

1. Does your country have laws, policies or guidelines on habilitation and rehabilitation, at any level of government, which ensure persons with disabilities, including women and children with disabilities to access services and goods, such as assistive devices (please identify and share the text of those provisions), clarifying as follows:

a) What are the working definitions in the law on “disability”, “persons with disabilities”, “rehabilitation”, and “habilitation” used to define policies and budget allocation on habilitation and rehabilitation, and what are the services and goods delivered under them.

In Georgian legislation, the term "rehabilitation/habilitation" implies primary health care measures (Georgian law on “Health care”), also psychosocial rehabilitation (Georgian law on “Psychiatric care”). At the same time, the law of Georgia on “Protection of the Rights of Persons with Disabilities” is jointly prepared by the State Interagency Group of the Ministry of Justice and NGOs. According to the article about "Rehabilitation/Habilitation", implementation of services and programs, elaboration of mechanisms are specified for the relevant state agencies, which will ensure maximum independence of persons with disabilities, usage and enhancement of their physical, mental, social and professional opportunities considering the age, sex, category and severity of disability.

The definition of a person with disabilities was determined in the legislation after the ratification of the Convention on the rights of persons with disabilities (26 December, 2013). In accordance with the Convention, persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.

b) What are the public entities in charge of delivering and monitoring habilitation and rehabilitation services and goods for persons with disabilities?

Rehabilitation (including psycho-social rehabilitation) measures in the country are provided by medical facilities, also different nongovernmental organizations, while the services provided are monitored by the LEPL State Regulation Agency for Medical Activities (Assessing the quality of medical care), Office of Public Defender, Program Monitoring Unit of Social Protection Department under the Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia.

c) Are there conditions or restrictions to access, or being eligible to, receive free or affordable habilitation and rehabilitation services and goods, on an equal basis with others, on grounds or refugee status, migration status, income, origin, sex, gender, or other status?

The rehabilitation/habilitation services (including rehabilitation auxiliary means) are provided to all persons in need of these services, regardless of status and gender. At the same time, rehabilitation/habilitation services are provided to individuals under 18 years of age by the state program.

d) Does legislation or policy establish indicators or markers to assess the level of coverage of habilitation and rehabilitation services and goods for persons with disabilities, particularly in mainstream and universal policies, disaggregating data by sex and age or other ground?

The rehabilitation/habilitation assessment indicators at the Human Rights Action Plan for 2018-2020 (April 17, 2018 Government Decree №182) are the followings:

- Determining the needs of rehabilitation services for adults;
- Increase access to rehabilitation services for children under 18.

e) Does the law, policy or practice allow for persons with disabilities to be institutionalized by the decision of a third party, against their will, based on rehabilitation (including psychiatric treatment, medical necessity, or need for care)

According to Article 6 of the Law on Health Care, "It is not permissible to discriminate a patient of race, skin colour, language, sex, religion, political and other opinion, national, ethnic and social origin, origin, property and title status, residence, disease, sexual orientation or personal negative attitude".

Acting legislation protects the rights of any patient, including persons with disabilities, in the process of medical care. According to the applicable legislation (Article 8, Article 11 of the Law on Patient's Rights), a verbal or written informed consent of the patient's or patient's relative or legal representative if the patient is minor or unable to make decision, is necessary before some medical interventions, such as planned surgical operation and etc. Though, there are some medical interventions (urgent medical treatment) which might be performed without informed consent of the relative or legal representative of a minor or those patients who are unable to make a conscious decision in case of absence of such individuals in order to avoid imminent death or serious deterioration of health.

f) Do legislation or policy differentiate between "primary prevention of impairments" and "secondary prevention of impairments" when allocating resources specifically targeting persons with disabilities?

Disease prevention and promotion of health to the population is a state priority. The provisions on disease prevention are reflected in the Law on Public Health. State Healthcare programs are annually adopted by the respective Governmental Decrees which are also oriented on the persons with disabilities. There are few that directly correspond to the needs of persons with disabilities (for example the State Program of Universal Healthcare). Diagnostics, screening and medical treatment for a number of diseases and conditions are provided in the scope of the

healthcare state programs. Timely implementation of these actions decreases the risk of the development of the status of person with disability.

Universal health care and other vertical programs are covering primary health care services (family doctor services) in addition, covered only medical interventions and emergency surgery for life-threatening medical conditions, as well as the human body and life-preserving functions necessary for the planned surgery operations and some of the other treatments (for example, such as radiation treatment and chemotherapy for cancer cases)

g) Does legislation or policy specifically provide for rehabilitation and habilitation services and goods for persons with disabilities in person? Are there restrictions for the use of assistive devices while in prison?

Rehabilitation measures in the penitentiary system are beyond the competence of the Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia, however, in case of a request from the penitentiary system or a prisoner, the application for receiving auxiliary means (for example: a wheelchair or prosthetic device for disabled person) is considered prioritized and will be issued with full funding from the program budget.

h) Does legislation or policy differentiate between health-related and non-health related services and goods (for example in the field of education or employment) and how those services match under the working definition of rehabilitation and habilitation?

The following employment support services are ensured by the Government of Georgia for persons with disabilities:

- ✓ Vocational Training and Qualification Raising service of all Job Seekers aimed at raising the competitiveness of job seekers in demanded professions through education and training to increase their employability;
- ✓ Intermediate services;
- ✓ Individual and group counseling at municipal level;
- ✓ Professional consultation and career guidance services at municipal level;
- ✓ Job fairs. It should be noted that in 2016-2017 with the support of the Ministry up to ten job fairs for persons with disabilities were held in regions of Georgia.

Vulnerable, lowly-competitive groups employment support service consists of 2 components:

- Formation of group of supportive employment consultants (job coach);
- Wage subsidy components.

The objective of the component is to make an agreement with employers having vacancies, employ registered job seekers (PWDs) and subsidize wages. While PWDs in frames of the program are employed the state is paying 50% of the wage (up to 470 GEL). The duration of the components is up to 4 months. The program obliges employers after the completion of the

wage subsidy components to employee program beneficiaries by signing an employment contract for not less than 6 months.

i) Are there specific provisions in law establishing time-bound rehabilitation and habilitation services, in order to periodically evaluate if it provides for the purpose of the rehabilitation?

The rehabilitation/habilitation activities set out in the plan of action on human rights protection for 2018-2020 is being reviewed within the quarterly reporting.

j) Does legislation provide for redress mechanisms and appropriate compensation for human rights violations occurring in rehabilitation and habilitation contexts, including malpractice, violence, ill-treatment, forced medication, forced institutionalization or other?

The rule of compulsory treatment of patients is regulated by the Law on Psychiatric Assistance. Involuntary inpatient psychiatric care is carried out when a person does not have the ability to make a decision on mental disorders and is unable to provide psychiatric care without being placed in a hospital, if: a) Delay of assistance will endanger the life and/or health of a patient or other person; b) Patient can take on its own behaviours or cause other substantial material loss.

2. Do you have examples from your country on:

a) How habilitation and rehabilitation services and goods are provided, including guidelines and tools to facilitate implementation and assessment of its compliance with human rights of persons with disabilities (ensuring participation of persons with disabilities in policy design; ensuring participation of the persons concerned in the preparation and delivery of the service or goods; persons centered control of the services, including the provision of free and informed consent of the person concerned; non-discrimination against and among persons with disabilities on any ground; accountability mechanisms capacity building for and empowerment of persons with disabilities to exercise control of the services, among others);

"Child Rehabilitation/Habilitation Sub-Program" is implemented within the framework of "Social Rehabilitation and Child Care Program". The goal of this subprogram is specific rehabilitation of children, habilitation, and physical health improvement, strengthening adaptive capabilities and promoting social integration of the target group.

Subprogram activities: therapeutic intervention involving physical therapy, occupational therapy, speech and language therapy, psychological correction, behavioral therapy, also education and training sessions for parents, foster caregivers, educational institution, authorized persons or legal representatives – "Cerebral palsy" – clinical practice recommendations (Guidelines) "On Approval of clinical management of state standards (protocols)" by the order of the Minister of Labour, Health and Social Affairs of Georgia, December 18, 2008, №278/o.

The beneficiaries of the "Child Rehabilitation / Habilitation Subprogram" can receive auxiliary means, such as: (orthosis, wheelchairs) by the "Social Rehabilitation and Child Care Program" program.

Regarding the services provided for people with disabilities, the Ministry regularly holds meetings with parents of children with disabilities, sub-program service providers, relevant specialists, representatives of non-governmental organizations working on the rights of people with disabilities, people with disabilities and all interested organizations or agencies. Programs are being developed and scheduled based on the needs and requirements.

Also, with the participation of people with disabilities with the Public Defender's Office, the Group of Popularization, Implementation and Monitoring of the Rights of Persons with Disabilities has been created. The functions are conducting planned and ad hoc base monitoring and assessment, analysis and research on concrete theme, including issues regarding discrimination facts of persons with disabilities.

b) Strategies to increase coverage of habilitation and rehabilitation services and goods, including in rural or isolated areas; and

Over the last two years, the state budget and number of services providers has been increased of state program of social rehabilitation and child care, and accordingly the number of beneficiaries, geographical area, quality of activities and efficiency.

As of today, 22 Rehabilitation Centers are registered at 9 municipalities of the country as service provider of rehabilitation/habilitation subprogram: Tbilisi – 10, Kutaisi – 1, Batumi -3, Kobuleti -1, Gori-1, Telavi -1, Gurjaani – 2, Marneuli -2, Zugdidi -1 (In 2016 two organizations started service provision in Gurjaani and Marcenuli municipality, in 2017 – in Batumi and Zugdidi).

The use of this subprogram service is not restricted by the territorial principle and the beneficiary chooses service provider the optional conditions in accordance with the desired conditions.

c) Methodologies to improve quality and budget efficiency of habilitation and rehabilitation services and goods.

In the process of delivering the "Rehabilitation/Habilitation Subprogram" service, the interdisciplinary team of the relevant specialists initially designs the Annual Plan of individual Ability/Rehabilitation for each beneficiary. Appropriate activities are planned based on the world's proven tools and methodologies.

Elaboration and planning of Adult Rehabilitation Programs, where appropriate attention will be given to the specific needs of women and girls with disabilities, Emory University (Atlanta USA) with the support of USAID-supported partner organizations (Partners for International Development, TSMU, Coalition for Independent living) started to implement the physical rehabilitation project in Georgia. The project aims at strengthening the physical rehabilitation profession in Georgia, re-training of specialists, improvement of services, support for disabled persons and access to technological means and other measures. The project will be governed by the Governing Board, which will be part of the Ministry of Internally Displace Persons from the occupied Territories, Labour, Health and Social Affairs of Georgia together with other agencies. It is planned to determine the rehabilitation needs and service development opportunities for adults according to the Human Rights Action Plan for 2018-2020.

4. Does your country monitor and collect disaggregated data by disability, sex and age with respect to access and quality of habilitation and rehabilitation services and goods?

LEPL - Social Service Agency conducts an unified centralized database (registry) for the data of the beneficiaries involved in the rehabilitation/habilitation sub-program services, according to the administrative act determined by the Director of the Agency.