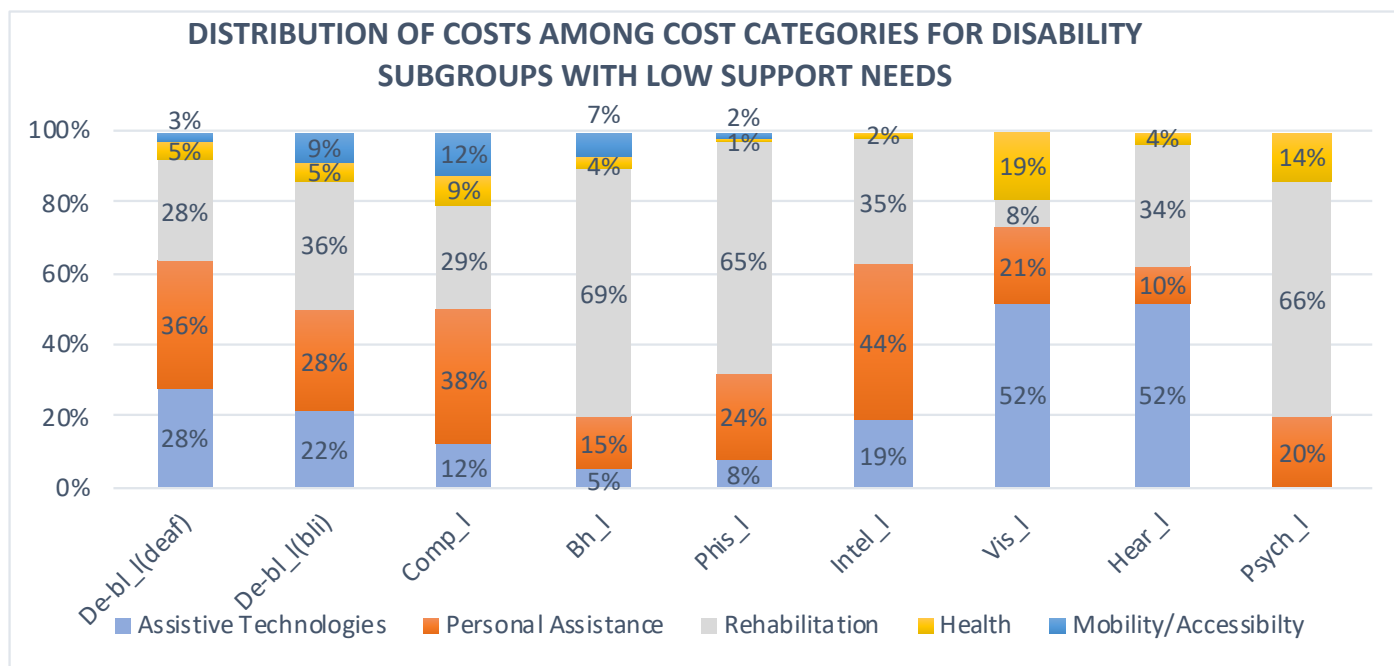


Chart N4.9. — Distribution of Costs among cost categories for disability subgroups with LSN (as a percentage of total cost)



Note: PH_H, PH_L — physical disability, high and low support needs; BH_H, BH_L — behavioural disabilities, high and low support needs; COMP_H, COMP_L — complex disabilities high and low support needs; INTEL_H, INTEL_L — intellectual disability, high and low support needs; VIS_H, VIS_L — visual difficulties, high and low support needs; HEAR_H, HEAR_L — hearing difficulties, high and low support needs; DEAF.BL_H — total deaf-blindness; DEAF.BL_L(BLI) – Deaf blindness with total blindness and some hearing functions present; DEAF.BL_L(DEAF) — Deaf blindness with some visual functions present.

The average distribution of costs among cost categories is stated in Table N3, taking into account the data of all subgroups. The table clearly shows that, on average, most of the costs are allocated towards Rehabilitation and Personal Human Assistance Services and Care, followed by Assistive Technologies.

Table N3. – The average distribution of costs among cost categories

Cost Categories	Average
<i>Rehabilitation</i>	<i>34 per cent</i>
<i>Personal Human Assistance and Care</i>	<i>33 per cent</i>
<i>Assistive Technologies</i>	<i>20 per cent</i>
<i>Health Care</i>	<i>8 per cent</i>
<i>Mobility / Accessibility</i>	<i>5 per cent</i>

“Without a personal assistant, the child's socialization and participation in social life is out of the question. But you can't leave the child at home all the time because there is no personal assistant. So, we have to involve other family members, but not everyone has a family member.....”

- mother of a 15-year-old child with behavioural problems, HSN

“An assistant is very much needed. Sometimes, I even leave my son with my second child, who is 12 years old, [so I can] quickly go out to submit the documents to get the service voucher.”

- mother of a 14-year-old child with a physical disability, HSN

When analysing the distribution of costs among cost categories, the following circumstance should be considered: the average monthly cost of Assistive Technologies ranks third (not high) compared to other categories, despite the fact that their cost is quite expensive and that the family (or the Government) often has to pay a very significant amount at the time of the item's purchase. When calculating the monthly average expenditure on care, and considering that the purchase of Assistive Technologies is usually made once every two, three, or four years, and that their overall costs are distributed over the time period between purchases, the share of money spent on Assistive Technologies per month is reduced. If these costs were weighted by the number of children in each category (rather than simply averaging across categories) these percentages would be different. However, the basic finding of where costs are concentrated is expected to be the same.

“Many assistive devices are not financed. Neither the car seat for my 14-year-old son, nor its adaptation is financed. It is entirely a family expense. It is also very difficult to adapt them. I even went to a furniture workshop to shape the cushion according to my son's needs and to sew the cover.”

- mother of a 14-year-old boy with a physical disability, HSN

“If we have the necessary equipment for saturation, inhalation, oxygen and others [things] provided by the State, we will no longer need frequent visits to the hospital, and thus, we will save their resources. They should invest wisely in the aids we need.”

- mother of an 8-year-old girl with complex medical needs, HSN

4.1.4. Share of the costs between the Government and families

Analysis of the theoretical share of costs taken on by the Government as a part of the total expenditures on GSR revealed an interesting trend: the Government provides almost unified support (in terms of monthly allowance and provision of goods and services) to all groups of children despite their type and level of disability. Theoretically, given the availability of services in specific locations, the provided governmental support should cover around 39 per cent of total monthly additional costs. Governmental support does not take into consideration individual features and needs of CWD. This is not surprising, as the current system of disability assessment does not allow for the identification of individual circumstances related to CWD.

As a result, a paradoxical picture emerges; for children with LSN, governmental support is better than for children with HSN. Thus, families raising children with HSN have to spend more of their own money.

Chart N4.10. and Chart N4.11. show theoretical State support for groups and subgroups of children with different disabilities.

Chart N4.10. — Theoretical division of care expenditures between the Government and families for subgroups with HSN children (as percentages of total cost spent on care)

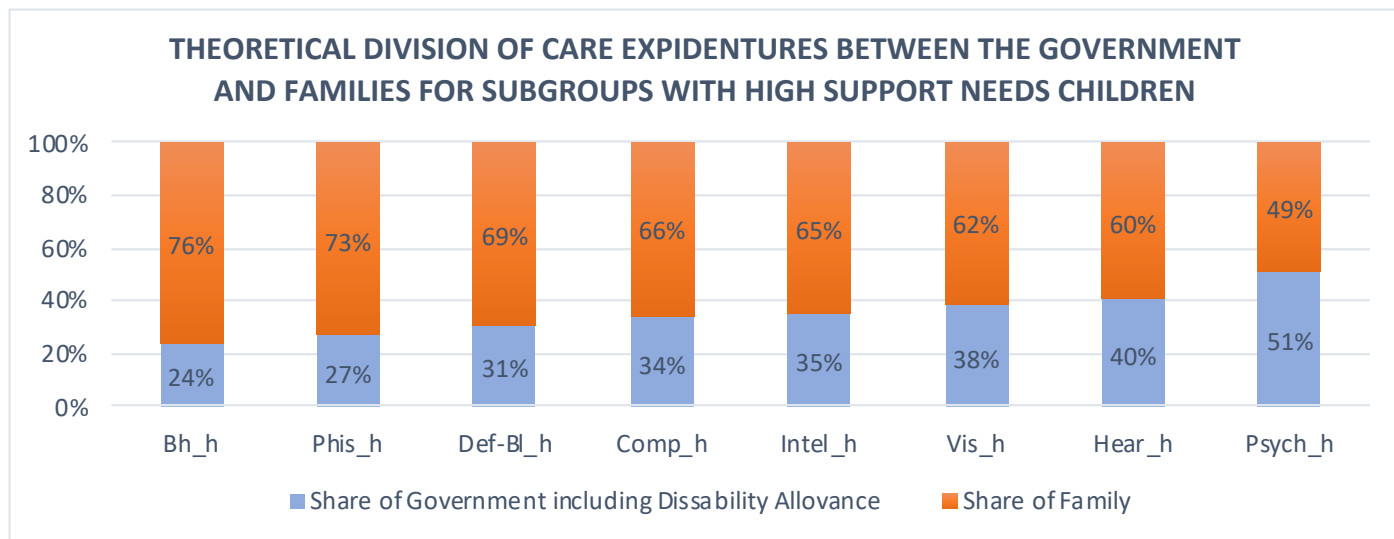
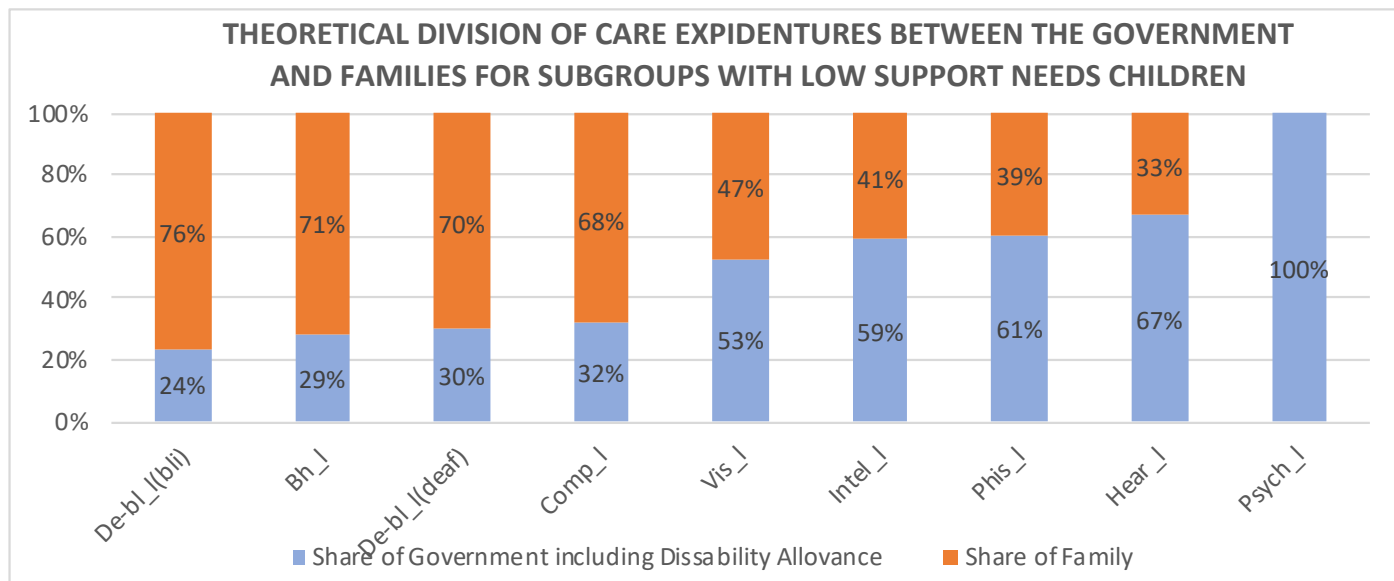


Chart N4.11 – Theoretical division of care expenditures between the Government and families for subgroups with Low Support Needs children (as percentages of total cost spent on care)



Note: PH_H, PH_L – physical disability, high and low support needs; BH_H, BH_L – behavioural disabilities, high and low support needs; COMP_H, COMP_L – complex disabilities high and low support needs; INTEL_H, INTEL_L – intellectual disability, high and low support needs; VIS_H, VIS_L – visual difficulties, high and low support needs; HEAR_H, HEAR_L – hearing difficulties, high and low support needs; DE.BL_H – total deaf-blindness; DE.BL_L(BLI) – Deaf blindness with total blindness and some hearing functions present; DE.BL_L(DEAF) – Deaf blindness with some visual functions present.

Chart N4.10 shows that children from behavioural and physical disability subgroups, with HSN, receive the least support from the State. Chart 4.11. show that the least governmental support is provided to children who are blind and have residual hearing, those who are deaf with residual vision, and to children with behavioural problems with LSN.

At first glance, the group of children with low psychosocial needs are supported best. However, the following circumstance should be taken into account: the monthly expenses of the aforementioned group are the lowest, therefore the assistance provided by the State seems to fully meet the existing need. However, State support is localized only for children living in Tbilisi, and totally unavailable to those living in other regions. Accordingly, when calculating the average percentage of State support for all categories, the psychosocial group was not taken into account.

As a result, it was revealed that average State support for disability related costs was only 39 per cent. The remaining cost of care is completely paid for by families.

4.1.5. The difference between monthly required costs and common costs

The research findings highlight the gap between the costs of GSR versus the current spending by families (Chart N 4.12.a and b.). Taking into consideration parents’ contributions, the study sought to identify the expenses that families would have in the best case scenario, meaning if they had the financial agency of the upper middle class. In this scenario, the families were also more likely to be informed about what goods and services could support their children’s participation. Based on the analysis of the data from all groups, it was revealed that, on average and at this stage, 59 per cent less than what is needed is being spent.

“My child needs many things, but all this is very expensive; if we had the opportunity, we would have more assistive devices. But, we don't have access to everything. For example, my son needs an adjustable table with a chair. But, our priority has always been to get the right wheelchair and all resources of the family went to buying it. We had to refuse the rest.”

- mother of a 17-year-old boy with complex medical needs

Chart N4.12.a. shows the required, existing costs and the difference between them according to each group and subgroup.

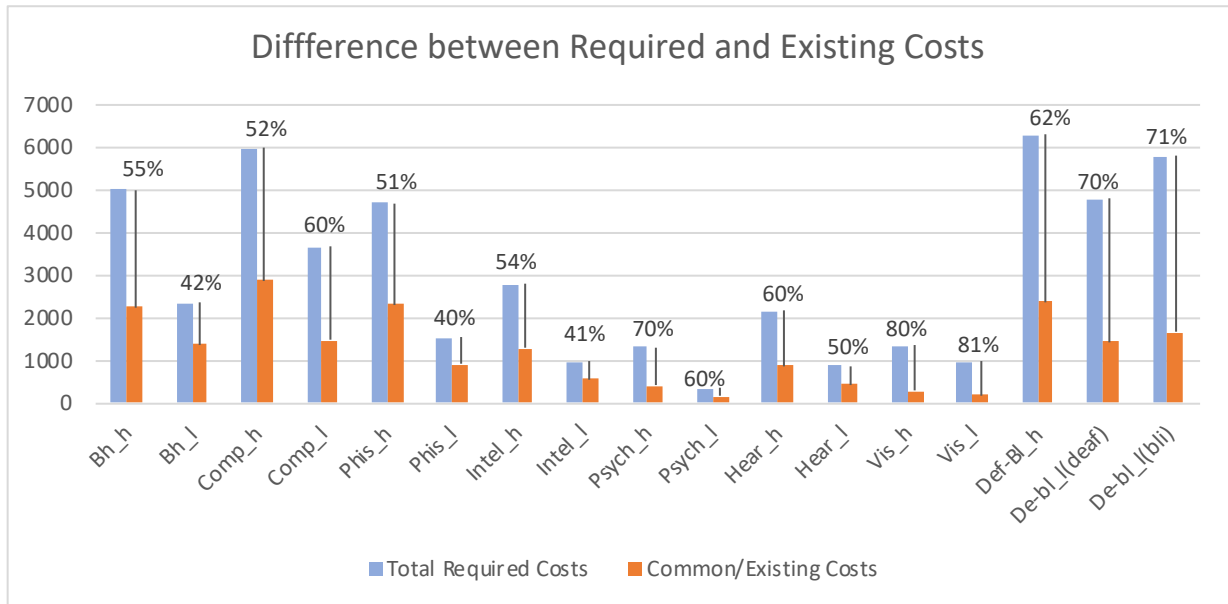
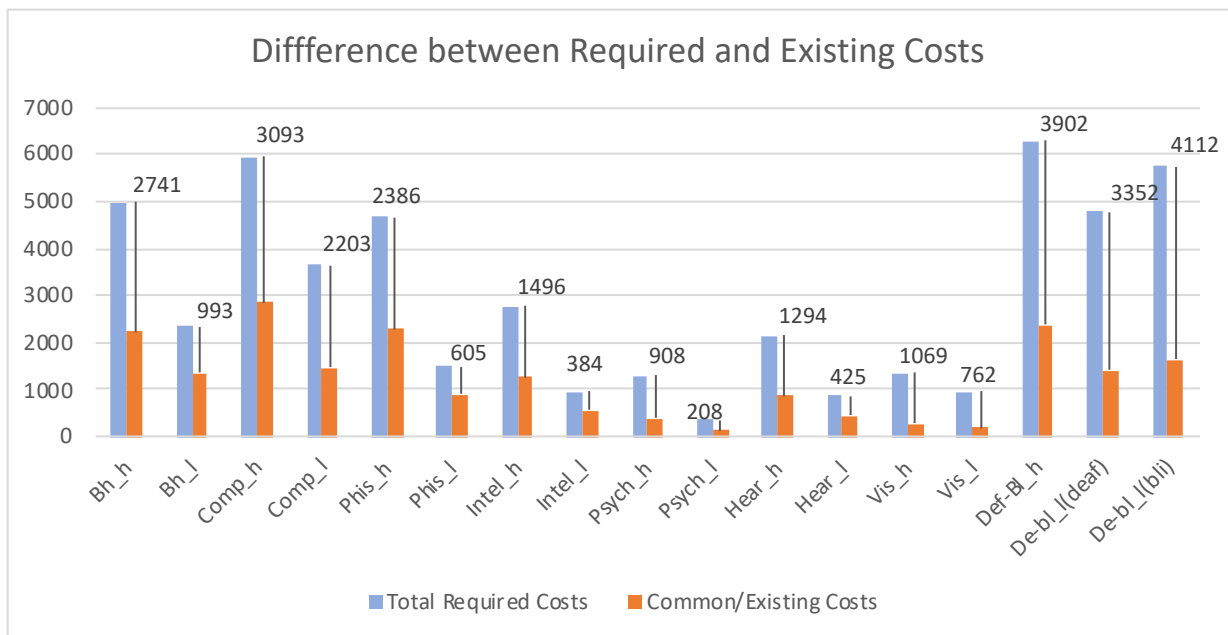


Chart N4.12.b. – Difference between required and existing costs for all disability groups (in GEL, and as a percentage of total cost)



Note: PH_H, PH_L – physical disability, high and low support needs; BH_H, BH_L – behavioural disabilities, high and low support needs; COMP_H, COMP_L – complex disabilities high and low support needs; INTEL_H, INTEL_L – intellectual disability, high and low support needs; VIS_H, VIS_L – visual difficulties, high and low support needs; HEAR_H, HEAR_L – hearing difficulties, high and low support needs; DEAF.BL_H – total deaf-blindness; DE.BL_L(BLI) – Deaf blindness with total blindness and some hearing functions present; DE.BL_L(DEAF) – Deaf blindness with some visual functions present.

Based on a separate analysis of the needs of the groups, it was revealed that the largest gap between existing and required costs is found in the case of children with visual difficulties and deafblindness.

The difference is relatively less in the case of children with LSN from the following disability groups: behavioural, physical, intellectual, and hearing difficulties.

The data analysis of the HIES 2018, using the Standard of Living Method (table N2), estimated the additional out-of-pocket expenditures households with persons with disabilities (children and adults) currently face. Those range from 406 GEL for the household in the lowest quintile to 2,491 GEL for a household in the highest quintile. Compared with the costs identified in the study, the data shows that only households in the highest quintile may have the capacity to pay for the average GSR. But, even they are unable afford the costs of care for groups with the Highest Support Needs.

“Good toys are expensive. My girl needs a new one at least once every two weeks. She often loses interest in the old one. She requires musical toys. A quality one costs up to 80 GEL. It should also be safe as she often puts it in her mouth. Now, I can't buy quality ones anymore. Care products are a priority. We need diapers, an inhaler, so much that I can't afford toys anymore.”

- mother of an 8-year-old girl with an intellectual disability, HSN

5. MAIN FINDINGS OF THE STUDY

Based on the analysed data, the following major findings were concluded:

- **For the equal participation of CWD, the cost of GSR are out of reach for most families in Georgia.**

“Rehabilitation services funded by the State are not enough. I, like other families, cannot provide additional sessions for my child because all my income is from her disability allowance, which is not sufficient.”

- mother of a 12-year-old girl with a physical disability, HSN

The study confirmed the reality of the additional costs of GSR for children with disabilities. All members of the expert team involved in the study, as well as the parents participating in the focus groups, were in agreement. However, many were surprised by the magnitude and diversity of the costs. The vast majority of the population of Georgia does not have the capacity to pay for such high out-of-pocket and disability-related expenses, which implies the persistent and high-level of exclusion of CWD and the financial pressure on their families. This was particularly evidenced in the focus groups, where parents often mentioned that they were not able to provide even basic support to their children due to insufficient financial resources; thus, they had to make tough decisions on how to prioritise expenses.

“When a child has a toothache, we have to postpone his treatment in order to treat several teeth at the same time. And, of course, we hurt our child because we know that we cannot cover the cost of sedation every time.”

- mother of a 13-year-old boy with behavioural problems

“We need an adapted minivan where we can roll our child with his wheelchair. We don't even have cranes, and I have to lift and carry a child weighing up to 60 kg to get into the car. Due to these difficulties, we stopped going out. In fact, if we go out — it's only to the hospital.”

- mother of a 17-year-old boy, with complex medical needs

- **Children with different disabilities have different categories of needs.**

Research provides strong evidence of the vast diversity of type, scope and intensity of support needs between the different groups of children with disabilities. The lists created for each group provide new insights on this diversity.

- **The structure and level of costs differ vastly between groups of children with different functional difficulties and support needs, with those with the highest support needs facing higher costs across categories.**

The vast diversity of needs among CWD translates into a diversity of structures and levels of disability-related costs. This is true between groups of children with different functional difficulties, but also within those groups, between children with High and Low Support Needs.

“275 GEL [the monthly disability allowance] is not enough for children with High Support Needs. This amount only covers the cost of food, diapers and some other hygiene products.”

- father of two boys with physical and intellectual disabilities, HSN

- **“One size does not fit all”: The current State system of relatively uniform support for children with disabilities does not respond to the level and diversity of their needs.**

The current system of disability assessment and determination in Georgia does not take into consideration the structure or level of support, nor the costs required, for different groups of children; every child receives the same disability status: ‘child with a disability’ which is linked to the unified cash transfer for children. This leads to a very large number of CWD not being adequately registered or covered. The relative uniformity of the State support system does not address the different needs of children as a similar package of cash allowance and rehabilitation programmes is provided for all disability groups irrespective of higher or lower support needs.

“Due to hearing difficulties, we mainly need hearing and speech habilitation. However, not all children with hearing difficulties are eligible to attend a State rehabilitation-habilitation programme. There must be a delay in other developmental areas. Very often, children do not have accompanying needs in motor skills, and they do not need physical therapy sessions, but require more speech and language therapy. The service is not flexible. If the child only needs hearing and speech therapy, we should contact the local authorities, although not all municipalities have this programme.”

- mother of a 6-year-old boy with hearing difficulties, HSN

“Services are not flexible. My son needs rehabilitation and physical therapy in a home environment. He has grown and become so heavy that we can no longer go to rehabilitation because of the barriers. There is no adapted transport; we do not have a car, so I had to carry him. We spend a lot of energy to get to the rehabilitation centre. Why can't the physical therapy be provided in a home setting?”

- mother of a 17-year-old boy with complex medical needs

- **The Government does not cover all identified cost categories yet.**

The research revealed that the Government's support, at this stage, does not cover all the identified cost categories. This means that the Government does not have any participation in covering the

costs for mobility or accessibility services. Currently, there are no State-funded programmes to cover the costs of home renovations to ensure accessibility of a living space. Additionally, there are no cases where transportation costs — such as taxi service — have been covered despite the high need due to the inaccessibility of public transportation across Georgia. Transportation costs only cover travel services to reach State-funded day-care centres and some municipality-funded rehabilitation services. Accessible transport is only available in some areas of Tbilisi, and does not address the needs of the entire community, as the regional transport infrastructure is quite faulty.

“Not all municipalities finance speech and language therapy. Only some municipalities fund speech therapy for 1,000 GEL annually, or four times a year for 250 GEL. I know about a boy with the same hearing needs as my child; the municipality where he lives in financing his rehabilitation; ours doesn’t. It’s very unfair.”

- mother of a 4-year-old boy with hearing difficulties, HSN

“The central government funds speech and language therapies for those children who received cochlear implants. We do not qualify for cochlear implantation. But, my daughter also needs different therapies for her hearing and speech development. Habilitation is not funded for her; I have to pay all costs.”

- mother of a 2-year-old boy with hearing difficulties, LSN

- **The Government and civil society have already found solutions to many of the issues facing children with disabilities.**

Initiatives exist throughout the country that seek to address the diverse needs regarding GSR. Very few of the goods and services identified during the study are totally non-existent in Georgia. Some existing responses need to be scaled up, the quality of some should be improved, and some are at the piloting or testing stage. The study’s findings reflect an increased confidence in Georgia’s ability to model, and then develop, an optimized support system and package of services that respond adequately to the diversity of needs for all groups of children with disabilities.

“Rehabilitation is funded by the State only for the first 18 months after cochlear implantation. When a child is in the early stages of speech development, rehabilitation stops instead of continuing accordingly. Therefore, after a while, as children do not get required support, and the hearing and speech development is not progressing, they remove the processor and do not use it. It is a waste of governmental resources.”

- mother of an 11-year-old boy with LSN

“What the municipality finances is insufficient. Monthly, we need three packs of diapers, which cost us 150 GEL. The local government finances only three packages over three months, which is not enough. Also, every third month, I need to collect and submit documents to receive this support. The condition of the children does not change in this period, so what is the reason for constantly asking me for documents to confirm this need?”

- mother of a 12-year-old boy with an intellectual disability, HSN

"Indeed, the Government finances some assistive devices. But, we have to go through very difficult procedures - collecting documents, then waiting for a decision, - to finally get the required aid. e.g. . We waited almost a year and a half for the corset after submitting the application. And when we received it, the child was already grown, and the deformation of the spine was far advanced."

- mother of a 14-year-old girl with a physical disability, HSN

- **Parents have a tendency to spend the family's limited expenditure mainly on health therapies (rehabilitation services).**

The study provided evidence on a current trend among families who have children with disabilities. In response to the existing children's needs, parents have a tendency to prioritise rehabilitation services and bear therapy costs (or demand from the Government an increase in the intensity of therapy), as they believe this to be the best way to improve their children's participation in community life. As therapy requires a considerable amount of money and the families' budget is often very limited, children are deprived of other activities that require additional costs, such as leisure and recreational activities.

"If I had the financial means, of course, I would take the child to more therapy. I don't have that much income, and I can't afford it. However, therapy is really needed, every month. What healthy children do every day, because they can move, our children need you to [help them] do it passively. This is why I need twice as much physical therapy."

- mother of a 14-year-old girl with complex medical needs, HSN

- **Families in the regions have further additional costs caused by the problem of the geographic inaccessibility of services.**

Families living in rural areas have additional costs, which are caused by the problem of the geographic inaccessibility of services. Additional costs are associated with transportation to big cities where services are concentrated. The cost of transportation varies and depends on the place of residence of the families. In some cases, there may also be additional costs related to the short-term rental of residences and the associated incidentals to be nearer to the location of necessary services, as well as the opportunity costs in terms of lost work when it comes to receiving the necessary services monthly or bimonthly.

"Each rehabilitation course costs us up to 1,000 GEL, and this includes the cost of various therapies. For rehabilitation courses, we have to come from where we live to Tbilisi, as the service doesn't exist there. In Tbilisi, we used to stay with a relative, although we paid for the transportation ourselves. Years went on like this. Now, after having other children, we can't go to the city anymore. I only do massages to him at home and its entirely paid for by the family."

- mother of a 12-year-old boy with a physical disability, HSN

This detailed analysis of the GSR and respective costs, confirmed that:

- All children with disabilities may require additional goods and services to participate equally, and those needs are very different depending on their type of functional difficulties and their environment, which leads to the need for different levels of support.
- This diversity translates into different structures and levels of disability-related costs.
- The current State support system is relatively uniform and does not consider and respond to the level and the diversity of the needs of children with disabilities.
- While the current package can support some groups of children better than others, no group receives the support required for equal participation.
- Families have to bear a large financial cost, and in the vast majority of cases, cannot afford the costs of the GSR for the equal participation of their children with disabilities.
- While the ongoing reform of disability assessment will allow better consideration for the diversity and level of support needs, a critical review of the current State support system is required to identify ways to respond more adequately to this diversity.

6. APPLICATION OF THE STUDY

As a legacy of the restricted approach to disability, the State system did not — until now — systematically collect or analyse data. There have been no through surveys nor disability assessment mechanisms on the diversity of needs of different groups and subgroups of CWD. This led to a quite uniform and undifferentiated support system, which was not geared to adequately support the equal participation of CWD, by factoring in their diverse needs.

This study provides an opportunity to clearly understand the diversity and magnitude of the needs for support for children with various disabilities and the related costs faced by their families. Through this study, the Government of Georgia obtained evidence on the structure and level of costs that families of different groups of CWD experience or would experience in the given environment to support their children's inclusion if they could fully afford their needs.

The study also provides a comprehensive mapping of the governmental support system and its theoretical coverage of the costs for GSR for children with disabilities. This will allow the State to critically evaluate its social protection measures considering the unmet needs of families. It is expected that this information will contribute to making the system more effective through the reform of existing programmes and schemes and through the development of new ones.

It is important to note that addressing disability-related costs faced by families requires a set of inclusive policies that aim to reduce barriers in the environment that generate costs while, at the same time, increasing and optimizing the support provided. For instance, most groups of CWD with HSN face significant mobility-related costs due to the lack of accessible transportation. When the Government invests in broader, more accessible and inclusive public transportation infrastructure it benefits the whole population. It also reduces some of the disability-related costs that families with CWD face. However, as these investments will take a long time to translate in actual progress, they need to be accompanied in the meantime by specific measures for those families. These include point-to-point transportation systems and/or mobility allowances to cover the use of accessible, private transportation services. The State should consider the most cost-effective combination of mainstream and targeted interventions and investments that will be appropriate and useful for the diversity of CWD and their families.

Further, the unit cost for the Government to provide the goods and services that are currently being financed out-of-pocket by the families might be different than the ones identified in the study. Indeed, by financing services or acquiring goods for a larger group of beneficiaries, the Government can achieve significant economies of scale and lower unit costs through its bargaining power.

The evidence provided by the study contains several elements that could help optimize social protection measures for CWD in Georgia.

The suggestion below builds upon the strength of the current system, as well as on the expected outcome of the ongoing disability assessment reform, and suggests a modular approach allowing the system to propose different packages that would be more responsive to the level and diversity

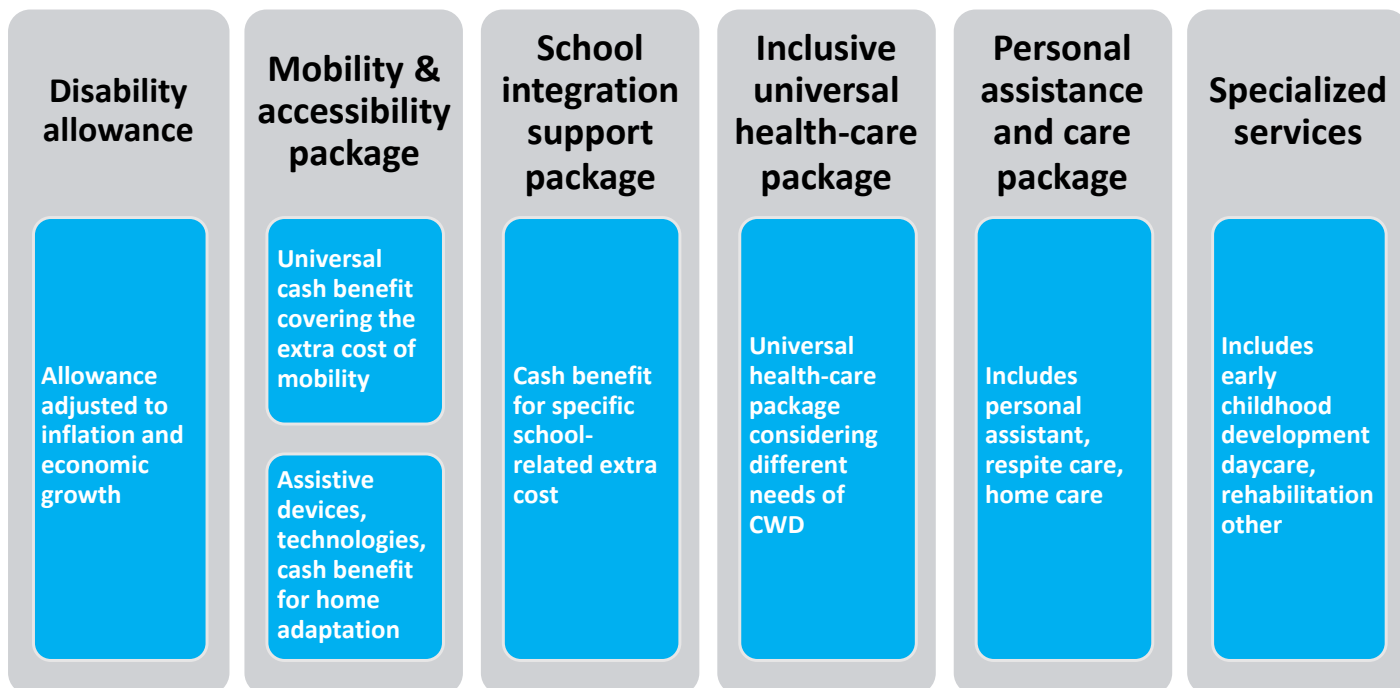
of children's support needs and costs identified in the study.

The current vision for the optimized package includes modules (sub-packages) that serve different purposes. The six-component package that was proposed includes:

- (1) a disability cash allowance – to account for the extra disability-related costs
 - o the allowance could be differentiated in amount; however, priority may be given to the creation of additional benefits and services allowing for a more tailored approach
- (2) a mobility and accessibility package, which could include:
 - o a mobility allowance – there are considerable transportation expenses due to the lack of adapted public transport
 - o enhanced coverage of the diversity of necessary assistive devices and their maintenance in line with the newly adopted essential list of assistive products
 - o a specific grant for construction to adapt the immediate living environment (in the home) of CWD to improve their mobility and autonomy
- (3) a school integration support package¹⁰
 - o In addition to expanding the effective provision of students' personal assistant services in schools across the country, there could be financial support to cover the costs of preparing children for the school year. Or, other types of support could be offered (e.g. school clothes, or school-related materials).
- (4) an enhanced health-care package
 - o In addition to the services and medicines currently covered, there is a need for expanding the coverage of disability-related health-care costs for different health-related needs, including medical investigations and services, medicines, and specialized food and hygienic products, among others.
- (5) a personal human assistance and care services package
 - o include services of personal assistant, as well as home care and respite care for children and families.
- (6) a social service package
 - o In addition to making early childhood and child-care programmes more inclusive, there is a need for quality specific community services, such as the early childhood developmental programmes, reformed day-care services, habilitation and rehabilitation, among others. Some support measures will be universal – meaning that they will be open to all children with official disability status irrespective of their individual features – but some will be specific to the individual functional needs or social/environmental factors. Some support measures will be on a regular basis, and others will be one-time only (Chart N5).

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¹⁰ Today in Georgia, the number of students with disabilities who do not attend school due to their disability is high, although the exact number is not clear. High dropout rates are associated with transportation difficulties to school, lack of appropriate support at schools (although the provision of students with personal assistant services is officially regulated, not all schools provide this service to their students), and high rates of poverty of families with disabilities.

Chart N5: Exemplary model of the optimized package of social protection measures for children



After the study, the next steps include:

- A more detailed design of the optimized package as well as identification of the most cost-effective delivery mechanisms and distribution of the responsibilities across ministries and government entities at the central and local level:
 - o The design of the package needs to be adapted to the expected abilities of the reformed disability assessment system (bio-psychosocial approach). This ensures that children assessed through the new system are directed towards the subsets of support (from the presented package) that will meet their individualized needs. Detailed guidance will be needed for frontline workers to optimally match prioritized support packages to individual needs.
 - o While the core of the system will be managed and provided by one principal stakeholder, the Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia (MoIDPLHSA), other State agencies might be involved in providing the needed support. For instance, transportation and personal assistant costs indicate the need for the increased involvement of municipalities, and also the Ministry of Infrastructure and Regional Development (MRDI), who coordinate and provide methodological guidance to the local authorities.¹¹ The need for better access to schools and quality education is frequently mentioned by parents, and shows the importance of the intervention of the Ministry of Education and Science of Georgia (MES).

¹¹ The Law of Georgia on the Rights of Persons with Disabilities (adopted in 2020), Article 20, Paragraph 3, in the Section titled 'Personal assistant,' it is stated that: "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."

- Costing of the optimized package
 - o The study identified the structure and level of disability costs for each group and subgroup of children with disabilities but it did not carry out an estimation of the costs for the overall optimized package based on population estimates of those different groups. UNICEF is currently reviewing if the granularity of the data set from the Model Disability Survey 2022, carried out by WHO, will allow such costing.

This process should be very inclusive and should be conducted with active participation of the disability community. The magnitude and variety of the extra costs implies that meeting the necessary needs will take time and resources. An agreement on priorities should be discussed and agreed upon with the disability community to make sure that it reflects an understanding of this community and the broader public.

7. CONCLUSION

Georgia is in the process of moving away from the medical model of disability assessment and determination, and towards a system that uses bio-psycho-social assessment to evaluate individual needs and grant disability status. This study on the goods and services required for the equal participation of children with disabilities filled the information gap about the need for additional support to ensure inclusion and equal participation of CWD, and about the costs that these needs generate for families.

The new system will have a greater capacity to understand the needs of the individual applicants and link them with targeted support measures. Results of the study will be used to advocate for a more targeted package of social protection measures that address specific needs of children with disabilities.

The disability community and Organizations of Persons with Disabilities (OPD) have a crucial role to play in the process of modelling support that is based on needs and provides equity given limited state resources. The disability community can ensure that their priorities and the understanding of their needs for inclusion are analysed and taken into consideration while designing the optimized packages of social protection measures for PWD/CWD.

PART II

8. SEPARATE ANALYSIS OF THE REQUIRED COSTS FOR EACH DISABILITY GROUP AND SUBGROUP

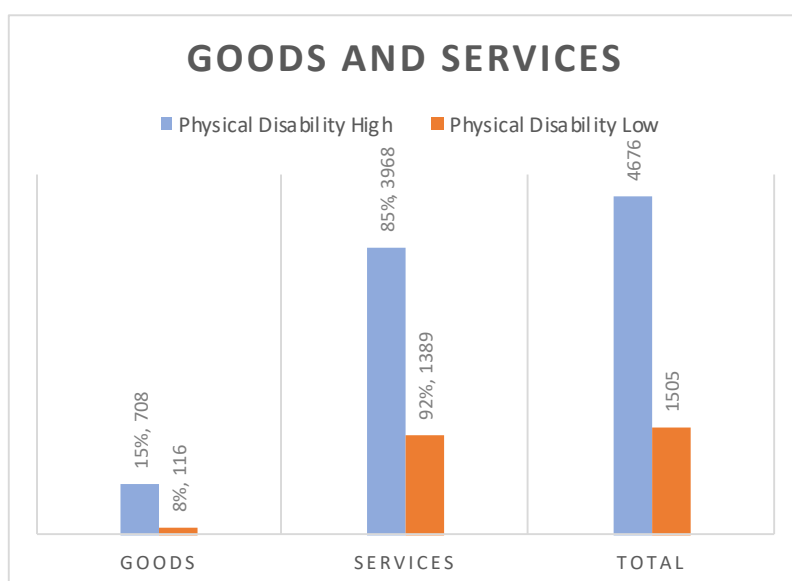
8.1. EXTRA COSTS FOR CHILDREN WITH PHYSICAL DISABILITIES, HIGH AND LOW SUPPORT NEEDS

8.1.1. Total monthly costs and their distribution on goods and services

According to the conducted study, the required monthly costs for children with physical disabilities and HSN is 4,676 GEL.¹² Of the identified monthly budget, 15 per cent (or 708 GEL) is required for goods, and 85 per cent (or 3,968 GEL) is required for services. The total monthly costs required for children with the same disabilities but with LSN is 1,505 GEL. Of the identified monthly budget, 8 per cent (or 116 GEL) is required for goods, and 92 per cent (or 1,389 GEL) is required services.

Chart N8.1. shows that, in the case of children with physical disabilities, the monthly expenses of those with LSN are almost three times less than those with HSN.

Chart N8.1. — Total monthly costs and their distribution among goods and services for children with physical disabilities, High and Low Support Needs (in GEL, and as a percentage of total cost)



¹² GEL is Georgian Lari, the Georgian national currency. At the time of analysis, the exchange rate was 2.771 GEL to 1 USD.

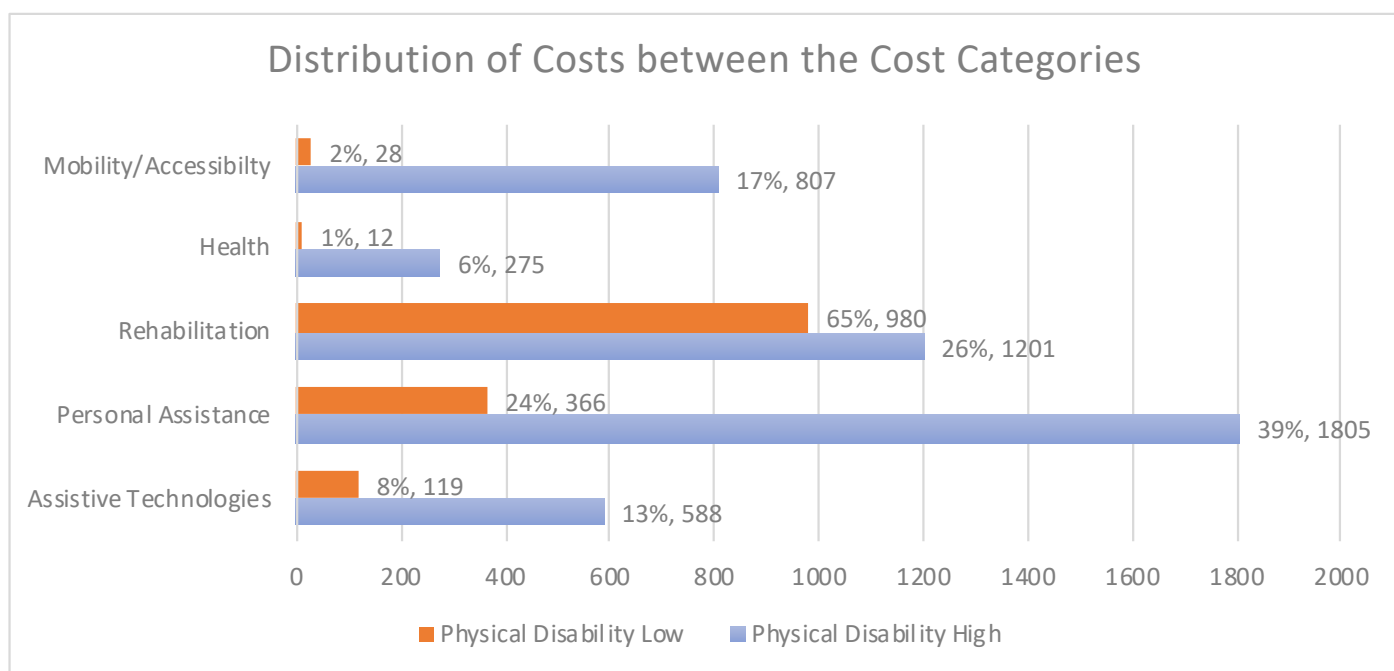
8.1.2. Distribution of costs among cost categories

The study showed that children with physical disabilities with HSN, in all cost categories, have higher required costs than children with LSN.

The study revealed that, despite the differences in cost of care for subgroups of HSN and LSN children, the largest share of costs for both subgroups is spent on Rehabilitation and Personal Human Assistance and Care services. It is important to note that the smallest difference in expenditure, between the HSN and LSN subgroups of children, was in the Rehabilitation category.

Chart N8.1.2. represents the composition and distribution of the average monthly expenditure between the cost categories.

Chart N8.1.2. – Distribution of costs among cost categories (in GEL, and as a percentage of total cost)



8.1.3. Theoretical distribution of costs between the families and the Government

As in all other disability groups, the Government support for children with physical disabilities is expressed in two forms:

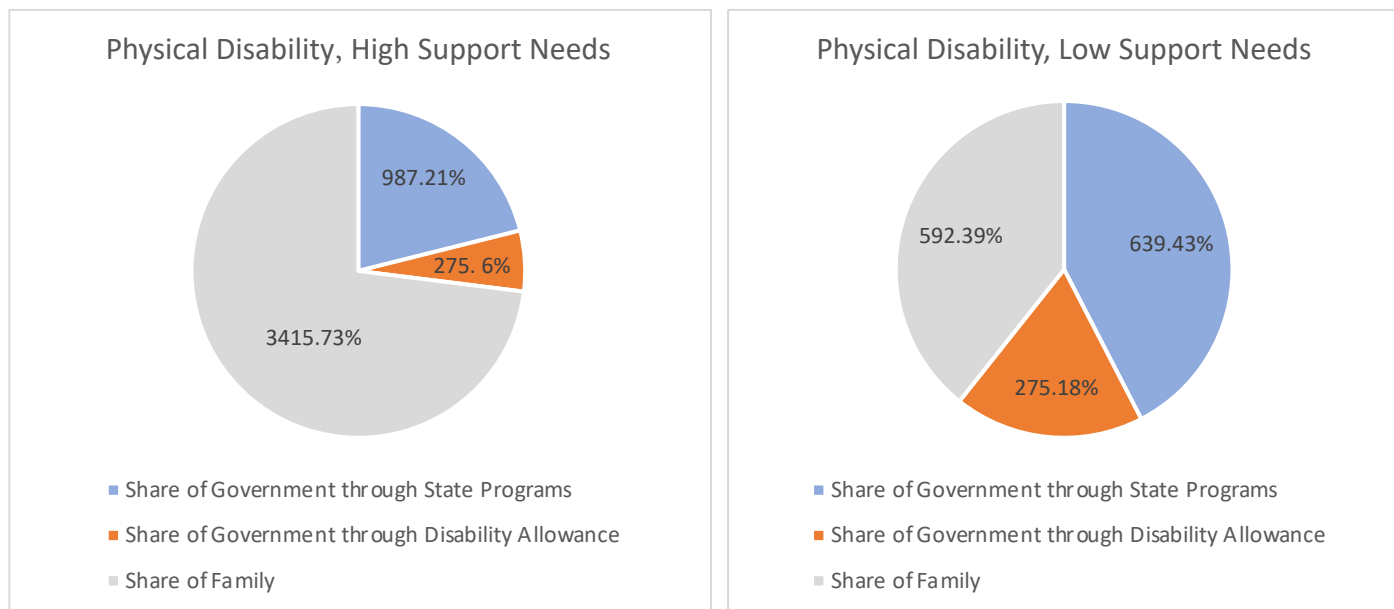
- providing a monthly disability allowance of 275 GEL
- providing some required goods and services that are fully or partially funded by the Government

According to the study, the Government theoretically covers 27 per cent of the monthly expenses for children with physical disabilities and HSN. Of the total monthly expenses, 6 per cent is provided in the form of a disability allowance, and 21 per cent is provided through various services and products. For children with physical disabilities and LSN, the Government theoretically covers a much higher amount, representing 61 per cent of the total required costs of care, in the form of a monthly disability allowance and the provision of free services and products.

The remaining expenses are covered by the families. For families with HSN, the remainder is 73 per cent of the total monthly cost of care; and for families with LSN, the remainder is 43 per cent of the total monthly cost of care.

Chart N8.1.3. shows the distribution of costs between the families and the Government.

Chart N8.1.3. – Theoretical distribution of costs between the Families and the Government (in GEL, and as a percentage of total cost)



8.1.4. Theoretical share of the Government in each component

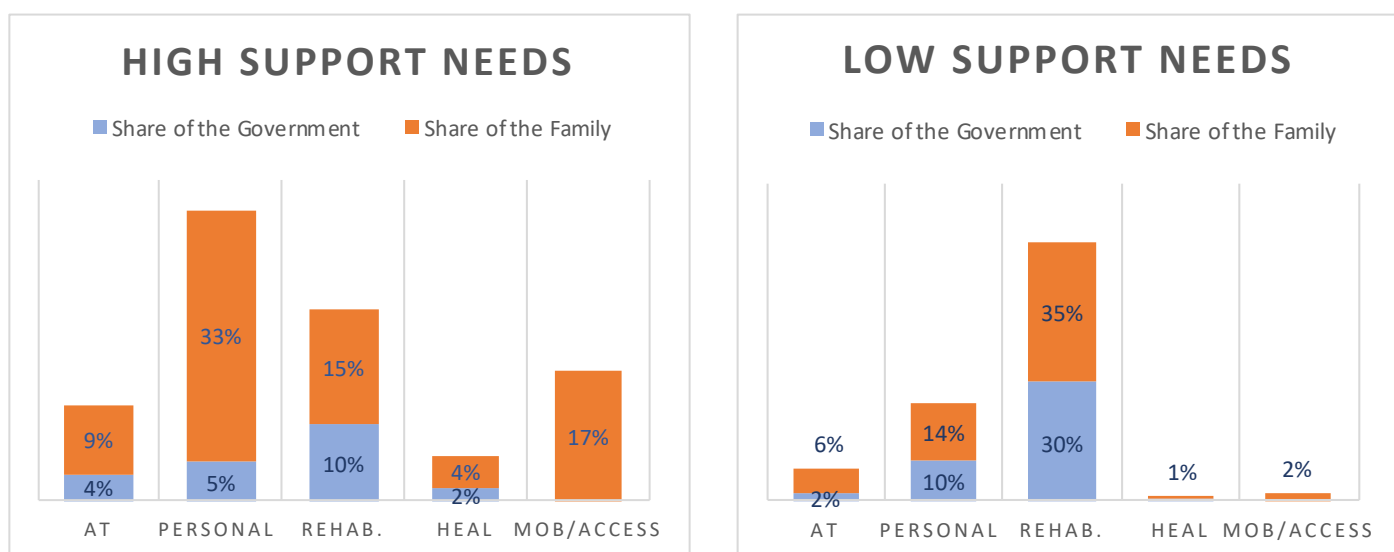
For children with physical disabilities (at both levels of support), the Government has the highest participation in covering the cost categories of: Rehabilitation; and Personal Human Assistance and Care (through Day-care Services¹³). Their next highest participation categories for cost sharing are Assistive Technologies and Health-related costs. The Government does not participate in covering the costs for Mobility/Accessibility.

The families have to bear the remaining costs. For families with physical disabilities and HSN, their highest direct costs are for Personal Human Assistance and Care services, which are 33 per cent of total monthly costs. For families with physical disabilities and LSN, their highest direct costs are also for Personal Human Assistance and Care services, which are 14 per cent of total monthly costs. Families with HSN have to cover 15 per cent of total monthly costs required for Rehabilitation services, and families with LSN have to cover the 35 per cent of total monthly costs required for the same service. Families with HSN have to cover the 17 per cent of total monthly costs required for Mobility/Accessibility, and families with LSN have to cover the 2 per cent required for the same service. Families with HSN have to cover the 9 per cent of total monthly costs required for Assistive Technologies, and families with LSN have to cover the 6 per cent required for the same service.

¹³ Day-care Service is, historically and geographically, the most developed and oldest social service in Georgia, and it originally served as a substitute for education. Later, when inclusive education became a legal requirement and developed within the education system, the role of day-care services became questionable. Currently, in a majority of cases, they fill the gap of not having respite care for parents. In the best cases, they serve as a transitional service to prepare children for mainstream education. Proper function and the new role of such centres have yet to be defined.

Chart N8.1.4. shows the participation of the Government in providing various support components.

Chart N8.1.4. — Share of the Government in each cost category (as percentages of total cost)



Note: AT- cost of assistive technologies; personal – cost of personal human assistance and care; rehab – rehabilitation services; Heal – health related expenses; mob/access – costs related to mobility and accessibility.

8.1.5. The difference between monthly required costs and common costs

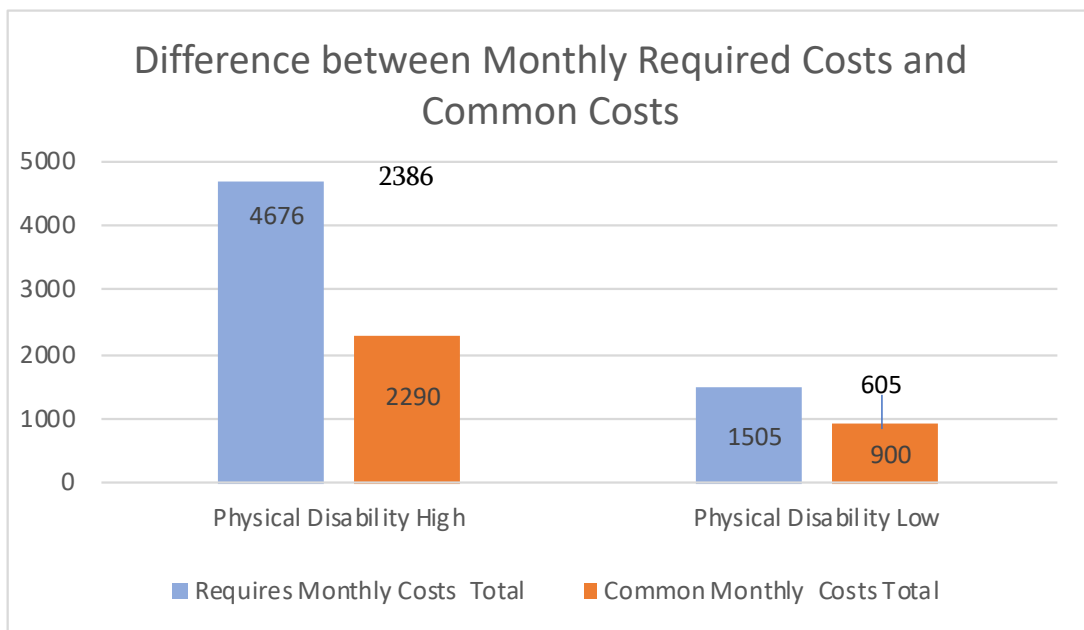
An important objective of the research was to find out the common costs for children with physical disabilities and to identify the difference between the common costs and the required expenditures.

By doing this, the required amount of additional support would be identified.

The results showed that in the case of children with physical disabilities and HSN, only 49 per cent of the required costs were being covered (either through Government or family support). In the case of children with physical disabilities and LSN, though there was a smaller gap between existing and required costs, only 60 per cent of their needs were being met.

Chart N8.1.5. shows the common expenditures and the difference between the common costs and the required costs.

N8.1.5 Chart — Difference between monthly required costs and common costs (in GEL, out of total cost)



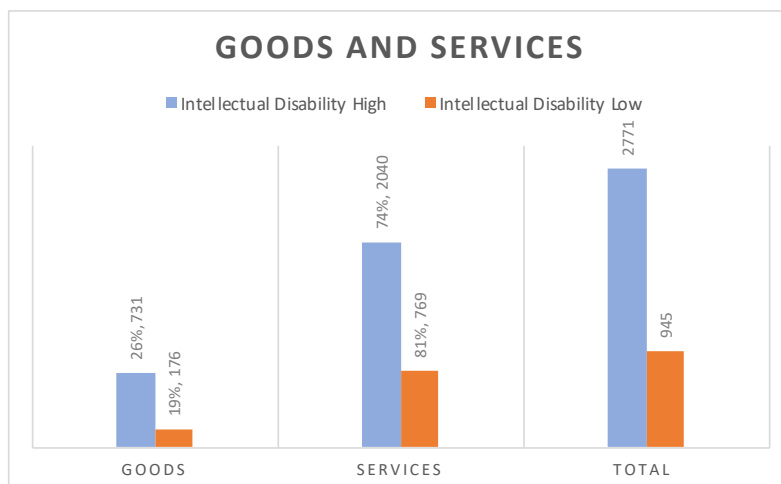
8.2. EXTRA COSTS FOR CHILDREN WITH INTELLECTUAL DISABILITY, HIGH AND LOW SUPPORT NEEDS

8.2.1. Total monthly costs and their distribution on goods and services

The study revealed that the required monthly costs for children with intellectual disabilities and HSN is 2,772 GEL. The identified amount required for goods was 26 per cent (or 731 GEL), and the identified amount required for services was 74 per cent (or 2,040 GEL). The monthly required costs for children with the same disabilities and LSN is 945 GEL. The identified amount required for goods was 19 per cent (or 176 GEL), and the identified amount required for services was 81 per cent (or 769 GEL).

Chart N8.2.1 shows that in the case of children with intellectual disabilities, the monthly expenses for those with LSN are almost three times less than for those with HSN.

Chart N8.2.1. Total monthly costs and their distribution on goods and services for children with intellectual disabilities, High and Low Support Needs (in GEL, and as a percentage of total cost)



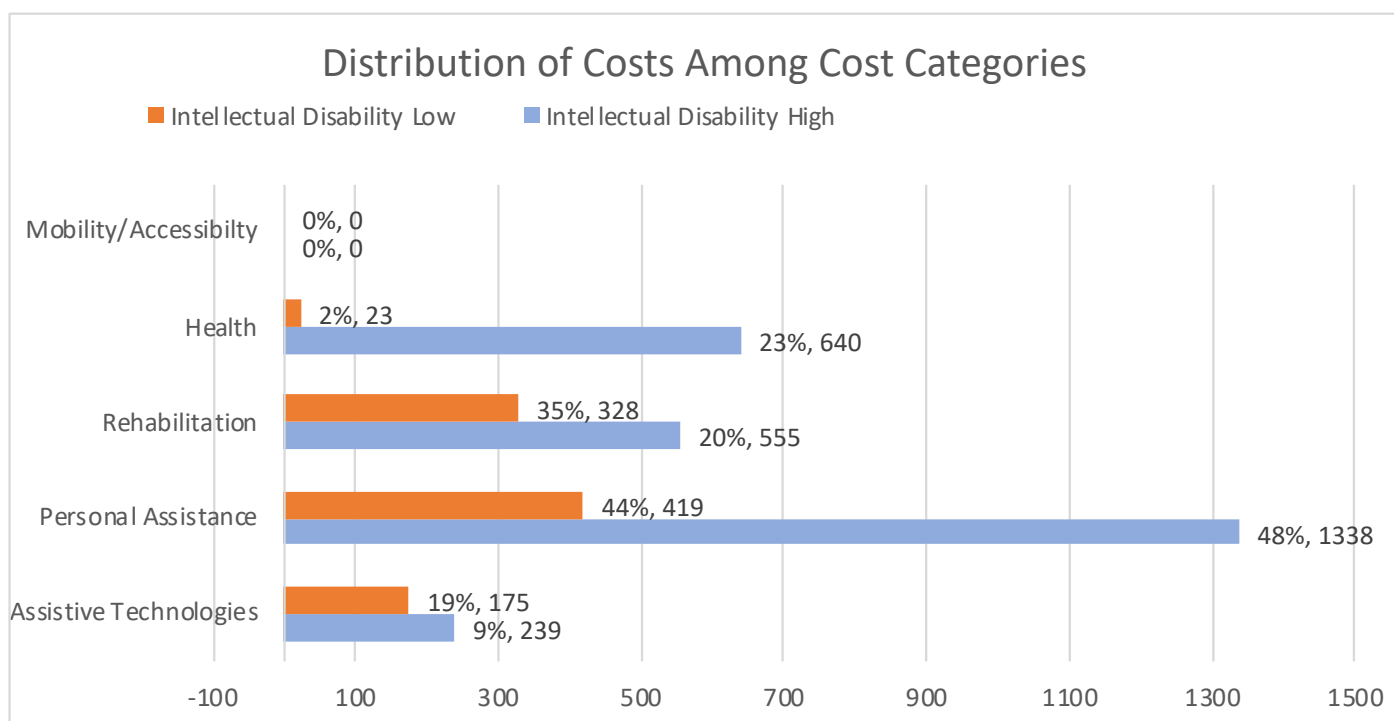
8.2.2. Distribution of costs among cost categories

The study showed that children with intellectual disabilities with HSN in all cost categories have higher required costs than children with LSN.

Moreover, despite the difference between the amount of costs, in both cases, whether it was a subgroup of children with High or Low Support Needs, the largest share was required for Personal Human Assistants and Care services, as well as Rehabilitation. It is worth noting that children with HSN have a significant need for Health-related expenses.

Chart N8.2.2. represents the composition and distribution of the average monthly expenditure between the cost categories.

Chart N8.2.2. – Distribution of costs among cost categories (in GEL, and as a percentage of total cost)



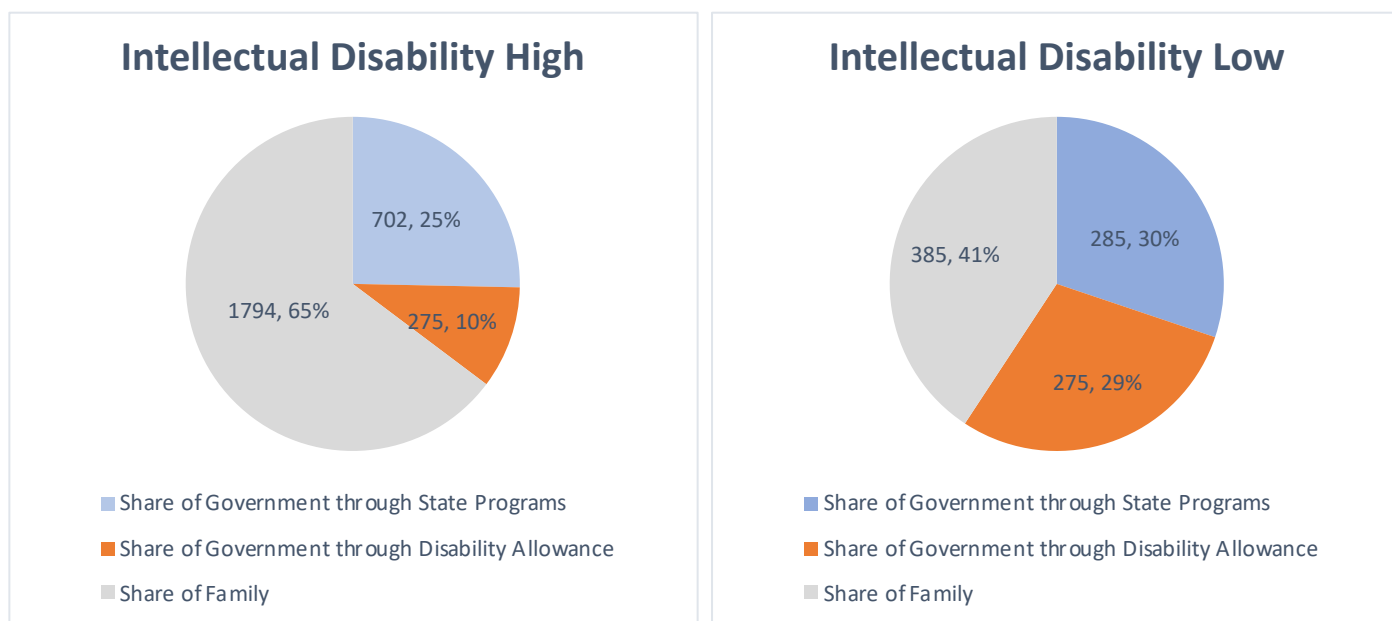
8.2.3. Distribution of costs among families and the Government

According to the study, the Government covers 35 per cent of the monthly expenses for children with an intellectual disability and HSN. Of the total monthly expenses, 10 per cent is provided in the form of a disability allowance, and 25 per cent is provided through various services and products. The remaining expenses, or 65 per cent of the total costs of care, are covered by the families.

For children with an intellectual disability and LSN, the total Government share (including the monthly disability allowance and the provision of free services and products) is much higher and represents 59 per cent of the total required cost of care. The remaining 41 per cent is covered by the families.

Chart N8.2.3. shows the distribution of costs among the families and the Government.

Chart N8.2.3. — Distribution of costs among the families and the Government (in GEL, and as a percentage of total cost)



8.2.4. Share of the Government in each Component

Currently, in the case of children with intellectual disabilities and HSN, the Government participates at its highest percentages for all cost categories when it comes to Health-related costs, covering 10 per cent of the required monthly total for care.¹⁴ The Government covers the Rehabilitation cost category, which is 8 per cent of the total, and it covers Personal Human Assistance and Care (through the provision of Day-care Services), which is 7 per cent of the total monthly cost of care. The Government does not cover the costs of Assistive Technologies.

Families must bear the remaining costs on their own. For the families with children with intellectual disabilities and HSN, they spend most on Personal Human Assistance and Care (41 per cent of the total monthly care expense), followed by Health-related costs (13 per cent of the total monthly care expense), then on Rehabilitation services (12 per cent of the total monthly care expense), and finally on Assistive Technologies (9 per cent of the total monthly care expense).

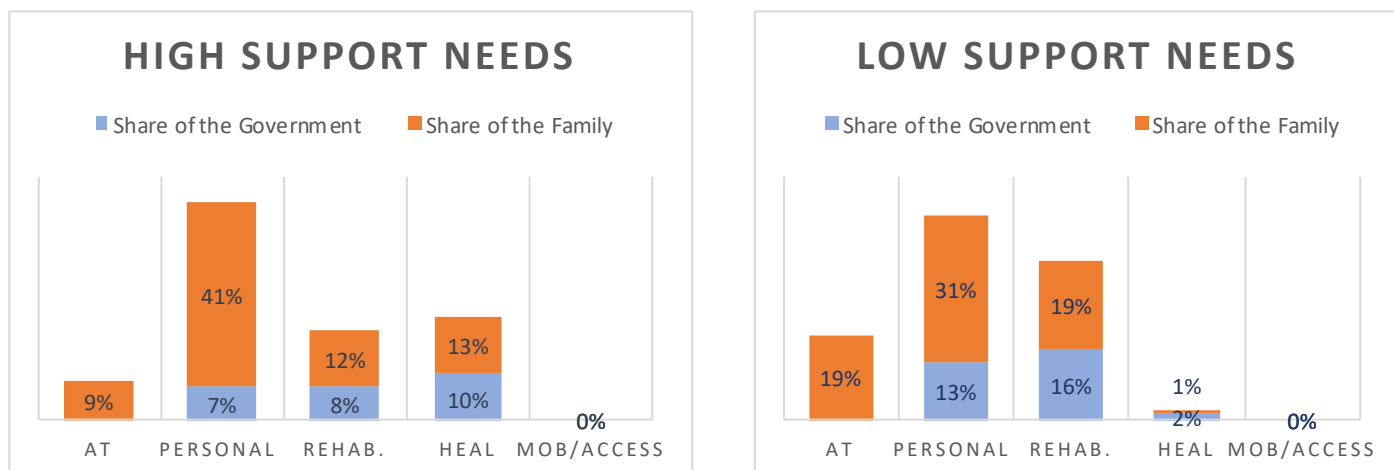
As for families with children with intellectual disabilities and LSN, the Government participates at its highest percentages for all cost categories when it comes to Health-related costs, covering 10 per cent of the required monthly total for care. The Government covers the Rehabilitation cost category, which is 8 per cent of the total cost of care, and it covers Personal Human Assistance and Care (through the provision of Day-care Services), which is 9 per cent of the total cost of care. The Government does not cover the costs of Assistive Technologies.

¹⁴ In Georgia, health-care costs for children are covered either through State health insurance, which requires approximately 20 per cent co-funding, or through vertical health programmes.

Families have to bear all remaining costs. This includes the costs of Personal Human Assistance and Care services, which account for 31 per cent of total monthly care costs. Families must also find ways to pay for Rehabilitation and Assistive Technologies; each of them, respectively, represent 19 per cent of total monthly costs.

Chart N8.2.4. shows the participation of the Government in providing various support components.

Chart N8.2.4. – Share of the Government in each Component (as percentages of total cost)

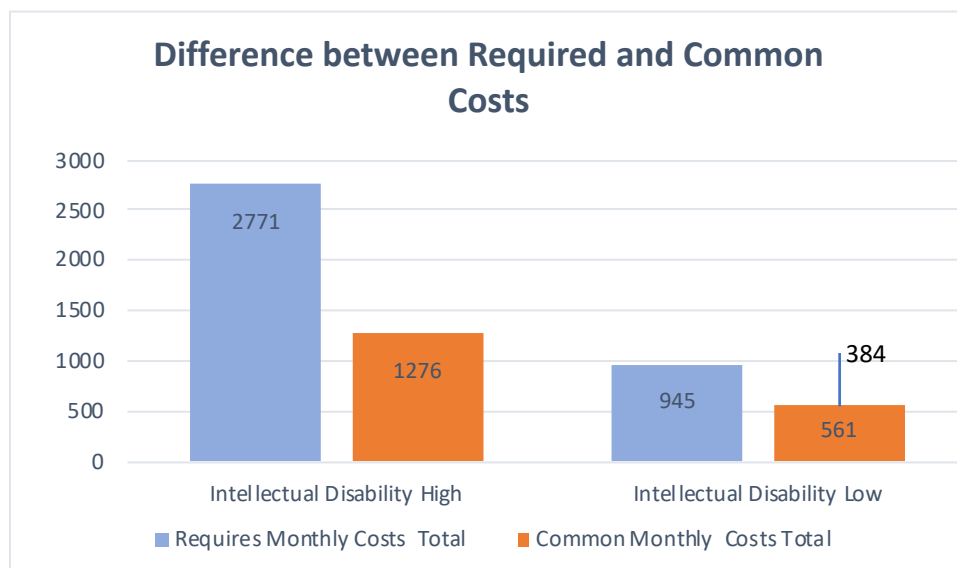


8.2.5 Difference between monthly Required Costs and Common Costs

By calculating the difference between common costs and required costs, the study revealed that, in the case of children with an intellectual disability and HSN, only 46 per cent of required costs are being covered (either through Government or family support). For children with with an intellectual disability and LSN, although there is a smaller gap between existing and required costs, only 59 per cent of their needs are being met.

Chart N8.2.5. shows the common costs and the difference between the common costs and the required costs.

Chart N8.2.5. – Difference between monthly Required Costs and Common Costs (in GEL, from total cost)



8.3. EXTRA COSTS FOR CHILDREN WITH BEHAVIOURAL DISABILITIES, HIGH AND LOW SUPPORT NEEDS

8.3.1. Total monthly costs and their distribution on goods and services

The study revealed that the required monthly costs of care for children with behavioural disabilities and HSN was 4,970 GEL. The identified amount required for goods was 424 GEL (or 9 per cent of the total), and the identified amount required for services was 4,547 GEL (or 91 per cent of the total). The study revealed that the monthly required costs of care for children with the same disabilities and LSN was 2,342 GEL. The identified amount required for goods was 125 GEL (or 5 per cent of the total), and the identified amount required for services was 2,216 GEL (or 95 per cent of the total).

Chart N8.3.1. shows that, for children with behavioural disabilities, the monthly expenses for those with LSN are two times less than for children with HSN.

Chart N8.3.1 – Total monthly costs and their distribution on Goods and Services for children with behavioural disabilities, High and Low Support Needs (in GEL, and as a percentage of total cost of care)



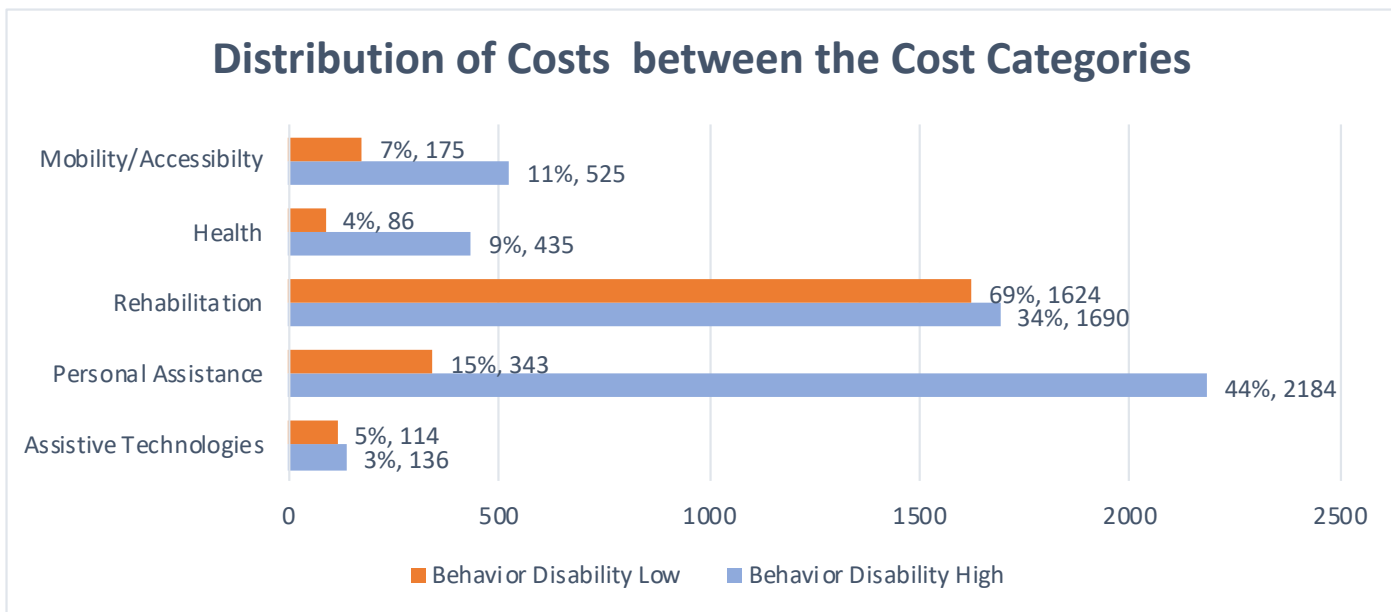
8.3.2. Distribution of costs among cost categories

The study showed that children with behavioural disabilities and HSN have higher required costs than children with behavioural disabilities and LSN, across three cost categories. There were exceptions in the categories of Rehabilitation and Assistive Technologies, where the costs of care for children with High and Low Support Needs have almost no expenditure difference.

The study revealed that the highest costs in both subgroups are associated with Rehabilitation and Personal Human Assistant and Care services.

Chart N8.3.2. represents the composition and distribution of the average monthly expenditure between the cost categories.

Chart N8.3.2. – Distribution of costs among cost categories (in GEL, and as a percentage of total cost)



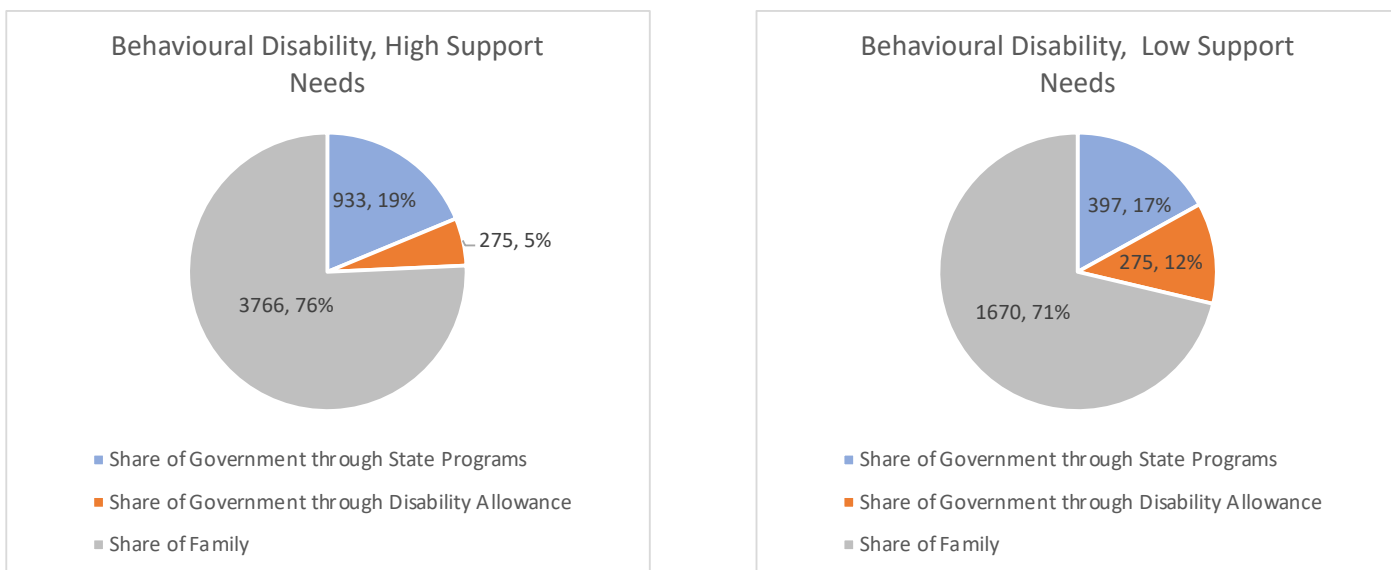
8.3.3. Distribution of costs of care among families and the Government

According to the study, the Government covers 24 per cent of the total monthly expenses for children with behavioural disabilities and HSN. Of the total monthly expenses, 5 per cent is provided in the form of a disability allowance, and 19 per cent is provided through various services and products. The remaining expenses, 76 per cent of the total costs, are covered by the families.

For children with behavioural disabilities and LSN, the share of total monthly costs covered by the Government is 29 percent; this includes a monthly disability allowance and the provision of free services and products. The remaining 71 per cent of monthly care expenses are covered by the families.

Chart N8.3.3. shows the share of Government coverage in monthly care expenses.

N8.3.3. Chart – Distribution of care costs among Families and the Governments (in GEL, and as a percentage of total cost)



8.3.4. Share of Government Support in each Component

Currently, in the case of children with behavioural disabilities and HSN, the Government participates at its highest percentages for all cost categories when it comes to Personal Human Assistance and Care through the provision of Day-care Services, covering 8 per cent of total monthly costs. Additionally, the Government covers Rehabilitation (which are 6 percent of total monthly costs) as well as Health-related costs (which are 4 per cent of total monthly costs). The Government does not participate in covering the costs for Assistive Technologies or Mobility/Accessibility. As stated earlier in this report, this represents the theoretical amount covered if all people eligible for these benefits had access to them. The extent to which that happens is undoubtedly correlated with where the beneficiaries live, and most likely with other characteristics, such as education of the parents.

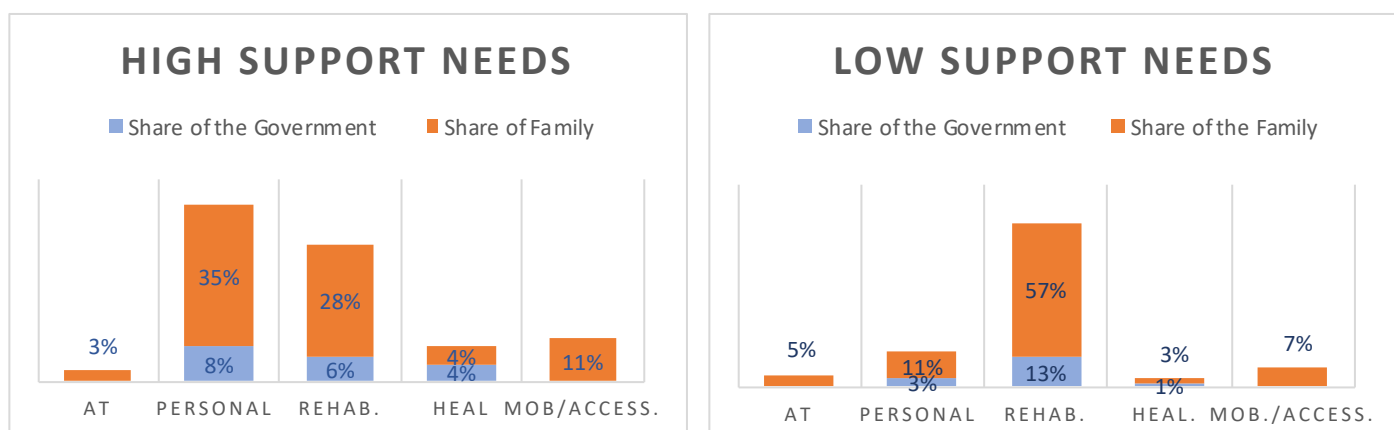
Given this amount of support from the Government, families must bear the remaining costs on their own. In the case of children with behavioural disabilities and HSN, families attribute most of their monthly care expenditure to Personal Human Assistance and Care services, which account for 35 percent of total monthly costs; their next highest expenditure, 28 percent of total monthly costs, is Rehabilitation; then Accessibility/Mobility, which account for 11 per cent of total monthly costs; followed by Assistive Technologies, which are 3 per cent of total monthly costs; and finally Health-related costs, which are 4 per cent of the monthly total.

For children with behavioural disabilities and LSN, the Government participates at its highest percentages across all cost categories when it comes to Rehabilitation, covering 13 per cent of total monthly costs; the Government covers Personal Human Assistance and Care through the provision of Day-care Services, which account for 3 per cent of total monthly costs. The Government does not cover any costs for Assistive Technologies or Mobility/Accessibility.

Families have to bear all remaining costs. In the case of children with behavioural disabilities and LSN, families attribute most of their monthly care expenditure to Rehabilitation, which accounts for 57 per cent of total monthly costs; the next highest expenditure is Personal Human Assistance and Care services, which is 11 per cent of the total; then Mobility/Accessibility, which is 7 per cent of the total; and finally, Assistive Technologies and Health-related care, which combine for 3 per cent of the total monthly care expenditure.

Chart N8.3.4. shows the participation of the Government in providing various support components.

Chart N8.3.4. – Share of the Government in each Cost Category (as percentages of total cost)

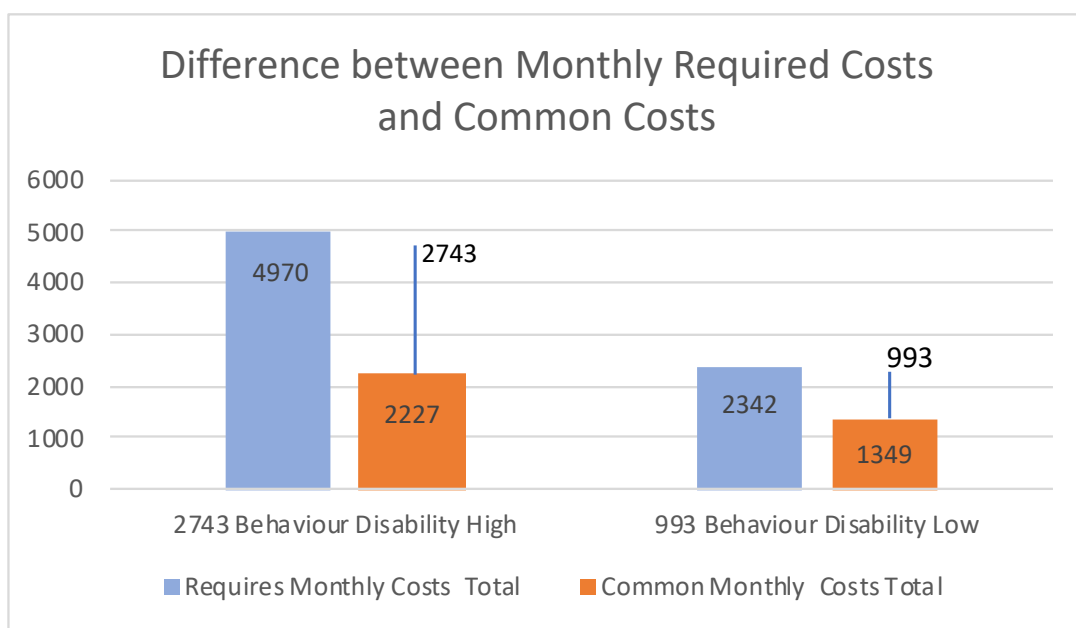


8.3.5. The Difference between monthly Required Costs and Common Costs

By calculating the difference between common costs and required costs, the study revealed that, in the case of children with behavioral disabilities and HSN, only 44 per cent of required costs were being covered (either through Government or family contributions). For children with behavioural disabilities and LSN, though there was a smaller gap between common and required costs, only 57 percent of the the overall need being was being met.

Chart N8.3.5. shows the common expenditure and the difference between the current and the required costs.

Chart N8.3.5. — The difference between monthly Required Costs and Common Costs (in GEL, out of total cost)



8.4. EXTRA COSTS FOR CHILDREN WITH COMPLEX NEEDS, HIGH AND LOW SUPPORT NEEDS

8.4.1. Total monthly costs and their distribution on Goods and Services

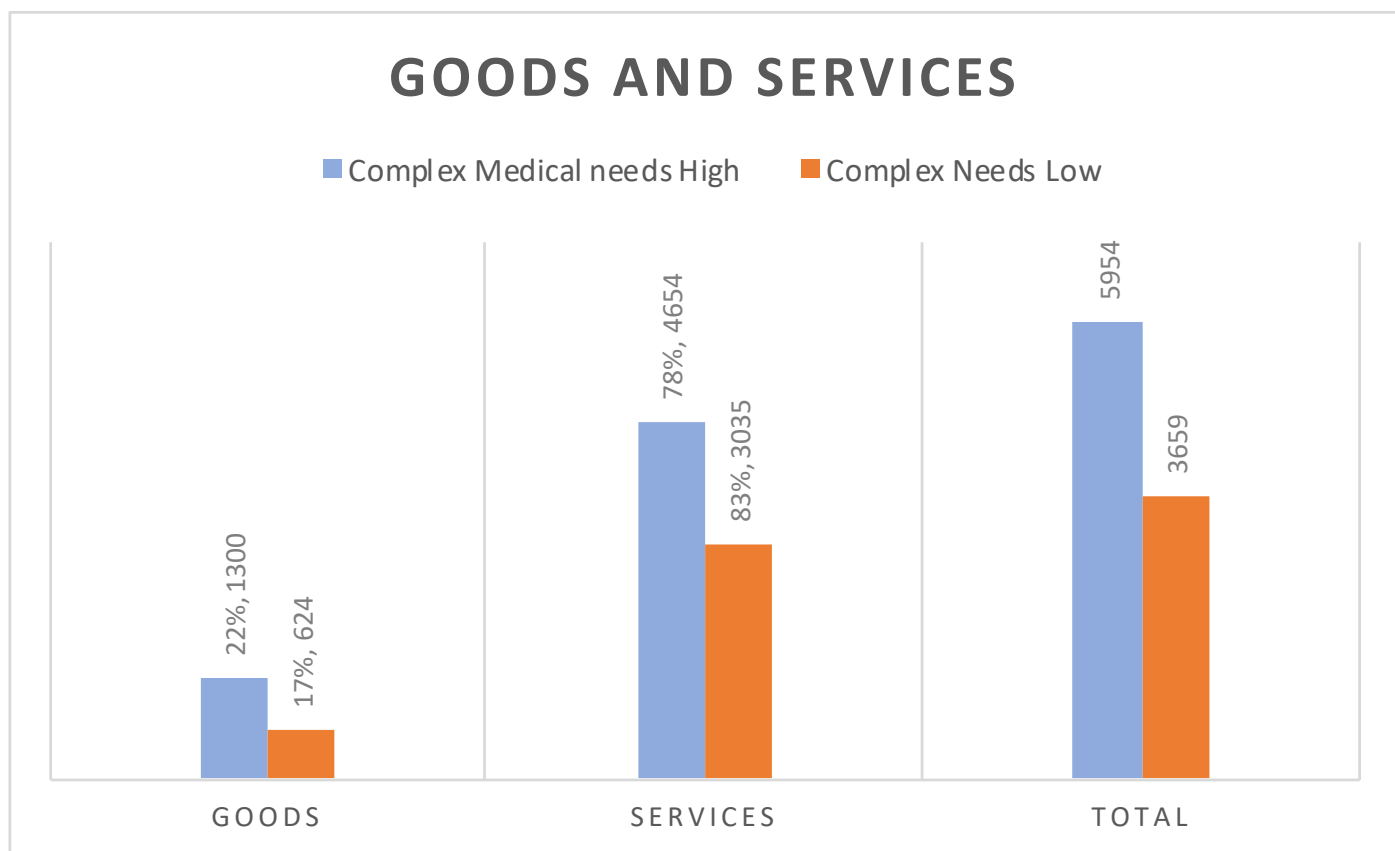
The study revealed that children with complex needs and HSN – referring, here, to medical needs – required 5,954 GEL in total monthly costs. Of the monthly total, 22 per cent (or 1,300 GEL) was required for goods, and 78 per cent (or 4,654 GEL) was required for services.

Whereas children with the same disabilities but LSN – meaning, non-medical – required 3,659 GEL in total monthly care costs. Of the monthly total, 17 per cent (or 624 GEL) was required for goods, and 83 per cent (or 3,035 GEL) was required for services. It is worth noting that, although the study differentiates subgroups of High and Low Support Needs within the Complex Needs Category, the care for children with LSN is still considerable and the costs are still very high.

Chart N8.4.1. represents the total monthly costs and their distribution on goods and services for children with Complex Needs, High (medical) and Low Support Needs. In contrast to other disability

groups and the differential in expenses for the related subgroups, the costs for children with Complex Needs and LSN are only one-third less than those for children with Complex Needs and HSN (medical).

Chart N8.4.1 - Total Monthly Cost distribution on Goods and Services (in GEL, and as a percentage of total cost)



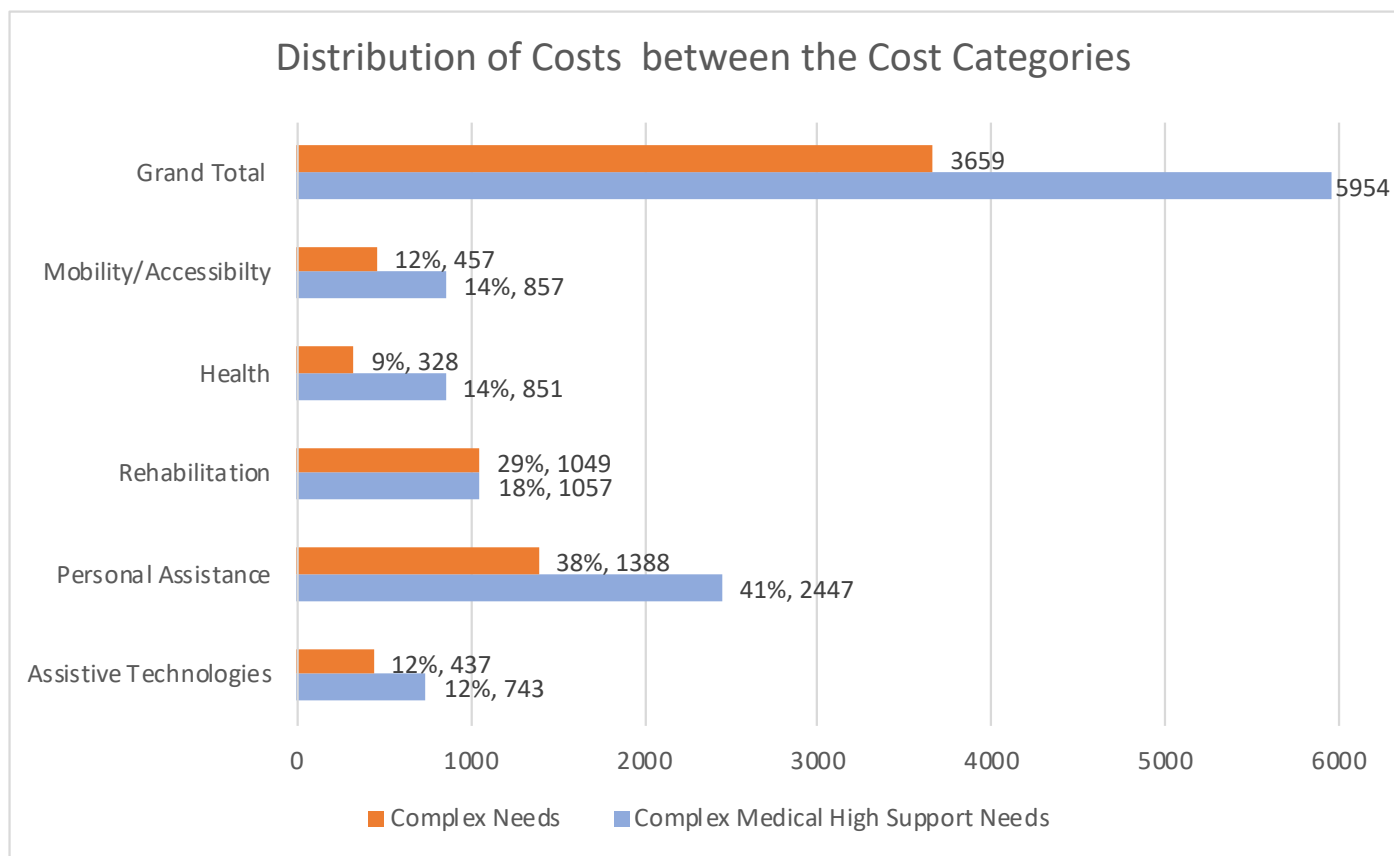
8.4.2. Distribution of costs among cost categories

The study shows that children with complex needs (both HSN and LSN), in almost all cost categories, have higher required costs than children with LSN in other disability categories. The exception is the cost for Rehabilitation. An almost equal amount of expenditure is identified in this cost category for both subgroups.

The study revealed that the highest costs are associated with Rehabilitation and Personal Human Assistant and Care services.

Chart N8.4.2. represents the composition and distribution of the average monthly expenditure between the cost categories.

Chart N8.4.2. — Distribution of costs among cost categories (in GEL, and as a percentage of total cost)



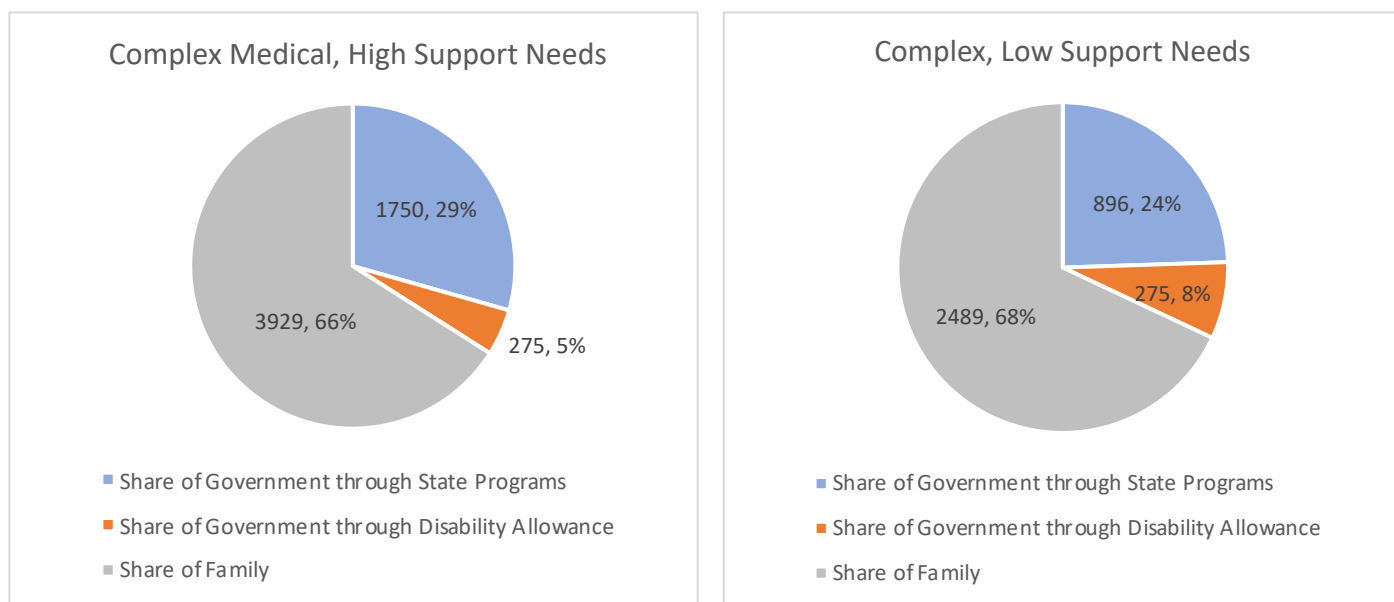
8.4.3. Distribution of costs among Families and the Government

According to the study, the Government covers 34 per cent of the monthly expenses for children with complex medical issues with HSN. Of this monthly expense total, 5 per cent is provided in the form of a disability allowance and 29 per cent is provided through various services and products. The remaining expenses, 66 per cent of the total costs, are covered by the family.

For children with complex disabilities and LSN, the total Government share (including a monthly disability allowance and the provision of free services and products) is slightly higher, and represents 32 per cent of the total monthly expenses. The remaining 68 per cent is covered by the families.

Chart N8.4.3. shows the distribution of monthly expenses among families and the Government for families with complex needs.

Chart N8.4.3. — Distribution of costs among Families and the Government (in GEL, and as a percentage of total cost)



8.4.4. Share of the Government in each Component

In the case of children with complex needs (medical) and HSN, the Government participates at its highest percentage for all cost categories when it comes to Personal Human Assistance and Care (through the provision of Day-care Services and home-based care) covering 13 per cent of the monthly total; the Government covers Rehabilitation, which is 7 per cent of the monthly total, as well as Health-related costs and Assistive Technologies, which account for another 7 per cent of the monthly total. The Government does not cover any costs for Mobility/Accessibility.

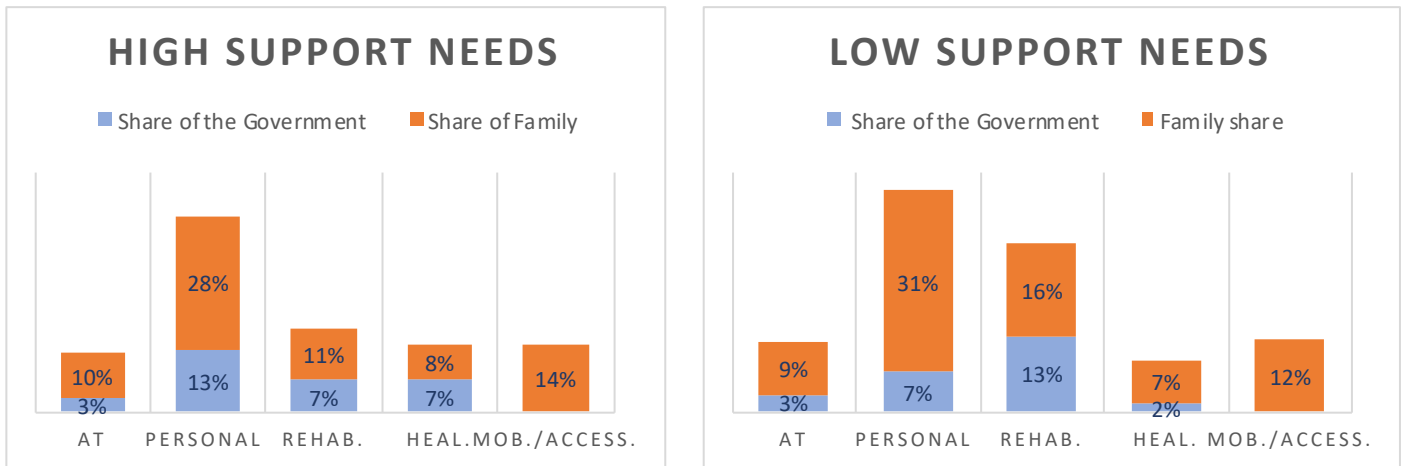
Families have to bear the remaining costs on their own. Families contribute 35 per cent of the total monthly care expenditure towards Personal Human Assistance and Care, followed by 28 per cent towards Rehabilitation, then 11 per cent towards Accessibility/Mobility, then 3 per cent towards Assistive Technologies, and 4 per cent towards Health-related costs.

For children with complex needs and LSN, the Government participates at its highest percentages for all cost categories when it comes to Rehabilitation, covering 13 per cent of the monthly total. The Government covers Personal Human Assistance and Care costs (through the provision of Day-care Services), which are 7 per cent of the monthly total. It also covers: Assistive Technologies, which are 3 per cent of monthly costs; and Health-related costs, which are 2 per cent of the total. The Government does not cover any costs for Mobility/Accessibility.

Families have to bear all remaining costs. They spend the majority of their monthly care expenditure on Personal Human Assistance and Care services, which are 31 per cent of total monthly costs. The next highest expenditure is Rehabilitation at 16 percent of the monthly total; followed by Mobility/Accessibility- 12 per cent; then Assistive Technologies, which make up 9 per cent of the monthly total cost; and finally, Health-related costs, which make up 7 per cent of the total monthly care expenditure.

Chart N8.4.5. shows the participation of the Government in each component.

Chart N8.4.4. — Share of Government in each Component (as a percentage of total cost)

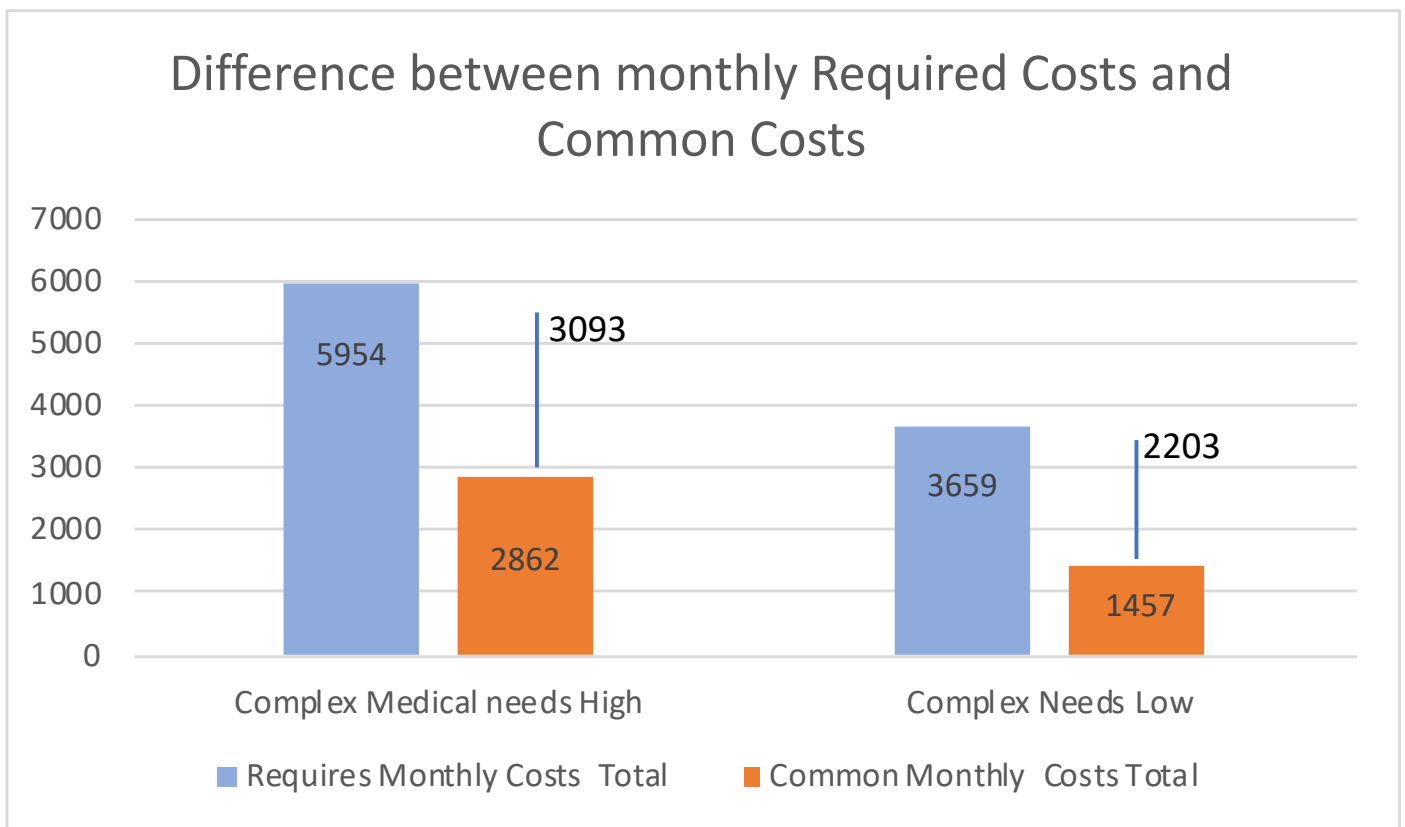


8.4.5. Difference between monthly Required and Common Costs

By calculating the difference between common and required costs, the study revealed that in the case of children with complex needs (medical), with HSN, only 48 per cent of required costs were being covered (this included both Government and family support contributions); as for children with complex needs and LSN, though there was a smaller gap between existing and required costs, only 57 per cent of the required need for cost coverage was being met.

Chart N8.4.5. shows the expenditure, and the difference between the common and the required amount.

Chart N8.4.5. – Difference between monthly Required and Common Costs



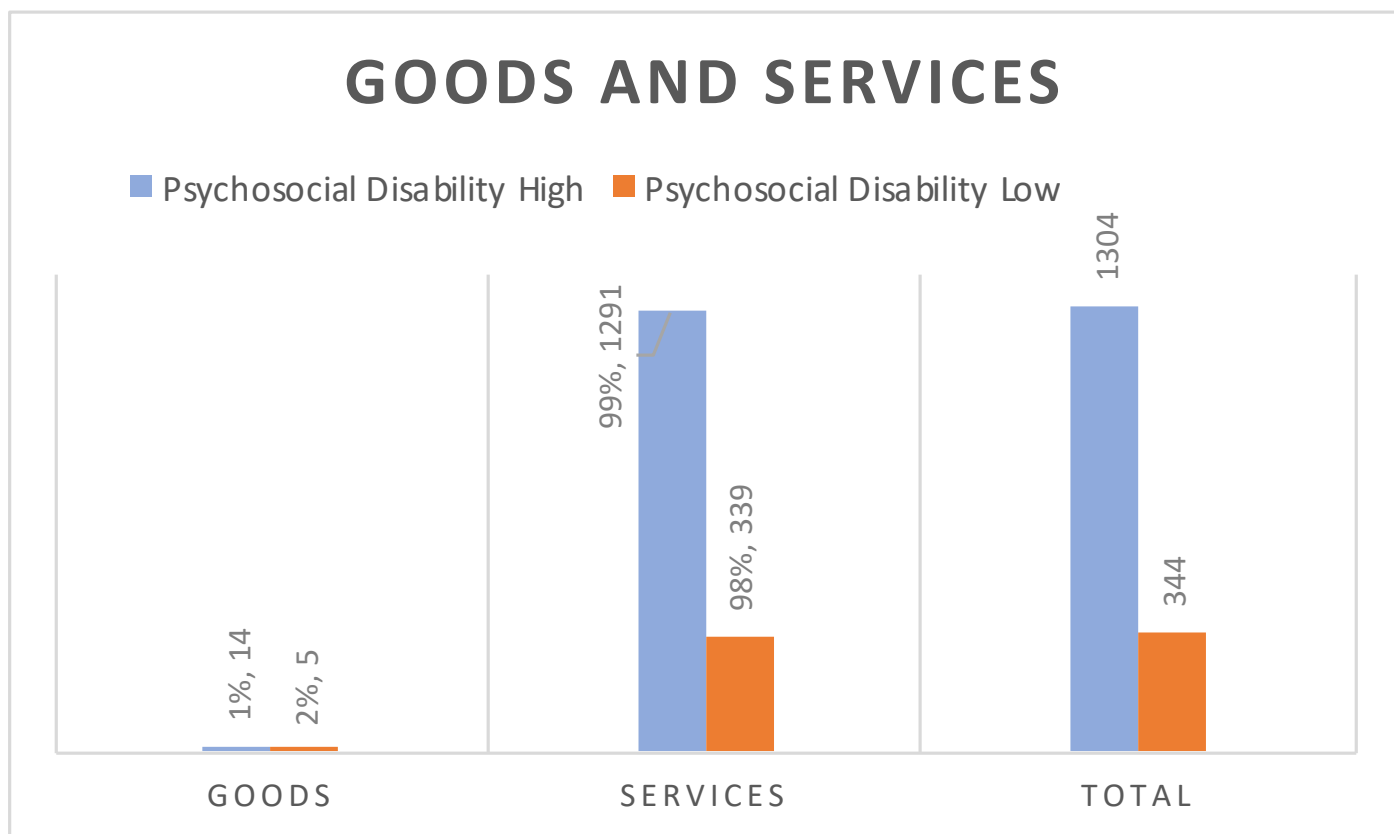
8.5. EXTRA COSTS FOR CHILDREN WITH PSYCHOSOCIAL NEEDS, HIGH AND LOW SUPPORT NEEDS

8.5.1. Total monthly costs and their distribution on goods and services

The study revealed that the required monthly costs for children with psychosocial needs and HSN are 1,304 GEL. Of the identified amount, 1 per cent (or 14 GEL) is required for goods, and 99 per cent (or 1,291 GEL) is required for services. Whereas the monthly required costs of care for children with the same disabilities, but with LSN, are 344 GEL. Of identified amount, 2 per cent (or 5 GEL) is required for goods, and 98 per cent (or 339 GEL) is required for services.

Chart N8.5.1. shows that, in the case of psychosocial disabilities, the monthly expenses for children with LSN are more than three times less than the expenses for care for children with HSN.

Chart N8.5.1. – Total Monthly Costs and their distribution on Goods and Services (in GEL, and as a percentage of total cost)



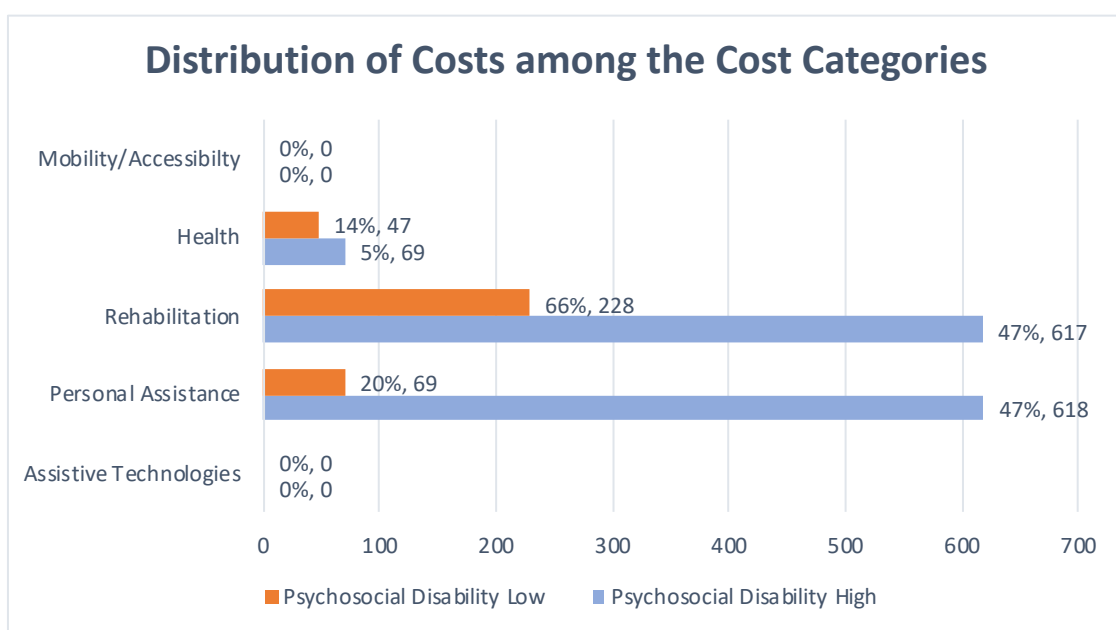
8.5.2. Distribution of costs among cost categories

The study showed that children with psychosocial disabilities and HSN, in almost all cost categories, have higher required costs than children with LSN (the exception is Health-related costs).

The study revealed that the highest costs are associated with Rehabilitation and Personal Human Assistant and Care services (47 per cent of the monthly care expenditure in both cases). It is worth noting that the expenditure on Health-related costs is almost equal for both HSN and LSN subgroups, though this indicator has a different share for each.

Chart N8.5.2 represents the composition and distribution of the average monthly expenditure between the cost categories.

Chart N8.5.2 — Distribution of costs among cost categories (in GEL, and as a percentage of total cost)



8.5.3 Distribution of costs among Families and the Government

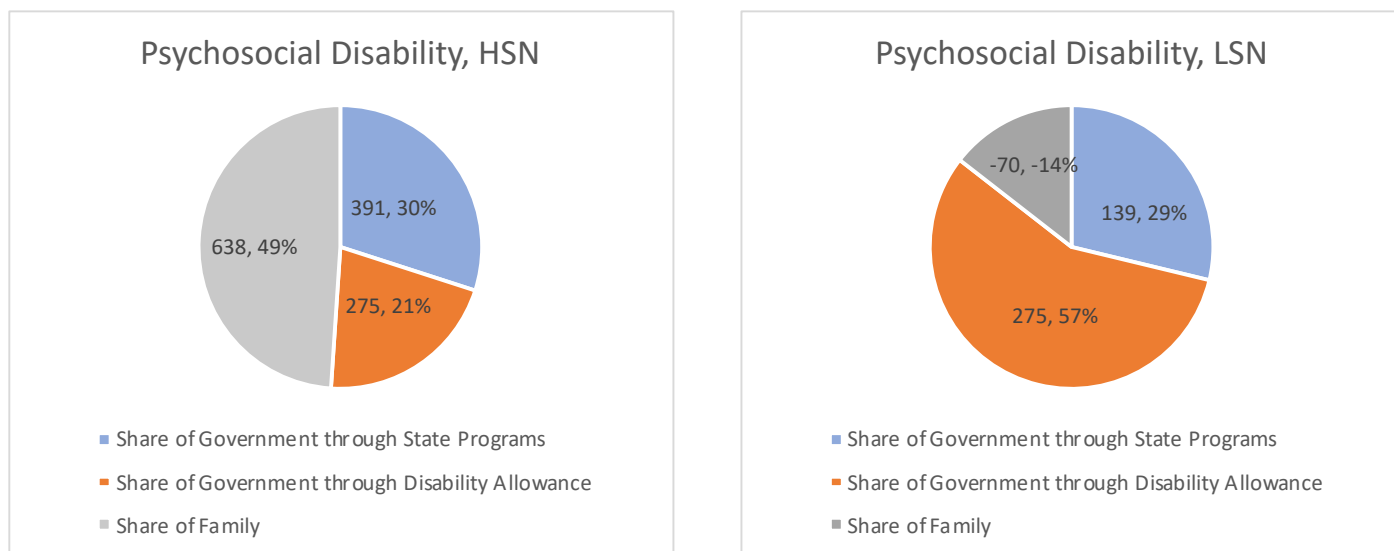
According to the study, the Government covers 51 per cent of the monthly expenses for children with psychosocial disabilities and HSN. Of the total monthly expenses, 21 per cent is provided in the form of a disability allowance, and 30 per cent is provided through various services and products. The remaining expenses, 49 per cent of total costs, must be covered by the family.

For children with psychosocial disabilities and LSN, the Government covers 100 per cent of their monthly expenses (in the form of a monthly disability allowance and the provision of free services and products).

Despite the fact that the aforementioned group is fully supported by the State, services to support them are only available in the capital city of Tbilisi, as coverage varies by geographical region.

Chart N8.5.3 shows the share of Government coverage of monthly expenses.

N8.5.3 Chart — Distribution of costs among Families and the Government (in GEL, and as a percentage of total cost)



8.5.4. Share of the Government in each Component

In the case of children with psychosocial disabilities and HSN, the Government has the highest participation in covering the costs for Rehabilitation, which represents 25 per cent of the total monthly cost of care. The Government covers Personal Human Assistance and Care services, which represent 4 per cent of the total cost of care, but it only covers 4 per cent of that amount. The Government also covers Health-related costs, which represent 5 per cent of the total cost, but it only covers 1 per cent of that amount.

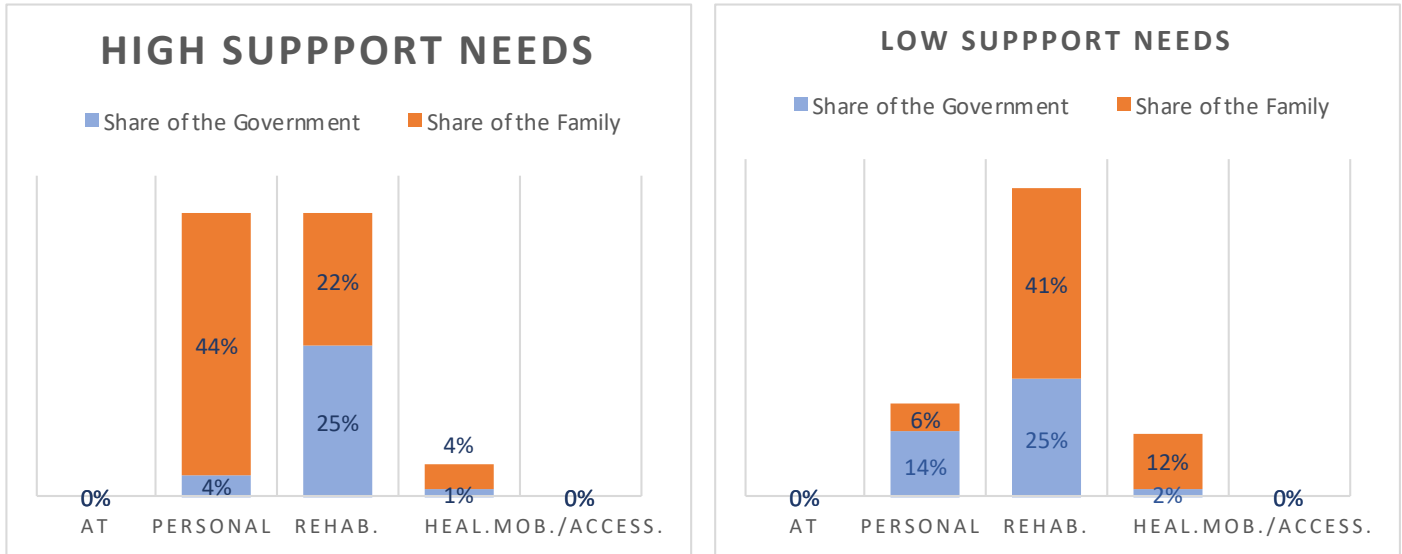
Families have to bear the remaining costs. Their highest direct costs are for Personal Human Assistance and Care services, which are 44 per cent of the total monthly expense. The next highest direct cost is Rehabilitation, which are 22 per cent of the total monthly cost of care, and then Health-related costs, which are 4 per cent of the total monthly cost of care.

As for children with psychosocial disabilities and LSN, the Government has the highest participation in covering the costs for Rehabilitation, which represents 25 per cent of total cost costs of care. The Government covers Personal Human Assistance and Care service costs, which represent 14 per cent of the total cost of care. The Government also covers costs for Health-related care, which represent 2 per cent of total care monthly expenses.

Families have to bear all the remaining costs. Their highest direct cost is Rehabilitation, which amounts to 25 per cent of the total monthly cost of care. The next highest direst costs are Health-related expenses, which are 12 per cent of the total, then Personal Human Assistance and Care services, which are 6 per cent of the total monthly cost of care.

Chart N8.5.4 shows the participation of the Government in each component.

Chart N8.5.4 – Share of the Government in each Component (as a percentage of total cost)

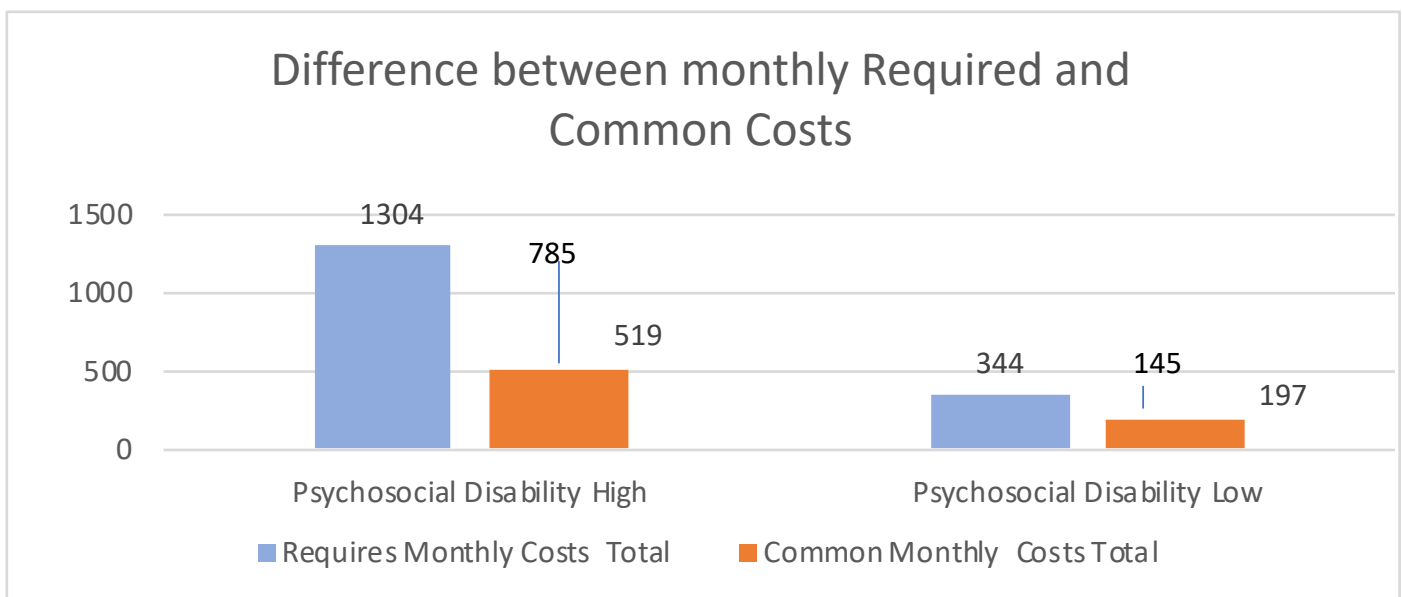


8.5.5. Difference between monthly Required Costs and Common Costs

The study revealed that in the case of children with psychosocial disabilities and HSN, only 39 per cent of required costs of care were being covered (either by the Government or through family contributions). For children with psychosocial disabilities and LSN, though the gap between common and required costs is smaller, only 57 per cent of their needs were being met.

Chart N8.5.5. shows the common costs and the differences between the common and the required amount.

Chart N8.5.5. – Difference between monthly Required and Common Costs (in GEL, of total cost)



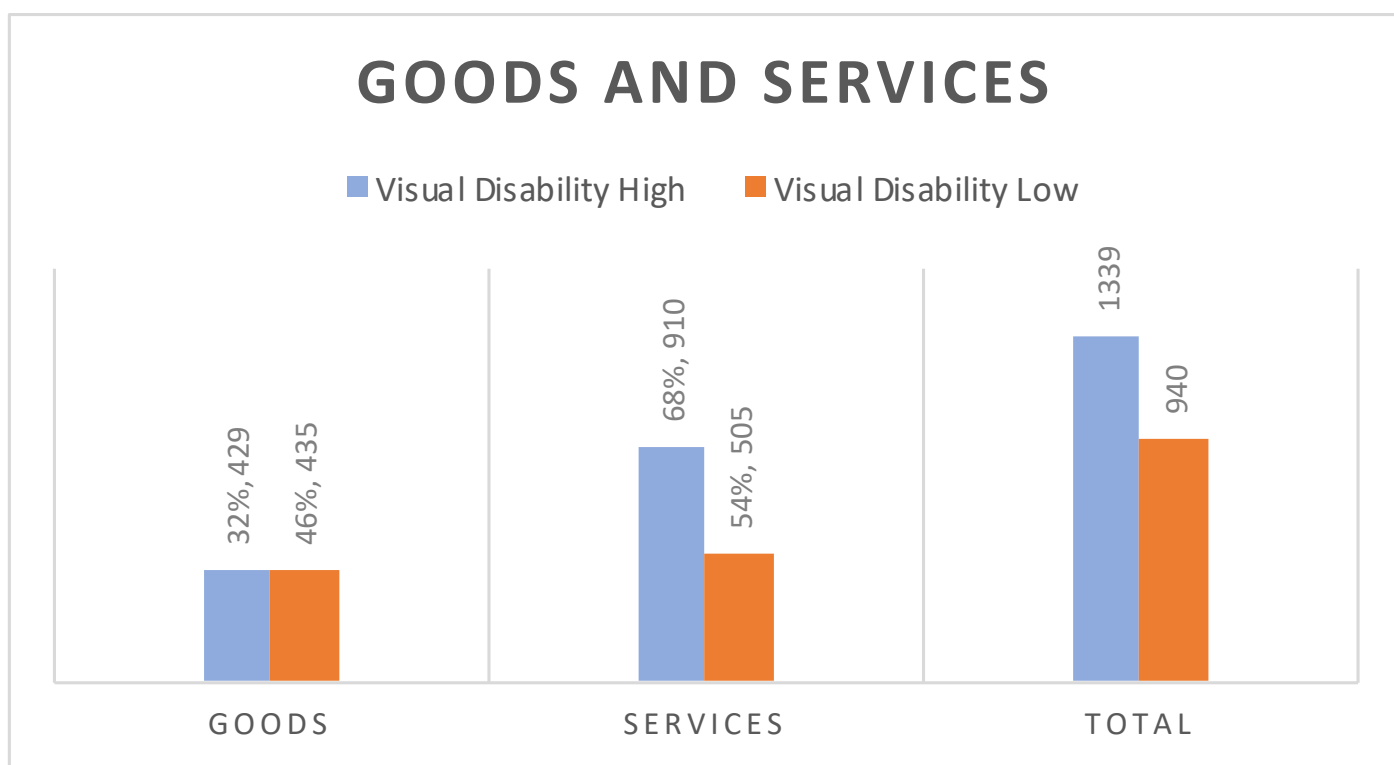
8.6. EXTRA COSTS FOR CHILDREN WITH VISUAL DIFFICULTIES, HIGH AND LOW SUPPORT NEEDS

8.6.1. Total monthly costs and their distribution on goods and services

The study revealed that the required monthly costs of care for children with visual difficulties and HSN are 1,339 GEL. Of that required amount, 32 per cent (or 429 GEL) are for goods, and 68 per cent (or 910 GEL) are for services. Whereas the monthly required costs of care for children with the same disabilities and LSN are 940 GEL. Of that required amount, 46 per cent (or 435 GEL) are for goods, and 56 per cent (or 505 GEL) are for services.

Chart N8.6.1 shows that the costs of care for children with visual difficulties and HSN are only 30 per cent higher than the costs of care for children with visual difficulties and LSN.

Chart N8.6.1: Total Monthly Cost distribution on Goods and Services (in GEL, and as a percentage of total cost)

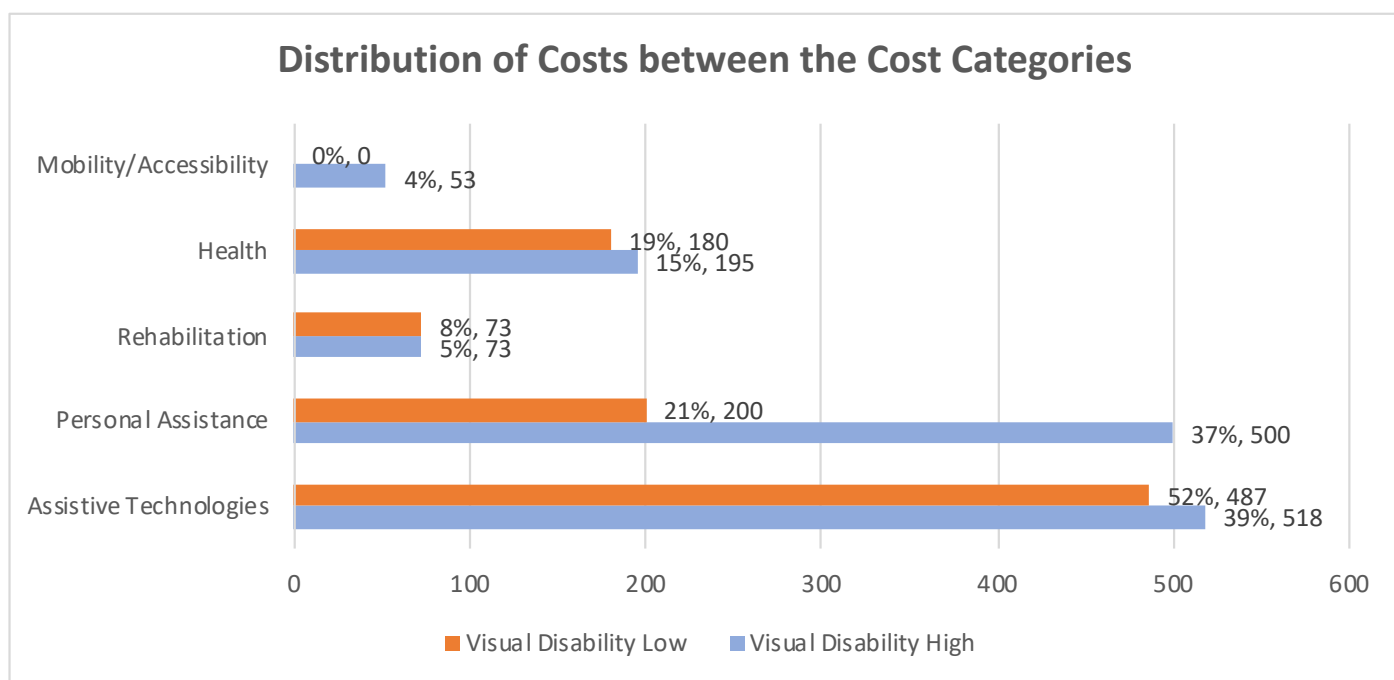


8.6.2 . Distribution of costs across cost categories

The study shows that, in the majority of cost categories, children with visual disabilities and HSN have higher required costs than children with LSN (except when it comes to rehabilitation costs). At the same time, the difference between the costs categories for both subgroups is small (see: Assistive Technologies, Rehabilitation and Health-related costs). A large portion of the required costs come from Personal Human Assistant and Care services, Assistive Technology and Health-related costs coming third. The cost for Rehabilitation is only in the fourth place among total costs.

Chart N8.6.2. represents the composition and distribution of the average monthly expenditure across cost categories.

Chart N8.6.2. – Distribution of costs among cost categories (in GEL, and as a percentage of total cost)



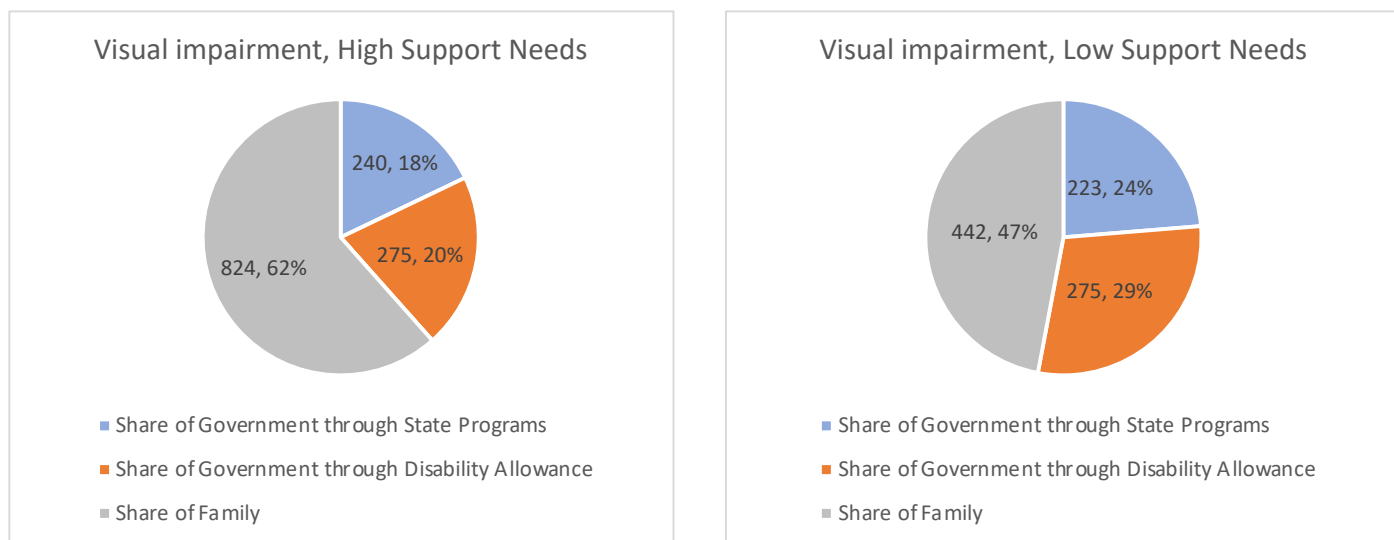
8.6.3. Distribution of costs among Families and the Government

In the case of children with visual difficulties and HSN, the Government covers 28 per cent of total monthly expenses. Of the required monthly total, 20 per cent is provided in the form of a disability allowance, and 18 per cent is provided through various services and products. The remaining expenses, 62 per cent of the total monthly costs of care, are covered by the family.

For children with visual difficulties and LSN, the total Government share (including the monthly disability allowance and the provision of free services and products) is higher and represents 53 per cent of the total cost. The remaining 47 per cent is covered by the families.

Chart N8.6.3 represents distribution of costs among Families and the Government

N8.6.3. Chart – Distribution of costs among Families and the Government (in GEL, and as a percentage of total cost)



8.6.4. Share of the Government in each Component

In the case of children with visual difficulties and HSN, the Government has the highest participation in covering Health-related costs, which represent 12 per cent of the total costs of care. The Government also covers Rehabilitation costs, which represent 5 per cent of the total, and Assistive Technologies, which represents only 1 per cent of the total cost. The Government does not participate in covering the costs of Personal Human Assistance and Care services, or in covering the cost for Accessibility/Mobility.

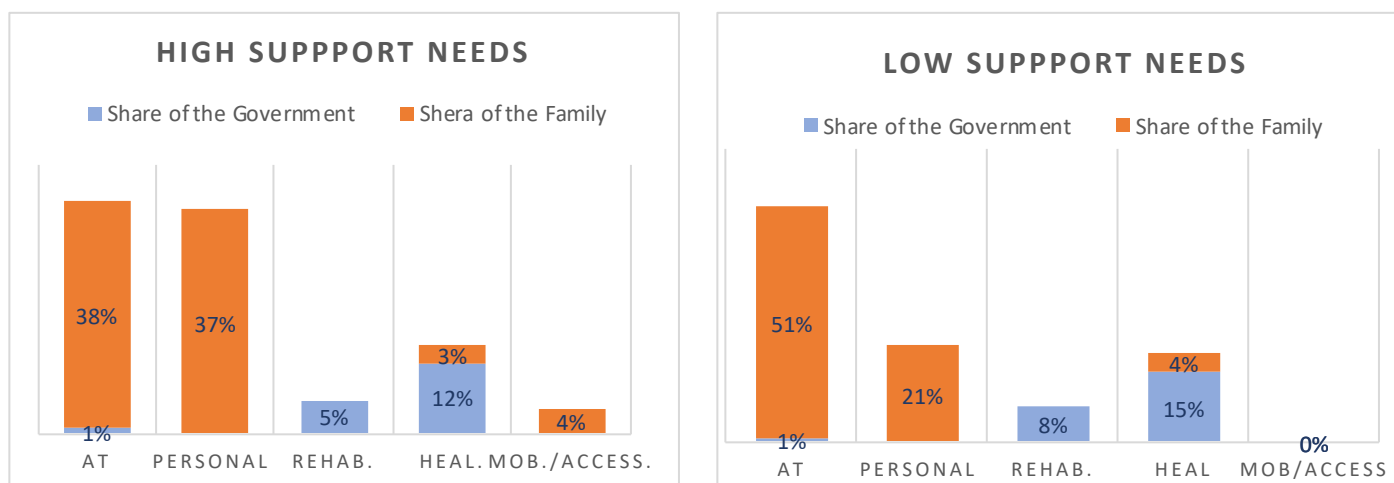
The families have to bear the remaining costs. Their highest direct monthly costs are: Assistive Technologies, which make up 38 per cent of total monthly expense; Personal Human Assistance and Care services, which make up 37 per cent; Accessibility/Mobility, which are 4 per cent; and Health-related costs which are 3 per cent of the total monthly expense.

In the case of children with visual difficulties and LSN, the Government has the highest participation in covering Health-related costs, which represent 15 per cent of the total cost of care. The Government also covers Rehabilitation costs, which represent 8 per cent of the total. The Government does not participate in covering the costs of Personal Human Assistance and Care services.

The families have to bear all remaining costs. Their highest direct costs are: Assistive Technologies, which make up 51 per cent of the total monthly expense; Personal Human Assistance and Care services, which make up 21 per cent of total expenses; and Health-related expenses, which make up 4 per cent of the total monthly costs of care.

Chart N8.6.4. shows the participation of the Government in each component.

Chart N8.6.4. – Share of Government in each Component (as percentages of total cost)



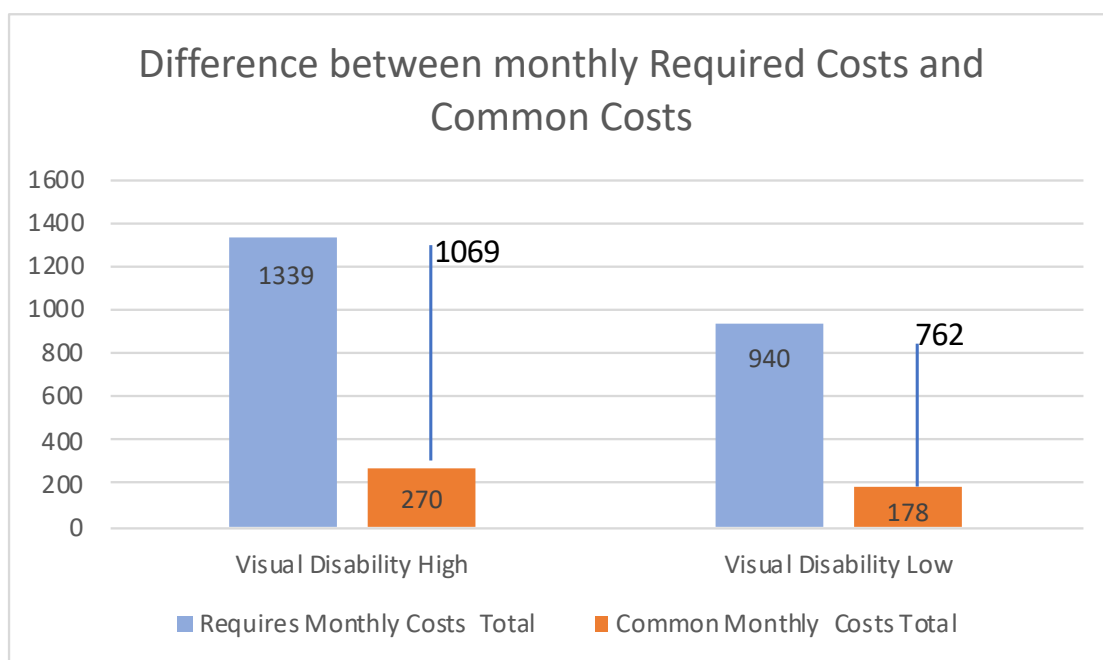
8.6.5. The difference between monthly Required and Common Costs

The study revealed that, in the case of children with visual difficulties (High and Low Support Needs), between 18 and 20 per cent of their required costs are being covered, either by the Government or through family contributions.

In Georgia, there is a particular shortage of Assistive Devices for people with visual difficulties. Families also lack awareness about the required aids. Aside from white canes, no other devices are provided by the Government. This might be the reason for the largest gap between the common and required costs.

Chart N8.6.5 shows the common costs and the difference between the common and the required amount.

Chart N8.6.5 – Difference between monthly Required and Common Costs (in GEL, from total cost)



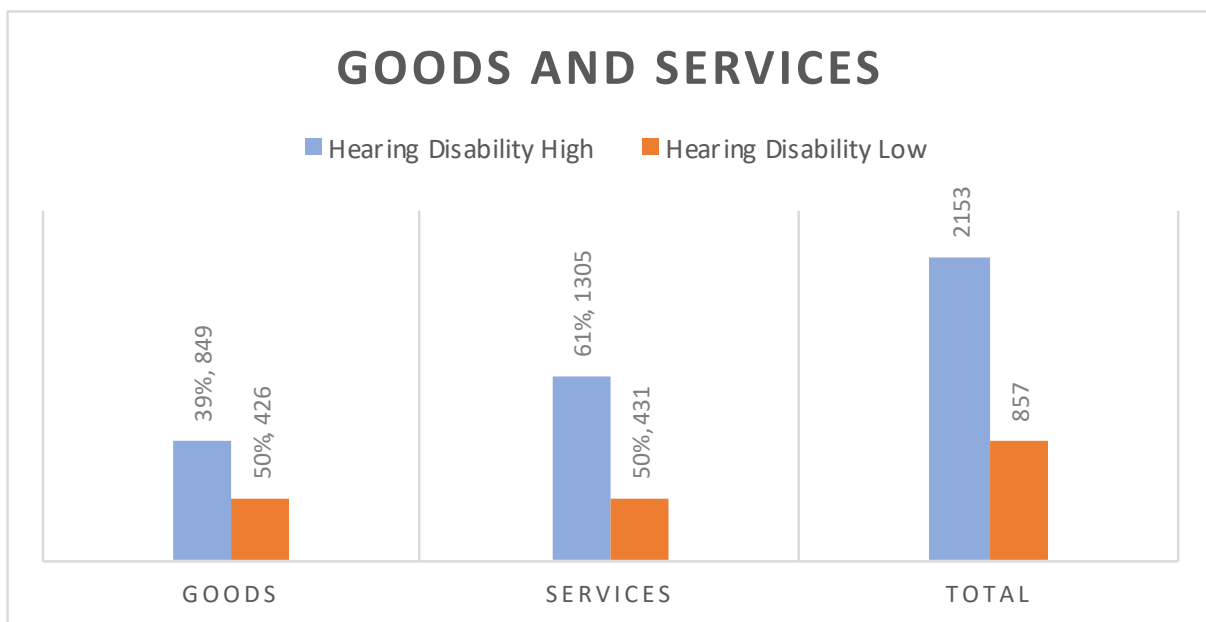
8.7. EXTRA COSTS FOR CHILDREN WITH HEARING DIFFICULTIES, HIGH AND LOW SUPPORT NEEDS

8.7.1 Total monthly costs and their distribution on goods and services

The study revealed the required monthly costs of care for children with hearing difficulties and HSN is 2,153 GEL. Of the total monthly required costs, 39 per cent (or 849 GEL) is needed for goods, and 61 per cent (or 1,305 GEL) is needed for services. The monthly required cost of care for children with the same disabilities and LSN is 857 GEL. Almost half of the required monthly cost, (or 426 GEL) is for goods, and the other half (or 431 GEL) is for services.

Chart N8.7.1 shows that the cost of care for children with hearing difficulties and HSN are more than two times higher than the cost of care for children with hearing difficulties and LSN.

Chart N8.7.1: Total Monthly Cost distribution on Goods and Services (in GEL, and as a percentage of total cost)



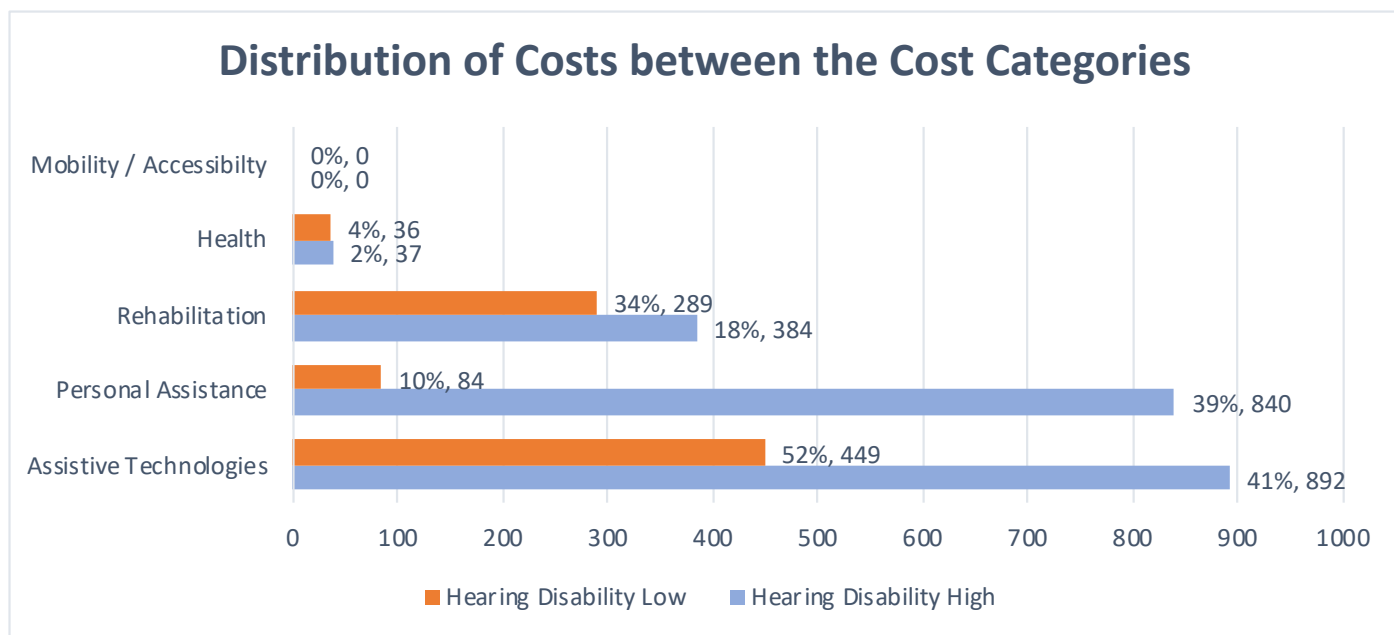
8.7.2. Distribution of costs among cost categories

The study has shown that children with hearing disabilities and HSN have higher required costs (in almost all cost categories) than children with LSN. The exception is the Health-related cost category, which is equal for both subgroups. As expected, the demand for Personal Human Assistance and Care services and Assistive Technologies is higher for children with HSN, whereas the cost for Rehabilitation is equal in both subgroups.

A large portion of the required costs are for Assistive Technologies and Personal Human Assistant and Care services, followed by the cost for Rehabilitation.

Chart N8.7.2 represents the composition and distribution of the average monthly expenditure between the cost categories.

Chart N8.7.2 – The distribution of costs among cost categories (in GEL, and as a percentage of total cost)



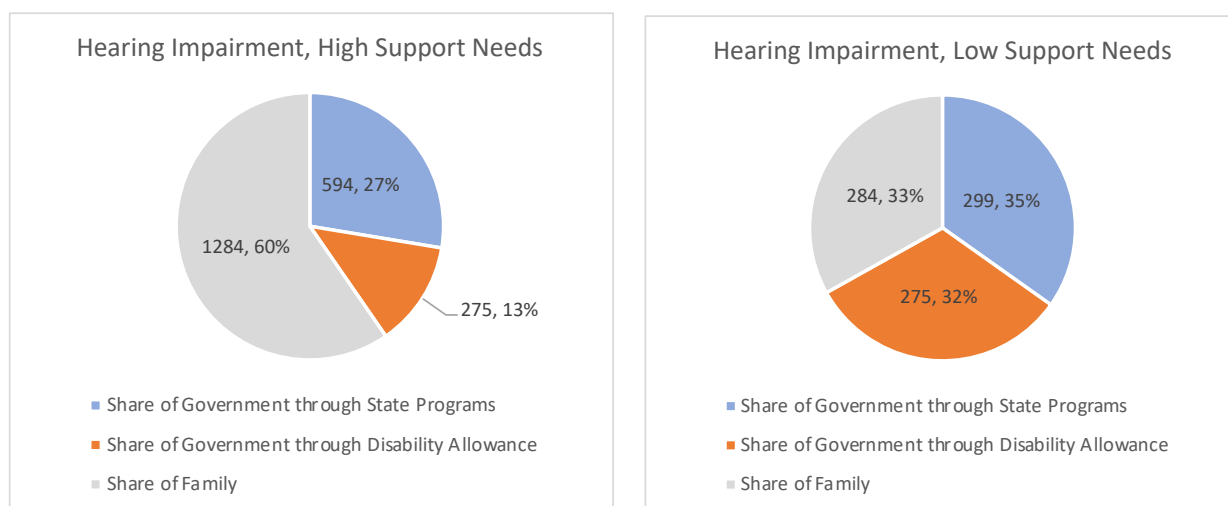
8.7.3 Distribution of costs among the Families and the Government

In the case of children with hearing difficulties and HSN, the Government covers 40 per cent of monthly expenses. Out of this amount, 13 per cent is provided in the form of a disability allowance, and 27 per cent is provided through various services and products. The remaining costs, 60 per cent of total monthly care expenses, are covered by the families.

As for children with hearing difficulties and LSN, the total Government share (including the monthly disability allowance and the provision of free services and products) is 67 per cent of total monthly care expenses. Out of this amount, 32 per cent is given in the form of a disability allowance, and 35 per cent is provided through various services and products. The remaining 33 per cent is covered by the families.

Chart N8.7.3 represents distribution of costs among Families and the Government.

Chart N8.7.3. — Distribution of costs among Families and the Government (in GEL, and as a percentage of total cost)



8.7.4. Share of the Government in each Component

In the case of children with hearing difficulties and HSN, the Government has the highest participation in covering the costs for Assistive Technologies, which represent 16 per cent of total monthly costs. The Government also covers Rehabilitation costs, which represent 10 per cent of the total, as well Health-related costs, which are 1 per cent of total monthly costs. The Government does not cover any costs related to Personal Human Assistance and Care services for children with Hearing Difficulties and HSN.

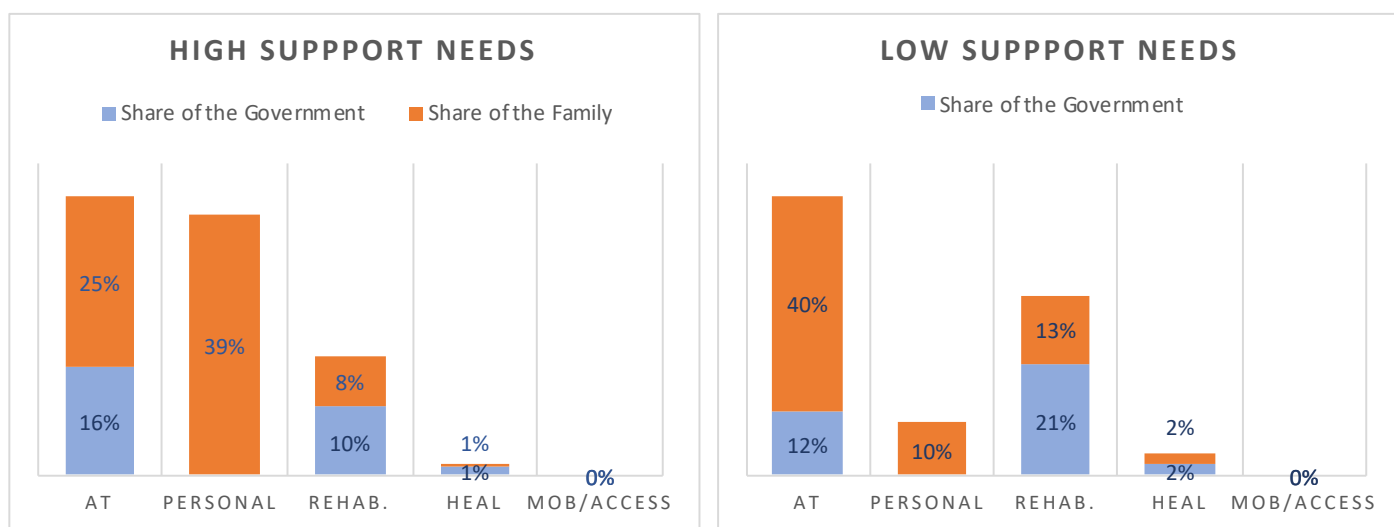
The families of children with hearing difficulties and HSN have to bear the remaining costs. Their highest direct costs are for Personal Human Assistance and Care services, which make up 39 per cent of total monthly costs, and Assistive Technologies, which make up 25 per cent of total monthly costs.

As for children with hearing difficulties and LSN, the Government has the highest participation in covering the costs for Rehabilitation, which represent 21 per cent of total monthly costs. The Government also covers Assistive Technology, which represents 12 per cent of total monthly costs, as well as Health-related costs, which are 2 per cent of the total. The Government does not participate in covering the costs for Personal Human Assistance and Care services for children with Hearing Difficulties and LSN.

The families of children with Hearing Difficulties and LSN have to bear all remaining costs. Their highest direct costs are: Assistive Technologies at 40 per cent of total monthly costs; Rehabilitation at 13 per cent of total monthly costs; and Personal Human Assistance and Care services at 10 per cent of total monthly costs.

Chart N8.7.4 shows the participation of the Government in each component.

Chart N8.7.4 – Share of the Government in each Component (as a percentage of total cost)

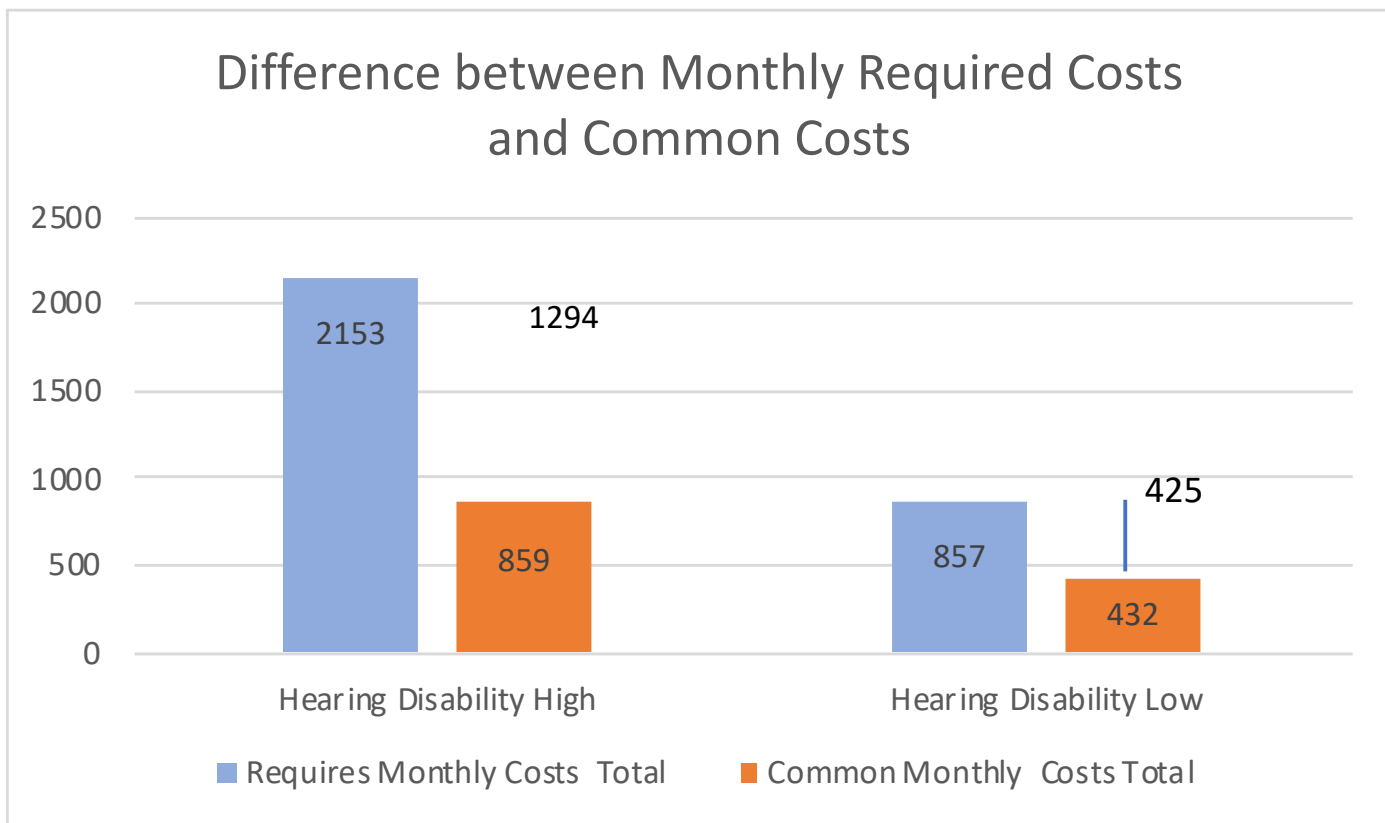


8.7.5 Difference between monthly Required and Common Costs

The study revealed that, in the case of children with hearing difficulties and HSN, only 39 per cent of required costs were being covered (either through Government or family contributions). As for children with hearing difficulties and LSN, though the gap between their common and required costs was less, only 50 per cent of their needs were being met.

Chart N8.7.5 shows the common costs and the difference between the common and the required amount.

Chart N8.7.5. — Difference between monthly Required and Common Costs (in GEL, from total cost)



8.8 EXTRA COSTS FOR CHILDREN WITH DEAF-BLINDNESS, HIGH AND LOW SUPPORT NEEDS

8.8.1 Total monthly costs and their distribution for goods and services

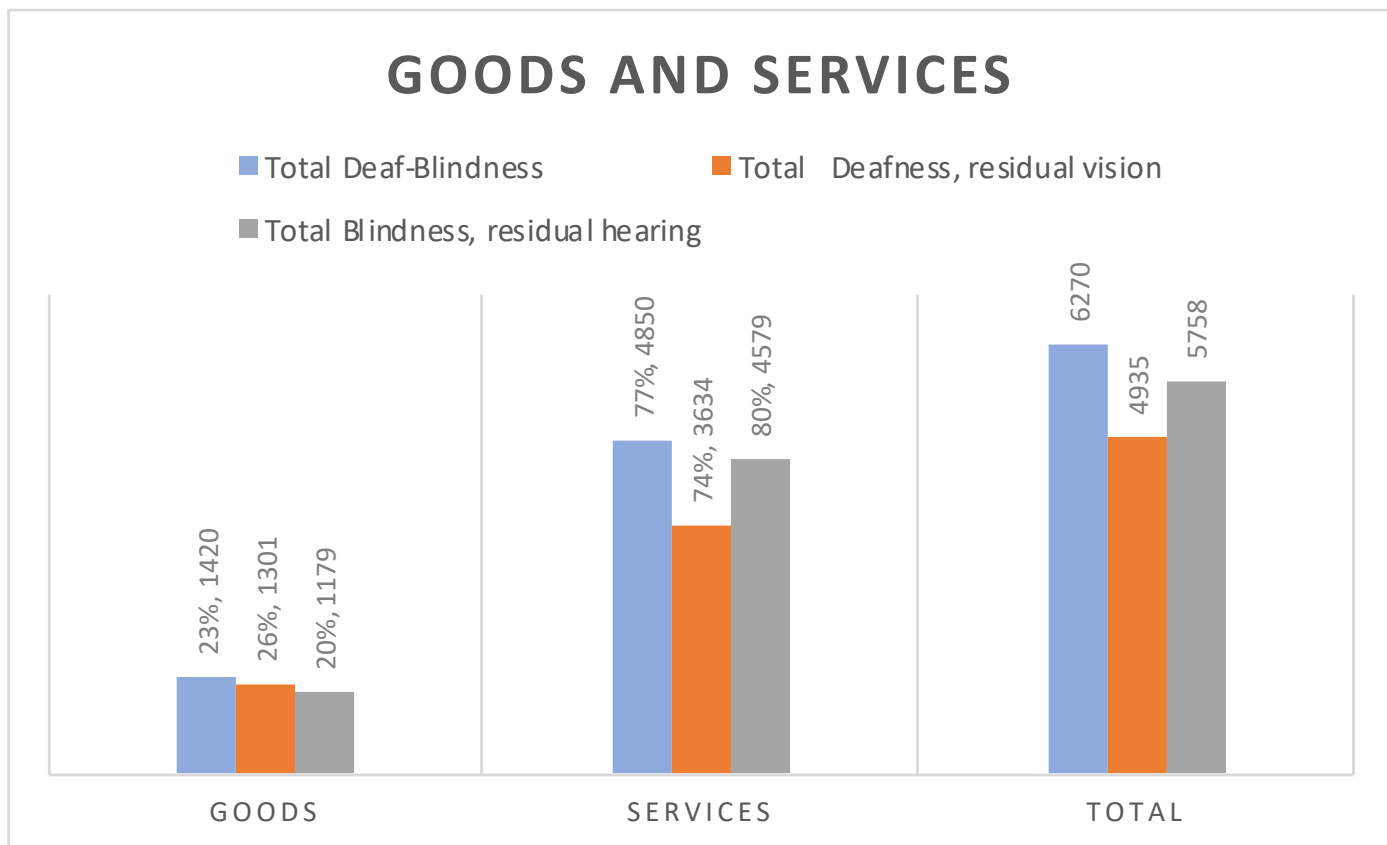
The study revealed that the required monthly costs for children with total impairment of both sensory channels (vision and hearing) — also called deafblindness — is 6,270 GEL. Of that monthly total, 23 per cent (or 1,420 GEL) is required for goods, and 77 per cent (or 4,850 GEL) is required for services.

The monthly required cost of care for children with total deafness, but residual vision is 4,935 GEL. Of that monthly total, 26 per cent (or 1,301 GEL) is required for goods, and 74 per cent (or 3,634 GEL) is required for services.

The monthly required cost of care for children with total blindness, but residual hearing is 5,758 GEL. Of that monthly total, 20 per cent (or 1,179 GEL) is required for goods, and 80 per cent (or 4,579 GEL) is required for services.

Chart N8.8.1 shows the total monthly cost distribution for goods and services for children with: deafblindness; total deafness, but residual vision; and total blindness, but residual hearing. It is noticeable that the difference in the amount of expenses for the children from the High and Low Support Needs subgroups is smallest in this category.

Chart N8.8.1: Total Monthly Cost distribution for goods and services (in GEL, and as a percentage of total cost)

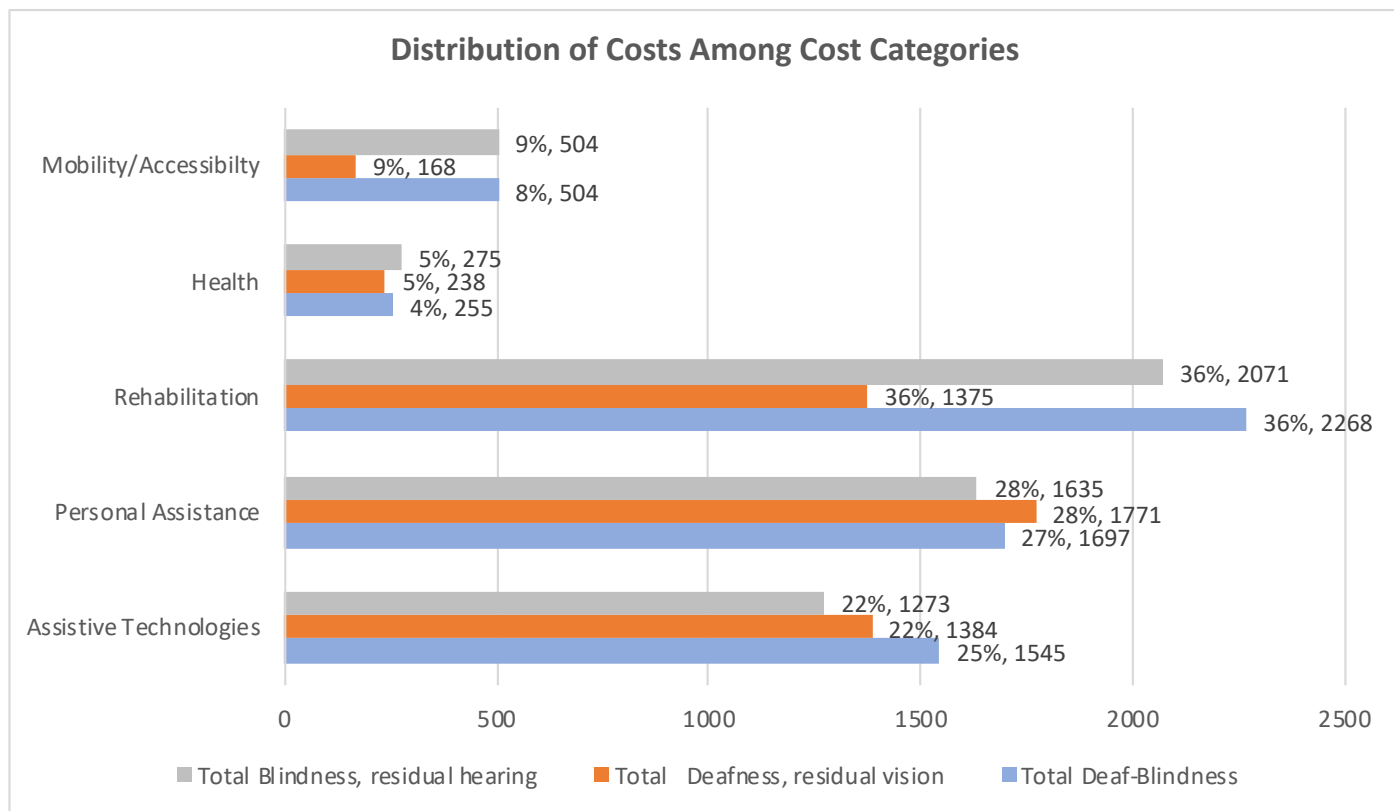


8.8.2. Distribution of costs among cost categories

It is also noteworthy that the distribution of monthly expenses among the mentioned three subcategories is more or less identical. The highest costs are required for: Personal Human Assistant and Care services; Rehabilitation; and Assistive Technologies. For all three groups of children — those with: deaf-blindness; total deafness, but residual vision; and total blindness, but residual hearing — relatively little of the monthly cost of care is allocated to Mobility/Accessibility and Health-related costs.

Chart N8.8.2. represents distribution of costs among cost categories.

Chart N8.8.2. — Distribution of costs among cost categories (in GEL, and as a percentage of total cost)



8.8.3. Distribution of costs among the Family and the Government

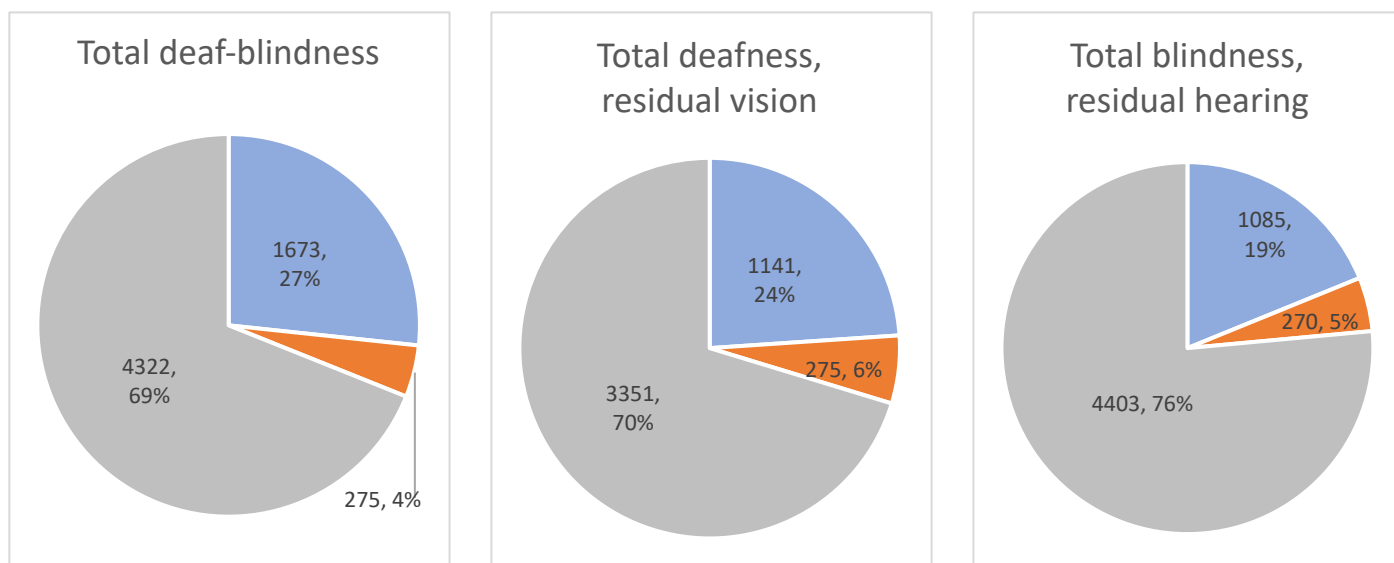
In the case of children with total deafblindness, and HSN, the Government covers 31 per cent of total monthly expenses. Of total monthly expenses, 4 per cent is provided in the form of a disability allowance, and 27 per cent is provided through various services and products. The remaining expenses, 69 per cent of total costs, are covered by the families.

As for children with total deafness, but residual vision, the Government covers 30 per cent of total monthly expenses, which include a monthly disability allowance and the provision of free services and products. Of the total monthly expense, 6 per cent is provided in the form of the disability allowance, and 24 per cent is provided through various services and products. The remaining 70 per cent is covered by the family.

Families with children who have total blindness, with residual hearing, have higher expenses than those who have children with total deafness, with residual vision. The families with children who have total blindness, with residual hearing, cover 76 per cent of total monthly costs on their own, and only 24 per cent of costs are covered by the Government.

Chart N8.8.3. represents distribution of costs among Families and the Government.

Chart N8.8.3. — Distribution of costs among Families and the Government (in GEL, and as a percentage of total cost)



8.8.4. Share of the Government in each Component

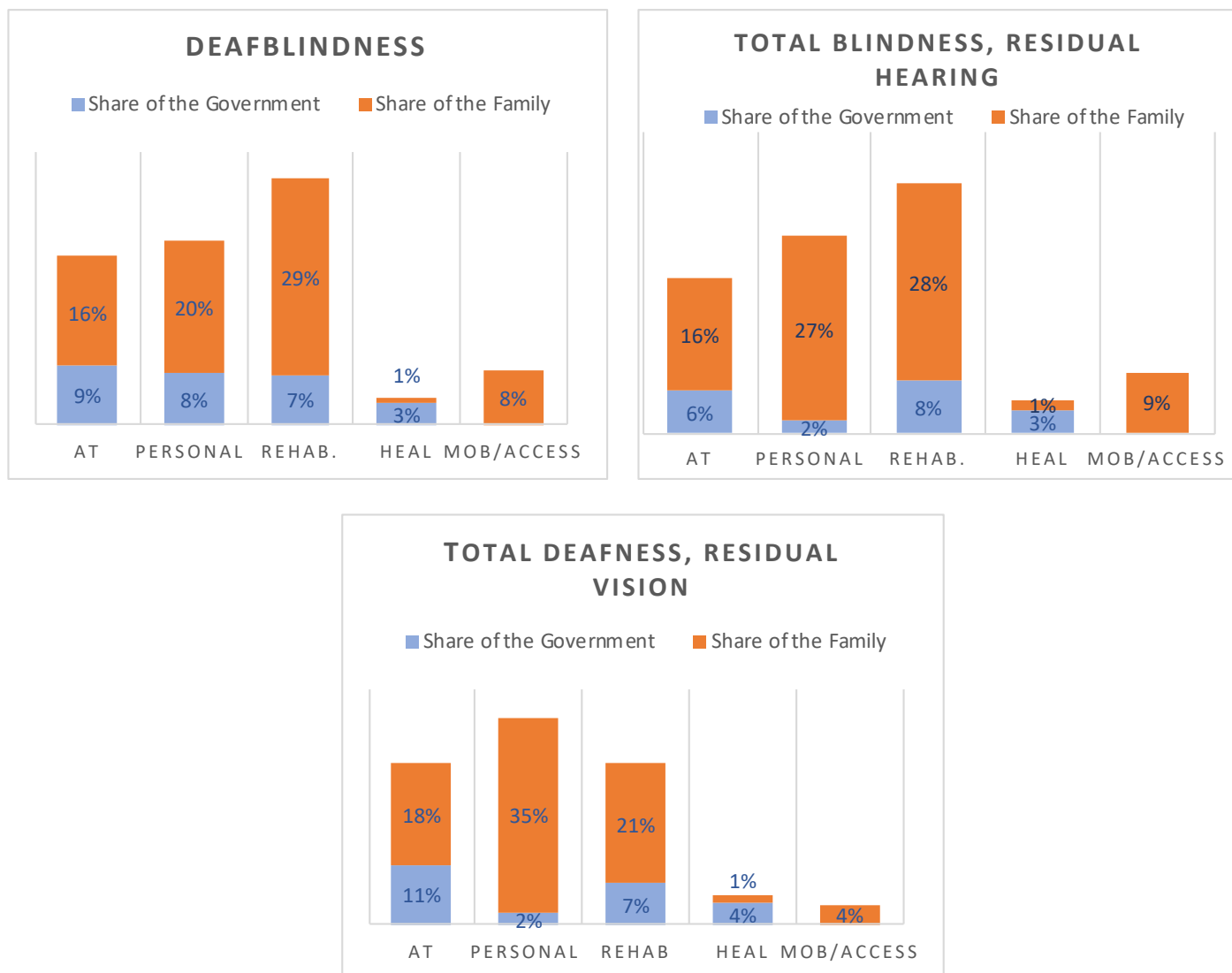
In the case of children with total deaf-blindness, the Government has the highest participation in covering the costs for Assistive Technologies, which represent 9 per cent of total monthly costs. The Government also covers costs for Personal Human Assistance and Care services, which represent 8 per cent of the total, and costs for Rehabilitation, which represents 7 per cent of total monthly costs. The Government also pays for Health-related costs, which represent 3 per cent of total monthly costs, however it does not cover any costs related to Mobility/Accessibility.

Families have to bear the remaining monthly costs. Their highest direct costs are for: Rehabilitation, which make up 29 per cent of monthly costs; Personal Human Assistance and Care services, which make up 20 per cent of monthly costs; Assistive Technologies, which make up 16 per cent of monthly costs; Mobility/Accessibility, which make up 8 per cent of monthly costs; and Health-related services, which make up 1 per cent of total monthly costs.

A similar distribution of costs is observed in the case of children with total deafness with residual vision, and children with total blindness with residual hearing.

Chart N8.8.4 shows the participation of the Government in each component.

Chart N8.8.4. – The Share of Government in each Component (as percentages of total cost)

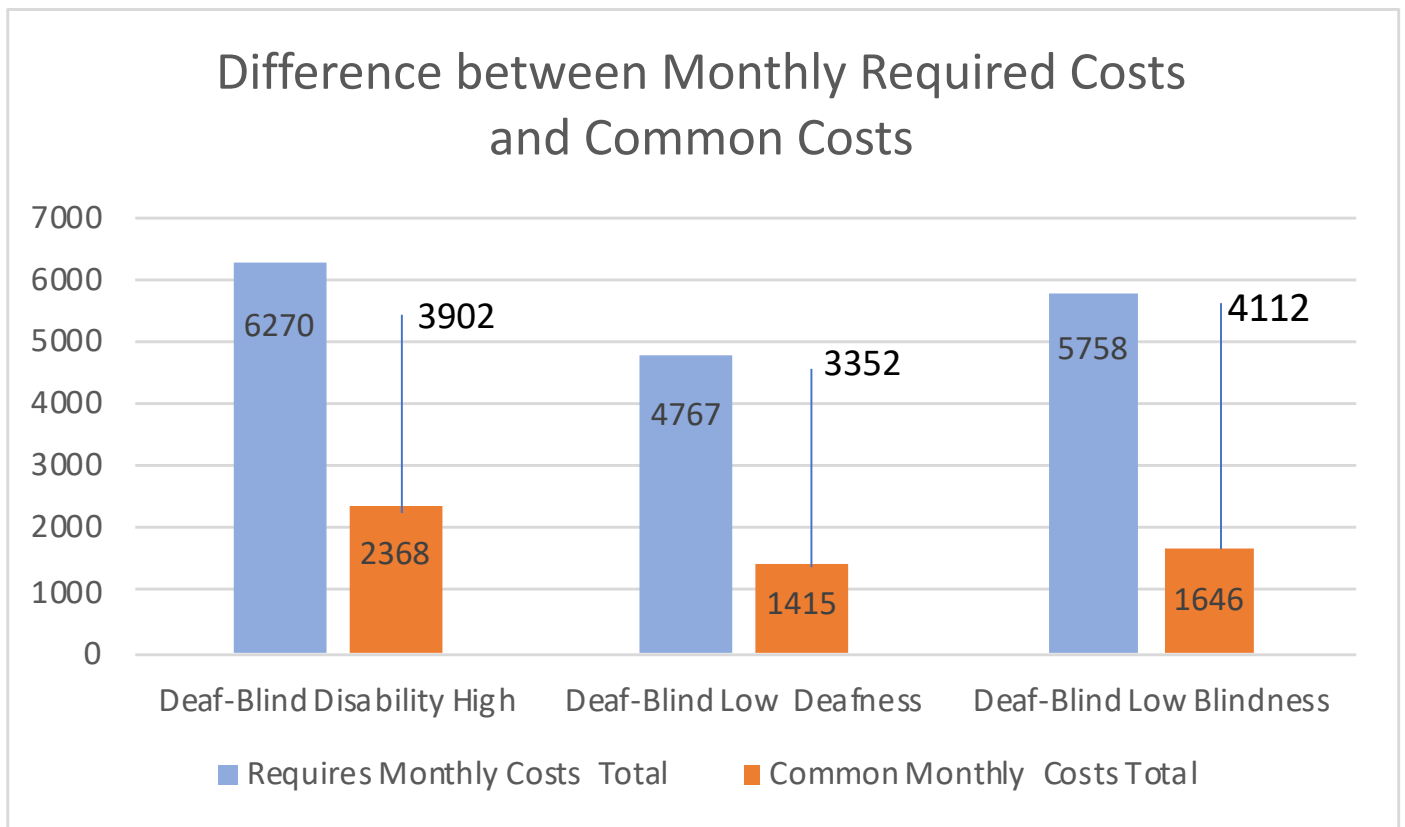


8.8.5. Difference between Monthly Required Costs and Common Costs

The study revealed that, in the case of children with total deafblindness, only 37 per cent of required costs were being covered, either by the Government or through family contributions. As for children with total deafness and residual vision, only 29 per cent of required costs were being covered. For children with total blindness and residual hearing, only 28 per cent of required costs were being covered.

Chart N8.8.5 shows the common costs and the difference between the common and the required amount.

N8.8.5 Chart – Difference between monthly Required and Common Costs (in GEL, from total cost)



PART III

9 . CASE STUDIES

These cases studies are presented to illustrate the needs of typical children who represent a specific disability group and the extra required costs associated with that group of disabilities so that children can fully participate in community life like their peers without disabilities.

These cases show what the required costs are when it comes to goods and services, when the specific expenditures are incurred, and who covers the related costs between the Government and the families.

At the same time, the required costs — which occur over different periods of time — are calculated in such a way as to determine the total monthly expenditures for care of the children.

In order to fully reflect the needs and required costs, the functional domains for each of the cases is analysed, such as: self-care, mobility, communication, education, entertainment, health maintenance, participation in social activities, etc. Later in the report, for clarity of comprehension, the costs are grouped into categories and presented in a table.

9. 1. CHILD WITH A PHYSICAL DISABILITY, HIGH SUPPORT NEEDS

Vaso's case, 12-year-old boy

Vaso is a 12-year-old boy diagnosed with cerebral palsy. Vaso has high support needs, requiring human support and intensive use of assistive devices so that he can be engaged in school and other daily activities like his peers. Also, in order to encourage development and maintenance of his physical condition, he needs rehabilitation services and various support services.

Some of Vaso's needs are met by the Government and covered by a disability allowance, which amounts to 275 GEL (around 100 USD). But the family also has to bear additional costs because the Government support does not fully address those needs.

Below is a description of Vaso's needs, analysed by functional areas and ways to meet them.

Assistive Technologies

For functional mobility and posture control, Vaso needs: a wheelchair with postural support; a pressure relief cushion; and a stander with postural control. He also wears splints for better foot support. Vaso requires a transfer board to be transferred from one surface to another. Vaso is always seated in car seat for a safe ride.

Vaso uses a bath/shower chair, a toilet chair, and also needs bathroom handrails for self-care and

hygiene procedures. During meals, Vaso also uses a special cup for liquid.

In order to expand Vaso's interests, the family regularly buys various developmental toys and materials.

Most of the aids listed, except for the wheelchair, are fully funded by the family. The family also pays for the repair of assistive devices, including the wheelchair, if they are damaged.

Personal Human Assistance and Care Services

Vaso needs significant support from adults. Consequently, he and his family are supported by a caregiver for several hours each day, whose monthly service fees are paid for by the family. Vaso goes to a day-care centre every day. This cost is fully covered by the Government.

Rehabilitation Services

In order to improve and maintain his physical condition and other functional abilities, Vaso is involved in a rehabilitation-habilitation programme. Almost 50 per cent of the cost of this programme is covered by the State, and the rest is covered by the family. His family believes that Vaso requires more therapy sessions than the State is willing to cover.

Vaso's family uses recreational services every year, 50 per cent of which are paid for by the State, and 50 per cent are paid for by the family.

Health

To support his health, Vaso needs botulinum injections, medical supervision and medications, 80 per cent of which are covered by the State's universal insurance. The annual cost of sedation during dental services is fully covered by the family.

Mobility/Accessibility

Vaso's family has to cover the daily cost for taxi services, which they need because public transport is inaccessible. Taxis are their method for reaching therapy sessions and the day-care centre.

Additionally, the family had to carry out minor renovations in their home so that Vaso could more easily move around the house in his wheelchair.

Within this cost category, all costs are paid by the family.

Table N9.1 shows Vaso's required costs and specifies when and how often concrete expenditures are incurred, the total monthly expenditure, and the State's participation in these costs.

Table N9.1 – Distribution of Vaso’s Costs between cost categories, in GEL

Categories	G & S	Breakdown of subcategories	Monthly	Annual	Once in 2 years	Once in 3 years	Once in 4 years	One time	Cost (Monthly equivalent)	Government potential share in per cent and in GEL		
Assistive Technology	G	Wheelchair with postural support				2,650			74	100%	74	
		Pressure relief cushion		150					13	0%	0	
		Stander with postural control				1,800			50	0%	0	
		Orthoses		182					15	100%	15	
		Bath/shower chair				285			8	0%	0	
		Adapted toilet seat				200			6	0%	0	
		Bathroom handrails						833	4	0%	0	
		Alternative Communication Device				825			23	0%	0	
		Transfer board				200			6	0%	0	
		Adapted Drinking cup		80					7	0%	0	
		Developmental Toys		300					25	0%	0	
		Car Seat						450	9	0%	0	
		Total Subcategory								269		89
			S	Repair of wheelchair with postural support		100					8	0%
Repair of Stander with postural control				100					8	0%	0	
Repair of tablet				100					8	0%	0	
Total Subcategory										25		0
Total category								294		89		
Personal Human Assistance and Care	S	Nanny/ Caretaker	800						800	0%	0	
		Day-care centre	630						630	100%	630	
Total category								1430		630		

Health care	G	Diapers	50					50	40%	20	
		Medications	50					50	80%	40	
		Total Subcategory						100		60	
	S	Botulinum toxin injection		850					71	80%	57
		Anaesthesia for dental services		1000					83	0%	0
		Total Subcategory							154		57
		Total category						254		117	
Rehabilitation Service	S	Physical therapy	370					370	46%	170	
		Occupational therapy	108					108	63%	68	
		Language and speech therapy	188					188	36%	68	
		Psychologist services	84					84	40%	34	
		Recreation at medical resort & transportation	2,000						167	40%	67
			650						54	0%	0
		Total category						971		407	
Mobility / Accessibility	S	Transportation	400					400	0%	0	
		Expenses related to housing change					1,500	7	0%	0	
		Total category						407		0	
Absolute Total								3,325 GEL		1,242 GEL	

Note: G&S – goods and services; G – goods; S – services.

9.2. CHILD WITH INTELLECTUAL DISABILITY, HIGH SUPPORT NEEDS

Anna's Case, 8-year-old girl

Anna has Down Syndrome, which caused her significant intellectual disability.

Due to her condition, Anna requires high and significant support in all areas of functioning. After a functional assessment, Anna was entitled to disability status and the monthly allowance of 275 GEL (around 100 USD).

Anna requires constant supervision by her parents or other adults, the special services of professionals several times a week, and the daily and intensive use of aids.

Anna's parents are well informed about all available support services provided by the local and central government, and they make the most of these opportunities. They are approaching different organizations to get additional funding to cover the costs of her required goods and services. If not for her parents' support, Anna would be deprived of some of the required goods and services that she needs. However, her family also incurs additional costs to meet Anna's needs.

Anna's family lives in a small city, where only a few services are available. To receive all required services, Anna needs to travel to the municipal centre.

Below is a breakdown of all required support and related costs that Anna needs, and which are provided by the State, by different organizations and persons, or by her family.

The cost analysis is carried out according to the related functional domains.

Assistive Technologies

Anna moves independently. However, she needs orthopaedic shoes to walk. The family has to buy shoes three to four times a year.

Anna still uses diapers. The expense is covered six times a year by the local government at a cost of 1,800 GEL, and the family covers the remaining 6 months at the same price.

In addition, Anna needs a car seat to ensure her safe travel in the family car.

Toys and developmental resources are also an important expense for Anna's entertainment and development. The cost is shared by the family and a non-governmental organization.

At home, during meals, during some learning activities and while playing, Anna uses a special table and chair, which was purchased by a family friend.

Anna has speech difficulties, which is why — on the recommendation of a specialist — the family purchased a tablet and a specific application to introduce alternative communication systems. Anna learns using a special application as a communication aid. The tablet is connected to the internet. At the same time, Anna's parents have to make communication cards for her every month. The above expenses are fully paid for by the family.

Personal Human Assistance and Care Services

Anna's parents work, and due to her grandparents' elderly condition, Anna has a nanny who helps her with these activities on a daily basis, eight hours a day, six days a week. Anna's nanny takes her to school and to social services. The cost of the nanny's services is fully covered by Anna's aunt.

Rehabilitation Services

In order to support her developmental and functional domains, Anna is involved in various therapeutic services, including: speech and language therapy to improve communication skills; occupational therapy to increase her independence; psychological counselling to improve behaviour control; and physical therapy for motor activation and to overcome dyspraxia.

Accordingly, after school, Anna attends habilitation-rehabilitation services. She receives 32 sessions of therapy per month, eight months out of the year. The sessions are broken down into eight sessions of physical therapy, eight sessions of occupational therapy, eight sessions of psychological counselling, and eight sessions of speech and language therapy. The costs are shared between the State and her family. The family has had to make additional contributions in order to get the required number of sessions.

The months when Anna does not attend the habilitation course, she goes to the swimming pool. If it weren't for the support she receives from the swimming pool's administration, who gives Anna's family a significant discount, the family would never be able to afford her swimming sessions and the coach's fees.

Every year, Anna enjoys a two-week recreational service provided by the local government. However, the family stays at their vacation spot for a month and covers the cost of the extra two weeks on their own.

Health

Anna's health needs regular monitoring and support. Due to a severe allergy, Anna requires special food. The monthly cost of special food is shared by the local government and her family.

Anna's health-related needs include specific medical supervision, according to guidelines and protocols. These costs are shared between a charity organization and the local government. The cost of anaesthesia for dental services is also covered by a charity organization.

Mobility/Accessibility

For short distances, Anna travels by public transport with a nanny or her parents. But Anna faces difficulties during transport if the journey requires more than three stops, and if there is a distance to walk. Because of this, three times a week (to go to therapy) Anna requires a car ride. All above expenses are fully covered by her family.

Table N9.2 shows Anna's required costs and specifies when and how often each concrete expenditure is incurred, the monthly amount for each expenditure, and the State's participation in these costs.

Table N9.2 – Distribution of Anna’s Costs between cost categories, in GEL

Categories	G & S	Breakdown of subcategories	Monthly	Annual	Once in 2 years	Once in 3 years	Once in 4 years	One time	Cost (Monthly equivalent)	Government potential share in per cent and in GEL		
Assistive Technology	G	Orthopaedic shoes		500					42	0%	0	
		Smartphone / Tablet				1,300			36	0%	0	
		Communication application						50	0	0%	0	
		Orthopaedic chair						700	3	0%	0	
		Telephone and internet costs	50						50	0%	0	
		Developmental materials / toys		1,250					104	0%	0	
		Total Subcategory								285		0
	S	Repair Telephone / Smartphone / tablet		200					17	0%	0	
		Total Subcategory							17		0	
		Grand Total							302		0	
Personal Human Assistance and Care	S	Caregiver / nanny	1,000						1000	0%	0	
		Grand Total							471		180	
Rehabilitation Service	S	Physical therapy		1,480					123	46%	57	
		Occupational therapy		432					36	63%	23	
		Speech and language therapy		752					63	36%	23	
		Psychologist services		336					28	40%	11	
		Recreation service at a medical resort (including transportation)		2,000						167	40%	67
				650						54	0%	0
		Grand Total							471		180	

Health care	G	Diapers	150					150	29%	43	
		Special food	500					500	17%	83	
		Total Subcategory						650		126	
	S	Specific medical supervision (according to guidelines, protocols)		1,750				146	80%	117	
		Anaesthesia for dentistry			1,000			42	0%	0	
		Total Subcategory						187.5		117	
		TOTAL Category					838		243		
								Absolute Total	2,610 GEL		365 GEL

Note: G&S – goods and services; G – goods; S – services.

9.3. CHILD WITH BEHAVIOURAL DISABILITY, HIGH SUPPORT NEEDS

Beqa's Case, 8-year-old boy

Beqa is an 8-year-old boy and has Autistic Spectrum Disorder with severe behavioural problems, which are manifested in repetitive and self-harming behaviours.

A few years ago, Beqa received disability status and began receiving the monthly disability allowance of 275 GEL (around 100 USD). This amount is used to cover some of the expenses faced by him and his family.

Due to his condition, Beqa requires high and significant support in all functioning areas: he requires constant supervision by his parents or other adults; he utilizes the special services of professionals several times a week; and there is the daily and intensive use of aids.

Beqa's family is considered a low-income household. The disability allowance, provided to him from early childhood, is not enough to cover all his required costs. A charity organization has taken over some of the remaining costs. This organization made it possible for Beqa to receive most of the required goods and services he needs.

Below is a breakdown of all required support and related costs that Beqa needs and is provided by the State, by the charity organization, or by his family.

The cost analysis is carried out according to the functional domains and areas.

Assistive Technologies

At home, during meals, during some learning activities and during his playtime, Beqa uses a special table and chair.

Beqa has communication difficulties, which is why — based on the recommendation of a speech and language therapist — he was provided with a tablet and a specific application to introduce an alternative communication system. His parents hope that the tablet can be used without the need for a replacement for the next three to four years. Beqa learns using a special application as a communication aid. The cost of the tablet was covered by the charity organization. The tablet is connected to the internet, and Beqa often watches cartoons on YouTube when traveling by public transport or when he needs to be calmed down. The above expense is by covered by his family.

When traveling in the family car, Beqa needs to be seated in a car seat to ensure a safer drive and less repetitive movements. The cost of the car seat was covered by the charity organization.

Although the school provides Beqa with study guides and activity materials, Beqa needs sensory stimulation materials. As Beqa quickly loses interest in familiar toys, there is always a need to renew them.

When in a noisy environment (mostly at school, when he gets tired) Beqa uses headphones, which were purchased by his family.

Personal Human Assistance and Care Services

For self-care activities — like eating, bathing, dressing and using the toilet — Beqa needs constant adult supervision and even physical assistance and guidance.

Beqa's parents work, and due to his grandparents' elderly condition, Beqa has a nanny who supports his daily activities, eight hours a day for six days a week. Additionally, the nanny takes Beqa to and from the school, to rehabilitation services, to the playground and sometimes to birthday parties. The monthly costs of his nanny's services are covered by the charity organization.

For five days a week, Beqa attends a day-care centre for children with profound disability. The cost of the day-care centre service is fully covered by the State.

Rehabilitation Services

Beqa is enrolled in the Municipal Autistic Programme and receives, monthly, 30 hours of ABA therapy. 20 hours of therapy are covered by the programme and 10 hours are covered by the charity organization.

Annually, Beqa enjoys a two-week recreational service provided by the local government. However, the family wants to stay at the recreation spot for a month. They believe that the two-week voucher of recreational service is insufficient, considering Beqa's adaptation period in the new location.

Health

Beqa's health-related needs are: specific food and nutrition; an annual consultation with a neurologist; and dental service under anaesthesia. The cost of his special food is paid for six months of the year by the local government, and the remaining six months are covered by his family. The cost of the neurologist and the anaesthesia for dental services are fully covered by the charity organization.

Mobility/Accessibility

For short distances, Beqa travels by public transport (in a minivan) with his nanny or his parents. But, he faces difficulties if the journey requires more than five minutes of travel, and if there is a subsequent distance to walk. Because of this, three times a week to attend therapy, Beqa requires a taxi ride, and sometimes a one-time taxi-ride to some place else (e.g. visiting his family members or other recreational activities).

Table N9.3 shows Beqa's required costs and specifies when and how often they are incurred, the amount of the monthly expenditure, and the State's participation in these costs.

Table N9.3 – Distribution of Beqa's Costs between cost categories, in GEL

Categories	G & S	Breakdown of subcategories	Monthly	Annual	Once in 2 years	Once in 3 years	Once in 4 years	One time	Cost (Monthly equivalent)	Government potential share in per cent and in GEL	
Assistive Technology	G	Tablet or Alternative communication device		500					42	0%	0
		Alternative Communication Program: PECS application				1,300			36	0%	0
		Headphones						50	0	0%	0
		Developmental toys and materials						700	3	0%	0
		Goods for sensory stimulation (Sensory-motor tube & Wilbarger sensory brush)	50						50	0%	0
		Swing		1,250					104	0%	0
		Total Subcategory								122	
	S	Repair of Tablet		200					17	0%	0
	Total Subcategory							17		0	
		Total Category						138		0	
Personal Human Assistance and Care	S	Caregiver, nanny	800						800	0%	0
		Day care centre	630						630	100%	630
		Total Category							1,430		630

Rehabilitation Service	S	Autism Programme - (ABA, sensory integration, Speech and language therapy)	720					720	27%	192	
		Recreation service at a medical resort (including transportation)		2,000				167	40%	67	
				1,000				83	0%	0	
		Total Category						970		259	
Health	G	Diapers	110					110	45%	50	
		Special food / nutrition	125					125	40%	50	
		Medications	400					400	80%	320	
			Total Subcategory						635		420
	S	Anaesthesia dental services		1,750					146	0%	0
		Consultation of psychiatrist / neurologist		125					10	0%	0
		Total Subcategory						156		0	
		Total Category						791		420	
Mobility/ accessibility	S	Transportation costs	500					500	0%	0	
		Total Category						500		0	
								Absolute Total	3,830 GEL		1,309 GEL

Note: G&S – goods and services; G – goods; S – services.

9.4. CHILD WITH COMPLEX MEDICAL, HIGH SUPPORT NEEDS

Nino's Case, 17-year-old girl

Nino is a 17-year-old child with cerebral palsy, accompanied with epilepsy.

Due to her condition, Nino requires high and significant support in all areas of functioning. She requires constant and daily supervision by her parents or other adults, and sometimes during nights, as well. She requires the special services of professionals several times a week, and daily and intensive use of assistive technologies.

Based on her functional assessment results, Nino was entitled to disability status, and receives the monthly disability allowance of 275 GEL (around 100 USD). This amount is used to cover some of the expenses faced by her and her family. However, Nino's family needs to incur additional costs to meet her needs.

To cover Nino's very complex needs and the associated required costs, Nino was fortunate to be chosen by a charity organization that supports her. The mentioned organization shares the monthly costs faced by the family.

Below is a breakdown of all required support and related costs that Nino needs and is provided either by the State, by the charity organization, or by her family.

The cost analysis is carried out according to functional domains.

Assistive Technologies

To support Nino's participation in every-day activities, she requires many assistive technologies:

- for self-care, Nino requires a bathing chair;
- while eating, she wears an apron and uses adapted utensils and an adapted cup;
- for communication, Nino requires a tablet and an alternative communication application;
- for functional mobility, she needs a wheelchair, and a stander with postural support. Nino also wears orthoses (splints);
- for the correct lying down position, she uses an orthopaedic mattress and U-shaped pillow;
- at home, Nino also uses an adapted table and chair;
- for Nino's daily entertainment and developmental stimulation, she needs different toys and sensory stimulation materials; and
- This year they have purchased a hammock.

Most of the above-mentioned assistive technologies, except for the wheelchair and splints, are paid for by the charity organization and the family. The State covers the cost of Nino's wheelchair with postural control, and splints.

Personal Human Assistance and Care Services

To carry out self-care activities — like eating, bathing, dressing and using the toilet — Nino needs the physical help of an adult. Although Nino's mother doesn't work, she has a nanny who supports her

daily activities, eight hours a day, six days a week. Additionally, the nanny takes Nino to rehabilitation services, the day-care centre, and to the playground. The monthly cost of the nanny is covered by the charity organization. The days that Nino only goes to the day-care centre for children with profound disabilities, the cost is fully covered by the State.

Rehabilitation Services

Nino is enrolled in a State rehabilitation programme. She receives physical therapy, speech and language therapy, and occupational therapy. She receives 32 sessions of therapy per month, eight months a year. Broken down, that is 12 sessions of physical therapy, 12 sessions of occupational therapy, two sessions of psychological counselling, and eight sessions of speech and language therapy. 22 of the 32 sessions are paid for by the State; the remaining 10 sessions are paid for by the charity organization.

Every year, Nino enjoys a two-week recreational service provided by the local government. However, the family wants to prolong the stay at the recreation spot for a month. They believe that the two-week voucher of recreational service is insufficient, considering Nino's adaptation period in the new place. So, the family would need to cover the cost for the extra two weeks.

Health

Nino's health condition is not stable. Because of epilepsy and weak lungs, twice a year she receives outpatient care. Besides that, at least three times a year she requires hospitalization for a few days at a time. Also, at home, her parents keep an inhaler and a saturation device.

Nino takes daily medications (e.g. psychotropic, stomach protective, etc.) including those that are not registered for the use in Georgia.

Nino's additional health-related needs include: a Botulinum toxin injection; Electroencephalography (sometimes required twice per year); regular consultations with epileptologists; and dental service under anaesthesia.

Nino requires specific hygienic products for her skin, like wet wipes, shampoo (without soap), hypo-allergenic face and body cream, and powder for burnt skin. She still wears dippers.

Mobility/Accessibility

When going out to therapy, Nino's family travels with the family car, where she is seated in car seat. The family has to cover the costs for monthly fuel to transport Nino to rehabilitation. The above expenses, except for the cost of the wheelchair, are fully covered by the family.

To ensure Nino's wheelchair mobility at home, the family paid for reconstruction work out of their own pocket.

Table N9.4 shows Nino's required costs and specifies when and how often concrete expenditures are incurred, the monthly amounts, and the State's participation in these costs.

Table N9.4 – Distribution of Nino’s Costs between cost categories, in GEL

Categories	G & S	Breakdown of subcategories	Monthly	Annual	Once in 2 years	Once in 3 years	Once in 4 years	One time	Cost (Monthly equivalent)	Government potential share in per cent and in GEL		
Assistive Technology	G	Wheelchair with postural support				6,000			167	35%	58	
		Presser relief cushion		150					13	0%	0	
		Stander with postural control				1,800			50	0%	0	
		Orthoses (splints)		182					15	93%	14	
		Orthopaedic shoes		400					33	0%	0	
		Orthopaedic mattress						700	3	0%	0	
		Bath/shower chair				500			14	0%	0	
		Digital Device - Alternative Communication						825	17	0%	0	
		Alternative Communication Applications (PECS)							50	0	0%	0
		Transfer Board						150	3	0%	0	
		Pillow for neck, head, trunk control		350					29	0%	0	
		Adapted cutlery (spoon and other utensils)				100			4	0%	0	
		Adapted cup / bottle		80					7	0%	0	
		Apron		20					3	0%	0	
		Car Seat						625	13	0%	0	
		Sensory-motor tube, Wilbarger sensory brush	75						75	0%	0	
				30					3	0%	0	
		Development Toys		500					42	0%	0	
		Adapted table and chair							550	3	0%	0
		Hammock or Swing or Trampoline						350	7	0%	0	
Total Subcategory								501		72		

Assistive Technology	S	Repair of wheelchair with postural support		325				27	0%	0	
		Repair of Stander with postural control		300				25	0%	0	
		Repair of adapted table and chair		150				13	0%	0	
		Total Subcategory						65		0	
		Total Category						566		72	
Personal Human Assistance	S	Nurse	800					800	0%	0	
		Day-care centre & home care	630					630	100%	630	
		Total Category						1,430		630	
Rehabilitation Services	S	Physical therapy	370					370	46%	170	
		Occupational therapy / Sensory therapy	108					108	63%	68	
		Speech and Language therapy	188					188	36%	68	
		Psychologist services	84					84	40%	34	
		Recreation service at medical resort		2,000				167	40%	67	
		Transportation (Arrival and return)		650				54	0%	0	
		Total Category						971		406	
Health care	G	Hygiene products (diapers, wet wipes)	150					150	29%	44	
		Inhaler				120		3	0%	0	
		Saturation device			100			4	0%	0	
			Total Category						157		44
	S	Outpatient services		200					17	80%	14
		Inpatient services		500					42	80%	34
		Intensive care		700					58	80%	46
		Small medical intervention (e.g. Botulinum toxin injection)		700					58	0%	0
		Electroencephalogram		150					25	80%	20
		Anaesthesia for dental services		1,000					83	0%	0
		Total Subcategory						283		114	
		Total Category						440		157	

Mobility / Accessibility	S	Transportation	850					850	0%	0	
		Expenses related to housing change					2000	9	0%	0	
		Total Category						859		0	
								Absolute Total	4,266 GEL		1,266 GEL

Note: G&S – goods and services; G – goods; S – services.

9.5 CHILD WITH PSYCHOSOCIAL DISABILITY, HIGH SUPPORT NEEDS

David’s Case, 16-year-old boy

David is diagnosed with a psychosocial disability. When his health condition worsens, he needs to be hospitalised in a clinic. Otherwise, he needs constant supervision by an adult (usually one of his family members), or an assistant, and his psychiatrist

A few years ago, David received disability status and began receiving the monthly disability allowance of 275 GEL (around 100 USD). This amount is used to cover some of the expenses faced by him and his family.

In order to prevent his condition from worsening, David’s family tries to create a structured daily routine for him and David is involved in various activities, which usually have a positive effect on him. After school, David attends a day-care centre for children.

In order to stabilize David’s condition and ensure his participation in daily activities like his peers, David needs the following support:

Personal Human Assistance and Care Services

So that David is not left home alone for long periods of time, his family has hired a personal assistant who stays with him and also accompanies him to the day-care centre, where David goes daily after school. David's personal assistant works with him for four hours a day during the weekdays, and the cost is fully covered by his family. The cost of the day-care centre, where David is involved in various activities, is fully covered by the State.

Rehabilitation Services

In order to prevent the deterioration of David’s health condition, David needs a course of psychotherapy two or three times a year, the cost of which is also covered by the State. In some cases, David may need to be hospitalized for several days. Hospitalization is covered by the State Universal Health-care programme.

Health

David takes daily medicines prescribed by the doctor, the cost of which is covered by the State. He also needs dental care, and the need for sedation is an additional annual expense for the family.

Table N9.5 shows David’s required costs of care and specifies when and how often the required expenditures are incurred, the monthly amount of the expenditures, and the State's participation in these costs.

Table N9.5 – Distribution of David’s Costs between cost categories, in GEL

Categories	G & S	Breakdown of subcategories	Monthly	Annual	Once in 2 years	Once in 3 years	Once in 4 years	One time	Cost (Monthly equivalent)	Government potential share in per cent and in GEL	
Personal Human Assistance	S	Personal Assistant	800						800	0%	0
		Day-care (6 hours a day)	475						475	100%	47
		TOTAL Category							1,275		48
Rehabilitation Services	S	Cognitive behavioural therapy		6,000					500	100%	500
		Inpatient psychiatric care		6,000					500	100%	500
		TOTAL Category							1,000		1,000
Health Care	G	Medications	15						15	100%	15
	S	Dental anaesthesia		1,000					83	0%	0
		TOTAL Category							98		15
Absolute Total									2,373 GEL		1,063 GEL

Note: G&S – goods and services; G – goods; S – services.

9.6. CHILD WITH VISUAL DIFFICULTIES, HIGH SUPPORT NEEDS

Dito’s Case, 15-year-old boy

Dito is a 15-year-old boy with total blindness.

Due to his visual difficulties, Dito requires significant support in order to reach a functioning level similar to his peers. Dito requires intensive use of Assistive Technologies, Personal Human Assistance and Care services, and some Health-related interventions and support for his mobility.

Dito’s family tries to support him as much as possible so that he is involved in educational and recreational activities like his peers. Dito goes to a resource school for students with visual difficulties. In order to ensure the relevant education, his family moved from the countryside to Tbilisi, where his special school and the most services are available.

In early childhood, Dito received disability status and therefore receives a monthly disability allowance of 275 GEL (around 100 USD). This amount is used to cover some of the expenses faced by him and his family.

Below is a breakdown of all required support and related costs.

Assistive Technologies

Dito requires intensive use of Assistive Technologies in many areas of functioning.

For independent mobility and orientation, Dito uses a white cane, the cost of which is fully covered by the State.

For education and schooling, Dito requires a computer with a screen-reader programme, a braille, a braille notetaker, a daisy player, a Dictaphone and headphones. Both the initial cost of the assistive devices as well as their maintenance costs are fully covered by his family.

For self-care, Dito needs a liquid level indicator, a sound thermometer, a sock-pairing aid and a tactile centimetre. These expenses are fully covered by Dito's parents.

For leisure activities, Dito's parents buy (not available in Georgia) board games with braille inscriptions and tactile markings, so that he can play with his friends.

Personal Human Assistance and Care Services

When Dito became a teenager, his independent mobility increased. On average, for four hours per week, Dito attends different gatherings with his peers, with the needed support of a guide. The cost of a guide is fully covered by his family.

Mobility

When moving around the city, Dito often uses taxi services, the costs of which are covered by his family.

Table N9.6 below shows Dito's required costs and specifies when and how often those expenditures are incurred, the monthly amount of the expenditures, and the State's participation in these costs.

Table N9.6 – Distribution of Dito's Costs between cost categories, in GEL

Categories	G & S	Breakdown of subcategories	Monthly	Annual	Once in 2 years	Once in 3 years	Once in 4 years	One time	Cost (Monthly equivalent)	Government potential share in per cent and in GEL		
Assistive Technology	G	White cane		200					17	100%	17	
		Phone with screen reader programme				1,750			49	0%	0	
		Computer with screen reader programme				2,600			72	0%	0	
		Braille					6,000		125	0%	0	
		Braille Notetaker						9,000	42	0%	0	
		Daisy Player				2,800			78	0%	0	
		Dictaphone			150				6	0%	0	
		Headphones		60					5	0%	0	
		Tactile drawing set / centimetre		60					5	0%	0	
		Board games with braille/tactile inscriptions		400					33	0%	0	
		Liquid level indicator				90			3	0%	0	
		Sound thermometer						130	3	0%	0	
		Sock-pairing aid			15				1	0%	0	
		Total Subcategory								488	0	17
			S	Repair of white cane		55					5	0%
Repair of phone				85					7	0%	0	
Repair of electric magnifier				275					23	0%	0	
Repair of computer				300					25	0%	0	
Repair of braille				275					23	0%	0	
Repair of braille notetaker				550					46	0%	0	
Repair of daisy player				300					25	0%	0	
Repair of Dictaphone				55					5	0%	0	
Total Subcategory										158		0
		Total Category						646		17		
Personal Human Assistance	S	Guide	400					400	0%	0		
		Total Category						400		0		
Mobility/ accessibility	S	Transportation (Taxi)	175					175	0%	0		
		Total Category						175		0		
Absolute Total									1,221 GEL		17 GEL	

Note: G&S – goods and services; G – goods; S – services.

9.7. CHILD WITH HEARING DIFFICULTIES, HIGH SUPPORT NEEDS

Otto's Case, 17-year-old boy

Otto is a 17-year-old adolescent with hearing difficulties, born totally deaf. He is graduating lower secondary school and plans to continue his education in vocational school.

Otto requires high and significant support to reach a functioning level similar to his peers. As a young child, Otto received a cochlear implantation in one ear; in the other ear he uses a hearing aid. Despite the mentioned Assistive Technologies, Otto mainly communicates using sign language and regularly needs the support of a sign language interpreter.

Otto's family, which is considered a middle-income household, tries to create the best possible conditions for Otto to ensure his participation in everyday life, like his peers. To achieve this, his family must contribute more financially. Fortunately, Otto lives in a city where the services he requires are available.

In early childhood, Otto received disability status, and therefore receives the monthly disability allowance of 275 GEL (around 100 USD). This amount is used to cover some of the expenses faced by Otto and his family.

Below is a breakdown of all required support and related costs that Otto needs and are provided either by the State or by his family.

Assistive Technologies

To support communication and to participate effectively in different age-related contexts, Otto uses a hearing aid in one ear and has a cochlear implant in the other ear. For proper functioning of the above-mentioned aids, Otto's family needs to purchase batteries, an accumulator and a processor. Otto also needs to regularly adjust (tune) the devices.

Otto also uses a video communication device and requires a continuous internet connection to communicate.

Ottos stays alone at home more often now, and for safety reasons, he needs alarm signallers installed with light and vibration alerts to detect doorbell, gas, smoke and carbon dioxide.

Personal Human Assistance and Care Services

After school, three times a week for two hours at a time, Otto is involved in extracurricular activities where a sign language interpreter is not provided. Therefore, Otto needs the services of a sign language interpreter six hours a week for 24 hours a month, which his family covers at their own expense.

Health

Otto regularly needs to visit to the audiologist to get an audio-diagnostic and re-fit his hearing aid and cochlear processor. The cost of these services are covered by his family.

Table N9.7 shows Otto's required costs and specifies when and how often the concrete expenditures are incurred, the monthly amount of the expenditures, and the State's participation in these costs.

Table N9.7 – Distribution of Otto's Costs between cost categories, in GEL

Categories	G & S	Breakdown of subcategories	Monthly	Annual	Once in 2 years	Once in 3 years	Once in 4 years	One time	Cost (Monthly equivalent)	Government potential share in per cent and in GEL
Assistive Technology	G	Digital hearing aid					5,750		120	17% 20
		Batteries for hearing aids	24						24	0% 0
		Video communication device (smartphone / tablet)				1,350			38	0% 0
		Alarm signallers with light/ vibration (for bell, gas, smoke, CO detectors)						550	3	0% 0
		Cochlear implant processor					32,000		667	56% 374
		Cochlear implant accumulator				1,560			65	100% 65
		Cochlear implant batteries	72						72	0% 0
		Case for cochlear processor						310	6	0% 0
		Internet	50						50	0% 0
		Total Subcategory								1,045
	S	Hearing aid repair		200					17	0% 0
		Repair of video communication device (smartphone / tablet)		115					10	0% 0
		Cochlear implant processor repair		600					50	0% 0
		Total Subcategory							77	0 0
		Grand Total						1,122	0 433	
Personal Human Assistance and Care	S	Sign Language Translator	1,440					1,440	0% 0	
		Grand Total						1,440	0	

Health	S	Audio - diagnostic		145				6	80%	5	
		Audiologist consultation for adjustment of hearing aid		60				5	0%	0	
		Adjustment of cochlear implant processor		140				12	0%	0	
		Grand Total						23		5	
								Absolute Total	2,585 GEL		438 GEL

Note: G&S – goods and services; G – goods; S – services.

9.8. CHILD WITH DEAF-BLINDNESS, HIGH SUPPORT NEEDS

Mary's Case, 15-year-old girl

Mary is a 15-year-old child; she was born deaf. Due to a concomitant genetic disease, she lost her sight shortly after birth.

Mary has HSN as she requires significant support from an adult to function daily; she also requires assistive devices, intensive rehabilitation to develop adaptive skills, and medical supervision to maintain her health status.

In order to ensure her education, Mary's parents moved from Guria region to the capital city of Tbilisi, where the resource school for children with sensory impairments is accessible.

Mary is enrolled in available State services, although these services do not fully meet her needs. The Government covers the cost of only some of the required goods and services she needs. Her family has to cover the remaining costs, or identify and approach external non-governmental support services, such as charity organizations, family friends or those willing to make donations for Mary's care. Mary qualifies for the State disability allowance, which is 275 GEL (around 10 USD). This is also used to cover some of Mary's costs of care.

Below are the required goods and services Mary needs on a daily and monthly basis.

Assistive technologies

Mary needs a number of Assistive Technologies. She uses her white cane for mobility, which is provided by the State; but in order to obtain a higher quality white cane, the family purchased one at their own expense.

To participate in educational activities, Mary requires: a computer with screen reader programme; an internet connection; a braille; a braille notetaker with braille sheets and a braille board pencil; and a tactile centimetre. The mentioned aids are provided to Mary's school at the expense of the State. However, for self-study and education, Mary needs to have the same technologies at home, which could not happen if her parents did not purchase them with their own funds.

For entertainment and leisure activities, Mary needs corresponding resources, which include board games with braille inscriptions and tactile markings.

For Mary's safety, the family installed alarm signallers with vibrational alerts for doorbell, gas, smoke, and carbon dioxide in the family's home.

To promote Mary's independence, she also needs items like a liquid level indicator and a sock-pairing device.

All of the above-listed Assistive Technologies are provided by the family, and the State does not participate in covering their costs.

Personal Human Assistant and Care Services

Mary needs regular support from a personal assistant who is familiar with deafblind communication. Her communication specialist provides the required support before and after school. The specialist service lasts eight hours a day. After school, Mary goes to the day-care centre several days a week to participate in various activities, including arts and crafts. The assistant also supports her in the day-care centre.

Rehabilitation Services

Mary regularly goes swimming, where she is supported by a personal assistant and a coach. The family has to pay for these services.

Several times a year, Mary attends habilitation/rehabilitation courses, where she receives physical and occupational therapy and consultation sessions with a psychologist. The rehabilitation service is fully financed by the State.

Mary's family attends a recreational resort service provided by the State programme. The cost of transportation to the resort has to be covered by the family.

Mobility/Accessibility

Sometimes, Mary uses public transportation when going out with her personal assistant. But mostly, she requires a taxi service, and this cost is covered by the family.

Table N9.8 shows Mary's required costs and specifies when and how often her concrete expenditures are incurred, the monthly amount, and the State's participation in these costs.

Table N9.8 – Distribution of Mary's Costs between cost categories, in GEL

Categories	G & S	Breakdown of subcategories	Monthly	Annual	Once in 2 years	Once in 3 years	Once in 4 years	One time	Cost (Monthly equivalent)	Government potential share in per cent and in GEL		
Assistive Technologies	G	Alarm signallers with light/ vibration (for bell, gas, smoke, CO detectors)						550	3	0%	0	
		White cane		200					17	15%	3	
		Computer with screen reader programme (The programme is free)				2,600				72	0%	0
		Braille					6,000			125	0%	0
		Braille Notetaker							9,000	42	0%	0
		Braille sheets	50							50	0%	0
		Braille board-pencil							100	0	0%	0
		Internet	50							50	0%	0
		Tactile drawing set / centimetre		60						5	0%	0
		Board games with braille inscriptions and tactile markings		400						33	0%	0
		Liquid level indicator				90				3	0%	0
		Sock pairing				15				1	0%	0
		Total Subcategory								400		3
		S	Repair of white cane		55						5	0%
	Repair of computer			300						25	0%	0
Repair of braille			275						23	0%	0	
Repair of braille notetaker			550						46	0%	0	
Total Subcategory									98		0	
		Total Category							498		3	
Personal Human Assistance and Care	S	Guide / Personal Assistant	1,440						1,440	0%	0	
		Day-care Centre	630						630	100%	630	
		Total Category							2070		630	

Personal Human Assistance and Care	S	Physical therapy		680				57	100%	57
		Occupational therapy		1,700				142	100%	142
		Speech and language therapy		680				57	100%	57
		Psychologist services		340				28	100%	28
		Swimming	570					570	0%	0
		Recreation service at medical resort		2,000				167	40%	67
		Transportation (Arrival and return to the medical resort)		1,000				83	0%	0
		Total Category					1,103		350	
		Transportation (Taxi)	500				500	0%	0	
		Total Category					500		0	
Absolute Total								4,172 GEL		983 GEL

Note: G&S – goods and services; G – goods; S – services.

9.9. CHILD WITH PHYSICAL DISABILITY, LOW SUPPORT NEEDS

Liza's Case, 6 year-old-girl

Liza is a 6-year-old girl who has right-sided hemiparesis and epileptic paroxysms due to a birth trauma. Liza has moderate physical difficulties that make it difficult for her to move and perform some age-appropriate activities. Although she is considered as a child with LSN, she is entitled to disability status and the monthly allowance of 275 GEL (around 100 USD). This amount is used to cover some of her required costs of care for goods and services. Liza's other needs are covered by her family or addressed by the central or local government.

In order for Liza to be able to participate in school and daily activities like her peers, she needs the help of some assistive technologies (mainly for mobility and self-care), rehabilitation services, and close supervision of her health status.

Assistive technologies

Liza primarily moves using a walking frame. She also needs splints and orthopaedic shoes to walk. Liza needs an orthopaedic mattress to sleep.

Liza uses an adapted toilet seat and handrails installed in the bathroom by her family members. To encourage independent eating, Liza requires adapted cutlery and an adapted cup. All costs related to assistive technologies, except for splints, are fully covered by Liza's family.

Rehabilitation services

Liza is involved in State-funded rehabilitation services, the cost of which are fully covered by the Government. She also attends a resort once a year for two weeks period, which is also fully-funded by the State. The family only pays for the transportation to and from the resort.

Health

Due to epileptic paroxysms, Liza regularly takes medication; 80 per cent of the cost for this medication is covered by the State, the family pays remaining balance.

Mobility/Accessibility

Because it is often difficult for Liza to travel on public transportation with her walking frame, the family occasionally uses a taxi service, the cost of which is fully covered by her family.

Table N9.9 shows Liza's required costs and specifies when and how often the concrete expenditures are incurred, the monthly amounts, and the State's participation in these costs.

Table N9.9 – Distribution of Liza's Costs between cost categories, in GEL

Categories	G & S	Breakdown of subcategories	Monthly	Annual	Once in 2 years	Once in 3 years	Once in 4 years	One time	Cost (Monthly equivalent)	Government potential share in per cent and in GEL	
Assistive Technologies	G	Walker				600			17	0% 0	
		Orthoses		182					15	100% 15	
		Orthopaedic shoes		400					33	0% 0	
		Orthopaedic mattress						700	3	0% 0	
		Adapted toilet seat				200			6	0% 0	
		Bathroom handrails						833	4	0% 0	
		Adapted cutlery (spoon and other utensils)			150					13	0% 0
		Total Category						90	15		
Rehabilitation Services	S	Physical therapy	170						170	100% 170	
		Occupational therapy / Sensory therapy	68						68	100% 68	
		Language and speech therapy	68						68	100% 68	
		Psychologist services	34						34	100% 34	
		Recreation service at a medical resort (including transportation)			800					67	100% 67
						650				54	0% 0
		Total Category						461	407		

Health	G	Medications	75					75	80%	3
		Total Category						75		3
Mobility / Accessibility	S	Transportation	100					100	0%	0
		Total Category						100		0
Absolute Total								726 GEL	0	425 GEL

Note: G&S – goods and services; G – goods; S – services.

9.10. CHILD WITH INTELLECTUAL DISABILITY, LOW SUPPORT NEEDS

Miho's Case, 14-year-old boy

Miho is a 14-year-old boy. As a result of childhood infectious meningitis, Miho had an intellectual disability, on the basis of which he was given the status of disability. He is considered a Low Support Needs child, as he needs some support from adults to participate in school and age-appropriate activities. He also actively uses aids that facilitate his independent functioning in his environment. Miho lives in the city and is involved in the services offered by the State.

Below are the different kinds of support Miho's needs to participate in everyday life like his peers.

Assistive Technologies

In order to function independently, Miho needs a smartphone so he can communicate with his parents when he is out of the house on his own. The family pays for the smartphone, the internet connection, and the costs for repair as needed.

The family also makes sure that Miho is always involved in some productive activities, and they regularly update his toys and educational materials.

Personal Human Assistance Services

After school, every day, Miho goes to the day-care centre, where he is involved in various developmental activities. With Miho's involvement in the day-care centre, his parents have the opportunity to work, as they prefer not to leave Miho alone at home.

Rehabilitation Services

Several times a year, Miho attends the habilitation/rehabilitation courses, which contribute to his motor activation skills. Both him and his mother receive consultations from an occupational therapist and a psychologist on various issues. The aforementioned services are fully covered by the State. Annually, the family also attends a resort for two weeks; 40 per cent of the costs related to the resort are financed by the State, remaining balance is covered by the family.

Health

Due to various somatic diseases Miho requires medication, 80 per cent of which are financed by the State within the framework of universal insurance. Miho is also under medical supervision, which

is why he undergoes certain tests and consultations with a doctor every year. This service is also covered by the state.

Table N9.10 shows Miho's required costs and specifies when and how often concrete expenditures are incurred, the monthly amounts, and the State's participation in these costs.

Table N9.10 – Distribution of Miho's Costs between cost categories, in GEL

Categories	G & S	Breakdown of subcategories	Monthly	Annual	Once in 2 years	Once in 3 years	Once in 4 years	One time	Cost (Monthly equivalent)	Government potential share in per cent and in GEL
Assistive Technologies	G	Smartphone				1,300			36	0% 0
		Phone and internet costs	50						50	0% 0
		Developmental materials		1,250					104	0% 0
		Total Subcategory							190	0 0
	S	Repair of Smartphone		200					17	0% 0
		Total Subcategory							17	0 0
		Total Category						207	0 0	
Personal Human Assistance and Care	S	Day-care centre	370						370	100% 370
		Total Category						370	370	
Rehabilitation Services	S	Physical therapy		1,480					123	46% 57
		Occupational therapy		432					36	63% 23
		Speech and language therapy		752					63	36% 23
		Psychologist services		336					28	40% 11
		Recreation service at a medical resort (including transportation)			2,000					167
				650					54	0% 0
		Total Category						471	2 180	
Health	G	Medications		3,000					250	80% 200
		Total Subcategory							250	200
	S	Specific medical supervision (according to guidelines, protocols)		1,750					146	80% 6
		Total Subcategory							146	6
		Total Category						396	206	
Absolute Total									1,444 GEL	756 GEL

Note: G&S – goods and services; G – goods; S – services.

9.11. CHILD WITH BEHAVIOURAL DISABILITIES, LOW SUPPORT NEEDS

Lasha's case, 8-year-old

Lasha is an 8-year-old boy. He has been diagnosed on the Autism Spectrum. Based on the assessment, Lasha was given disability status and receives the monthly allowance of 275 GEL (around 100 USD). Lasha is considered to be child with LSN. He tries to participate in age-appropriate activities like his peers, but he needs more support and supervision from an adult than other children his age. In order to stimulate development, after school, Lasha receives various therapies; he also requires different Assistive Technologies.

The family tries to get Lasha involved in the services offered by the State as much as possible. The services are either financed by the family, provided by the State, or covered by his disability allowance. Below are the different kinds of support that Lasha regularly needs.

Personal Human Assistance and Care Services

Due to behavioural issues, Lasha requires more supervision from an adult than his peers. Lasha's parents had to hire a caretaker for him because they work and can't leave him alone with his grandparents. Three times a week, a special teacher visits Lasha and helps him develop academic skills so that he can progress according to the programme defined for him. The family fully covers the cost of the caretaker and the special teacher.

Assistive Technologies

Lasha needs various aids for developmental stimulation and behaviour management. Lasha uses headphones to suppress background noise. For communication and performing academic activities, Lasha requires a tablet connected with internet (Lasha is performing academic activities only using a tablet).

Lasha also intensively uses various items for sensory stimulation, such as a Wilbarger brush, a sensory tube and a swing. To expand Lasha's interests, the family updates Lasha's toys and purchases developmental materials every month.

Rehabilitation Services

In order to stimulate Lasha's development and manage his behaviour, he is enrolled in an autism programme where he receives ABA, sensory integration, and speech and language therapy. Of these services, 30 per cent are covered by the State, and the rest are paid for by his family. His family feels that Lasha needs more sessions than the State is willing to provide.

Health

Once a year, Lasha needs consultations with specialists, including a psychiatrist and a neurologist. The cost for these sessions is covered by his family.

Mobility/Accessibility

Lasha often needs a taxi service, paid for by his family, to reach these services. The environment in public transportation causes complications to his behaviour.

Table N9.11 shows Lasha's required costs for care and specifies when and how often the concrete expenditures are incurred, the monthly amount, and the State's participation in these costs.

Table N9.11 – Distribution of Lasha’s Costs between cost categories, in GEL

Categories	G & S	Breakdown of subcategories	Monthly	Annual	Once in 2 years	Once in 3 years	Once in 4 years	One time	Cost (Monthly equivalent)	Government potential share in per cent and in GEL
Assistive Technology	G	Tablet				1,300			36	0% 0
		Headphones		200					17	0% 0
		Development toys and materials		600					50	0% 0
		Goods for sensory stimulation		175					15	0% 0
		Swing					200		4	0% 0
		Total subcategory								122
	S	Repair of Tablet		200					17	0% 0
	Total subcategory							17	0 0	
		Total Category						138	0 0	
Personal Human Assistance	S	Caretaker	800						800	0% 0
		Private special teacher	350						350	0% 0
		Total Category						1,150	0 0	
Rehabilitation Services	S	Autism Programme	700						700	27% 187
		Total Category							700	187
Health		Consultation of psychiatrist / neurologist		125					10	0% 0
		Total Category							10	0 0
Mobility/ accessibility		Transportation costs (fuel cost)	400						400	0% 0
		Total Category							400	0 0
Absolute Total									2,399	187

Note: G&S – goods and services; G – goods; S – services.

9.12. CHILD WITH COMPLEX NEEDS

Lia's Case, 5-year-old girl

Lia is a 5-year-old girl and has multiple and complex needs, manifested by intellectual and motor difficulties. In order to participate in everyday functional activities like her peers, Lia requires assistive technologies, personal human assistance services, participation in rehabilitation services, and the adaptation of her home environment.

After a functional assessment, Lia was entitled to disability status and began receiving the monthly disability allowance of 275 GEL (around 100 USD). This amount is used to cover some of the expenses faced by her and her family.

Her family tries to ensure that Lia receives all the support offered by the State. Lia lives in rural area; because of this, her family needs to bear additional costs to ensure that Lia can access the services she needs. In addition, Lia's parents spend a certain amount every month on goods and services that are not provided by the State.

Below is a list of the required goods and services that Lia needs to function in her day-to day life. They were identified based on the analyses of functional domains.

Assistive Technologies

Lia needs a number of assistive technologies that she uses daily for her self-care habits (like eating and bathing), as well as for functional mobility and entertainment.

For self-care she requires: a bath and shower chair; an adapted toilet seat; adapted cutlery, which includes a spoon and other utensils; and an adapted cup. The mentioned aids are fully covered by the family.

For functional mobility, Lia requires assistive devices with a postural control function. These assistive devices include a wheelchair and stander with postural support, and an adapted table and chair. To prevent foot deformity and better support, Lia wears orthoses (splints) and orthopaedic shoes. From the listed aids, the wheelchair and the orthoses are financed by the State. The cost of other assistive devices are fully paid by her family. Her family also has to pay for the wheelchair repair service.

For Lia's developmental stimulation, her parents regularly update her developmental toys.

Rehabilitation Services

Lia is involved in various services that support her functional development. These services include: an early intervention programme which is fully funded by Government; a habilitation/rehabilitation programme, where she is provided with physical, occupational, speech and language therapy; and consultation with a psychologist. Almost 50 per cent of rehabilitation services are financed by her family because the family adds sessions that are beyond the limit of what is covered by the State.

Health

The family consults with doctors several times a year on Lia's various health issues. The cost of these consultations is 80 per cent co-financed by the State within the framework of universal insurance. Also, Lia needs limited medical intervention — like a Botulinum injection — and 80 per cent of this expense is paid for by the State.

Mobility/Accessibility

In order to manoeuvre Lia's wheelchair around the house, the family had to pay for a small home renovation, which cost them 1500 GEL. This cost is assumed to be one-time expense.

Additionally, for Lia's transportation, the family has to use wheelchair-accessible taxi services intensively so she can attend her rehabilitation sessions, which costs the family 300 GEL per month, on average.

Table N9.12 shows Lia's required costs of care and specifies when and how often concrete expenditures are incurred, the monthly amount, and the State's participation in these costs.

Table N9.12 – Distribution of Lia's Costs between cost categories, in GEL

Categories	G & S	Breakdown of subcategories	Monthly	Annual	Once in 2 years	Once in 3 years	Once in 4 years	One time	Cost (Monthly equivalent)	Government potential share in per cent and in GEL	
Assistive Technology	G	Wheelchair				1,705			47	100% 47	
		Stander with postural control				1,800			50	0% 0	
		Orthoses (splints)		182					15	58% 9	
		Orthopaedic shoes		400					33	0% 0	
		Bath/shower chair				500			14	0% 0	
		Adapted toilet seat				200			6	0% 0	
		Adapted cutlery (spoon and other utensils)				150			6	0% 0	
		Adapted cup / bottle			80					7	0% 0
		Development Toys			500					42	0% 0
		Adapted table and chair							300	1	0% 0
			Total Subcategory							221	56
	S	Repair of wheelchair with postural support		150					13	0% 0	

		Total Subcategory						13		0
		Total Category						234		56
		Physical therapy	370					370	46%	170
		Occupational therapy / Sensory therapy	108					108	63%	68
		Language and speech therapy	188					188	36%	68
		Psychologist services	84					84	40%	34
		Early Intervention Service	220					220	100%	220
		Total Category						970		560
	S	Outpatient services		200				17	80%	13
		Small medical intervention (e.g. Botulinum toxin injection)		850				71	80%	57
		Total Category						88		70
Mobility / Accessibility	S	Transportation costs	300					300	0%	0
		Expenses related to housing change				1,500		7	0%	0
		Total Category						307	0.0	0.0
Grand Total								1,598 GEL		686 GEL

Note: G&S – goods and services; G – goods; S – services.

9.13. CHILD WITH PSYCHOSOCIAL DISABILITY, LOW SUPPORT NEEDS

Lali's case, 16-year-old girl

Lali is a 16-year-old girl with a psychosocial disability (psychotic condition), manifested with Low Support Needs. Lali is graduating from lower secondary school.

Lali requires a structured daily routine, some medicines, a rehabilitation service and regular consultation with professionals like psychologists and psychiatrists. Therefore, based on an assessment, Lali was given disability status and is entitled to the monthly disability allowance of 275 GEL (around 100 USD). This amount is used to cover some of the expenses faced by her and her family.

Below is a breakdown of all required support and related costs. This cost analysis is carried out according to functional domains.

Personal Human Assistance and Care Services

Family members try not to leave Lali alone. Although her family and specialists do not see the need

for a personal assistant, Lali’s mother has stopped working. This has caused the family's income to decrease to some extent.

Rehabilitation Services

In order to maintain her mental state and prevent deterioration of her health condition, Lali goes to psychotherapy and art therapy. These services are covered by the State.

Also, Lali needs the services of a private tutor to improve her academic achievements, as coping with the academic programme is difficult for Lali, which may be due to the side effects of her medications. The family has to cover the monthly expenses of the tutor.

Health

Daily, Lali takes medicines prescribed by the doctor, the costs of which are covered by the State.

Table N9.13 shows Lali’s required costs of care and specifies when and how often these expenditures are incurred, the monthly amount, and the State's participation in these costs.

Table N9.13 – Distribution of Lali’s Costs between cost categories, in GEL

Categories	G & S	Breakdown of subcategories	Monthly	Annual	Once in 2 years	Once in 3 years	Once in 4 years	One time	Cost (Monthly equivalent)	Government potential share in per cent and in GEL	
Rehabilitation Services	S	Cognitive behavioural therapy / Art therapy		2400					200	100%	200
		Tutor	420						420	0%	0
		TOTAL Category							620		200
Health care	G	Medications	15						15	100%	15
		TOTAL Category							15		15
Grand Total									635 GEL		215 GEL

Note: G&S – goods and services; G – goods; S – services.

9.14. CHILD WITH VISUAL DIFFICULTIES, LOW SUPPORT NEEDS

Dali's Case, 10-year-old girl

Dali is a 10-year-old girl with visual difficulties. She is also a fourth grade student.

Dali lives in a rural area. Dali's family tries to support her as much as possible, to ease her participation into everyday activities like her peers without disabilities. They are well aware of all possible support services.

As a result of significant medical intervention in childhood, Dali has residual vision, which is complemented by the use of assistive technologies. Additionally, Dali needs to have regular eye exams to check her vision and to undergo medical procedures.

Dali has disability status and therefore receives the monthly disability allowance of 275 GEL (around 100 USD). This amount is used to cover some of her monthly expenses. To receive additional support, Dali's parents pro-actively communicate with different charity organizations to receive additional (one-time) funds.

Below is a breakdown of all the required support and related costs that Dali needs.

Assistive Technologies

Dali wears magnifying glasses, the cost of which was fully covered by a charity organization that expressed willingness to support Dali. These glasses need to be replaced every few years.

To participate in educational activities, Dali needs: a computer with a screen reader programme; an electric magnifier; an optic magnifier; a Dictaphone; headphones; and an LED table lamp. The purchase and renewal of these assistive technologies is required every two to four years. It is also necessary to repair these items. All costs related to these assistive devices is covered by her family.

Health

As mentioned, Dali needs to have regular eye exams to check her vision and to repeat medical procedures. This year, she needs surgery and related medical procedures. For the costs of the surgery and procedures, 80 per cent are covered by the State through the universal health-care system; remaining costs needs to be covered by the family.

Table N9.14 shows Dali's required costs of care and specifies when and how often the concrete expenditures are incurred, the monthly amount, and the State's participation in these costs.

Table N9.14 – Distribution of Dali's Costs between cost categories, in GEL

Categories	G & S	Breakdown of subcategories	Monthly	Annual	Once in 2 years	Once in 3 years	Once in 4 years	One time	Cost (Monthly equivalent)	Government potential share in per cent and in GEL	
Assistive Technologies	G	Glasses		900					75	0%	0
		Computer with screen reader programme				2,600			72	0%	0
		Electric magnifier					6,600		138	0%	0
		Optic magnifier				175			5	0%	0
		Dictaphone			150				6	0%	0
		Headphone		60					5	0%	0
		LED table lamp						265	6	0%	0
		Total Subcategory								307	
	S	Repair of phone		85					7	0%	0
		Repair of electric magnifier		275					23	0%	0
		Repair of computer		300					25	0%	0
		Repair of Dictaphone		55					5	0%	0
		Total Subcategory							60		0
		Total Category						367		0	
Health care	S	Eye surgery					11,000		229	80%	183
		Ophthalmologist / Optometrist		240					20	80%	16
		Total Category						249		199	
Grand Total									Absolute total	616 GEL	199 GEL

Note: G&S – goods and services; G – goods; S – services.

9.15. CHILD WITH HEARING DIFFICULTIES, LOW SUPPORT NEEDS

Maya's Case, one-and-a-half-year old girl

Maya is a one-and-a-half-year old child with third degree hearing difficulties.

Due to her condition, Maya requires significant support in order to reach the functioning level similar to her peers. For Maya, the need for support is related to: the need for medical intervention; the daily and intensive use of assistive technologies; the maintenance and care for the aids she needs; and her participation in rehabilitation services.

Maya's parents try to ensure her participation in everyday life like her siblings and peers. They are well informed about available support services in the country that are provided by the local and

central government. Maya's family is considered a middle-income household, and they have the ability to pay for some additional expenses that Maya needs.

Maya has disability status and therefore receives the disability allowance of 275 GEL (around 100 USD). This amount is used to cover some of the monthly expenses faced by Maya and her family.

Below is a breakdown of all the required support and related costs that Maya needs, and is provided either by the State or her family.

Assistive Technologies

In order to prevent Maya from experiencing communication difficulties that will significantly affect her development and other areas of functioning, Maya requires assistive technologies, like: a Cochlear implant; an implant processor with a case; an implant accumulator; and batteries. At the same time, Maya's family needs to take care of these aids, keep them in good condition and adjust them regularly.

Health

Maya requires specific medical interventions related to audio diagnostics, genetic testing, ophthalmologic consultation, and medical check-ups. Her medical assessments are fully covered by the State.

Rehabilitation Services

At this stage, Maya receives early intervention services, which are fully financed by the State. Additionally, Maya needs monthly therapy for hearing and speech development, which is financed by the State. But her family believes that the number of therapy sessions provided by the Government is not sufficient for Maya, so they pay for extra therapy sessions at the private rate.

Personal Human Assistance and Care

Maya's mother did not go back to work after her maternity leave in order to provide Maya with the personal assistance she needs. Maya needs more intensive care and can't be left with her grandparents. Although, at this stage, the family has no additional expense for personal assistance, the family's income has decreased by 2,500 GEL because Maya's mother no longer works.

Table N9.15 shows Maya's required costs for care and specifies when and how often the concrete expenditures are incurred, the monthly amounts, and the State's participation in these costs.

Table N9.15 – Distribution of Maya's Costs between cost categories, in GEL

Categories	G & S	Break-down of sub-categories	Monthly	Annual	Once in 2 years	Once in 3 years	Once in 4 years	One time	Cost (Monthly equivalent)	Government potential share in per cent and in GEL	
Assistive Technologies	G	Cochlear implant						27550	128	100%	128
		Cochlear implant processor					32000		667	56%	374
		Cochlear implant accumulator			1560				65	100%	65
		Cochlear implant bataries	72						72	0%	0
		Case for cohlear processor					310		6	0%	0
		Total sub-categories								938	
	S	Cochlear implant processor repair			600				50	0%	0
		Total sub-category							50		0
		Total Category							988		567
Rehabilitation Services	S	Hearing and speech and language therapy	380						380	42%	160
		Early intervention program	300						300	100%	300
		Total Category							680		460
Health	S	Audiodiagnostic			145				6	80%	5
		Genetic testing						1000	5	80%	4
		Ophtalmologic consultantion						100	0	80%	0
		Medical evaluation before cochlear implantation						1500	7	80%	6
		Cochlear implantation (surgical intervention)						4000	19	100%	19
		Audiologist consultation for adjustment of hearing aid			60				5	0%	0
		First ajustement of cohlear processor						1570	7	100%	7
		Adjustment cochlear implant processor			140				12	0%	0
		Total Category							61		40
Absolute Total									1729		1067

Note: G&S – goods and services; G – goods; S – services.

9.16. CHILD WITH BLINDNESS AND RESIDUAL HEARING, LOW SUPPORT NEEDS

Gio's Case, 12-year-old boy

Gio is a 12-year-old boy. He has Wolfram syndrome, which causes complete loss of vision and the deterioration of hearing. Gio goes to school for students with sensory needs. He also received disability status and receives the monthly disability allowance of 275 GEL (approximately 100 US Dollars).

In order to function like his peers, Gio needs support, which includes: intensive use of assistive devices; the accompaniment of a personal assistant; certain medical interventions; rehabilitation services; and support for mobility.

Below is a detailed description of what goods and services Gio needs to participate in public life like his peers.

Assistive Technologies

Gio uses a hearing aid that requires batteries to function properly. The hearing aid is funded by the State, but his family takes care of renewing the elements every week.

Gio needs an internet-enabled smartphone and headphones to communicate, which are paid for by his family.

To engage in academic activities, Gio requires: a computer with screen reader programme; an internet connection; a braille; a braille notetaker; braille sheets; a braille board-pencil; a Daisy player; and a tactile centimetre. The mentioned aids are provided by Gio's school at the expense of the State. However, for self-study, he needs to have the same technologies at home, which could not happen if his parents did not purchase them with their own funds. The family also covers the cost of repairing the mentioned aids.

For leisure activities, Gio needs relevant resources like board games with braille inscriptions and tactile markings. These kind of resources are also provided at the family's expense.

Personal Human Assistance and Care Services

For an average of eight hours a week, Gio needs a personal assistant who supports him when he goes out after school (e.g. when Gio goes to extracurricular lessons twice a week). The cost of his personal assistant services are covered by his family.

Health Services

At this stage, Gio needs a audiologist's evaluation and adjustment of his hearing aid. For his audiological assessment, 80 per cent is co-financed by the State; the fitting and tuning of his hearing aid is paid for by his family.

Table N9.16 shows Gio's required costs of care and specifies when and how often the concrete expenditures are incurred, the monthly amounts, and the State's participation in these costs.

Table N9.16 – Distribution of Gio’s Costs between cost categories, in GEL

Categories	G & S	Break-down of sub-categories	Monthly	Annual	Once in 2 years	Once in 3 years	Once in 4 years	One time	Cost (Monthly equivalent)	Government potential share in per cent and in GEL		
Assistive Technologies	G	Digital hearing aid & batteries for hearing aid	24				5,750		120	17%	20	
									24	0%	0	
		White cane		200					17	15%	3	
		Phone with screen reader programme				1,750			49	0%	0	
		Computer with screen reader programme				2,600			72	0%	0	
		Braille					6,000		125	0%	0	
		Braille Notetaker						9,000	42	0%	0	
		Braille sheets	50						50	0%	0	
		Braille board-pencil							100	0	0%	0
		Daisy Player				2,800			78	0%	0	
		Headphones		60					5	0%	0	
		Internet	50						50	0%	0	
		Tactile drawing set / centimetre		60					5	0%	0	
		Board games with braille inscriptions and tactile markings		400					33	0%	0	
	Liquid level indicator				90			3	0%	0		
	Sock pairing aid			15				1	0%	0		
			Total Subcategory						672		22	
		S	Hearing aid repair		200					17	0%	0
			Repair of white cane		55					5	0%	0
			Repair of daisy player		300					25	0%	0
	Repair of phone			85					7	0%	0	
	Repair of computer			300					25	0%	0	
	Repair of braille			275					23	0%	0	
	Repair of braille notetaker			550					46	0%	0	
	Total Subcategory								147		0	
		Total Category						820		22		

Personal Human Assistance	S	Guide / Personal Assistant	1,440					1,440	0%	0
		Total Category						1,440		0
Health Care	S	Audio - diagnostic			145			6	80%	5
		Audiologist consultation for adjustment of hearing aid		60				5	0%	0
		Total Category						11		5
Mobility/ accessibility	S	Transportation (Taxi)	600					600	0%	0
		Total Category						600	0	0
Absolute Total								2,875 GEL		27 GEL

Note: G&S – goods and services; G – goods; S – services.

9.17. CHILD WITH DEAFNESS AND RESIDUAL VISION, LOW SUPPORT NEEDS

Teo's Case, 17-year-old girl

Teo is a 17-year-old girl who was born totally deaf. Due to a genetic disease, she also gradually lost her eyesight. At this stage, she has residual vision in one eye. After the assessment of her condition, she was given disability status and, now, receives the monthly disability allowance of 275 GEL (around 100 USD).

Teo requires significant support in order to reach the functioning level similar to her peers. Teo requires various aids to function, as well as rehabilitation services and medical supervision. She attends a resource school for students with sensory needs. To be closer to the school, her family moved from the countryside to the city.

Teo's family, which is considered a middle-income household, tries to create the best possible conditions to ensure her participation in everyday life like her peers; and to do so, they incur additional costs.

Below is a breakdown of all required support and related costs.

Assistive Technologies

When Teo was a one-and-a-half-years old, she had a cochlear device implanted in one ear, to better support her future communication. The surgery was fully financed by the Government. For proper functioning of the cochlear implant, she regularly needs new batteries, and the time-to-time update of the accumulator and the processor. Teo also needs the devices to be regularly tuned. Despite the assistive device, Teo mainly communicates using sign language and regularly needs the support of a sign language interpreter (See — Personal Human Assistance and Care services). All additional

costs are covered by her family.

Teo also uses a smartphone as a video communication device and requires an internet connection to communicate. For study and academic activities, Teo requires an electric magnifier (CCTV) and an LED table lamp.

Teo wears magnifying glasses. For mobility, she also uses a white cane.

Personal Human Assistance and Care Services

After school, three times a week, for two hours, Teo is involved in extracurricular activities. To participate, she needs the services of a sign language interpreter for six hours a week for 24 hours a month, which her family pays for at their own expense.

Rehabilitation Services

Teo and her family also benefit from health and rehabilitation services at a resort for two weeks a year; 40 per cent of those costs are financed by the State. The family has to pay the remaining costs, as well the transportation costs to and from the resort.

Health

Teo regularly needs to visit the ophthalmologist to get a vision-diagnostic and to be fitted for glasses. The cost of these services are covered by her family. This year, Teo needs eye surgery, the cost of which is 80 per cent covered by the State.

Table N9.17 shows Teo's required costs of care and specifies when and how often the concrete expenditures are incurred, the monthly amount, and the State's participation in these costs.

Table N9.17 – Distribution of Teo's Costs between cost categories, in GEL

Categories	G & S	Break-down of sub-categories	Monthly	Annual	Once in 2 years	Once in 3 years	Once in 4 years	One time	Cost (Monthly equivalent)	Government potential share in per cent and in GEL		
Assistive Technologies	G	Glasses		900					75	0%	0	
		White cane		200					17	15%	3	
		Video Communication Device				1,750			49	0%	0	
		Electric magnifier					6,600		138	0%	0	
		Cochlear implant processor					32,000		667	56%	375	
		Cochlear implant accumulator			1,560				65	100%	65	
		Cochlear implant batteries	72						72	0%	0	
		Internet	50						50	0%	0	
		LED table lamp						265	6	0%	0	
		Total Subcategory								1,137		443
	S	Repair of white cane			55					5	0%	0
		Repair of phone			85					7	0%	0
		Repair of electric magnifier			275					23	0%	0
		Total Subcategory								35		0
		Total Category							1,172		443	
Personal Human Assistance and Care	S	Sign Language Translator	1,680						1,680	0%	0	
		Total Category							1,680		0	
Rehabilitation Services	S	Recreational service at medical resort (including transportation)		2,000					167	40%	67	
				1,000					83	0%	0	
		Total Category							250		67	
		Adjustment cochlear implant processor		140					12	0%	0	
		Eye surgery					11,000		229	80%	183	
		Ophthalmologist / Optometrist		240					20	80%	16	
		Total Category							261		199	
Absolute Total									3,362 GEL		709 GEL	

Note: G&S – goods and services; G – goods; S – services.

ANNEXES: LIST OF GOODS AND SERVICES REQUIRED FOR INCLUSION OF CHILDREN WITH DIFFERENT TYPES OF DISABILITIES AND THE ASSOCIATED COST ESTIMATES, IN GEL

1. BEHAVIOURAL DISABILITY, HIGH SUPPORT NEEDS, COST IN GEL

Categories	Goods & Services	Subcategories	Breakdown of subcategories	Monthly expense	Annual expense	Once in 2 years expense	Once in 3 years expense	Once in 4 years expense	One-time expense	Cost (Monthly equivalent)	per cent of need	Monthly Weighted average	Government potential share	
Assistive Technology	Goods	<i>Assistive Devices (WHO list)</i>	Tablet or Alternative communication device				1,300			36		29	0	
			Alternative Communication Program: PECS full printed version			350				15	80%	6	0	
			Alternative Communication Program: PECS application						50	0			0	
		Total Subcategory									51		35	
		<i>Other Assistive devices</i>	Helmet		400						33	30%	10	0
			Headphones		200						17	40%	7	0
			Developmental toys and materials		600						50	100%	50	0
			Goods for sensory stimulation (Sensory-motor tube & Wilbarger sensory brush)		175						15	80%	12	0
			Sensory (weighted) blanket			200					8	80%	7	0
			Swing						200		4	80%	3	0
	Total Subcategory									127		88	0	
	TOTAL Category									178		123	0	
	Services	<i>Assistive Devices</i>	Repair of Tablet or Alternative communication device or Tobii Dynavox		200						17	80%	13	0
Total Category									17		13	0		

			Grand Total						195		136	0
Personal Human Assistance	Services	<i>Personal Human Assistance</i>	Caregiver, nanny	900					900	33%	297	0
			Personal Assistant	2,160					2160	67%	1447	0
			Private special teacher	350					350	5%	18	0
			Day-care centre	630					630	67%	422	422
		Total Category							4,040		2,184	422
			Total Category						4,040		2,184	422
Rehabilitation Services	Services	<i>Therapies</i>	Autism Programme - (ABA Therapy, sensory integration therapy, Speech and language therapy)	788					788	80%	630	170
				320					320	80%	256	0
				320					320	80%	256	0
			Floortime / Denver therapy	240					240	80%	192	0
			Early intervention programme	230					230	33%	76	76
			Respite service for parents		1,500				125	67%	84	0
			Recreation service at a medical resort (including transportation)		2,000				167	80%	133	53
					1,000				83	80%	67	0
			Total Category							2,273		1,694
			Total Category						2,273		1,694	299
Health	Goods	<i>Hygiene product</i>	Diapers	110					110	80%	88	40
		<i>Medicine/Special food</i>	Special food / nutrition	125					125	10%	13	5
		<i>Medical procedures/ treatment</i>	Medications	400					400	50%	200	160
		Total Category							635		301	205
	Services	<i>Medical procedures/ treatment</i>	Dental services (anaesthesia)		1,750				146	80%	117	0
		Special medical assessment (genetic, digestive)					3,500	16	50%	8	6	

			Consultation of psychiatrist / neurologist		125					10	80%	8	0
			Medical care at home		250					21	5%	1	0
			Total Subcategory							193		134	6
			Total Category							828		435	211
Mobility/ accessibility	Services	Transportation	Transportation costs (taxi)	875						875	60%	525	
			Total Category							875		525	
			Absolute Total							8,210 GEL		4,974 GEL	933 GEL

2. BEHAVIOURAL DISABILITY, LOW SUPPORT NEEDS, COST IN GEL

Categories	Goods & Services	Subcategories	Breakdown of subcategories	Monthly expense	Annual expense	Once in 2 years expense	Once in 3 years expense	Once in 4 years expense	One-time expense	Cost (Monthly equivalent)	per cent of need	Monthly Weighted average	Government potential share	
Assistive Technology	Goods	<i>Assistive Devices (WHO list)</i>	Tablet or Alternative communication device				1,300			36	80%	29	0	
			Alternative Communication Programme: PECS full printed version			350				15	80%	6	0	
			Alternative Communication Programme: PECS application						50	0			0	
		Total Subcategory									51		35	0
		<i>Other Assistive devices</i>	Headphones		200						17	30%	5	0
			Development toys and materials		600						50	100%	50	0
			Goods for sensory stimulation (Sensory-motor tube & Wilbarger sensory brush)		175						15	40%	6	0
			Sensory (weighted) blanket			200					8	40%	3	0
			Swing						200		4	40%	2	0
		Total Subcategory									94		66	0
	TOTAL Category									145		101	0	
	Services	<i>Assistive Devices</i>	Repair of Tablet or Alternative communication device or Tobii Dynavox		200						17	80%	13	0
			Total Category								17		13	0
		Grand Total							161		114	0		

Personal Human Assistance	Services	<i>Personal Human Assistance</i>	Caregiver, nanny	900					900	20%	180	0
			Private special teacher	350					350	25%	88	0
			Day care centre	378					378	20%	76	76
		Total Category								1,628		343
Grand Total												
Rehabilitation Services /	Services	<i>Therapies</i>	Autism Programme - ABA Therapy	788					788	80%	630	168
			Autism Programme - Sensory integration therapy	320					320	80%	256	0
			Autism Programme - Speech and language therapy	320					320	80%	256	0
			Floortime / Denver therapy	240					240	80%	192	0
			Early intervention programme	220					220	33%	73	73
			Hydromassage	300					300	5%	17	0
			Muz therapy	300					300			0
			Aqua therapy & couch	570					570			0
			Raid therapy	300					300			0
			Art Therapy	230					230			0
			Recreation service at a medical resort		2,000				167	80%	133	53
			Transportation (Arrival-return to the medical resort)		1,000				83	80%	67	0
			Total Category								3,838	
Grand Category								3,838		1,624	294	
Health care	Services	<i>Hygiene product</i>	Diapers	50					50	10%	5	5
		<i>Medical procedures/ treatment</i>	Medications	400					400	5%	20	16
		Total Subcategory								193		61
Grand Category								643		86	27	
Mobility/ accessibility	Services	<i>Transportation</i>	Transportation costs (taxi)	875					875	20%	175	0
Grand Total								875		175	0	
Absolute Total									7,145 GEL		2,342 GEL	397 GEL

3. COMPLEX MEDICAL NEEDS, HIGH SUPPORT NEEDS, COST IN GEL

Categories	Goods & Services	Subcategories	Breakdown of subcategories	Monthly expense	Annual expense	Once in 2 years expense	Once in 3 years expense	Once in 4 years expense	One-time expense	Cost (Monthly equivalent)	per cent of need	Monthly Weighted average	Government potential share		
Assistive Technology	Goods	<i>Assistive Devices (WHO list)</i>	Wheelchair with postural support				7,500			208.3	100%	208	74		
			Presser relief cushion		625					52.1	100%	52	0		
			Walker with postural control				4650				129.2	15%	19	0	
			Stander with postural control				5400				150	55%	83	0	
			Orthoses (splints)		1,378						114.8	90%	103	97	
			Orthopaedic shoes		550						45.8	35%	16	0	
			Orthopaedic mattress							1,350	6.3	67%	4	0	
			Bath/shower chair					500			13.9	67%	9	0	
			Adapted toilet seat					200			5.6	45%	3	0	
			Bathroom handrails								833	3.9	40%	2	0
			Digital Device - Alternative Communication							825		17.2	50%	9	0
			Computer / Tablet						1,300			36.1	50%	18	0
			Alternative Communication Applications (e.g. PECS)								200	0.9	20%	0	0
		Total Subcategory									784		526	170.1	
		<i>Other Assistive devices</i>	Transfer Board							200		4.2	25%	1	0
			Pillow for neck, head, trunk control		375							31.3	100%	31	0
			Sensory (weighted) blanket			500						20.8	10%	2	0
			Adapted cutlery (spoon and other utensils)			150						6.3	25%	2	0
			Adapted cup / bottle		80							6.7	100%	7	0
			Apron		20.0							3.3	67%	2	0
			Car Seat							625		13.0	67%	9	0
			Headphones			150						6.3	30%	2	0
			Goods for sensory stimulation (Sensory-motor tube, Wilbarger sensory brush) and development	75								75.0	80%	60	0
					30							2.5	5%	0	0
			Developmental Toys		500							41.7	100%	42	0
			Adapted table and chair								550	2.5	60%	2	0
Hammock or Swing or Trampoline (with the possibility of lying down)							675		14.1	50%	7	0			
Total Subcategory									227.5		166	0.0			
TOTAL Category									1,011.6		692	170.1			

	Services	Assistive Devices (WHO list)	Repair of wheelchair with postural support		325					27.1	100%	27	0	
			Repair of walker with postural control		250					20.8	15%	3	0	
			Repair of stander with postural control		300					25.0	55%	14	0	
				Total Subcategory							72.9		44	0.0
				Other Assistive devices	Repair of adapted table and chair		150				12.5	60%	8	0
				Total Subcategory							12.5		8	0.0
				TOTAL Category							85.4		51	0.0
			Grand Total						1,097.0		743	170.1		
Personal Human Assistance	Services	Personal assistant	Personal assistant	1,875						1,875.0	67%	1,256	0	
			Caregiver/nurse (night)	1,080						1,080.0	10%	108	0	
			Day-care/nurse (day)	900						900	33%	297	0	
			Day-care centre & home care	630						630	33%	208	208	
			Home based care	1,750						1750	33%	578	578	
		Grand Total							6,235		2,447	785.4		
Rehabilitation Services /	Services	Therapies	Physical therapy	370						370	100%	370	170	
			Occupational therapy / Sensory therapy	108						108.0		108	68	
			Language and speech therapy	188						188.0		188	68	
			Psychologist services	84						84.0		84	34	
			Behavioural therapy		225						18.8	50%	8	0
			Nutrition therapy		225						18.8			0
			Consultation of a sexologist for parent		90						7.5			0
			Art or ride or aqua or music therapy	340							340.0	5%	17	0
			Early Intervention Service	220							220.0	33%	73	0
			Recreation service at a medical resort		2,000						166.7	95%	158	63
			Transportation (Arrival and return to the medical resort)		650						54.2	95%	51	0
					Grand Total							1,575.8		1,057

Health care	Goods	<i>Hygiene products</i>	Hygiene products (diapers, under pads, wet wipes)	175					175.0	80%	140	40	
			Special shampoo (without soap)	30					30	5%	2	0	
			Special cream and powder for burnt skin	50					50	5%	3	0	
			Anti-allergic special face cream		60				10	5%	1	0	
			Tooth and mouth care products (electric) toothbrush, toothpaste)		200				16.7	5%	1	0	
		Total Subcategory								281.7		145	40.0
		<i>Medical procedures/ treatment</i>	Inhaler				135			2.8	100%	3	0
			Blood sugar measuring device				85			1.8	5%	0	0
			Saturation device			100				4.2	5%	0	0
			Ketogen measuring device				125			2.6	2%	0	0
			Catheter	50						50.0	50%	25	0
			Micro Enema	12.5						12.5	40%	5	0
		Total Subcategory								73.9		33	0.0
		<i>Medical/special food</i>	Special meal	600						600	30%	180	30
	Medications (Psychotropic, stomach protective and other medications)		250						250	100%	250	200	
	Total Subcategory								850		430	230.0	
	TOTAL Category								1,205.5		608	270.0	
	Services	<i>Medical procedures/ treatment</i>	Outpatient services		200					16.7	100%	17	13
			Medical Analysis		70					5.8	30%	2	1
			Inpatient services		1,000					83.3	60%	50	40
			Intensive care		1,100					91.7	60%	55	44
			Small medical intervention (e.g. botulinum toxin injection)		850					70.8	10%	7	0
			Liver function tests		70					11.7	50%	6	5
Electroencephalogram				270					45.0	50%	23	18	
Anaesthesia for dental services				1,000					83.3	100%	83	0	
TOTAL Category								408.3		242	121.4		
Grand Total								1,613.9		851	391.4		

Mobility / Accessibility	Services	<i>Transportation</i>	Transportation (to receive therapies, education, participate in community life)	850					850.0	100%	850	0		
		<i>Infrastructure</i>	Expenses related to housing change						2,500	11.6	60%	7	0	
		TOTAL Category							861.6		857	0.0		
			Grand Total						861.6		857	0.0		
Rare and Expensive	Goods	<i>Assistive Technology</i>	Transfer crane					4,150	19.2	5%	1	0		
			Digital Device - Alternative Communication (Tobii Dynavox)					16,000	74.07	5%	4	0		
			Adapted car for wheelchair					12,000	55.6	30%	17	0		
			Portable ramp					2,700	12.5	50%	6	0		
		<i>Transportation / Infrastructure</i>	Ramp and Installation					3,000	13.9	50%	7	0		
		TOTAL Category							175.2		35	0.0		
		Services	<i>Assistive Technology (non-medical)</i>	Repair of transfer crane	400					33.3	5%	2	0	
	Repair of a moving ramp			500					41.7	50%	21	0		
	<i>Health care: Medical procedures/ treatment</i>		Medical - surgical intervention (e.g. baclofen pump, shunting, dorsal rhizotomy, spinal)					90,000	416.7	5%	21	17		
			Analysis during the ketogenic diet	1,200					200.0	15%	30	24		
	TOTAL Category								691.7		73	40.7		
			Grand Total Category						866.9		108	40.7		
									Absolute Total	5,954 GEL	1,750 GEL	5,954 GEL	1,750 GEL	
									11,383 GEL					

4. COMPLEX NEEDS, LOW SUPPORT NEEDS, COST IN GEL

Categories	Goods & Services	Subcategories	Breakdown of subcategories	Monthly expense	Annual expense	Once in 2 years expense	Once in 3 years expense	Once in 4 years expense	One-time expense	Cost (Monthly equivalent)	per cent of need	Monthly Weighted average	Government potential share	
Assistive Technology	Goods	<i>Assistive Devices (WHO list)</i>	Wheelchair with postural support				1,705			47.4	100%	47.36	47	
			Presser relief cushion		625					52.1	50%	26.04	0	
			Walker with postural control				4,650				129.2	15%	19.38	0
			Stander with postural control				5,400				150	55%	82.50	0
			Orthoses (splints)		1,378						114.8	90%	103.35	60
			Orthopaedic shoes		400						33.3	35%	11.67	0
			Orthopaedic mattress							1,350	6.3	67%	4.19	0
			Bath/shower chair					500			13.9	67%	9.31	0
			Adapted toilet seat						200		5.6	45%	2.50	0
			Bathroom handrails								833	3.9	40%	1.54
			Total Subcategory							556.3		307.8	107.4	
		<i>Other Assistive devices</i>	Transfer board						200		4.2	25%	1.04	0
			Pillow for neck, head, trunk control		375						31.3	100%	31.25	0
			Sensory (weighted) blanket				500				20.8	10%	2.08	0
			Adapted cutlery (spoon and other utensils)					150			6.3	40%	2.50	0
			Adapted cup / bottle			80					6.7	100%	6.67	0
			Car Seat							625	13	67%	8.72	0
			Developmental Toys			500					41.7	100%	41.67	0
			Adapted table and chair							550	2.5	60%	1.53	0
			Total Subcategory							126.4		95.5	0.0	
			TOTAL Category							682.7		403.3	107.4	
		Services	<i>Assistive Devices (WHO list)</i>	Repair of wheelchair with postural support		150					12.5	100%	12.50	0
	Repair of walker with postural control				200					16.7	15%	2.50	0	
	Repair of stander with postural control				200						16.7	55%	9.17	0
	Total Subcategory										45.8		24.2	0.0
	<i>Other Assistive devices</i>		Repair of adapted table and chair		200						16.7	60%	10.0	0
		Total Subcategory								16.7		10.0	0.0	
		TOTAL Category								62.5		34.2	0.0	
		Grand Total								745		437	107	

Personal Human Assistance	Services	<i>Personal assistant</i>	Personal assistant	1,250					1250	67%	837.5	0	
			Day-care/nurse (day)	900					900	33%	297.0	0	
			Day-care centre & home care	378					378	67%	253	253	
			Grand Total						2,528		1,387	253	
Rehabilitation Services	Services	<i>Therapies</i>	Physical therapy	370					370	100%	370	170	
			Occupational therapy / Sensory therapy	108					108		108	68	
			Language and speech therapy	188					188		188	68	
			Psychologist services	84					84		84	34	
			Art or ride or aqua or music therapy	340					340	5%	17	0	
			Early Intervention Service	220					220	33%	72	73	
			Recreation service at a medical resort		2,000					166	95%	158	63
			Transportation (Arrival-return to the medical resort)		650					54	95%	51	0
			Grand Total						1,530	1049	476		
Health care	Goods	<i>Hygiene products</i>	Hygiene products (diapers, under pads, wet wipes)	50					50	80%	40.00	40	
			Anti-allergic shampoo (without soap), cream and powder, face cream		60					10	5%	0.50	0
			Total Subcategory							60		40	40.0
		<i>Medical/special food</i>	Special meal	600						600	30%	180	0
			Total Subcategory							600		180	0.0
			TOTAL Category							660		220	40.0
	Services	<i>Medical procedures/treatment</i>	Outpatient services		200					16.7	100%	16	13
			Small medical intervention (e.g. botulinum toxin injection)		850					70.8	10%	7	6
			Anaesthesia for dental services		1,000					83.3	100%	83	0
			TOTAL Category							170.8		107	19.0
			Grand Total						830.8	327	59.0		

Mobility / Accessibility	Services	<i>Transportation</i>	Transportation (to receive therapies, education, health services, etc.)	450					450.0	100%	450	0
		<i>Infrastructure</i>	Expenses related to housing change					2,500	11.6	60%	6	0
		TOTAL Category							461.6			456.9
Grand Total								461.6			456.9	0.0
Rare and Expensive	Goods	<i>Assistive Technology</i>	Transfer crane					4,150	19.2	5%	0.96	0
			Portable ramp					2,700	12.5	50%	6.25	0
		<i>Transportation / Infrastructure</i>	Ramp and installation					3,000	13.9	50%	6.94	0
	TOTAL Category							45.6			14.2	0.0
	Services	<i>Assistive Technology (non-medical)</i>	Repair of transfer crane		400				33.3	5%	1.67	0
			Repair of a moving ramp		500				41.7	50%	20.83	0
TOTAL Category							75.0			22.5	0.0	
Grand Total								120.6			36.7	0.0
Absolute Total									6,096 GEL		3,659 GEL	896 GEL

5. DEAF-BLINDNESS, HIGH SUPPORT NEEDS, COST IN GEL

Categories	Goods & Services	Subcategories	Breakdown of subcategories	Monthly expense	Annual expense	Once in 2 years expense	Once in 3 years expense	Once in 4 years expense	One-time expense	Cost (Monthly equivalent)	per cent of need	Monthly Weighted average	Government potential share		
Assistive Technology	Goods	<i>Assistive Devices (WHO list)</i>	Digital hearing aid					5,750		120	90%	108	18		
			Batteries for hearing aids	24						24	90%	22	0		
			FM system with connector to a hearing aid or cochlear implant					8,500			177	50%	89	0	
			Hearing loops					750			16	40%	6	0	
			Alarm signallers with light/vibration (for bell, gas, smoke, CO detectors)								550	3	40%	1	0
			White cane		200						17	100%	17	3	
			Eye prosthesis		390						33	35%	11	8	
			Glasses		900						75	15%	11	0	
			Phone with screen reader programme (and with GPS)					1,750			49	67%	33	0	
			Computer with screen reader programme						2,600		72	67%	48	0	
			Braille							6,000		125	67%	84	0
			Braille Notetaker								9,000	42	67%	28	0
			Braille sheets	50								50	80%	40	0
			Braille board-pencil								100	0	80%	0	0
		Total Subcategory									801		498	28	
		<i>Other Assistive Devices</i>	Cochlear implant (implantable part)								27,550	128	90%	115	115
			Cochlear implant processor							32,000		667	90%	600	338
			Cochlear implant accumulator				1,560					65	90%	59	59
			Cochlear implant batteries	72								72	90%	65	0
			Case for cochlear processor						310			6	90%	6	0
			Internet	50								50	75%	38	0
			Tactile drawing set / sentiment		60							5	60%	3	0
			Developing toys (e.g. Sound ball) / Board games with braille inscriptions		400							33	100%	33	0
LED table lamp							265			6	45%	2	0		
Liquid level indicator							90			3	60%	2	0		
Sock pairing					15				1	60%	0	0			
Total Subcategory										1,035		922	511		
Total Category										1,836		1420	539		

Assistive Technology	Services	<i>Assistive Devices (WHO list)</i>	Hearing aid repair		200				17	50%	8	0	
			Repair of white cane		55				5	100%	5	0	
			Repair of phone		85				7	67%	5	0	
			Repair of computer		300				25	67%	17	0	
			Repair of braille		275				23	67%	15	0	
			Repair of braille notetaker		550				46	67%	31	0	
		Total Subcategory								122		80	0
		<i>Other Assistive Devices</i>	Cochlear implant processor repair		600					50	90%	45	0
			Total Subcategory							50		45	0
		TOTAL Category								172		125	0
Grand Total								2,008		1,545	539		
Personal Human Assistance		<i>Personal Assistant</i>	Caregiver / Nanny	1,000					1,000	67%	670	0	
			Guide / Personal Assistant	1,680					1,680	33%	554	0	
			Day-care Centre	630					630	75%	473	473	
		TOTAL Category								3,310		1,697	473
Grand Total								3,310		1,697	473		
Rehabilitation Services /	Services	<i>Therapies</i>	Mobility-orientation specialist	1680					1,680	60%	1,008	0	
			Hearing and speech and language therapy	380					380	90%	342	144	
			Physical therapy	680					57	67%	38	38	
			Occupational therapy	1700					142		95	95	
			Speech and language therapy	680					57		38	38	
			Psychologist services	340					28		19	19	
			Early intervention programme	220					220	33%	73	73	
			Swimming	570					570	80%	456	0	
			Recreation service at a medical resort	2000					167	80%	133	53	
			Transportation (arrival and return to the medical resort)	1000					83	80%	67	0	
			Total Subcategory								3,383		2,268
Grand Total								3,383		2,268	460		

Health care	Services	<i>Medical procedures/ treatment</i>	Audio - diagnostic			145			6	100%	6	5		
			Genetic testing					1,000	5	33%	2	1		
			Medical evaluation before cochlear implantation					1,500	7	90%	6	5		
			Cochlear implantation (surgical intervention)					4,000	19	90%	17	17		
			Audiologist consultation for adjustment of hearing aid		60				5	90%	5	5		
			First adjustment of cochlear processor					1,570	7	90%	7	7		
			Adjustment cochlear implant processor		140				12	90%	11	0		
			Eye surgery					11,000	229	80%	183	147		
			Ophthalmologist / Optometrist		240				20	100%	20	16		
										309		255	201	
									309		255	201		
Mobility/ accessibility	Services	<i>Transportation</i>	Transportation (Taxi)	840					840	60%	504	0		
									840		504	0		
										139		10	0	
									Absolute Total		9,850 GEL		6,270 GEL	1,673 GEL

6. TOTAL BLINDNESS, RESIDUAL HEARING, LOW SUPPORT NEEDS, COST IN GEL

Categories	Goods & Services	Subcategories	Breakdown of subcategories	Monthly expense	Annual expense	Once in 2 years expense	Once in 3 years expense	Once in 4 years expense	One-time expense	Cost (Monthly equivalent)	per cent of need	Monthly Weighted average	Government potential share		
Assistive Technology	Goods	<i>Assistive Devices (WHO list)</i>	Digital hearing aid and batteries for hearing aids					5,750		120	60%	72	12		
				24					24	60%	14	0			
			FM system with connector to hearing aid or cochlear implant						8,500		177	60%	106	0	
			Hearing loops						750		16	60%	9	0	
			Alarm signallers with light/vibration (for bell, gas, smoke, CO detectors)							550	3	25%	1	0	
			White cane		200						17	100%	17	3	
			Phone with screen reader programme (programme is free) and with GPS						1,750		49	75%	36	0	
			Computer with screen reader programme						2,600		72	75%	54	0	
			Braille							6,000	125	75%	94	0	
			Braille Notetaker								9,000	42	28%	12	0
			Braille sheets	50							50	75%	38	0	
			Braille board-pencil								100	0	75%	0	0
			Daisy Player							2,800	78	60%	47	0	
		Total Subcategory									771		500	14	
		<i>Other Assistive Devices</i>	Cochlear implant (implantable part)								27,550	128	60%	77	77
			Cochlear implant processor							32,000		667	60%	400	225
			Cochlear implant accumulator					1,560				65	60%	39	39
			Cochlear implant batteries	72								72	60%	43	0
			Case for cochlear processor							310		6	60%	4	0
			Dictaphone					150				6	50%	3	0
			Headphones			60						5	60%	3	0
			Internet	50								50	75%	38	0
			Tactile drawing set / centimetre			60						5	60%	3	0
			Developmental toys (e.g. Sound ball) / Board games with braille inscriptions and tactile markings			400						33	100%	33	0
			Liquid level indicator							90		3	60%	2	0
			Sock pairing						15			1	60%	0	0
			Total Subcategory									1,040		644	341
Total Category									1,812		1,144	355			

Assistive Technology	Services	<i>Assistive Devices (WHO list)</i>	Hearing aid repair		200				17	60%	10	0	
			Repair of white cane		55				5	50%	2	0	
			Repair of daisy player		300				25	60%	15	0	
			Repair of phone		85				7	75%	5	0	
			Repair of computer		300				25	75%	19	0	
			Repair of Dictaphone		55				5	50%	2	0	
			Repair of braille		275				23	75%	17	0	
			Repair of braille notetaker		550				46	60%	28	0	
		Total Subcategory								152		98	0
		<i>Other Assistive Devices</i>	Cochlear implant processor repair		600					50	60%	30	0
Total Subcategory							50		30	0			
TOTAL Category								202		128	0		
Grand Total								2,014		1273	355		
Personal Human Assistance	Services	<i>Personal Assistant</i>	Caregiver / Nanny	1,000				1,000	70%	700	0		
			Guide / Personal Assistant	1,680				1,680	50%	840	0		
			Day-care Centre	630				630	15%	95	95		
		TOTAL Category							3,310		1,635	95	
Grand Total							3,310		1,635	95			
Rehabilitation Services	Services	<i>Therapies</i>	Mobility-Orientation Specialist	1,680				1,680	60%	1,008	0		
			Hearing, speech and language therapy	380				380	70%	266	112		
			Physical therapy	680				57	67%	38	38		
			Occupational therapy	1700				142		95	95		
			Speech and language therapy	680				57		38	38		
			Psychologist services	340				28		19	19		
			Early intervention programme	220				220	33%	73	73		
			Swimming	570				570	50%	285	0		
			Recreation service at a medical resort	2,000				167	100%	167	67		
			Transportation (arrival and return to the medical resort)	1,000				83	100%	83	0		
TOTAL category							3,383	4	2,071	441			
Grand Total							3,383	4	2,071	441			
Health care	Goods		Eye prosthesis	390				33	30%	10	7		
			Bone conduction implant				5,600	117	10%	12	0		
			Individual insert for the ear	270				23	60%	13.5	0		
			TOTAL category							172		35	7

Health care	Services	Medical procedures/ treatment	Audio-diagnostic			145			6	100%	6	5
			Genetic testing					1,000	5	33%	2	1
			Medical evaluation before cochlear implantation					1,500	7	60%	4	3
			Cochlear implantation (surgical intervention)					4,000	19	60%	11	11
			Audiologist consultation for adjustment of hearing aid	60					5	60%	3	0
			First adjustment of cochlear processor					1,570	7	60%	4	4
			Adjustment cochlear implant processor	140					12	60%	7	0
			Eye surgery				11,000		229	80%	183	147
			Ophthalmologist / Optometrist	240					20	100%	20	16
			TOTAL Category							309		241
Grand Total							481		275	195		
Mobility/ accessibility	Service	Transportation	Transportation (Taxi)	840					840	60%	504	0
			TOTAL Category						840		504	0
Grand total								840		504	0	
Absolute Total									10,028 GEL		5,758 GEL	1085 GEL

7. TOTAL DEAFNESS, RESIDUAL VISION, LOW SUPPORT NEEDS, COST IN GEL

Categories	Goods & Services	Subcategories	Breakdown of subcategories	Monthly expense	Annual expense	Once in 2 years expense	Once in 3 years expense	Once in 4 years expense	One-time expense	Cost (Monthly equivalent)	per cent of need	Monthly Weighted average	Government potential share	
Assistive Technology	Goods	<i>Assistive Devices (WHO list)</i>	Glasses		900					75	80%	60	0%	
			FM system with connector to a hearing aid or cochlear implant					8,500		177	50%	89	0%	
			Hearing loops					750		16	40%	6	0%	
			Alarm signallers with light/vibration (for bell, gas, smoke, CO detectors)						550	3	25%	1	0%	
			White cane		200					17	60%	10	15%	
			Video Communication Device				1,750			49	75%	36	0%	
			Computer with screen reader programme (The programme is free)				2,600			72	75%	54	0%	
			Electric magnifier						6,600	138	70%	96	0%	
			Brailier						2,000	42	20%	8	0%	
			Braille sheets	50						50	20%	10	0%	
			Braille board-pencil							100	0	20%	0	0%
		Total Subcategory									637		371	0
		<i>Other Assistive Devices</i>	Cochlear implant (implantable part)							27,550	128	90%	115	100%
			Cochlear implant processor							32,000	667	90%	600	56%
			Cochlear implant accumulator			1,560					65	90%	59	100%
			Cochlear implant batteries	72							72	90%	65	0%
			Case for cochlear processor						310	6	90%	6	0%	
			Internet	50							50	75%	38	0%
			Tactile drawing set / centimetre		60						5	20%	1	0%
			Developmental toys (e.g. Sound ball) / Board games with braille inscriptions and tactile markings		400						33	100%	33	0%
LED table lamp						265		6	90%	5	0%			
Total Subcategory									1,032		921			
Total Subcategory									1,669		1291			

Assistive Technology	Services	<i>Assistive Devices (WHO list)</i>	Repair of white cane		55				5	60%	3	0%	
			Repair of phone		85				7	75%	5	0%	
			Repair of computer		300				25	75%	19	0%	
			Repair of electric magnifier		275				23	70%	16	0%	
			Repair of braille		275				23	20%	5	0%	
		Total Subcategory						83		47			
		<i>Other Assistive Devices</i>	Cochlear implant processor repair		600				50	90%	45	0%	
		Total Subcategory						50		45			
		Total Subcategory					133		92				
		Total Category					1,801		1,384				
Personal Human Assistance	Services	<i>Personal Assistant</i>	Caregiver / Nanny	1,000				1,000	50%	500	0%		
			Guide / Personal Assistant	1,680				1,680	30%	504	0%		
			Sign Language Translator	1,680				1,680	40%	672	0%		
			Day-care Centre	630				630	15%	95	100%		
		TOTAL Subcategory						4,990		1771			
		Total Category					4,990		1771				
Rehabilitation Services /	Services	<i>Therapies</i>	Mobility-Orientation	1,680				1,680	50%	840	0%		
			Physical therapy		680				57	75%	43	100%	
			Occupational therapy		1,700				142		106	100%	
			Speech and language therapy		680				57		43	100%	
			Psychologist services		340				28		21	100%	
			Early intervention programme	220					220	33%	73	100%	
			Recreational service at a medical resort (including transportation)		2,000				167	100%	167	40%	
					1,000				83	100%	83	0%	
		Total Subcategory					2,433		1,375				
		Total Category					2,433		1,375				
Health care	Goods		Eye prosthesis		390				33	30%	10	72%	
		Total Subcategory						33		10			
	Services	<i>Medical procedures/ treatment</i>	Audio - diagnostic			145				6	100%	6	80%
			Genetic testing					1,000	5	33%	2	80%	
			Medical evaluation before cochlear implantation					1,500	7	90%	6	80%	
			Cochlear implantation (surgical intervention)					4,000	19	90%	17	80%	
			First adjustment of cochlear processor					1,570	7	90%	7	100%	
			Adjustment cochlear implant processor		140				12	90%	11	0%	
			Eye surgery					11,000	229	70%	160	80%	
			Ophthalmologist / Optometrist		240				20	100%	20	80%	
	Total Subcategory						304		228				
			Total Category					337		238			
	Mobility/ accessibility	Services	<i>Transportation</i>	Transportation (Taxi)	840				840	20%	168	0%	
Total Subcategory								840		168			
		Total Category					840		168				
Rare and expensive	Goods	<i>Rare and expensive</i>	Bone conduction implant				5,600	117		0	0%		
			Individual insert for the ear		270				23		0	0%	
			Total Subcategory					139		0			
Absolute Total								9,561 GEL		4,767 GEL			

8. HEARING DIFFICULTIES, HIGH SUPPORT NEEDS, COST IN GEL

Categories	Goods & Services	Subcategories	Breakdown of subcategories	Monthly expense	Annual expense	Once in 2 years expense	Once in 3 years expense	Once in 4 years expense	One-time expense	Cost (Monthly equivalent)	per cent of need	Monthly Weighted average	Government potential share		
Assistive Technology	Goods	<i>Assistive Devices (WHO list)</i>	Digital hearing aid					5,750		120	50%	60	10		
			Batteries of hearing aids	24						24	50%	12	0		
			FM system with connector to a hearing aid or cochlear implant						8,500		177	80%	142	0	
			Hearing loops						750		16	80%	13	0	
			Video communication device (smartphone / tablet)					1,350			38	75%	28	0	
			Alarm signallers with light/vibration (for bell, gas, smoke, CO detectors)							550		3	80%	2	0
		Total Subcategory									377		256	10	
		<i>Other Assistive Devices</i>	Cochlear implant (implantable part)							27,550		128	60%	77	77
			Cochlear implant processor							32,000		667	60%	400	225
			Cochlear implant accumulator					1,560				65	60%	39	39
			Cochlear implant batteries	72								72	60%	43	0
			Case for cochlear processor							310		6	60%	4	0
			Internet	50								50	60%	30	0
	Total Subcategory									988		593	341		
	Total Category									1,364		849	350		
	Services	<i>Assistive Devices</i>	Hearing aid repair		200						17	50%	8	0	
			Repair of video communication device (smartphone / tablet)		115						10	50%	5	0	
			Total Subcategory									26		13	0
		<i>Other Assistive Devices</i>	Cochlear implant processor repair		600							50	60%	30	0
			Total Subcategory									50		30	0
Total Category									76		43	0			
Grand Total									1,440		892	350			

Personal Human Assistance	Services	<i>Personal Assistant</i>	Sign Language Translator	1,680					1,680	50%	840	0
		Total Category							1,680		840	0
	Grand Total							1,680		840	0	
Rehabilitation Services /	Services	<i>Therapies</i>	Hearing and speech and language therapy	380					380	75%	285	120
			Physical & occupational therapy / early intervention programme	300					300	33%	99	99
	Total Category								680		384	219
Grand Total								680		384	219	
	Services	<i>Medical procedures/ treatment</i>	Audio diagnostic			145			6	100%	6	5
			Genetic testing					1,000	5	33%	2	1
			Ophthalmologic consultation					100	0	50%	0	0
			Medical evaluation before cochlear implantation					1,500	7	60%	4	3
			Cochlear implantation (surgical intervention)					4,000	19	60%	11	11
			Audiologist consultation for adjustment of hearing aid		60				5	60%	3	0
			First adjustment of cochlear processor					1,570	7	60%	4	4
			Adjustment cochlear implant processor		140				12	60%	7	0
			Total Category								61	
Grand Total								61		37	25	
Rare and expensive			Transparent masks	450					450			0
			Bone conduction implant					5600		117		
Grand Total								567			0	
Absolute Total									4,428 GEL		2,153 GEL	594 GEL

9. HEARING DIFFICULTIES, LOW SUPPORT NEEDS, COST IN GEL

Categories	Goods & Services	Subcategories	Breakdown of subcategories	Monthly expense	Annual expense	Once in 2 years expense	Once in 3 years expense	Once in 4 years expense	One-time expense	Cost (Monthly equivalent)	per cent of need	Monthly Weighted average	Government potential share	
Assistive Technologies	Goods	<i>Assistive devices</i>	Digital hearing aid					5,750		120	90%	108	18	
			Batteries for hearing aids	24						24	90%	22	0	
			FM system with connector to a hearing aid or cochlear implant					8,500			177	80%	142	0
			Hearing loops					750			16	80%	13	0
			Alarm signallers with light/vibration (for bell, gas, smoke, CO detectors)							550	3	80%	2	0
		Total subcategories									339		286	18
		<i>Other Assistive Devices</i>	Cochlear implant (implantable part)							27,550	128	15%	19	19
			Cochlear implant processor						32,000		667	15%	100	56
			Cochlear implant accumulator				1,560				65	15%	10	10
			Cochlear implant batteries	72							72	15%	11	0
	Case for cochlear processor							310		6	15%	1	0	
	Total subcategories									938		141	85	
	Total Category									1,277		426	103	
	Services	<i>Assistive Devices</i>	Hearing aid repair		200						17	90%	15	0
			Total Subcategory									17		15
<i>Other Assistive Devices</i>		Cochlear implant processor repair		600						50	15%	8	0	
		Total subcategory									50		8	0
Total Category									67		23	0		
Grand Total									1,343		449	103		
Personal Human Assistance	Services	<i>Personal Assistant</i>	Sign Language Translator	1,680						1,680	5%	84	0	
			Total Category									1,680		84
Grand Total										1,680		84	0	
Rehabilitation Services	Services	<i>Therapies</i>	Hearing, speech and language therapy	380						380	50%	190	80	
			Physical and occupational therapy / early intervention programme	300						300	33%	99	99	
			Total Category									680		289
Grand Total										680		289	179	
	Services	<i>Medical procedures/treatment</i>	Audio diagnostic			145				6	100%	6	5	
			Genetic testing						1,000	5	33%	2	1	
			Ophthalmologic consultation						100	0	50%	0	0	
			Medical evaluation before cochlear implantation						1,500	7	15%	1	1	
			Cochlear implantation (surgical intervention)						4,000	19	15%	3	2	
			Audiologist consultation for adjustment of hearing aid		60						5	100%	5	0
			First adjustment of cochlear processor							1,570	7	100%	7	7
			Adjustment cochlear implant processor		140						12	100%	12	0
			Total Category									61		36
Grand Total									61		36	17		
Rare and expensive			Transparent masks	450						450	67%	302	450	
			Bone conduction implant					5,600		117	5%	6	5600	
			Individual insert for the ear		270						23	5%	1	180
			Total Category									61		36
Grand Total									61		36	17		
Absolute Total										3,764 GEL		857 GEL	299 GEL	

10. INTELLECTUAL DISABILITY, HIGH SUPPORT NEEDS, COST IN GEL

Categories	Goods & Services	Subcategories	Breakdown of subcategories	Monthly expense	Annual expense	Once in 2 years expense	Once in 3 years expense	Once in 4 years expense	One-time expense	Cost (Monthly equivalent)	per cent of need	Monthly Weighted average	Government potential share	
Assistive Technology	Goods	Assistive Devices (WHO list)	Orthopaedic shoes		500					42	5%	2	0	
			Telephone / Smartphone / Tablet				1,300			36	95%	34	0	
			Communication application							50	0	95%	0	0
			Picture communication system (cost of purchasing / making cards)	50							50		48	0
		Total Subcategory									128		84	0
		Other Assistive Devices	Orthopaedic chair							700	3	50%	2	0
			Telephone and internet costs	50							50	67%	34	0
			Developmental materials / toys			1,250					104	100%	104	0
		Total Subcategory									157		139	0
		TOTAL Category									285		223	0
Services	Other Assistive devices	Repair Telephone / Smartphone / tablet			200					17	95%	16	0	
		TOTAL Category								17		16	0	
Grand Total									302		239	0		
Personal Human Assistance	Services	Personal assistant	Personal assistant	120						1,200	67%	804	0	
			Personal assistant / caregiver / nanny	1,000						1,000	33%	330	0	
		Day care centre	Day-care centre	370						370	55%	204	204	
		TOTAL Category									2,570		1,338	204
Grand Total									2,570		1,338	204		
Rehabilitation Services	Services	Therapy	Early development programme up to 7 years	220						220	33%	73	73	
			Physical therapy		1,480					123	67%	83	38	
			Occupational therapy		432					36		24	15	
			Speech and language therapy		752					63		42	15	
			Psychologist services		336					28		19	8	
			ART/ Music Therapy / Swimming	420						420	25%	105	0	
			Recreation service at a medical resort (including transportation)		2,000						166.67	95%	158	63
					650						54.17		51	0
TOTAL Category									1,111		555	212		
Grand Total									1,111		555	212		
Health care	Goods	Hygiene products	Diapers	175						175	80%	140	40	
			Total Subcategory								175		140	40
		Medical procedures treatment	Medications		5,000						416.7	45%	188	150
			Special food	600							600	30%	180	30
		Total Subcategory									1,017		368	180
	TOTAL Category									1,192		508	220	
	Services	Medical procedures treatment	Development Specialist Assessment			70					6	1	6	0
			Specific medical supervision (according to guidelines, protocols)			1,750					146	50%	73	58
			Genetic research							2500	12	50%	6	5
			Poly Sonography					650			27	5%	1	0
Anaesthesia for dentistry							1000			42	100%	42	0	
Pre-surgery evaluation									700	3	10%	0	0	
Various operations							9,250	43	10%	4	3			
TOTAL Category									278		132	67		
Grand Total									1,470		640	287		
Absolute Total										5,453 GEL		2,771 GEL	702 GEL	

11. INTELLECTUAL DISABILITY, LOW SUPPORT NEEDS, COST IN GEL

Categories	Goods & Services	Subcategories	Breakdown of subcategories	Monthly expense	Annual expense	Once in 2 years expense	Once in 3 years expense	Once in 4 years expense	One-time expense	Cost (Monthly equivalent)	per cent of need	Monthly Weighted average	Government potential share		
Assistive Technology	Goods	<i>Assistive Devices (WHO list)</i>	Orthopaedic shoes		500					42	5%	2	0		
			Telephone / Smartphone / Tablet				1,300			36	67%	24	0		
			Communication application							50	0	5%	0	0	
			Communication Cards	30							30			0	
		Total Subcategory									78		26	0	
		<i>Other Assistive Devices</i>	Telephone and internet costs	50							50	67%	34	0	
			Developmental materials / toys			1,250					104	100%	104	0	
		Total Subcategory									154		138	0	
	TOTAL Category									232		164	0		
	Services	<i>Other Assistive devices</i>	Repair Telephone / Smartphone / tablet			200					17	67%	11	0	
TOTAL Category								17		11	0				
Grand Total									249		175	0			
Personal Human Assistance	Services	<i>Caregiver</i>	Caregiver / nanny	900						900	33%	297	0		
			Day-care centre / Adolescent Development Programme / Pre-Vocational Training	370						370	33%	122	122		
		TOTAL Category									1,270		419	122	
Grand Total									1,270		419	122			
Rehabilitation Services	Services	<i>Therapy</i>	Early development programme up to 7 years	220						220	33%	73	73		
			Physical therapy		1,480						123	10%	12	6	
			Occupational therapy		432						36		4	2	
			Speech and language therapy		752						63		6	2	
			Psychologist services		336						28		3	1	
			ART/ Mus Therapy / Swimming	420							420	5%	21	0	
			Recreation service at a medical resort (including transportation)		2,000							166.67	95%	158	63
					650							54.17		51	0
TOTAL Category									1,111		328	147			
Grand Total									1,111		328	147			
Health	Goods	<i>Medical procedures/ treatment</i>	Medications		3,000					250.0	5%	13	10		
			Total Subcategory								250		13	10	
			TOTAL Category								250	0	13	10	
	Services	<i>Medical procedures/ treatment</i>	Development Specialist Assessment		70					6	50%	3	0		
			Specific medical supervision (according to guidelines, protocols)		1,750					146	5%	7	6		
			TOTAL Category								152		10	6	
Grand Total									402		23	16			
Absolute Total										3,031 GEL		945 GEL	285 GEL		

12. PHYSICAL DISABILITY, HIGH SUPPORT NEEDS, COST IN GEL

Categories	Goods & Services	Subcategories	Breakdown of subcategories	Monthly expense	Annual expense	Once in 2 years expense	Once in 3 years expense	Once in 4 years expense	One-time expense	Cost (Monthly equivalent)	per cent of need	Monthly Weighted average	Government potential share		
Assistive Technology	Goods	<i>Goods Assistive Devices (WHO list)</i>	Wheelchair with postural support				3,852			107	100%	107	74		
			Presser relief cushion		625					52	100%	52	0		
			Walker with postural control				4,650				129	15%	19	0	
			Stander with postural control				5,400				150	55%	83	0	
			Orthoses		1,378						115	90%	103	97	
			Orthopaedic shoes		550						46	35%	16	0	
			Orthopaedic mattress							700	3	67%	2	0	
			Bath/shower chair					285			8	80%	6	0	
			Adapted toilet seat						200		6	55%	3	0	
			Bathroom handrails								833	4	40%	2	0
			Computer / Tablet					1300				54	90%	49	0
		Digital Device - Alternative Communication						825			23	67%	15	0	
		Total Subcategory									697		458	170	
	<i>Other Assistive devices</i>	Transfer board					200				6	45%	3	0	
		Pillow for neck, head, trunk control		375							31	100%	31	0	
		Sensory (weighted) blanket				500					21	10%	2	0	
		Adapted cup / bottle		80							7	100%	7	0	
		Adapted cutlery (spoon and other utensils)				150					6	40%	3	0	
		Developmental toys		300							25	100%	25	0	
		Car Seat							625		13	66%	9	0	
	Adapted table and chair								550	3	60%	2	0		
	Total Subcategory									111		80	0		
	TOTAL Category									808		538	170		
Services	<i>Assistive Devices (WHO list)</i>	Repair of wheelchair with postural support		200						17	100%	17	0		
		Repair of Walker with postural control		200						17	15%	3	0		
		Repair of Stander with postural control		200						17	55%	9	0		
		Repair of tablet		200						17	90%	15	0		
	Total Subcategory									67		43	0		
	<i>Other Assistive devices</i>	Repair of adapted table and chair		150							13	60%	8	0	
		Total Subcategory											8	0	
TOTAL Category										0		51	0		
Grand Total										0		588	170		

Personal Human Assistance	Services	<i>Personal assistant</i>	Personal assistant	1,875					1,875	67%	1,256	0	
		<i>Caregiver</i>	Nanny/Caretaker	900					900	33%	297	0	
		<i>Day-care centre</i>	Day-care centre	630					630	40%	252	252	
		TOTAL Category								3,405		1,805	252
Grand Total								3,405		1,805	252		
Health care	Goods	<i>Hygiene products</i>	Diapers	125					125	80%	100	40	
			Anti-allergic, moisturizing cream	60					60	5%	3	0	
			Total Subcategory								185		103
		<i>Medicines / Special food</i>	Special meal	450						450	10%	45	10
			Medications, including those not registered in Georgia	75						75	30%	23	18
		TOTAL Category								525		68	28
Grand Total								710		171	68		
Rehabilitation Services	Services	<i>Rehabilitation Service</i>	Physical therapy	370					370	100%	370	170	
			Occupational therapy / Sensory therapy	108					108	100%	108	68	
			Language and speech therapy	188					188	100%	188	68	
			Psychologist services	84					84	100%	84	34	
			Art or ride or aqua or music therapy	340					340	5%	17	0	
			Early Intervention Service	221					221	33%	73	73	
			Inclusive groups (sports, art)	200					200	10%	20	0	
			Private special teacher	480					480	25%	120	0	
			Recreation service at medical resort and transportation		2000					167	100%	167	67
				650					54	100%	54	0	
		Total Subcategory								2,211		1,201	479
		<i>Medical procedures/ treatment</i>	Small medical intervention (e.g. Botulinum toxin injection)	850						71	30%	21	17
			Anaesthesia for dental services	1,000						83	100%	83	0
		TOTAL Category								154		105	17
Grand Total								2,366		1,305	496		
Mobility / Accessibility	Services	<i>Transportation</i>	Transportation (to receive therapies, education, health, etc)	800					800	100%	800	0	
		<i>Infrastructure</i>	Expenses related to housing change					2,500	12	60%	7	0	
		TOTAL Category								812		807	0
Grand Total								812		807	0		
Rare and Expensive	Goods	<i>Assistive Technology</i>	Repair of transfer crane	400					33	5%	2	0	
		<i>Health care</i>	Medical - surgical intervention (e.g. baclofen pump, shunting, dorsal rhizotomy)				42,500		885	5%	44	35	
			Analysis during the ketogenic diet	1,200					100	5%	5	4	
		TOTAL Category								1,019		51	39
	Services	<i>Other Assistive devices</i>	Transfer crane					4,150	19	5%	1	0	
			Portable ramp					2,700	13	50%	6	0	
			Digital Device - Alternative Communication (Tobii Dynavox)					16,000	74	5%	4	0	
		<i>Mobility / Accessibility</i>	Ramp & Installation				3,000	14	50%	7	0		
TOTAL Category								120		18	0		
Grand Total								1,138		69	39		
Absolute Total									8,179 GEL		4,676 GEL	987 GEL	

13. PHYSICAL DISABILITY, LOW SUPPORT NEEDS, COST IN GEL

Categories	Goods & Services	Subcategories	Breakdown of subcategories	Monthly expense	Annual expense	Once in 2 years expense	Once in 3 years expense	Once in 4 years expense	One-time expense	Cost (Monthly equivalent)	per cent of need	Monthly Weighted average	Government potential share	
Assistive Technology	Goods	<i>Assistive Devices (WHO list)</i>	Wheelchair				1,705			47	5%	2	2	
			Walker with postural control				1,200			33	25%	8	0	
			Stander with postural control				2,150			60	33%	20	0	
			Orthoses		1,378					115	25%	29	29	
			Orthopaedic shoes		400					33	50%	17	0	
			Orthopaedic mattress						700	3	67%	2	0	
			Bath/shower chair					135		4	80%	3	0	
			Adapted toilet seat					200		6	10%	1	0	
			Bathroom handrails							833	4	90%	3	0
		Total Subcategory								305		85	31	
	<i>Other Assistive devices</i>	Transfer board					200			6	5%	0	0	
		Pillow for neck, head, trunk control		375						31	5%	2	0	
		Adapted cutlery (spoon and other utensils)		150						13	25%	3	0	
		Developmental Toys		300						25	67%	17	0	
		Car Seat						625		13	25%	3	0	
		Adapted table and chair							550	3	10%	0	0	
	Total Subcategory								90		25	0		
TOTAL Category								395		110	31			
Services	<i>Assistive Devices (WHO list)</i>	Repair of wheelchair		150					13	5%	1	0		
		Repair of walker		150					13	25%	3	0		
		Repair of stander		150					13	33%	4	0		
	Total Subcategory								38		8	0		
	<i>Other Assistive devices</i>	Repair of adapted table and chair		150						13	10%	1	0	
		Total Subcategory								13		1	0	
TOTAL Category									50		9	0		
Grand Total										445		119	31	
Personal Human Assistance	Services	<i>Caregiver</i>	Nanny/Caretaker	650						650	33%	215	0	
		<i>Day-care centre</i>	Day-care centre	378						378	40%	151	151	
		Total Category								1,028		366	151.2	
Grand Total										1,028		366	151.2	
Health	Goods	<i>Hygiene products</i>	Diapers	50						50	5%	3	3	
			Total Subcategory							50		3	2.5	
		<i>Medicines / Special food</i>	Medications, including those not registered in Georgia	75							75	5%	4	3
			Total Subcategory								75		4	3
	TOTAL Category								125		6	5.5		
	Services	<i>Rehabilitation Services</i>	Physical therapy	370							370	100%	370	170
			Occupational therapy / Sensory therapy	108							108		108	68
			Language and speech therapy	188							188		188	68
			Psychologist services	84							84		84	34
			Art or ride or aqua or music therapy	340							340	5%	17	0
			Early Intervention Service	220.5							221	33%	73	73
			Inclusive groups (sports, art)	200							200	15%	30	0
			Recreation service at a medical resort (to and from transportation)		2000						167	50%	83	33
				650						54		27	0	
Total Subcategory									1,731		980	446		
<i>Medical intervention</i>	Small medical intervention (e.g. botulinum toxin injection)		700						58	10%	6	5		
	Total Subcategory								58		6	5		
TOTAL Category									1,790		986	451		
Grand Total										1,915		992	456	
Mobility / Accessibility	Services	<i>Transportation</i>	Transportation (to receive therapies, education, participate in community)	275						275	10%	28	0	
		<i>Infrastructure</i>	Expenses related to housing change						2,500	12	5%	1	0	
		Total Category								287		28	0	
Grand Total										287		28	0	
Rare and Expensive	Goods	<i>Rare and Expensive</i>	Portable ramp						2,700	13	5%	1	0	
			Ramp & Installation						3,000	14	5%	1	0	
		TOTAL Category								26		1	0	
Grand Total										26		1	0	
Absolute Total										3,674 GEL		1,505 GEL	639 GEL	

14. PSYCHOSOCIAL DISABILITY, HIGH SUPPORT NEEDS, COST IN GEL

Categories	Goods & Services	Subcategories	Breakdown of subcategories	Monthly expense	Annual expense	Once in 2 years expense	Once in 3 years expense	Once in 4 years expense	One-time expense	Cost (Monthly equivalent)	per cent of need	Monthly Weighted average	Government potential share
Personal Human Assistance	Services	<i>Personal Assistant/Care</i>	Personal Assistant	1,320						1,320	33%	436	0
			Caregiver	900						900	15%	135	0
			Day-care (6 hours a day)	475						475	10%	48	47.5
			TOTAL Category							2,695		618	48
Rehabilitation Services	Services	<i>Therapies</i>	Family crisis, Cognitive-behaviour, Play, Art therapy		6,000					500	33%	165	165
			Therapy for addiction		560					47	12%	6	0
			Inpatient psychiatric care		6,000					500	33%	165	165
			Private special teacher	420						420	67%	281	0
			TOTAL Category							1,467		617	330
Health Care	Goods	<i>Health Care</i>	Medications	15						15	90%	14	13.5
	Services		Dental services (anaesthesia)		1,000					83	67%	56	0
			TOTAL Category							98		69	14
Absolute total										4,260 GEL		1,304 GEL	391 GEL

15. PSYCHOSOCIAL DISABILITY, LOW SUPPORT NEEDS, COST IN GEL

Categories	Goods & Services	Subcategories	Breakdown of subcategories	Monthly expense	Annual expense	Once in 2 years expense	Once in 3 years expense	Once in 4 years expense	One-time expense	Cost (Monthly equivalent)	per cent of need	Monthly Weighted average	Government potential share
Personal Human Assistance	Services	Personal Assistant/Care	Personal Assistant	66						66	33%	22	0
			Day-care (6 hours a day)	475						475	10%	48	48
		Day care	TOTAL Category								541		69
Rehabilitation Services	Services	Therapies	Family crisis, Cognitive-behaviour, Play, Art therapy		2,400					200	33%	66	66
			Therapy for addiction		560					47	6%	3	0
			Inpatient psychiatric care			1,500				63	33%	21	21
			Private special teacher	420						420	33%	139	0
			TOTAL Category							729		228	3,100
Health Care	Services	Medical procedures/treatment	Anaesthesia for Dental services		1000					83	50%	42	0
	Goods		Medications	15						15	35%	5	5
			Medicine/Special food	TOTAL Category							98		47
Absolute total										1,369 GEL		344 GEL	139 GEL

16. VISUAL DIFFICULTIES, HIGH SUPPORT NEEDS, COST IN GEL

Categories	Goods & Services	Subcategories	Breakdown of subcategories	Monthly expense	Annual expense	Once in 2 years expense	Once in 3 years expense	Once in 4 years expense	One-time expense	Cost (Monthly equivalent)	per cent of need	Monthly Weighted average	Government potential share		
Assistive Technology	Goods	<i>Assistive Devices (WHO list)</i>	White cane												
			Eye prosthesis												
			Glasses												
			Phone with screen reader programme and with GPS												
			Computer with screen reader programme												
			Braille												
			Braille Notetaker												
			Daisy Player												
			Braille sheets												
			Braille board-pencil												
	Electric magnifier														
				Total Subcategory							677		381	11	
		<i>Other Assistive devices</i>	Dictaphone				150				6	30%	2	0	
			Headphones		60						5	67%	3	0	
			Tactile drawing set / centimetre		60						5	60%	3	0	
			Developmental toys (e.g. Sound ball) / Board games with braille inscriptions		400						33	100%	33	0	
			LED table lamp						265		6	45%	2	0	
			Liquid level indicator						90		3	70%	2	0	
			Sound thermometer						130		3	50%	1	0	
			Sock pairing					15			1	50%	0	0	
			Total Subcategory							61		47	0		
			Total Category							738		429	11		
	Service	<i>Assistive Devices (WHO list)</i>	Repair of white cane		55					5	100%	5	0		
			Repair of phone		85						7	67%	5	0	
			Repair of electric magnifier		275						23	40%	9	0	
			Repair of computer		300						25	67%	17	0	
			Repair of braille		275						23	67%	15	0	
			Repair of braille notetaker		550						46	55%	25	0	
			Repair of daisy player		300						25	50%	13	0	
				Total Subcategory							153		88	0	
		<i>Other Assistive devices</i>	Repair of Dictaphone		55						5	30%	1	0	
				Total Subcategory							5		1	0	
			TOTAL Category							158		90	0		
			Grand total							896		518	11		
Personal Human Assistance	Service	<i>Guide/Personal Human Assistance</i>	Guide / nanny	500						500	100%	500	0		
				TOTAL Category							500		500	0	
			Grand total							500		500	0		
Rehabilitation Services /	Service	<i>Therapies</i>	Early intervention programme	220						220	33%	73	73		
				TOTAL Subcategory							220		73	73	
			Grand total							220		73	73		
Health Care	Service	<i>Medical procedures/ treatment</i>	Eye surgery					11,000		229	80%	183	147		
			Ophthalmologist / Optometrist		240						20	60%	12	10	
				TOTAL Category							249		195	156	
			Grand total							249		195	156		
Mobility/ Accessibility	Service	<i>Transportation</i>	Transportation (Taxi)	175						175	30%	53	0		
				TOTAL Category							175		53	0	
			Grand total							175		53	0		
			Absolute Total							2,040 GEL		1,339 GEL	240 GEL		

17. VISUAL DIFFICULTIES, LOW SUPPORT NEEDS, COST IN GEL

Categories	Goods & Services	Subcategories	Breakdown of subcategories	Monthly expense	Annual expense	Once in 2 years expense	Once in 3 years expense	Once in 4 years expense	One-time expense	Cost (Monthly equivalent)	per cent of need	Monthly Weighted average	Government potential share		
Assistive Technology	Goods	<i>Assistive Devices (WHO list)</i>	White cane		200					17	45%	8	1		
			Eye prosthesis		390					33	20%	7	5		
			Glasses		900						75	80%	60	0	
			Phone with screen reader programme and with GPS					1,750			49	67%	33	0	
			Computer with screen reader programme						2,600			72	67%	48	0
			Braille							6,000		125	67%	84	0
			Braille Notetaker								9,000	42	55%	23	0
			Daisy Player						2,800			78	50%	39	0
			Electric magnifier							6,600		138	65%	89	0
			Optic magnifier						175			5	35%	2	0
				Total Subcategory							627		392	6	
		<i>Other Assistive devices</i>	Dictaphone				150				6	20%	1	0	
	Headphones			60						5	67%	3	0		
	Developmental toys (e.g. Sound ball) / Board games with braille inscriptions and tactile markings			400							33	100%	33	0	
	LED table lamp								265		6	90%	5	0	
	Sock pairing						15				1	40%	0	0	
				Total Subcategory								51		43	0
			Total Category								678		435	6	
		Service	<i>Assistive Devices (WHO list)</i>	Repair of white cane		55					5	45%	2	0	
	Repair of phone				85						7	67%	5	0	
Repair of electric magnifier				275						23	65%	15	0		
Repair of computer				300						25	67%	17	0		
Repair of daisy player				300						25	50%	13	0		
			Total Subcategory								85		51	0	
	<i>Other Assistive devices</i>		Repair of Dictaphone		55						5	20%	1	0	
		Total Subcategory								5		1	0		
		TOTAL Category								89		52	0		
		Grand total								767		487	6		
Personal Human Assistance	Service	<i>Personal Human Assistance</i>	Guide / nanny	500						500	40%	200	0		
			TOTAL Category								500		200	0	
		Grand total								500		200	0		
Rehabilitation Services /	Service	<i>Therapies</i>	Early intervention programme	220						220	33%	73	73		
			TOTAL Subcategory								220		73	73	
		Grand total								220		73	73		
Health Care	Service	<i>Medical procedures/ treatment</i>	Eye surgery					11,000		229	70%	160	128		
			Ophthalmologist / Optometrist		240					20	100%	20	16		
			TOTAL Category								249		180	144	
		Grand total								249		180	144		
Absolute Total										1,736 GEL	0	940 GEL	223 GEL		

18 – FOCUS GROUP GUIDE INCLUDING CHECKLIST TO COLLECT INFORMATION ON GOODS AND SERVICES REQUIRED

Focus group guide

Date:

Facilitator:

Disability type:	Children with Physical Disability Children with Vision disabilities Children with Hearing disabilities Children with Deaf-blind disabilities Children with Developmental / Intellectual difficulties Children with Psychosocial disabilities / behavior issues Children with Complex needs Children with Complex medical needs
Level of disability severity:	Children with LOW support needs Children with HIGH support needs
Place of residence	Rural Urban

Facilitator speech

Introduction

First part

“Welcome and thank you for agreeing to participate in this focus group discussion meeting.

At the focus group we will discuss the needs of the children with _____ (***specify from the list***) disabilities.

The information you provide us will be very helpful in understanding the extra costs that children with _____ (***specify according to the FG members***) disabilities must spend to fully participate in society just like their peers without disabilities.

The facilitator reads the next sentence in case focus group is heterogeneous and is attended by both urban and rural residents, and / or parents of children with both LOW and HIGH support needs.

Hereby we would like to ask you to think about both children with low as well as high support needs, and people who live in urban and rural areas.

Second Part

We want you to first think about what children with _____ disabilities (**specify**) need to fully participate in society just like their peers without disabilities.

Please name, what might a child with a disability typically need **in-house conditions and out-of-home**, for the implementation of the activities such as:

1. Self-care - feeding, bathing, toileting, dressing (in the home and outside)
2. Moving about (in the home and outside)
3. Communicating with the family members and others;
4. Engagement in the kindergarten and at schools;
5. Having a social life, going out in the community: shopping, church, etc.
6. Having fun, leisure, including recreational services, games, sports, (respite services);
7. Accessing the necessary universal services - e.g. Hairdresser; Dentistry and access to specific health care and social services.

During the focus group, we will discuss the needs for each of the above mentioned areas separately. Please consider if the needs vary by gender, is there any differences among boys' and girls' needs. Please name all things the child needs, even though they might not be available. We will note the need, however, indicating that support is not available.

Next, please determine what the identified things (goods and services) costs for you. For those things that are not available, you can estimate what you think it would cost, but as part of this project we will investigate those potential costs in more detail. It is more important to think about what people need.

We would also ask you to specify who pays for yhose costs (family, government, civil society, etc.)

Third part

(At this point, our task is not to determine the exact price for all the mentioned costs. As part of this project we will investigate those potential costs in more detail. It is more important to think about what people need.)

After we fill in the following tables, at a future meeting, we will try to come to a consensus on the typical range of expenses a child needs depending on their support needs and whether they live in a rural or urban area. We are not coming up with an exact estimate.

Understanding the extra costs that children with disabilities have, will help the government in thinking about how to structure its programs to support people with disabilities.”

Conclusion of the discussion

“We have identified the needs and the extra costs, which children with ___ disabilities and their families have – self-care, mobility, including assistive devices, self-care, access to health, access to education and access to social life.

Are there any additional costs that we have not discussed?” Please name them and then discuss costs of these items.

“Thinking again of people with physical disabilities with low or high support needs and their costs to access services and participate in society, which one of these has the most devastating impact for person 1 and their families?”

This part of the guide should be filled by the panel participants?

- Which devices are the most common and where are they obtained?
- How often do these devices have to be repaired or maintained? What does this cost?
- How often do these devices have to be replaced? What does this cost?
- How many people who need it have access to the device?
- What do people do who do not have access to this device how does this impact their day to day life and participation in society?

1. What assistive devices does a child need?

<i>Items</i>	<i>What intensity is required</i>	<i>How accessible / available is it</i>	<i>How much money is spent?</i>		<i>Who pays for it? (family, government, civil society, unavailable)</i>	<i>Actually what it costs</i> (Considering the required quality and intensity)?		<i>What is the daily life of child, if the assistance is unavailable?</i>
	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Once a year <input type="checkbox"/> Several times a year	<input type="checkbox"/> is available <input type="checkbox"/> is partly available <input type="checkbox"/> is not available	Urban: -----	Rural: -----	<input type="checkbox"/> Family <input type="checkbox"/> Central Government <input type="checkbox"/> Local Government <input type="checkbox"/> Civil Society <input type="checkbox"/> Contribution, please specify <input type="checkbox"/> other	Urban: -----	Rural: -----	
	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Once a year <input type="checkbox"/> Several times a year	<input type="checkbox"/> is available <input type="checkbox"/> is partly available <input type="checkbox"/> is not available	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Once a year <input type="checkbox"/> Once for several years		<input type="checkbox"/> Family <input type="checkbox"/> Central Government <input type="checkbox"/> Local Government <input type="checkbox"/> Civil Society <input type="checkbox"/> Contribution, please specify <input type="checkbox"/> other	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Once a year <input type="checkbox"/> Once for several years		
	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Once a year <input type="checkbox"/> Several times a year	<input type="checkbox"/> is available <input type="checkbox"/> is partly available <input type="checkbox"/> is not available	Urban: -----	Rural: -----	<input type="checkbox"/> Family <input type="checkbox"/> Central Government <input type="checkbox"/> Local Government <input type="checkbox"/> Civil Society <input type="checkbox"/> Contribution, please specify <input type="checkbox"/> other	Urban: -----	Rural: -----	
	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Once a year <input type="checkbox"/> Several times a year	<input type="checkbox"/> is available <input type="checkbox"/> is partly available <input type="checkbox"/> is not available	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Once a year <input type="checkbox"/> Once for several years		<input type="checkbox"/> Family <input type="checkbox"/> Central Government <input type="checkbox"/> Local Government <input type="checkbox"/> Civil Society <input type="checkbox"/> Contribution, please specify <input type="checkbox"/> other	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Once a year <input type="checkbox"/> Once for several years		

2. How are the assistive device related services provided?

<i>Items</i>	<i>What intensity is required</i>	<i>How accessible / available is it</i>	<i>How much money is spent?</i>		<i>Who pays for it? (family, government, civil society, unavailable)</i>	<i>Actually what it costs</i> (Considering the required quality and intensity)?		<i>What is the daily life of child, if the assistance is unavailable?</i>
	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Once a year <input type="checkbox"/> Several times a year	<input type="checkbox"/> is available <input type="checkbox"/> is partly available <input type="checkbox"/> is not available	Urban: -----	Rural: -----	<input type="checkbox"/> Family <input type="checkbox"/> Central Government <input type="checkbox"/> Local Government <input type="checkbox"/> Civil Society <input type="checkbox"/> Contribution, please specify <input type="checkbox"/> other	Urban: -----	Rural: -----	
	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Once a year <input type="checkbox"/> Several times a year	<input type="checkbox"/> is available <input type="checkbox"/> is partly available <input type="checkbox"/> is not available	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Once a year <input type="checkbox"/> Once for several years		<input type="checkbox"/> Family <input type="checkbox"/> Central Government <input type="checkbox"/> Local Government <input type="checkbox"/> Civil Society <input type="checkbox"/> Contribution, please specify <input type="checkbox"/> other	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Once a year <input type="checkbox"/> Once for several years		
	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Once a year <input type="checkbox"/> Several times a year	<input type="checkbox"/> is available <input type="checkbox"/> is partly available <input type="checkbox"/> is not available	Urban: -----	Rural: -----	<input type="checkbox"/> Family <input type="checkbox"/> Central Government <input type="checkbox"/> Local Government <input type="checkbox"/> Civil Society <input type="checkbox"/> Contribution, please specify <input type="checkbox"/> other	Urban: -----	Rural: -----	
	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Once a year <input type="checkbox"/> Several times a year	<input type="checkbox"/> is available <input type="checkbox"/> is partly available <input type="checkbox"/> is not available	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Once a year <input type="checkbox"/> Once for several years		<input type="checkbox"/> Family <input type="checkbox"/> Central Government <input type="checkbox"/> Local Government <input type="checkbox"/> Civil Society <input type="checkbox"/> Contribution, please specify <input type="checkbox"/> other	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Once a year <input type="checkbox"/> Once for several years		

3. Need for the assistance / support

Does the child need human support for the functioning?	What intensity is required	In which domains is the support required?	Who is providing the assistance?	How much money is spent?		Who pays for it? (family, government, civil society, unavailable)	Actually what it costs (Considering the required quality and intensity)?		What is the daily life of child, if the assistance is
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 24 Hours <input type="checkbox"/> During the day <input type="checkbox"/> Few hours a day <input type="checkbox"/> Rarely	<input type="checkbox"/> Selfcare <input type="checkbox"/> Mobility <input type="checkbox"/> Domestic tasks <input type="checkbox"/> Education <input type="checkbox"/> Communication <input type="checkbox"/> Community life <input type="checkbox"/> Play and Leisure <input type="checkbox"/> Other (please specify) -----	<input type="checkbox"/> Family member <input type="checkbox"/> Hired caregiver / Nany <input type="checkbox"/> Trained Personal assistance	Urban:	Rural:	<input type="checkbox"/> Family <input type="checkbox"/> Central Government <input type="checkbox"/> Local Government <input type="checkbox"/> Civil Society <input type="checkbox"/> Contribution, please specify <input type="checkbox"/> other	Urban:	Rural:	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Once a year <input type="checkbox"/> Once for several years

4. What rehabilitation services (therapies) does the child need?

<i>Items</i>	<i>What intensity is required</i>	<i>How accessible / available is it</i>	<i>How much money is spent?</i>		<i>Who pays for it? (family, government, civil society, unavailable)</i>	<i>Actually what it costs</i> (Considering the required quality and intensity)?		<i>What is the daily life of child, if the assistance is unavailable?</i>
	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Once a year <input type="checkbox"/> Several times a year	<input type="checkbox"/> is available <input type="checkbox"/> is partly available <input type="checkbox"/> is not available	Urban: -----	Rural: -----	<input type="checkbox"/> Family <input type="checkbox"/> Central Government <input type="checkbox"/> Local Government <input type="checkbox"/> Civil Society <input type="checkbox"/> Contribution, please specify <input type="checkbox"/> other	Urban: -----	Rural: -----	
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	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Once a year <input type="checkbox"/> Several times a year	<input type="checkbox"/> is available <input type="checkbox"/> is partly available <input type="checkbox"/> is not available	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Once a year <input type="checkbox"/> Once for several years		<input type="checkbox"/> Family <input type="checkbox"/> Central Government <input type="checkbox"/> Local Government <input type="checkbox"/> Civil Society <input type="checkbox"/> Contribution, please specify <input type="checkbox"/> other	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Once a year <input type="checkbox"/> Once for several years		

5. **What would the child typically need for the Self-care - feeding, bathing, toileting, dressing ?**

Items	What intensity is required	How accessible / available is it	How much money is spent?	Who pays for it? (family, government, civil society, unavailable)	Actually what it costs (Considering the required quality and intensity)?	What is the daily life of child, if the assistance is unavailable?
	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Once a year <input type="checkbox"/> Several times a year	<input type="checkbox"/> is available <input type="checkbox"/> is partly available <input type="checkbox"/> is not available	Urban: ----- Rural: ----- <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Once a year <input type="checkbox"/> Once for several years	<input type="checkbox"/> Family <input type="checkbox"/> Central Government <input type="checkbox"/> Local Government <input type="checkbox"/> Civil Society <input type="checkbox"/> Contribution, please specify <input type="checkbox"/> other	Urban: ----- Rural: ----- <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Once a year <input type="checkbox"/> Once for several years	
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6. **What would the child typically need for moving around (in the home and outside)?**

Items	What intensity is required	How accessible / available is it	How much money is spent?		Who pays for it? (family, government, civil society, unavailable)	Actually what it costs (Considering the required quality and intensity)?		What is the daily life of child, if the assistance is unavailable?
	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Once a year <input type="checkbox"/> Several times a year	<input type="checkbox"/> is available <input type="checkbox"/> is partly available <input type="checkbox"/> is not available	Urban: -----	Rural: -----	<input type="checkbox"/> Family <input type="checkbox"/> Central Government <input type="checkbox"/> Local Government <input type="checkbox"/> Civil Society <input type="checkbox"/> Contribution, please specify <input type="checkbox"/> other	Urban: -----	Rural: -----	
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7. What would the child typically need for communication with the family members and others?

<i>Items</i>	<i>What intensity is required</i>	<i>How accessible / available is it</i>	<i>How much money is spent?</i>		<i>Who pays for it? (family, government, civil society, unavailable)</i>	<i>Actually what it costs</i> (Considering the required quality and intensity)?		<i>What is the daily life of child, if the assistance is unavailable?</i>
	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Once a year <input type="checkbox"/> Several times a year	<input type="checkbox"/> is available <input type="checkbox"/> is partly available <input type="checkbox"/> is not available	Urban: -----	Rural: -----	<input type="checkbox"/> Family <input type="checkbox"/> Central Government <input type="checkbox"/> Local Government <input type="checkbox"/> Civil Society <input type="checkbox"/> Contribution, please specify <input type="checkbox"/> other	Urban: -----	Rural: -----	
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8. What would the child typically need for engagement in the kindergartens, at school or VET?

<i>Items</i>	<i>What intensity is required</i>	<i>How accessible / available is it</i>	<i>How much money is spent?</i>		<i>Who pays for it? (family, government, civil society, unavailable)</i>	<i>Actually what it costs</i> (Considering the required quality and intensity)?		<i>What is the daily life of child, if the assistance is unavailable?</i>
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9. **What would the child typically need for having a social life, going out in the community: shopping, church, etc?**

Items	What intensity is required	How accessible / available is it	How much money is spent?		Who pays for it? (family, government, civil society, unavailable)	Actually what it costs (Considering the required quality and intensity)?		What is the daily life of child, if the assistance is unavailable?
	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Once a year <input type="checkbox"/> Several times a year	<input type="checkbox"/> is available <input type="checkbox"/> is partly available <input type="checkbox"/> is not available	Urban: -----	Rural: -----	<input type="checkbox"/> Family <input type="checkbox"/> Central Government <input type="checkbox"/> Local Government <input type="checkbox"/> Civil Society <input type="checkbox"/> Contribution, please specify <input type="checkbox"/> other	Urban: -----	Rural: -----	
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10. What would the child typically need for having fun, leisure, including spa services, games, sports, (respite services)?

<i>Items</i>	<i>What intensity is required</i>	<i>How accessible / available is it</i>	<i>How much money is spent?</i>		<i>Who pays for it? (family, government, civil society, unavailable)</i>	<i>Actually what it costs</i> (Considering the required quality and intensity)?		<i>What is the daily life of child, if the assistance is unavailable?</i>
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11. What would the child typically need for accessing the necessary universal services - e.g. Hairdresser; Dentistry and access to specific and social services?

Items	What intensity is required	How accessible / available is it	How much money is spent?		Who pays for it? (family, government, civil society, unavailable)	Actually what it costs (Considering the required quality and intensity)?		What is the daily life of child, if the assistance is unavailable?
	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Once a year <input type="checkbox"/> Several times a year	<input type="checkbox"/> is available <input type="checkbox"/> is partly available <input type="checkbox"/> is not available	Urban: ----- <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Once a year <input type="checkbox"/> Once for several years	Rural: ----- <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Once a year <input type="checkbox"/> Once for several years	<input type="checkbox"/> Family <input type="checkbox"/> Central Government <input type="checkbox"/> Local Government <input type="checkbox"/> Civil Society <input type="checkbox"/> Contribution, please specify <input type="checkbox"/> other	Urban: ----- <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Once a year <input type="checkbox"/> Once for several years	Rural: ----- <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Once a year <input type="checkbox"/> Once for several years	
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