

BASELINE STUDY for World Vision Georgia

Caucasus Sub-Regional Social Inclusion
of Children with Disabilities Project



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of Children with Disabilities Project

Conducted by GeoWel Research

July 2014



World Vision International has been operating in Georgia since 1994 aiming to contribute to child well-being, through building the local capacity.

Since 2008 WV Georgia also started 12 year initiative named **Area Development Program**. WVG contributes to the community well-being by empowering local children and their families, especially the most vulnerable.

Mainstreaming disability has been a priority for WVG and it is being implemented in frames of a two-year project "**Caucasus Sub-Regional Social Inclusion of Children with Disabilities**".

The project is sponsored by WV Australia.

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Making Mainstreaming Mainstream102

Introduction



Mainstreaming disability is a priority for World Vision. World Vision Georgia joined this global trend in 2013, in scope of the project “Caucasus Sub-Regional Social Inclusion of Children with Disabilities”, financed by World Vision Australia, and since then we have been working very hard to improve lives of many children with disabilities in our target communities.

The first thing we asked was – what do we really know about how children with disabilities live? Who are they? What challenges do they face? What services are available for them? How can we support their integration in our programs and projects?

Unfortunately, we could not find answers to these and many other questions. There is no unified research, database or interdisciplinary documentation. No clear guidelines for mainstreaming exist. Thus, we decided to conduct a research of our own to find out what specific areas we need to prioritize in our future plans.

Hence, we commissioned a baseline research. We involved many people in it. First step was finding hidden children living with disabilities in their communities. Communities supported us in the process, showing best way of doing it through polyclinics, schools, neighbors. Community leaders started search and filling database with contact information, at the same time informing families about our research and future plans. Almost all of the families participated in research, which gave us quite reliable, valuable and valid results. Based on these findings, we revised the project log frame. We have also started intervention process - as you can see in the “Making Mainstreaming Mainstream” photo section of this publication.

The research confirmed our suspicion – attitude is the biggest barrier in the process. We started combating negative approaches within our communities, with youths, parents, teachers and others. We sought out the “Traveling Together” training manual, published by World Vision UK, tested it and it proved to be a powerful tool. The main idea of the whole training is that it should be conducted by a person living with disability. And this is the key, this is one of the tools helping us break the walls of resistance, unlock people’s hearts. During research and activity level interventions, we found out that we took the right track, travelling together with people that face physical and mental challenges.

You will find much more recommendations through the research, in the “Breaking Walls” section. We have already started working based on them and now it is your turn! We personally wish you good luck and ask you to please share your mainstreaming experience with us. Later we will have opportunity to share it with much more people and much more children with disabilities.

We proudly present you result of our teamwork, a starting point for our mission to overcome the challenges that leave the children out of fun, education, friendship, love, care, independence, involvement. We want to open locks that block children from accessing basic services; we want to break the wall, preventing their full participation.

We will show them to you - let’s shatter these locks and walls together!

Care

There are four main categories of state care for children with disabilities:

1. State disability pension
2. Institutional care
3. Day care Centers
4. Medical Support



All of these four categories have a running, planned and executed system and like any system, they have weak and strong points. In our analyses, we will place focus on the challenges, not because we like to think negatively, but because acknowledging challenges is the first step towards overcoming them. Unless we recognize the locks, we will not be able to open them.

State Disability Pension



State disability pension, which is 100 GEL per month for people under 18, is the main state support provided to children with disabilities and is given to around 9,000 children.

Experts suggest that current funding reaches anywhere between 25% and 75% of those who need it.

Why? The research shows us that the different reasons for this can be divided into three main categories: legal restrictions, practical restrictions and social self-restrictions.



Some of these categories are easier to overcome than the others. As evidenced by the study, legal restrictions are relatively light - we were not able to identify any clear and prevalent disabilities formally not covered by disability policy, though there are indications that the system as a whole is skewed in favor of physical rather than cognitive/mental disabilities. This is a clear result of more medical approach towards disability that posed threat not only to state care but comes up in almost every aspect of this research. Thus, by neglecting social conditions, by placing all the efforts into “repairing” the individual, modern approaches of social model, including flexible diagnostic criteria are left out.

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Practical restrictions may seem unimportant, but those are the ones that keep people from actually getting the service that they are entitled to receive. A global problem of not adapted- and often non-existent- transportation continuously prevents parents and children from obtaining state services.

As for the social self-restriction, research interviewers have come across a few instances where parents wouldn’t acknowledge that their children were having disabilities, even though their neighbors claimed otherwise.

The good news is that once parents realize financial and technical support that is associated with the official status, incentives for registering children over-ride the established social concerns.

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All in all, it is clear that the state care system is highly reactive, so that the government doesn’t try to find persons with disabilities and include them in the state system/programs, but instead simply waits for individuals to apply for cover. Lack of outreach is often acknowledged as a problem by representatives of the central government at local and national level.



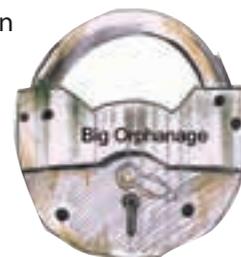
Institutional Care



Often, children with disabilities are left with no care. Afraid of financial responsibility and social stigma, parents leave their children behind. Therefore, children are shipped off to orphanages.

Unfortunately, the reform of state institution that involved transferring children from big, Soviet-style institutions, to smaller, family-like homes excluded children with disabilities.

Though by the end of 2013, all orphanages for children without disabilities aged between 6 and 18 were closed, there still are two orphanages for children with disabilities in Kojori and Senaki and one orphanage for infants (6 years or younger).



As evidenced by the study, number of children in orphanages fell sharply in 2011. This was due to the expansion of alternative child care mechanisms, particularly reintegration, small group homes and foster care. However, at the same time, by 2012, number of children with and without disabilities in the orphanage was almost equal – clear indicator that these kids were left behind.

Day Care Centers



The third “drawer” of state care is day care centers for the people with various disabilities. Day care centers exist to provide a protected and (hopefully) rewarding environment, for vulnerable children outside of school hours, or for children who have severe or profound disability when schools cannot afford to support their educational needs.

In 2013, 1,650 beneficiaries used the day care center service.

Unfortunately, out of four target municipalities, the day care center service is available only in Zestaponi, which can accommodate 40 children. In municipalities where there is no day care center, for example Bagdati, parents sometimes try to take their children to a place where there is such a center, like Kutaisi. Thus, availability of this service is a huge challenge, one that is difficult to overcome, as it requires involvement and resources from multiple parties.



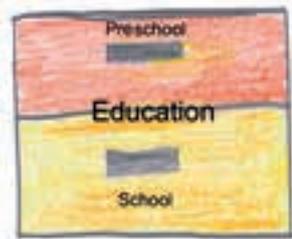
Medical Support



Finally, the state also provides some additional medical and psycho-social support for children with disabilities, through a rehabilitation program, which is given to 9,000 households and is valued at 308 GEL and an early intervention program that is given to up to 350 children, both nationally.

The state also provides a small amount of financing for technical equipment, like wheelchairs, though this is allocated on the basis of poverty status.

As the study has revealed, though the level of people with formal disability status might suggest that only half of the children with disabilities are officially covered, further analysis suggests that at least in case of physical disability, the most severe occurrences are far more likely to be covered. However, the study did reveal far lower level of coverage in the areas of learning difficulties and speech impairments, even where these were severe.



Education

The next division of the state care is education. It may be divided into two main categories:

1. **Preschool**
2. **School**

Preschool

Preschool education is an important link in the system, since child development community has long accepted the idea that the earlier the intervention, the better the result. It is managed by municipal government. At the moment, a better developed system for supporting children with disabilities is needed.



The research shows that in some municipalities, the local councils (sakrebulo) have adopted strategies on preschool education. However, explicit study of needs of children and hence changes to environment have yet to be carried out.

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Furthermore, there is no official data on children with disabilities who go to kindergartens. In interviews with heads of Kindergarten Associations, the research team was given rough estimates.

The situation in preschools is very similar to the school situation a decade ago, before the inclusive education project kicked in. However, since school situation was infinitely improved, the kindergarten challenge can potentially be solved too.



School



This “drawer” is relatively “neatly organized”. As the study shows, 85% of the persons with disabilities we spoke to attend school, though as one might expect, this number goes down as the severity of the disability goes up. The identification of children with special needs at schools is entirely separate to the SSA list of registered children with disabilities, as the school-based system does not seek to help all persons with disabilities, but focuses on educational needs specifically. This works through the identification of educational need by teachers, and requires parents and school to approach the Ministry of Education and Science to ask for additional support for special teaching.

Since 2014 school gets additional funds to support special teacher within the school.

Since 2009 that means assessment by multidisciplinary team, getting recommendations and most probably trainings on inclusive education and monitoring.

Additional good news - since 2014 school gets additional funds to support special teacher within the school. If accepted, the Ministry allocates 3,000 GEL to the school which then uses the money to hire teachers. In good cases, teacher has diploma in special education.

Special education system faces several challenges today. Firstly, the study revealed that while there are around 3,000 students receiving special teacher support, only 37 of them are in

Akhaltsikhe, 25 in Adigeni, 20 in Zestaponi, 6 in Bagdati. The overwhelming majority of this support goes to municipal centers as opposed to rural areas.

Secondly, despite the fact that the 85% of the appropriate age-range kids attend regular school, it is skewed toward those children who are registered as children with disabilities. Thirdly, the most vulnerable children, the children that are left at home, virtually receive no education. Despite the fact that state provides either public education or home schooling service, around $\frac{3}{4}$ of the parents/children who do not attend school would like to and almost none of them receive alternative education at home. Various reasons are cited for non-attendance, including general environment and the perceptions that school is difficult.



42% of children with disabilities assessed how interesting the classes are negatively compared to 4% of children without disabilities.

Fourthly, even if children do attend school, their level of education is the field requires changes. Across the entire group, basic literacy and numeracy were around 50-60% for final year students. Additionally, children with disabilities assess more negatively how interesting are classes (42% of children with disabilities assessed negatively compared to 4% of children without disabilities).

And lastly, we have the most common and predictable issue of teacher qualification. Despite multiple attempts from both state and NGO parties to improve this issue, and though 75% of the researched teachers have at least one student with disabilities, less than 40% have received any disability training. Still, to this day, 25% think that children with special educational needs should be sent to specialized schools. This shows that a significant proportion of teachers are not ready to integrate children with disabilities with other children as it also creates difficulties for them. Thus, at this stage of inclusive public education, attendance of children is less of a problem. It is providing the enrolled children with high-quality education is the most actual challenge and steps are taken in this direction.

Vocational Education

Finally, we'd like to mention a new "drawer" in the "services cabinet", inclusive vocational education. Since September, 2013, MoES, with support of the Norwegian government, started inclusive vocational education project.



About 70 young people with special educational needs are now studying in different VET centers in Georgia. After completing 9 grades, they have chance to go through alternative form of exams and can pursue up to three vocational professions, from which they will choose the one which fits them most.



NGO Services

The quick overview of the NGO services that we provide here is neither full, nor comprehensive. Those services are simply more visible and recognized. For a detailed list of all the organizations active in this field, please see the back of the publication.

The organizations that do work in the regions (both large and small, visible and visible) provide invaluable aid to the communities. They form strong ties with the beneficiaries and try to provide basic services that every child should be entitled to get.

They mainly provide assistance in the following fields:

- Day care centers
- Technical assistance, such as wheelchairs
- Informing local self-governments about disability issues
- Diagnostic and assessment services
- Trainings for teachers, parents, other interested parties
- Infrastructural problems, advocating for fixed ramps and accessible public transportations
- Early intervention and prevention of child abandonment by parents

Survey: Attitudes and Needs

The second half of the research revealed basic attitudes of teachers and peers and needs of children with disabilities and/or special educational needs.

Needs



So, who are those children whose needs we are researching? What special circumstances do they have? What should we address?

According to the research, the most prevalent impairment categories are “self-care” and “intellect/education.” The most specifically diagnosis that they provided was cerebral palsy, Down’s syndrome, and epilepsy.

The share of children with disabilities who have the “disability” status by categories of disabilities

	Complete impairment	Significant impairment
Self-care (for ex.: washing all over or dressing)	83%	73%
Intellect/education	76%	47%
Communication/Speech	78%	52%
Multiple disabilities	100%	57%
Walking/posture	100%	71%
Seeing	100%	29%
Hearing	100%	75%

Needs of children with disabilities

Two main categories were identified:

Need for technical assistance (for example, wheelchairs)	17%
Need for non-technical assistance (for example, various forms of therapy)	72%

Activities

There are important differences between children with disabilities and school children in terms of daily activities. It seems that the only category that children with disabilities do more often is watching a TV. In more intellectually (board games, reading) and physically (sports) demanding activities, children with disabilities have very low level of activeness.

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Apart from going to school, we also asked children what kind of extracurricular activities they do, such as attending sports clubs or learning music. Compared to children with disabilities, almost three times more school children are involved in extracurricular activities.

Attitudes

Environment for children with disabilities

The comparison of children with disabilities (who go to schools) with other schoolchildren shows some differences. Most notably, children with disabilities assess more negatively “how interesting are classes (42% of children without disabilities assessed negatively compared to 4% of children with disabilities). However, the problem is not simply the attitude of teachers as 79% of children with disabilities consider their teachers to be “friendly” compared to 89% for children without disabilities.

79% of children with disabilities consider their teachers to be “friendly”.

There was a big differential amongst respondents in their assessment of the friendliness of peers, with only 2% of school children without disabilities considering them to be unfriendly, compared to 14% of children with disabilities. Curiously, while a significant minority in each case assessed the infrastructure of the school and the comfort of the school negatively, children with disabilities actually assessed them more positively than children without disabilities.

Perceptions/attitudes towards children with disabilities

	No attention	Right amount of attention	Too much attention
Relatives	2%	73%	25%
Neighbors	5%	81%	14%
Peers	15%	71%	13%
Strangers	22%	55%	23%

“Strangers” seem to be the worst category in terms of providing the right amount of attention to children with disabilities, mostly ignoring them, while relatives sometimes tend to exert too much attention.

At schools, 86% of school-children said they know somebody with a disability, and 56% of them said that they are friends with them.

How hard it is to communicate with persons with disabilities?

	Schoolchildren	Teachers
Very hard	15%	9%
Hard	4%	27%
Neither hard, nor easy	41%	48%
Easy	22%	3%
Very easy	18%	2%

19% of school-children find it hard or very hard to communicate with persons with disabilities, while 36% of teachers say the same. Only 5% of teachers say it's easy or very easy to communicate with children compared to 40% of school children.

General Challenges

All along the research, despite the discussed topic or issues, several problems have consistently surfaced. We would like to share them with you.

The level of poverty amongst the families who have children with disabilities is striking. The fact that 44% of the families we spoke to were formerly registered as “poor” in the TSA social assistance list compared to 13% nationally strongly supports the belief in the existing literature, that disability in a household is a large correlate of poverty.



The medical model outlook that dominates in current diagnostic and intervention strategies, offers a very limited understanding of the challenges. It is manifested in every field of our research, from support to education. For examples, the researchers looked at impairment categories of those who have the “disability” to see the share of “complete impairment” or “significant impairment.” Interestingly, in the most prevalent impairment categories (self-care, intellect/education, and communication/speech), even among those who have complete impairment, not everybody has a disability status.



The level of poverty amongst the families who have children with disabilities is striking. The fact that 44% of the families we spoke to were formerly registered as “poor” in the TSA social assistance list compared to 13% nationally, strongly supports the belief in the existing literature, that disability in a household is a large correlate of poverty.

This might mean that the state does not take intellectual impairments as seriously as physical deficiencies, that there are diagnostic problems in this category, or that interviewees find it easier to exaggerate need in non-physical conditions.

It is interesting that in this age of digital technology and eased access to information, obtaining reliable data has been a challenge for almost everybody who has done any work in this field. Data collection is often based on “village trustees” information, who conveys their findings according to their knowledge and personal connections. It has been a challenge for many NGOs and researchers and it makes the next step-planning interventions – difficult to execute. Different agencies have



different numbers, sometimes they match, sometimes they don't and as a result it is impossible to grasp a bigger picture. Perhaps this is why so many interventions are short-term and modest-goal oriented.

Conclusion

As you look through the complete research presented in the rest of this publication, you will have better chance to learn all the details. The findings presented in the publication help us learn more about the existing situation and plan further course of action. They help us identify challenges, distribute resources, ask for assistance. World Vision Georgia has always been committed to welfare of children and we are proud to name working with disability issues as the top of our priorities list.

Acknowledgements

This publication is a result of many, many people's dedication. Somebody said that it takes a whole village to raise a child, well – it takes a whole town to write a book. We would like to thank everybody who has directly or indirectly helped us "give birth" to this publication.

We would like to thank:

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Numerous other people who helped with this publication.

And finally, and most importantly, we would like to thank you, our reader, for taking your time, flipping through the pages and giving us feedback.

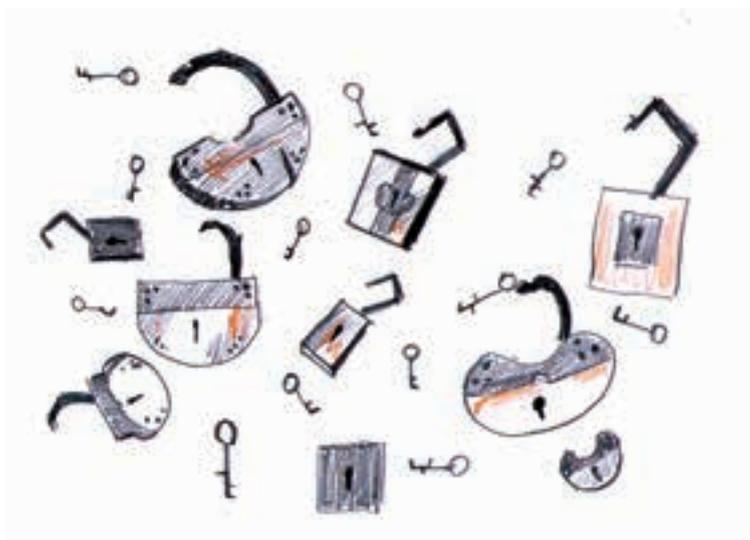
Thank you!



Viktoria Mideauri
Disability Inclusion officer



Lika Barabadze
Link Worker



Research



Executive summary

World Vision Georgia (WVG) started the “Caucasus Sub-Regional Social Inclusion of Children with Disabilities” project in 2013, financed by WV Australia. This two-year project is dedicated to working with children with disabilities in 52 communities across seven municipalities of Imereti, Kakheti and Samtskhe-Javakheti regions, as well as in 2 communities in Gldani-Nadzaladevi district, Tbilisi. This will build on the work that World Vision already undertakes, in these geographies, with their Area Development Programs.

World Vision Georgia commissioned the research summarized in this report to gain a clearer picture of the situation facing children with disabilities in the communities covered by this new project. This research will help to direct project design, help World Vision to build and identify a network of children with disabilities and provide a baseline for judging the success of project interventions.

The research combined a review of existing literature on disability and the social inclusion of children in Georgia with reprocessing of government data on school and institutional attendance, review of the regulatory and governance environment, 30 semi-structured interviews with disability experts and key stakeholders and a survey with 108 children with disabilities and their parents, as well as 112 school children without disabilities and 110 teachers.

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This report has six sections which between them are intended to provide a comprehensive overview of existing knowledge about the situation facing disabled children as well as explaining our new fieldwork results. Section 1 and 2 summarize the World Vision Program and methodology. Section 3 summarizes existing research on children and disabilities. Section 4 looks at state care for the disabled and includes an analysis of government financial assistance, as well as support provided through children’s institutions, day-care centers, school, preschool and medical support. Section 5 describes the nature and activities of the NGO environment as it relates to children and disabilities. Finally, section 6 provides the results of our survey of children, teachers and parents. In addition, the findings of the research are synthesized into a set of recommendations, which are intended for World Vision, and can be found at the end of this Executive Summary.

In our research, our attitude had been to see ways in which persons with disabilities can help themselves. In this context, we think that World Vision Georgia should further enhance existing cooperation with nation-wide DPOs, such as the Coalition for Independent Living, as well as with local, newly established DPOs, such as the Belief and Hope organization in Bagdati. This will not always be simple, as these organizations are not in every municipality and do not seem to have a particularly detailed in depth picture of national situation for persons with disabilities.

Literature on Child-care and Disabilities

In the literature review we found very little that provided systematic insights into the needs of children with disabilities. What research exists in the area usually works on one of three issues: monitoring state institutions, analysis of social vulnerability, and human rights.

Since 2009 the Public Defender has been the primary organization to monitor state institutions and in 2010 produced two reports which were extremely critical of the level of care in institutions caring for children with or without disabilities. This improved with a 2011 report that acknowledged the positive impact of the de-institutionalization policy, particularly the widespread use of “family like” homes (small group homes) and foster care. However, a more recent report by *Disability Rights International*, in 2013, pointed out that while deinstitutionalization had benefited children in state care, children with disabilities had not been so successfully deinstitutionalized, and so did not benefit as much.



In analysis of vulnerability conducted by UNICEF and UNDP in Georgia there is considerable agreement that the existence of disability in a household is a significant cause of poverty and is likely to limit access to social services, including education.

A more recent report by Disability Rights International, in 2013, pointed out that while deinstitutionalization had benefited children in state care, children with disabilities had not been so successfully deinstitutionalized, and so did not benefit as much.

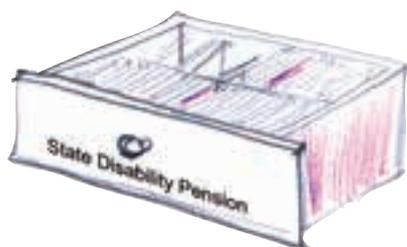
Discussion of disability as it relates to human rights issues has also been led by UNDP and UNICEF who have identified problems in the availability of social services for people with disabilities, as well as identifying problematic attitudes regarding violence towards children and holes in the social protection system.

State Protection of People with Disabilities

Government support for children with disabilities comes through a range of different routes and is the responsibility of multiple agencies. Therefore, our analysis started by exploring the different kinds of help available. Where possible, this also quantified the level of help provided to our target communities, but even where such quantification was not possible, our description should prove useful for providing a rough sense of the level of services available to all children with disabilities.



Disability Pension - Level of Coverage



There are three main categories of state care for children with disabilities; a state disability pension, institutional care, care provided by school/preschool and medical support. The state disability pension, which is 100 GEL per month for people under 18, is the main state support provided to children with disabilities and is given to around 9,000 children. Additionally, 130-150 GEL is given to 120,000 adults with disabilities.

The percentage of the population receiving the disability pension in our target municipalities is consistent with the national average, suggesting that the challenges of the region are consistent with the national picture. Relatively lower coverage only occurred in Akhaltsikhe, which might happen as a result of ethnic/linguistic barriers, as these areas have a higher percentage of ethnic Armenians than the rest of the country.

The biggest question in any public policy discussion of state financial support is how many people who need this support are missed. Nationally, around 3% of the population receives disability allowance. People in the sector often cite international comparatives to point out that this is low compared to Western states, which can often have 10-15% registered people with disabilities. However, international comparisons are not very helpful for assessing the reasonableness of the level of provision, as level of coverage generally goes up with level of economic development. Coverage in Georgia is low compared to developed countries, where the share of registered persons with disabilities is often higher than 10%. But in most of the post-soviet countries, the share of registered persons with disabilities ranges between 2% to 5%.

Expert opinion also seems unhelpful in resolving the issue of how effectively the state identifies need. While there is consensus that coverage of the disability pension is incomplete, opinions in the expert community about the level of under-coverage vary dramatically. Some experts will suggest that current funding reaches as little as 25% of those who need it, while others will suggest that it might meet as much as 75% of those who need it. This uncertainty creates a real problem from a public policy point of view, as if only 25% of the people with disabilities are receiving support, then the entire system would need to be overhauled, but if it is reaching 75%, then the system is generally working and needs modest reform.

Our analysis, discussed below, tends to conclude that the more positive account is right and most of the very extreme cases of disability do receive the allowance, but that a significant minority is still not included. This seems to suggest the need for strategic expansion and outreach rather than the overhaul of the whole system.

Disability Pension – Reasons Why Some People Are Missed

Even if this relatively optimistic account is right, there is still a large number of people entitled to support who are not receiving it. The different reasons for this can be divided into three main categories: legal restrictions, practical restrictions and social self-restrictions. Legal restrictions exist if the list of state-covered disabilities does not include key categories or if the severity of disability required is set too high. Practical restrictions exist if the process for registering children with disabilities is too complicated or too costly to allow some people to undertake it. Social restrictions exist, if the social stigma of disability prevents individuals from seeking help.

Even if this relatively optimistic account is right, there is still a large number of people entitled to support who are not receiving it. The different reasons for this can be divided into three main categories: legal restrictions, practical restrictions and social self-restrictions.

In our analysis we were not able to identify which of these problems is likely to be most prevalent, but identifying the possible problems in this way would seem to suggest areas for further analysis and 22 groups that one should be particularly mindful to consider for help. On legal restrictions we were not able to identify any clear and prevalent disabilities formally not covered by disability policy, though there are indications that the system as a whole is skewed in favor of physical rather than cognitive/mental disabilities.

In addition, disability experts often suggest that the system for deciding on disability allowance is too medical, not taking into account social conditions that might call for state care. Both of these problems need more detailed analysis by experts in the field to identify the exact modifications that are needed for the system to improve.

On practical restrictions, the process for obtaining registration is fairly straightforward though it may require travel outside of the municipality and may incur some upfront costs. That said, there is some evidence that ethnic minorities may be particularly under-represented, suggesting particular barriers for this group. This problem is exacerbated for children with severe disabilities who can hardly use regular public transportation. No buses or “marshrutkas” are adapted for persons with disabilities.



On social self-restriction, our interviewers have come across a few instances where parents wouldn't acknowledge that their children were having disabilities, even though their neighbors were claiming that they were noticing certain types of disabilities. This might have reflected internalized social stigma. Experts in the field also commonly told us that this was a problem and that the 'shame' of a child with a disability might lead some families to refuse help. Of course, this is an extremely difficult problem to evidence, let alone to quantify. This can exacerbate a disability as individuals may miss the opportunities for support. However, it also seems that when parents realize financial and technical support that is associated with the official status, incentives for registering children over-ride the established social concerns.



It is clear that the state care system is also highly reactive, so that the government doesn't try to find persons with disabilities and include them in the state system/programs, but instead simply waits for individuals to apply for cover. This is based on the assumption that everybody who needs government assistance will be able to find the information they need and cover the necessary costs. This seems like a reasonable assumption in most cases, as the benefit from registration is sufficiently large, clear and immediate, and the costs are fairly low. Therefore, one might expect families to overcome these problems if the need is great and likelihood of qualification is high. However, there are undoubtedly going to be families, particularly those in the most difficult circumstances, who will not know about the potential support, and how or where to apply for it. The current system makes no active effort to find these people.

It is clear that the state care system is also highly reactive, so that the government doesn't try to find persons with disabilities and include them in the state system/programs, but instead simply waits for individuals to apply for cover.

Orphanages and Day Care

After direct financial support, care for the persons with disabilities is provided by or paid for by a range of state institutions. The most obvious form of full time care is provided by orphanages. The pattern of care for children without disabilities has changed significantly in this area in recent years, with most orphanages for children without disabilities being closed in favor of small group homes and foster care. However, a range of different sources have highlighted that this improvement has had significantly less impact on children with disabilities who are still more likely to be institutionalized.

Day care centers exist to provide a protected and (hopefully) rewarding environment, for vulnerable children outside of school hours, or for children who have severe or profound disability when schools cannot afford to support their educational needs. In 2013, 1,650 beneficiaries used the day care center service. Of these, 626 were children under the risk of abandonment by parents, 536 were children with disabilities and 488 persons over the age of 18. Out of our four target municipalities, the day care center service is available only in Zestaponi, which can accommodate 40 children. In municipalities where there is no day care center, for example Bagdati, parents sometimes try to take their children to a place where there is a center such as Kutaisi (the regional center) or Tbilisi (the capital).



School and Preschool Attendance and Support

85% of the persons with disabilities we spoke to attend school, though as one might expect, this number goes down as the severity of the disability goes up. The identification of children with special needs at schools is entirely separate to the SSA list of registered children with disabilities, as the school-based system does not seek to help all persons with disabilities, but focuses on educational needs specifically. This works through the identification of educational need by teachers, and requires parents and school to approach the Ministry of Education and Science to ask for additional support for special teaching.



Since 2009 that means assessment by multidisciplinary team, getting recommendations and most probably trainings on inclusive education and monitoring. Since 2014 school gets additional fund to support special teacher within the school. If accepted, the Ministry allocates 3,000 GEL to the school which then uses the money to hire teachers. In good cases teacher has diploma in special education. However, mostly that is regular teacher, who is obliged to go through trainings during their first year of employment. . Nationally, there are around 3,000 students gaining this support, though there are only 37 in Akhaltsikhe, 25 in Adigeni, 20 in Zestaponi, 6 in Bagdati. The overwhelming majority of this support goes to municipal centers as opposed to rural areas.

Our target communities are consistent with this national picture. Approximately 85% of the surveyed school-aged children (71 out of 84) go to school. Out of the 13 we surveyed who do not go to school, 12 have official “disability status” and in most cases the medical diagnosis of these children is cerebral palsy.

Since 2009 assessment is made by multidisciplinary teams

Preschool education, which is managed by municipal government, has no particular system for supporting children with disabilities and no system for providing them with additional funding. As a result, there is very little awareness of children with disabilities at preschool, amongst the people responsible for the system.



In Zestaponi municipality, the head of the preschool association estimated there were 2 children with disabilities that she had come across (for comparison, there are up 2,000 children in Zestaponi kindergartens in total).¹ In Bagdati, the head of the association was able to list 6 (for comparison, there are over 600 children in kindergartens in Bagdati).

¹ Interview with Zoia Leladze, Head of the kindergartens' association of Zestaponi

This is interesting as around 30% (7 out of 21) of the appropriately aged children with disabilities we spoke to, did go to preschool, suggesting that the level of attendance of children with disabilities is far higher.

Medical Support

Finally, the state also provides some additional medical and psycho-social support for children with disabilities, through a rehabilitation program, which is given to 9,000 households and is valued at 308 GEL and an early intervention program that is given to up to 350 children, both nationally. The state also provides a small amount of financing for technical equipment, like wheelchairs, though this is allocated on the basis of poverty status.

Survey Results

Our survey included 108 children with disabilities under the age of 18, 112 school children without disabilities aged between 12 and 18, and 110 school teachers.

The fact that 44% of the families we spoke to were formerly registered as “poor” in the TSA social assistance list compared to 13% nationally strongly supports the belief in the existing literature, that disability in a household is a large correlate of poverty.

Disability Registration

Out of the group with disabilities, 47% were officially registered as “children with disabilities” and 44% were recipients of Targeted Social Assistance from the government, which is given to those assessed as being the most poor. Though the level of people with formal disability status might suggest that only half of the children with disabilities are officially covered, further analysis suggests that at least in case of physical disability, the most severe occurrences are far more likely to be covered. However, we did observe a far lower level of coverage in the areas of learning difficulties and speech impairments, even where these were severe.

Poverty Levels

The level of poverty amongst the families who have children with disabilities is also striking. The fact that 44% of the families we spoke to were formerly registered as “poor” in the TSA social assistance list compared to 13% nationally strongly supports the belief in the existing literature, that disability in a household is a large correlate of poverty. This further justifies the international development priority to focus on the persons with disabilities, not only as a human rights and social inclusion issue, but also to facilitate poverty reduction.

We also found that, of those who said that they needed non-financial assistance, in the form of technical equipment or therapy, those who were registered as children with disabilities were about twice as likely to ask for state help as those who were not registered.



School Attendance



Out of our group of children with disabilities, we found that 30% of the appropriate age-range attended preschool and 85% attended regular school. However, as we have already mentioned school attendance was dramatically skewed toward those children who were registered as children with disabilities, with 98% of that group attending school, compared to 73% of the registered children. At preschool the difference is smaller, with 25% of registered children with disabilities going to preschool compared to 36% of the non-registered children. This, once again, seems to suggest that the non-registered groups have less severe disabilities and that the system for identifying them does a fair job of prioritizing who to support.

Around $\frac{3}{4}$ of the parents/children who do not attend school would like to and almost none of them receive alternative education at home. Various reasons are cited for non-attendance, including general environment and the perceptions that school is difficult. Across the entire group, basic literacy and numeracy were around 50-60% for final year students.

Experience at School

Our interviews with teachers first tried to assess the scale of their interaction with children with disabilities and their preparation in this area, around 75% have at least one student with disabilities, but less than 40% have received any disability training.

Out of our group of children with disabilities, we found that 30% of the appropriate age-range attended preschool and 85% attended regular school.

In assessing their experience of the environment, the comparison of children with disabilities (who go to schools) with other schoolchildren shows some differences. Most notably, children with disabilities assess more negatively “how interesting are classes (42% of children with disabilities assessed negatively compared to 4% of children without disabilities).”

However, the problem is not simply the attitude of teachers as 79% of children with disabilities consider their teachers to be “friendly” compared to 89% for children without disabilities. However, there was a big differential amongst respondents in their assessment of the friendliness of peers, with only 2% of school children without disabilities considering them to be unfriendly, compared to 14% of children with disabilities. Curiously, while a significant minority in each case assessed the infrastructure of the school and the comfort of the school negatively, children with disabilities actually assessed them more positively than children without disabilities.

Similarly, 41% of children and 34% of parents thought that children with disabilities found the school-yard an uncomfortable place. Another indicator of engagement is that more than half of the children with disabilities either feel they have no involvement or very little involvement with their peers.





Experience in the Neighborhood

As with school related components, we also asked children with disabilities about their neighborhood. Infrastructure for playing and accessibility of transport were assessed fairly negatively by children with disabilities while the friendliness of neighbors and peers was generally fairly positively assessed.

Comparing activity levels between children with disabilities and children without disabilities also showed significant deficit on the side of children with disabilities. They were less likely (often or very often) to play board games (4% versus 21%), to read (3% versus 60%), to engage in physical activity (21% versus 52%) or to listen to music (46% versus 88%). Also only 21% of children with disabilities, versus 60% of those without disabilities, were likely to engage in extracurricular activities.

Recommendations for Breaking Barriers

For interventions

- World Vision can continue working with existing DPOs and strengthening their outreach capacities. World Vision can also facilitate establishing of new DPOs in its target areas, where no such organization currently operates.
- The environment and upbringing surrounding a child may cause developmental delays. An example of an environmental issue includes neglect and abuse. Lack of consistent care in early childhood may result in motor, language, social and cognitive developmental delays. Other environmental issues causing developmental delays include parental depression, lack of immunizations and malnutrition. These can be mitigated by early intervention and prevention mechanisms, if available at local level. Thus, such mechanisms should be established and promoted.
- Mental disabilities seem to be less well covered by state programs than physical disabilities. This might suggest particular value in:
 - targeting mental disabilities for help
 - focusing on mental disability therapies
 - focusing on identification and therapy for the very young. Programs do not exist to help identify and assist mental disabilities early, and the very young are often specifically excluded. This is particular problematic as some mental disabilities (for example, autism) can be mitigated if helped early
 - Setting up and promoting mechanisms of consultations for parents in need, as well as establishing referral system at local medical institutions.
- Physiotherapy is identified as a greater need than physical equipment. Thus, it would be valuable if the government and donor organizations focus on training of physiotherapists and ensuring wider access to them across the country.
- Greater outreach generally needs to be achieved and it is necessary to design some systematic process for trying to identify families with children with disabilities and doing so on a regular basis. Geostat is starting to include questions related to disabilities in its surveys and census. Questionnaire development should include consultation of experts working on disability issues.

- Parents need empowerment through various trainings and activities so that they are in a better position to understand the needs of their children, address these needs, and lobby for their children's interests.
- Most teachers seem to have had at least one child with disabilities in their experience as a teacher. Providing adequate training and preparation for school teachers seems necessary.
- The database of persons with disabilities should include data on types of disabilities so that targeting of particular groups can be easier.
- It is necessary to systematically review the different groups that might be excluded from cover for the disability pension, to identify who can be helped by outreach. It is important when looking at these groups to try and understand the reason for the exclusion.
 - Legal exclusion. Our analysis did not identify particular disabilities which are legally excluded. Several experts did claim that some disabilities were excluded, but failed to list them. Therefore, it is not entirely clear to us if this exclusion exists or not. This needs to be clarified.
 - Practical exclusion. It seems likely that if practical exclusion exists, it would occur in particular places, so these places can be targeted for outreach. That would include:
 - Ethnic minority groups
 - Physically isolated places
 - Socially isolated - it might be worth trying to assess where social isolation might be a bigger problem – so targeting groups who are most likely to not seek help
- Daycare
 - Out of all of the municipalities covered, only Zestaponi has any daycare provision, and even there it is in the town-center, making it hardly accessible for remote villages. Provision of daycare would probably be very valuable in the municipalities that do not have it, though this probably requires a more detailed needs assessment.
- School. Most children with disabilities go to school and while their attitude to the school environment is generally positive, low level of training in disability and low level of literacy and numeracy amongst the children with disabilities suggests a problem
 - Thus, school may be a good place:
 - for identifying disability - teachers could coordinate with social workers to check that children with disabilities who do attend schools know about the disability pension

- for training - more teachers should get disability training - and not just educational needs training
- MoES should coordinate with the SSA and collect data on registered children with disabilities, particularly tracking attendance levels and exam results so that they can identify any systemic problem
- Negative attitudinal problems at school seem to relate to children more than teachers, so students should be the target of PR on disability
- Preschool
 - Municipal government needs to collect better data about preschool attendance generally, but particularly disability level attendance
- In neighborhoods people are pretty positive about attitudes and the problem is more practical
 - Need work on improved access to public transportation
 - Need more availability of activities for children with disabilities and some kind of PR/outreach to them
 - Part of the problem of inactivity is clearly a reflection of low literacy/numeracy, so this should be a particular target of attention

For further research

- Legal exclusion - review legal provisions to see if any major categories are excluded
- Ethnicity as a basis for exclusion - get information from the SSA to test hypothesis about ethnic exclusion
- The incredibly high level of poverty in families with children with disabilities needs further investigation
- Many experts suggested that a more social assessment would be better than a simply medical assessment. But what this meant exactly was vague. It would be interesting to more clearly elaborate what that would look like (with cost implications) in Georgia
- Specific research should be undertaken to identify the reasons for low literacy/numeracy, as the incredibly low levels in this area seem to constitute a major problem for social inclusion.

1 Context for World Vision Georgia's baseline study²

World Vision Georgia operates through Area Development Programs (ADPs). ADP is World Vision's long term (12 years) community development initiative oriented to improve well-being of children, families and communities through multi-faceted project activities (formal and informal education, health and economic development). The program started from January 2008 and currently covers 18 communities in Akhaltsikhe and Adigeni with local program office based in Akhaltsikhe; 11 communities in Bagdati and Zestaphoni with operational program office based in Kutaisi; 23 communities in Telavi, Kvareli and Gurjaani with operational programme office based in Telavi. In 2014, World Vision Georgia started implementation of a long-term ADP in Tbilisi as well. Tbilisi Urban ADP is primarily focusing on the most vulnerable children in Gldani-Nadzaladevi district.

ADP supports communities to solve most acute needs, while focusing on children and sustainability.

Program activities are based on community needs that are specific per program area, although program common problems are often identified. The program empowers communities and builds their capacity to plan and carry on community development processes independently. It involves partners and stakeholders at all levels of programming, including community needs assessment, program design and implementation. ADP supports communities to solve most acute needs, while focusing on children and sustainability. Main funding source is a private sponsorship, whereas sponsorship is a means of raising long term support and funds for ADPs by connecting individual sponsors to the community through children. Sponsorship establishes a relationship between a sponsor and a single child in the community, which allows sponsors to see how their money is making a difference to the life of individual child, family through the ADP development activities.

² Information provided by World Vision Georgia

2 Methodology

The research project combines a review of existing literature on disability and the social inclusion of children in Georgia with reprocessing of government data on school and institutional attendance, an institutional review of the regulatory and governance environment, 30 semi-structured interviews with disability experts and key stakeholders and a survey of 330 people.



Number of persons surveyed in each of the selected three groups

Children with disabilities	108
School children without disabilities	112
Teachers	110

Semi-structured interviews with a wide range of stakeholders were conducted throughout the research process, to gather general information about the context, to identify interviewees and to provide feed-back on information we uncovered. The interviews were carried out in Tbilisi as well as in the target communities.

We have surveyed over 100 persons in each of three groups: children with disabilities (or their parents/guardians), high-school children, and school teachers. Children with disabilities were interviewed with parents present and so they ranged in age from 0 to 18, while for schoolchildren, who did not necessarily have a parent present, respondents aged from 12 to 18.

To conduct the interviews, we utilized World Vision's Child Development Workers as they were already familiar with their own communities and knew about children with disabilities. After conducting a day-long training of interviewers, we asked them to identify the number of children with disabilities for each community.

Identifying and interviewing children with disabilities is clearly a highly sensitive process, so World Vision provided sensitivity training to all the interviewers before the field-work activities began. Questionnaires were prepared in Georgian and Armenian to make sure the respondents would be able to fully understand the questions. Also, we explained the purpose of the study to each respondent and provided written guarantees of confidentiality.

As a result of limited resources, we were not able to interview all children with disabilities in all of the communities, so we decided to identify particular communities for investigation. Communities for the survey were selected from ADP areas to ensure varied geography, size, and ethnic composition of the communities. Within each community we made considerable efforts to identify the entire population of children with disabilities.

Identifying and interviewing children with disabilities is clearly a highly sensitive process, so World Vision Georgia provided sensitivity training to all the interviewers before the field-work activities began.

However, as no central list of children with disabilities is publically available, we had to rely on questioning local officials and medical centers to identify children with disabilities. We know that their information will be incomplete, as it is not systematically collected. In addition, one major problem, which is commonly accepted in this field, is that parents are often unprepared to acknowledge publically that they have a child with a disability. Our interviewers were refused interviews in at least 5 instances where we had been told that a family had a child with a disability. In addition, without a systematic process for testing small children, it is likely that many children are not identified as children with disabilities until later in life. This problem is compounded in particularly young children as the disability may not be evident.

To conduct the interviews, we utilized World Vision's Child Development Workers as they were already familiar with their own communities and knew about children with disabilities. After conducting a day-long training of interviewers, we asked them to identify the number of children with disabilities for each community. We also instructed them to use data from local village doctors as well as local municipality representatives ("village trustees") in order to gain a list that was as comprehensive as possible. This would give a framework from which to sample. It has to be noted, however, that neither local village doctors nor trustees are required to keep official data.

After identifying the number of children with disabilities, our interviewers went to the households and interviewed children and their parents/guardians. Then interviewers also went to local village schools and selected schoolchildren and teachers randomly by using the "last birthday" method. Due to the different field situation in the two regions, the Samtskhe-Javakheti field-work took place from March 29 to April 23, while Imereti was from April 23 to May 7.

3 Research on Children and Disabilities in Georgia

There have been a number of research reports on persons with disabilities in recent years, but there has been no external comprehensive needs assessment of persons with disabilities. The research that exists is usually focused the monitoring of state institutions, issues of social and economic vulnerability and human rights.

3.1 Monitoring of State Institutions

Most of the existing reports that discuss children with disabilities are focused on the conditions at state institutions. The Public Defender's Office has conducted periodic monitoring exercises of state institutions since 2009 and in 2010 produced a report on "the Human Rights Situation of Persons with Disabilities (infants, children, adults, and elderly) at the state residential institutions". This was very critical of state institutions that care for the children with disabilities as it not only identified many cases of ill-treatment, but also characterized the institutions as being in a "depressed psycho-emotional mood."³



The reports from the following years remained critical of the existing situation in state institutions, but also noted some positive changes, particularly in the expansion of family-like "small group homes" across the country. However, these changes had not yet affected children with disabilities.⁴

3 Public Defender of Georgia, National Preventive Mechanism (2010) "Human Rights Situation of Persons with Disabilities (infants, children, adults, and elderly) at the state residential institutions" available online at <http://www.ombudsman.ge/uploads/other/1/1340.pdf> accessed on March 25, 2014 p.7

4 Public Defender of Georgia, National Preventive Mechanism (2012) "Report on the Monitoring of Residential Childcare Institutions for 2011" available online at <http://ombudsman.ge/uploads/other/1/1332.pdf> accessed on March 25, 2014

In the same year a Public Defender's report monitoring children's homes was similarly negative and pointed out many systemic abuses, such as violence by staff members towards children, the use of child labor, insufficient nutrition for children, and severe lack of psycho-social rehabilitation.⁵

The reports from the following years remained critical of the existing situation in state institutions, but also noted some positive changes, particularly in the expansion of family-like "small group homes" across the country. However, these changes had not yet affected children with disabilities.⁶ The most recent report in this area was the 2011 "Report on the State of Human Rights in Institutions for Persons with Disabilities." In it the Public Defender documents violations, such as restriction of medical services for children with disabilities, and notes that "*none of the persons with disabilities is given the opportunity to develop his/her functional abilities and skills for independent living.*"⁷

The Public Defender's Office has also issued the more targeted "Report on Conditions in Psychiatric Establishments in Georgia" (2012).⁸ In the preparation of this report, the monitoring group visited 12 psychiatric institutions across Georgia and found that "ill treatment of personnel is almost eliminated in psychiatric establishments."⁹

The most recent comprehensive NGO assessment is the product of a 3-year investigation by Disability Rights International (DRI) entitled "Left Behind: The Exclusion of Children and Adults with Disabilities from Reform and Rights Protection in the Republic of Georgia" (2013).¹⁰ The report documents the ways in which people with disabilities have been forgotten in child-care reform in Georgia.

5 Public Defender of Georgia, National Preventive Mechanism (2010) "Report for 2010 Monitoring of Children's Homes" available online at <http://www.ombudsman.ge/uploads/other/1/1329.pdf> accessed on March 25, 2014

6 Public Defender of Georgia, National Preventive Mechanism (2012) "Report on the Monitoring of Residential Childcare Institutions for 2011" available online at <http://ombudsman.ge/uploads/other/1/1332.pdf> accessed on March 25, 2014

7 Public Defender of Georgia, National Preventive Mechanism (2012) "Report on the State of Human Rights in Institutions for Persons with Disabilities" available online at <http://ombudsman.ge/uploads/other/1/1327.pdf> accessed on March 25, 2014 p.6

8 Public Defender of Georgia, National Preventive Mechanism (2012) "Report on Conditions in Psychiatric Establishments in Georgia" available online at <http://ombudsman.ge/uploads/other/1/1326.pdf> accessed on March 25, 2014

9 Public Defender of Georgia, National Preventive Mechanism (2012) "Report on Conditions in Psychiatric Establishments in Georgia" available online at <http://ombudsman.ge/uploads/other/1/1326.pdf> accessed on March 25, 2014 p. 6

10 Disability Rights International (2013) "Left Behind: The Exclusion of Children and Adults with Disabilities from Reform and Rights Protection in the Republic of Georgia" available online at <http://www.disabilityrightsintl.org/wordpress/wp-content/uploads/Left-Behind-final-report.pdf> accessed on March 25, 2014

Other reports on care in state institutions have been produced by NGOs. In 2011, the organization “Children of Georgia” produced a report on “the Needs of Children Living under State Care diagnosed with Spina-Bifida and hydrocephalus”. The authors analyze numbers and conclude that Children are abandoned in early stage of their life in maternity/children hospitals.¹¹

The most recent comprehensive NGO assessment is the product of a 3-year investigation by Disability Rights International (DRI) entitled “Left Behind: The Exclusion of Children and Adults with Disabilities from Reform and Rights Protection in the Republic of Georgia” (2013).¹² The report documents the ways in which people with disabilities have been forgotten in child-care reform in Georgia. In particular, while the report assesses deinstitutionalization of children as a generally a positive change, the government is generally criticized for doing little to aid the deinstitutionalization of children with disabilities. The report also draws attention to the “parallel system of orphanages” run by the Georgian Orthodox Church, which are not monitored by any group, even the state. According to the report, because these facilities are completely unregulated, they create serious risks to human rights.

3.2 Social and Economic Vulnerability

Children with disabilities are usually also covered in more general assessment of social vulnerability. Considerable work has been done in this area by UNICEF and UNDP. The 2012 UNICEF report “The Well-Being of Children and their Families in Georgia,” conducted together with the University of York, is based on a national Welfare Monitoring Survey that was conducted in 2011 and focuses on the “prevalence and distribution of consumption poverty, material deprivation, subjective poverty, social exclusion and lack of utilities in the years following the global economic crisis.”¹³ Relevant to our investigations, one of the findings of the research is that the presence of a person with disability in a household significantly increases the likelihood of falling into poverty.¹⁴ Based on the report, UNICEF has also produced a discussion paper “Georgia: Reducing Child Poverty.”¹⁵

11 Children of Georgia (2011) “Children of Georgia Report on Medical Needs of Children Living under State Care diagnosed with Spina-Bifida and hydrocephalus” available online at http://unicef.ge/uploads/hydrocephaly_prevention_EN.pdf accessed on March 25, 2014 http://unicef.ge/uploads/hydrocephaly_prevention_EN.pdf p. 5

12 Disability Rights International (2013) “Left Behind: The Exclusion of Children and Adults with Disabilities from Reform and Rights Protection in the Republic of Georgia” available online at <http://www.disabilityrightsintl.org/wordpress/wp-content/uploads/Left-Behind-final-report.pdf> accessed on March 25, 2014

13 UNICEF (2012) The Well-Being of Children and their Families in Georgia, p. 2

14 UNICEF (2012) The Well-Being of Children and their Families in Georgia, p. 61

15 UNICEF (2013) “Georgia: Reducing Child Poverty” available online at http://unicef.ge/uploads/UNICEF_Child_PovertyENG_web_with_names1.pdf accessed on March 28, 2014

Children with disabilities are usually also covered in more general assessment of social vulnerability.



The paper examines two-year trends in consumption and other dimensions of poverty and the impact of government social protection policies. The paper concludes with projected impacts of increased spending in different areas of social protection and recommendations around policy options moving forward to achieve the greatest poverty reduction amongst the most vulnerable population.

In 2011, UNICEF also published a report based nation-wide survey of barriers to access to social services. Although the survey was not primarily about persons with disabilities, it has found that 62% of households where one or more household members “suffer from a physical, sensory or mental disability [...] are unaware of the disability benefits that are provided by the SSA.”¹⁶

The survey results show that people with disabilities are at particularly high risk of poverty and limits on access to social services, including access to education.¹⁷

UNDP’s “Economic and Social Vulnerability in Georgia” (2013)¹⁸ presents a comprehensive baseline analysis of the dimensions, patterns and determinants of social and economic vulnerability in Georgia, with a particular focus on Internally Displaced Persons (IDPs), people with disabilities and the population living in high mountain regions. The study develops a multidimensional, country-specific approach to measure economic and social vulnerability and identifies groups that suffer from single and multiple vulnerabilities. The survey results show that people with disabilities are at particularly high risk of poverty and limits on access to social services, including access to education.¹⁹

16 UNICEF (2011) “Survey of Barriers to Access to Social Services” p.7, available online at http://unicef.ge/uploads/Survey_of_Barriers_to_Access_to_Social_Services_Georgia_2010_eng.pdf accessed on April 5, 2014

17 UNDP (2013) “Economic and Social Vulnerability in Georgia” p.28, available online at <http://www.undp.org/content/georgia/en/home/library/poverty/economic-and-social-vulnerability-in-georgia--2012> accessed on March 26, 2014

18 UNDP (2013) “Economic and Social Vulnerability in Georgia” available online at <http://www.undp.org/content/georgia/en/home/library/poverty/economic-and-social-vulnerability-in-georgia--2012> accessed on March 26, 2014

19 UNDP (2013) “Economic and Social Vulnerability in Georgia” p.28, available online at <http://www.undp.org/content/georgia/en/home/library/poverty/economic-and-social-vulnerability-in-georgia--2012> accessed on March 26, 2014

3.3 Human Rights

The question of exercising basic human rights by persons with disabilities, including the right to be protected from violence and the right to be included in government's care programs have been covered by the two recent reports. In 2013 the Center for Disability Rights at Public Defender's Office and UNDP produced "Monitoring of State Programs from the Perspective of Disability Rights," (2013)²⁰. The aim of the research was,

*to assess whether the inclusion of persons with disabilities in these [state] programs took place on equal basis with the rest of the population; and to detect the signs of discrimination due to differences at starting positions. Also, the monitoring aimed to research the level of awareness and accessibility of persons with disabilities to these programs and analyze their practical application to persons with disabilities.*²¹

The Public Defender's Offices monitored programs of 4 state organizations in 5 municipalities (Marneuli, Akhalkalaki, Telavi, Zestaponi, and Samtredia). Across all cases, the general trend of the findings was that persons with disabilities were often not sufficiently informed about government programs or able to use them.²²

In 2013 UNICEF produced a report on "Violence against Children in Georgia." The study included a national survey that revealed that current social attitudes are worrying as almost half of the population considers violence against children to be acceptable. 60 per cent of the population believes that "using violent disciplinary measures are more effective than non-violent ones."²³ In addition, the research reveals flaws in the system designed to protect children from violence and suggests the ways to fix them.

20 Public Defender's Office of Georgia (2013) "Monitoring of State Programs from the Perspective of Disability Rights" available online at <http://www.ombudsman.ge/uploads/other/1/1330.pdf> accessed on April 8, 2014

21 The Center for Disability Rights at Public Defender's Office (2013) "Monitoring of State Programs from the Perspective of Disability Rights" available online at <http://www.ombudsman.ge/uploads/other/1/1330.pdf> accessed on April 2, 2014 p. 5

22 The Center for Disability Rights at Public Defender's Office (2013) "Monitoring of State Programs from the Perspective of Disability Rights" available online at <http://www.ombudsman.ge/uploads/other/1/1330.pdf> accessed on April 2, 2014 p. 15

23 UNICEF (2013) "Violence against Children in Georgia" available online at http://www.unicef.org/ceecis/Unicef_VAC_ENG_final.pdf accessed on March 28, 2014

4 Forms of State Care for Children with Disabilities in Georgia

There are three main categories of state care for children with disabilities: a state disability pension, direct state care provided by day care centers and other institutions and medical support.



4.1 Direct Financial Support for the Persons with Disabilities



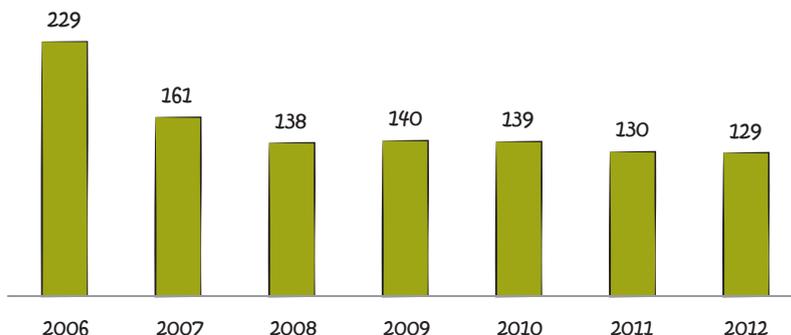
There are about 130 thousand persons with disabilities receiving state assistance in Georgia, which is about 3% of Georgia's total population. Of this group, around 9,000 are children.

The disability status is linked to a monthly allowance. For children under 18, regardless of their type of a disability, the pension is GEL 100 (increased from GEL 70 since September, 2013). Adults with "severe forms of disability" receive GEL 150 (increased from GEL 130 since September, 2013) and adults with "mild forms of disability" receive GEL 130. Persons with disabilities registered in the database of the Targeted Social Assistance (TSA) also receive one-off assistive devices, such as wheelchair, hearing aids, or crutches. *"Everybody else needs to purchase these aids on his or her own. Overall, people with disabilities rely on kinship relations in order to meet their medical needs."*²⁴

While the value of this pension has gone up recently, coverage has gone down. Below is a breakdown of the variation in coverage since 2006.

24 UNDP (2013) "Economic and Social Vulnerability in Georgia" available online at <http://www.undp.org/content/georgia/en/home/library/poverty/economic-and-social-vulnerability-in-georgia--2012> accessed on March 26, 2014 p.2

Number of persons with disabilities in Georgia (registered pension-receivers), in thsnd.



Source: SSA data retrieved from the 2013 UNDP report "Economic and Social Vulnerability in Georgia"

As one can see, the total number of disability assistance-recipients fell sharply from 229,000 to 161,000 in 2006/2007. The reason for this was the major restructuring of the system. Prior to 2007, there were 10 regional bureaus across the country responsible for keeping records of the persons with disabilities. In 2007, the 10 regional bureaus were abolished and instead any organization that could demonstrate capability was granted this right to establish the status for disability.

At the same time, the requirements to qualify for the disability pension went up. According to a long-time employee of the Ministry of Health, under the previous system, the criteria were fairly loosely applied. As she says, "There were people on the list with diseases which could be cured for 20 lari or so, such as osteochondrosis, gastric ulcer, or high blood pressure."²⁵ The same Ministry employee acknowledged that "there was a directive to reduce the numbers" and as a result, some people who deserved to be pension-receivers, could have been ejected from the system as well.

Local self-governments usually have a division of responsibility for social issues. They serve as guides/referring entity for citizens in need.

In subsequent years, the number of registered pension-receivers gradually went down, as those who had status under the old system, failed to prolong it because they were unwilling or unable to pass the new process. NGOs believe that the change of the system also left people uninformed and they didn't go through the new process.²⁶

25 Interview with Nino Jinjolava, Specialist at the Divisions for Social Issues and Programs, Ministry of Labour, Health and Social Affairs of Georgia

26 Interview with Ana Abashidze, Head of the Partnership for Human Rights

In addition to the central system, local government can provide some social assistance to the vulnerable, but the volumes are very small. Local self-governments usually have a division of responsibility for social issues. They serve as guides/referring entity for citizens in need. For example, they direct citizens to local SSAs or day care centers. They also provide one-time financial assistance for the people who are covered by state programs. Usually, such assistance includes money for medicine and is around GEL 100-150. In rare cases, they provide up to GEL 300 for an operation. Village trustees serve as advisors when someone from a village applies for assistance. "Trustees are our employees, so their recommendation is important when deciding who to help."

4.1.1 Assessing Coverage of the State Pension System

One of the biggest challenges of public policy in the area of disability is assessing how many people who should get support are missed by the existing system. One way to try and evaluate the level of coverage in state programs is to compare the number internationally. However, this proves unhelpful. At 3.2% of the population, the number of Georgians formerly classified as persons with disabilities and receiving a state pension is low compared to more developed countries.²⁷ Outside of the SSA there is no systematic attempt to collect information on children with disabilities in any of the municipalities. Local small medical centers usually keep records of children in their respective villages, but there is no obligation to do so.²⁸ As a result, the SSA disability pension register is the only national database in the country.

One of the biggest challenges of public policy in the area of disability is assessing how many people who should get support are missed by the existing system.

According to international comparisons, as many as 10-15% of the population can be classified as persons with disabilities in most societies. That said, while developing countries have higher instance of disability in the general population, they generally have fewer people registered as persons with disabilities as developing countries lack the resources to pay for comprehensive state programs.²⁹ Therefore, if we look at developed countries, the number of registered persons with disabilities is much higher than Georgia's.

27 Though the share of children in total number of persons with disabilities is (at about 7%) is normal by international comparison. United Kingdom Office for Disability Issues, "Disability facts and figures" <http://odi.dwp.gov.uk/disability-statistics-and-research/disability-facts-and-figures.php#gd> accessed on April 29, 2014

28 The Center for Disability Rights at Public Defender's Office (2013) "Monitoring of State Programs from the Perspective of Disability Rights" available online at <http://www.ombudsman.ge/uploads/other/1/1330.pdf> accessed on April 2, 2014 p. 23

29 World Health Organization (2011) *World Report on Disability* available online at http://www.who.int/disabilities/world_report/2011/report.pdf accessed on February 19, 2014

Prevalence of disabilities in selected countries

Country	% of registered persons	Source
Canada	13,7%	Canada's statistical office http://www.statcan.gc.ca/daily-quotidien/131203/dq131203a-eng.htm
Czech Republic	5%	Czech statistical office http://www.czso.cz/eng/redakce.nsf/i/108__1_persons_with_disability/\$File/T1081_S1.pdf
Germany	8,9%	German Federal Statistical Office https://www.destatis.de/EN/FactsFigures/SocietyState/Health/DisabledPersons/Current.html
Turkey	16%	Turkey Bureau of Statistics http://www.turkstat.gov.tr/PreTablo.do?alt_id=1017

However, if we look at the former Soviet countries, the number of registered persons with disabilities is far closer to Georgia.

Prevalence of disabilities in former Soviet Union countries

Country	Share of persons with disabilities in general population	GDP per capita (PPP) in USD – 2013 IMF figures
Tajikistan	1.7%	2,354
Kazakhstan	2.7%	14,391
Azerbaijan	3.3%	11,044
Moldova	4.4%	3,736
Armenia	4.9%	6,191
Belarus	5.3%	15,753
Ukraine	5.3%	7,423
Russia	9.2%	17,884

Source: <http://www.pacrim.hawaii.edu/sites/default/files/downloads/resources/USAID.pdf>

GDP per capita is also provided here to see if the level of disability registration tracks with income. There is clearly a relationship here, but the correlation is not a simple one, suggesting that other, non-income factors are at play in determining public policy on this issue.

Apart from international comparisons, another strategy for identifying how many people in need of assistance are not covered by the system was to ask experts in the field. However, this was also unhelpful. While all of the organizations that we spoke to have encountered people who should be covered by the state, but aren't, the estimates of the real number of persons with disabilities range from 160,000 (or 1/3 higher than the current coverage) to 400,000 (more than 2.5x the current coverage). Worse, almost no-one we spoke to could offer reliable sources to substantiate the number they offered. Everyone seems to be working from 'gut feelings' and these feelings vary dramatically.

From our own experience and the survey results, it does seem as though the government financial support is reaching the majority of the most in need, but that many are still missed. Two facts from our survey, in particular, stand out to support this view. First, in our survey, while around half of the persons with disabilities we identify do not receive a state pension, most of this group do not self-classify as having a "severe" disability, while most of the pension recipients do. Second, school attendance levels are far higher amongst the children with disabilities we spoke to who do not receive state care, also suggesting that the severity of disability is lower.

Whatever the exact scale of exclusion, there is no doubt that a significant number of persons with disabilities are being missed.

Of course, there are many factors that can bias these outcomes, and in the absence of a nationwide survey, it is extremely hard to have accurate assessments. The 2014 national census may help to provide some insights, but the usefulness of those insights will heavily depend on whether the questions are well constructed.³⁰ It is therefore essential that disability experts provide some input to the questionnaire.

However, whatever the exact scale of exclusion, there is no doubt that a significant number of persons with disabilities are being missed. From the many expert interviews we conducted, we identified three main reasons why people may be excluded from the state system. First, people may be legally excluded, if their particular medical condition is not on the list specified by the state. Second, people may be practically excluded if bureaucratic difficulties or the cost of registration make it too difficult or expensive for families to register.

30 Interview with Paata Shavishvili, Head of the Population Census and Demography Division, Geostat

There are several potential problems with the disability status list. Most obviously, it could simply not include some whole categories of disability. Second, the threshold, above which one is considered “with severe disabilities,” can be too high.

Similarly, this can also include situations where the lack of proactive government actions in outreach and communication leave many people uninformed about their rights to social protection mechanism existing in our country. Third, social self-exclusion may occur when parents prefer to hide medical conditions of their children in fear of social stigma attached to disability. We will briefly consider each of these below.

4.1.2 Legal Exclusion

The list of medical conditions based on which a clinic can assess disability is provided in the #62/N decree of the Ministry of Labour, Health and Social Affairs. Based on a severity of a medical condition, assessments can be basis for granting the disability status for 2 years period, 5 years period, and indefinitely until the age of 18.

There are many potential problems with the government list. Most obviously, it could simply not include some whole categories of disability. Second, the threshold, above which one is considered “with severe disabilities,” can be too high.



NGOs often criticize the government about the strict “medical” model which is now in place, as opposed to a “social” model which is exercised in developed countries which is more flexible and allows individual considerations, rather than strictly defined medical diagnoses.

Alternatively, the requirements of proof may lead to exclusion. For example, in the case of autism or Down’s syndrome, the state doesn’t grant disability status unless it’s accompanied with additional mental problems, when it is demonstrated that children are not able to perform the same mental tasks as their peers. Because it is hard to demonstrate such problems amongst the very young, opportunities for helping children mitigate the disability are missed and the help is provided too late.³¹

³¹ Interview with Ana Abashidze, Head of the Partnership for Human Rights



Third, NGOs often criticize the government about the strict “medical” model which is now in place, as opposed to a “social” model which is exercised in developed countries which is more flexible and allows individual considerations, such as living conditions, rather than strictly defined medical diagnoses. According to many NGOs working in the field, the issue is not about expanding the existing list so that it covers more diseases, but about allowing more flexibility to ensure that those who need can receive state aid.

4.1.3 Practical Exclusion

The process of granting the disability status requires several steps. If a household member has some kind of a disability, then the person or his/her household member has to go to the local hospital which will examine them and prepare a medical report certifying that the person in question satisfies one of the conditions stipulated by the law. The medical report has to be signed by a person in charge of the clinic and a doctor responsible for disabilities.³²



The main challenge lies in obtaining the medical report from a hospital. There are 69 accredited clinics/hospitals across the country which can grant disability status, but not all municipalities are covered.³³

Then the person in question or his/her family members will take the medical report to the local Social Service Agency which are located in every municipal center. The board at the Social Service Agency reviews such cases on a monthly basis and then grants the status. Provided that all documents are prepared, the local Social Service Agency status-granting process is generally automatic.

The main challenge lies in obtaining the medical report from a hospital. There are 69 accredited clinics/hospitals across the country which can grant disability status, but not all municipalities are covered.³⁴ From our target municipalities, there are hospitals in Zestaponi and Akhaltsikhe, but not in Adigeni and Bagdati. Most representatives of NGOs think that this creates additional burden

32 Decree #62/N of the Minister of Labour, Health and Social Affairs of Georgia

33 Interview with Nino Jinjolava, Specialist at the Division for Social Issues and Programs, Ministry of Labour, Health and Social Affairs of Georgia

34 Interview with Nino Jinjolava, Specialist at the Division for Social Issues and Programs, Ministry of Labour, Health and Social Affairs of Georgia

for people who could potentially become recipients of disability allowance. The argument goes that provided the high poverty rates in rural regions, many people would abstain from traveling to neighboring municipalities for medical examination.³⁵ In addition, while the current universal health insurance covers most expenses related to being checked it is expected that people will have to spend from GEL 50-70 for an examination at medical institutions.³⁶



Lack of outreach is often acknowledged as a problem by representatives of the central government at local and national level. Local representations of SSAs are reluctant to widely disseminate information about their programs because they expect that the demand will increase in the population, but there won't be enough resources to provide assistance. As one SSA representative told us,

„I could go door to doors in villages and find more children, more people who are eligible for the status [of disability] but when a lot of people will come, we won't be able to satisfy them all. Won't they be upset for disturbing them for nothing?³⁷“

The argument from the central government's point of view is that whoever needs assistance, will find the necessary information about the Social Service Agency and its services. And we have seen that most of the time this logic works, as the financial incentive does seem to motivate most people to overcome the hurdles.



35 Interview with Ana Abashidze, Head of the Partnership for Human Rights

36 Interview with Valeri Gazdeliani, Head of the Division for Social Services, Social Services Agency

37 Interview with Emiliane Lomidze, Head of the Bagdati Office of the Social Services Agency

Number of registered children with disabilities in target municipalities

Geographic entity	Number of registered children with disabilities	Share in total population
Zestaponi	164	0.23%
Bagdati	67	0.22%
Akhalsikhe	73	0.15%
Adigeni	46	0.22%
Georgia	8,645	0.21%

Source: SSA and Geostat

The table shows that average share of registered children with disabilities in the country is around 0.2%. In three out of four target municipalities, the numbers are the same. The table also questions the credibility of a belief that share of persons with disabilities is significantly higher in Zestaponi than in other municipalities due to the large alloys factory.

“Disability” in Georgia often carries a social stigma. As a result it has been suggested by many of the experts we spoke to that some parents may seek to hide the impairments of their children and may do so by not allowing them to engage in society, or even leave the house.

However, Akhalsikhe has a significantly lower share of registered persons with disabilities than the other regions or the country. One possible explanation for this is that compared with the other three municipalities, Akhalsikhe has significant non-Georgian population and provided that SSA doesn't make efforts to reach out to potential beneficiaries, many people may not have information on state programs. The easiest way to check this hypothesis would be to see if the level of disability pension is lower in ethnic minority regions as a whole.

4.1.4 Social Self-Exclusion

“Disability” in Georgia often carries a social stigma. As a result it has been suggested by many of the experts we spoke to that some parents may seek to hide the impairments of their children and may do so by not allowing them to engage in society, or even leave the house. This is, by its nature, an extremely hard claim to verify or to assess for scale.



However, again, it seems likely the income incentive of disability pension may over-ride some social concerns in a Georgian rural environment, marked by extremely difficult financial circumstances and high unemployment. One can imagine, for example, that even if a parent did not want to publicize their child’s disability, they may still be inclined to let the child out of the house for the one trip to the doctor required for official registration. However, it is extremely hard to be sure.

4.2 Institutional Care

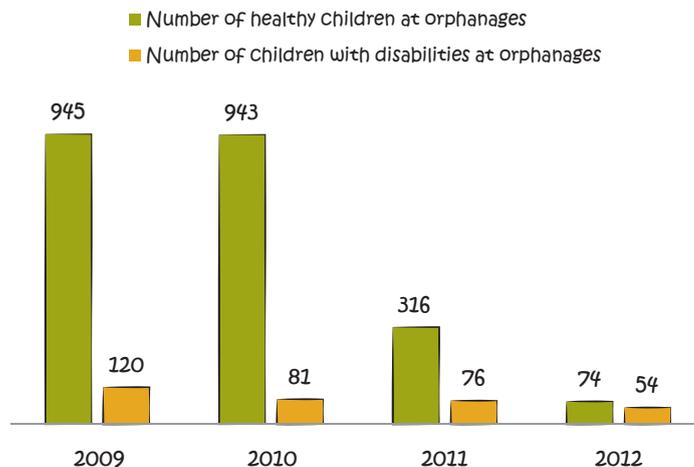


A range of state and state-supported groups help to look after children on a day-to-day basis. These include orphanages, small group homes and foster care, which provide full-time care when parents cannot as well as schools, kinder-garden and day-care which provide support during the day.

4.2.1 State Institutions and the De-institutionalization Reform Process

In 2010 the Government of Georgia started active reforms in the field of child protection, focusing on the “de-institutionalization” of the state child-care system. Before the de-institutionalization reform there were 17 soviet-type orphanages with 945 children without disabilities and 2 institutions for 120 children with disabilities.

Number of vulnerable children in isolated institutions (large institutions)



Source: Geostat data on child care institutions.

Available online at http://www.geostat.ge/index.php?action=page&p_id=200&lang=eng accessed on January, 29, 2013

As one can see from the graph above, the number of children without disabilities in orphanages fell sharply in 2011. This was due to the expansion of alternative child care mechanisms, particularly reintegration, small group homes and foster care.

By the end of 2013, all orphanages for children without disabilities aged between 6 and 18 were closed. There still are two orphanages for children with disabilities in Kojori and Senaki and one orphanage for infants (6 years or younger). Correspondingly, the number of small group homes has increased to 46, servicing up to 400 children country-wide³⁸.

The government is showing readiness for further steps towards more inclusive policies and adjustments to the new policies based on best international practice. The working group on international and national adoption under the Ministry of Labour, Health and Social Affairs of Georgia finished developing a new draft law on foster care and adoption.³⁹

38 Social Service Agency. Reform of child care system. Available online at http://ssa.gov.ge/index.php?sec_id=718&lang_id=ENG accessed on January, 29, 2013

39 Interview with Giorgi Kakachia, Head of the Department of Social Affairs, Ministry of Labour, Health and Social Affairs of Georgia

The government is showing a readiness for further steps towards more inclusive policies and adjustments to the new policies based on best international practice. The working group on international and national adoption under the Ministry of Labour, Health and Social Affairs of Georgia finished developing a new draft law on foster care and adoption.⁴⁰ The new law, which is particularly focusing on adoption issues, is expected to be widely discussed during 2014.

Recent reinvigoration of the Coordinating Council for Persons with Disabilities under the Prime-Minister's Office, and Prime-Minister's personal involvement in its activities, indicates that there is a good opportunity for making important positive changes in this direction. The government's commitment to address child-issues is also reflected in the proposed state budget. The Social Rehabilitation and Child Care line item is projected to grow from GEL 16.7 million in 2012 to GEL 19.6 million in 2014.⁴¹ However, it seems that it was harder to include children with disabilities in the de-institutionalization process and according to the report by the Disability Rights International, children with disabilities were "left behind."⁴²



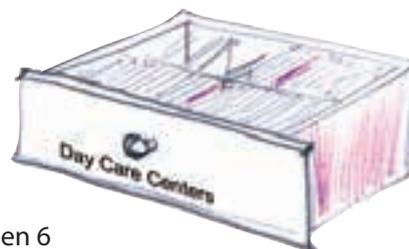
40 Interview with Giorgi Kakachia, Head of the Department of Social Affairs, Ministry of Labour, Health and Social Affairs of Georgia

41 State Budget of Georgia, available online at <http://mof.ge/en/4980> accessed on February 19, 2014

42 Disability Rights International (2013) "Left Behind: The Exclusion of Children and Adults with Disabilities from Reform and Rights Protection in the Republic of Georgia" available online at <http://www.disabilityrightsintl.org/wordpress/wp-content/uploads/Left-Behind-final-report.pdf> accessed on March 25, 2014

4.2.2 Day Care Centers

Day care centers exist to provide a protected and (hopefully) rewarding environment, for vulnerable children outside of school hours, or to children who too severe disabilities to attend school. Day care centers serve three categories of people in Georgia: 1) children (without disabilities) aged between 6 and 18 under the risk of abandonment by parents; 2) children with disabilities aged between 6 and 18; 3) persons over 18 years. In 2013, 1,650 beneficiaries used the day care center service.



Day care centers exist to provide a protected and rewarding environment, for vulnerable children outside of school hours, or to children with too severe disabilities to attend school.

Of these, 626 were children under the risk of abandonment by parents, 536 were children with disabilities, and 488 persons over the age of 18.⁴³ There are 26 day care centers across the country, so in many municipalities this service is not accessible.

Day care centers are run by non-governmental organizations, though a local office of the SSA issues vouchers for beneficiaries. Three main criteria are used for selecting voucher recipients, recent deinstitutionalization, poverty and prior day care use. Those who do not get full coverage may get partial coverage by vouchers. Daily cost for a child at a day care center is GEL 11.⁴⁴ In total, the state budget for day care for 2013 was GEL 2,838,200.

There are different types of teachers at Day Care Centers who teach singing, vocational skills, physical activities, and other classes that will be beneficial for children with disabilities. The service is also beneficial for vulnerable households as Day Care Centers provide meals twice a day.

Out of four target municipalities, the day care center service is available only in Zestaponi, which can accommodate 40 children. In municipalities where there is no day care center, for example Bagdati, parents



43 Ministry of Labour, Health and Social Affairs of Georgia 2013 annual report, available online at <http://www.moh.gov.ge/files/angarishi-2013.pdf> accessed on March 28, 2014 p. 28

44 Interview with Maia Buchukuri, Specialist at the Social Services Agency

sometimes try to take their children to a place where there is such a center, like Kutaisi. For all day centers, the demand is quite high and free spots are usually quickly filled in with children waiting in the queue.

4.2.3 Schools and the Identification of Children with Special Educational Needs

Most of the children with disabilities we interviewed attend school, so schools have considerable responsibility for their care. However, support to children in schools is not connected to the disability database of the SSA as the Ministry of Education and Sciences is concerned with supporting school children who have problems with learning at school, even if they don't have any medical issues. In each region, the MoES has multi-disciplinary teams that are responsible for identifying children in their respective regions and helping teachers with developing individual education plans. In addition, MoES has started to appoint special teachers for children with educational needs.



In order to obtain teaching assistance, the teacher at the school first has to identify that a child is not able to keep up with their classmates. Then they recommend that the parents address the MoES for appointing a special teacher. The regional multi-disciplinary team studies the case, determines the necessity of a special teacher, gives recommendation to the MoES to appoint a special teacher, if there is none, and helps the school in developing individual education plans which will involve issues like team-work, communication, etc.⁴⁵ Special teachers usually work with children after school hours as well in a specifically designated resource rooms where there are additional materials and literature to help children with special educational needs.⁴⁶

Most of the children with disabilities we interviewed attend school, so schools have considerable responsibility for their care.

Schools are free to choose a special teacher and they receive GEL 3,000 to cover the costs of such teacher. The Ministry also organizes trainings for future and current special teachers to ensure their qualifications. Some of these teachers have a degree in psychology. However, from 2014

45 Interview with Nino Nadiradze, Member of the Samtskhe-Javakheti Multi-task Group of the Ministry of Education and Sciences of Georgia

46 Interview with Nato Kobuladze, Member of the Imereti Multi-task Group of the Ministry of Education and Sciences of Georgia

winter semester, Ilia State University will start offering Master program in Special Education, and the ministry is working with the university to develop the undergraduate program as well.⁴⁷

Currently, there are about 3,000 children with special educational needs across Georgia, according to MoES. From World Vision's target municipalities, there are 37 in Akhaltsikhe, 25 in Adigeni, 20 in Zestaponi, 6 in Bagdati.⁴⁸ Most of the children in the database are from municipal centers, and very few are from remote villages/communities. This suggests that practical hurdles may limit access to these areas and a more active information campaign is needed in hard-to-reach communities.

The current system doesn't try to reach out to children who are not attending school, but according to the ministry, they plan to "bring back children to school."⁴⁹ This will require massive identification works and public relations campaign. Currently, it is not even completely clear what is the scale of non-attendance for school.

Currently, there are about 3,000 children with special educational needs across Georgia, according to MoES.

Since September, 2013, MoES, with support of the Norwegian government, started Inclusive vocational education project. About 70 young people with special educational needs are now studying in different VET centers in Georgia. After completing 9 grades, they have chance to go through alternative form of exams and can pursue up to three vocational professions, from which they will choose the one which fits them most.

4.2.4 Preschool Education

In each municipality, there is an association of kindergartens, a legal entity of public law under the local self-government. These associations are responsible for everything related to kindergartens including procurement and study program issues. Daily management tasks are left to kindergarten managers. For each child, the local municipality pays monthly GEL 21 which covers food.



47 Interview with Eka Dgebuadze, Head of Inclusive Education Development Division, Ministry of Education and Science of Georgia

48 Data on the number of children with special educational needs, provided by the Ministry of Education and Sciences of Georgia

49 Interview with Eka Dgebuadze, Head of Inclusive Education Development Division, Ministry of Education and Science of Georgia

In some municipalities, the local councils (sakrebulo) have adopted strategies on preschool education. For example, Zestaponi municipality has strategy for 2013-2018 years where the SWOT analysis of the current situation is provided and future vision on expected results is laid out. However, there is no explicit acknowledgement of ensuring enabling environment for children with disabilities. Bagdati, Akhaltsikhe and Adigeni didn't have preschool strategy documents.

There is no official data on children with disabilities who go to kindergartens.

There is no official data on children with disabilities who go to kindergartens. In interviews with heads of Kindergarten Associations, our team was given rough estimates. In Zestaponi municipality, the head of the association estimated there were 2 children with disabilities that she had come across (for comparison, there are up 2,000 children in Zestaponi kindergartens in total).⁵⁰ In Bagdati, the head of the association was able to list 6 (for comparison, there are over 600 children in kindergartens in Bagdati).⁵¹

One of the issues at local level is that because kindergarten associations are supposed to determine what trainings to organize and how much to spend on each of the trainings, preparing teachers for working with children with disabilities is hardly ever a focus.

Although kindergartens are currently a responsibility of local self-governments, the MoES is also developing policies for preschool education. It is planned that the MoES will also take back some of the practical management components of preschool education, such as training kindergarten teachers.



50 Zestaponi Kindergarten Association

51 Bagdati Kindergarten Association

4.3 Medical support

In addition to financial support and institutional care, the government also provides support in the form of enhanced medical care for people with disabilities.



Rehabilitation Program

Government decree #291 stipulates that the aim of the state rehabilitation program is *"special rehabilitation of children of the target group, improving physical health, strengthening adaptation capacities, and supporting social integration."*⁵² Concrete activities can include

- development of rehabilitation programs and monitoring
- different types of therapy, such as physical, occupational, speech, or behavioral therapy
- psychological assistance to child's parents/legal representatives.

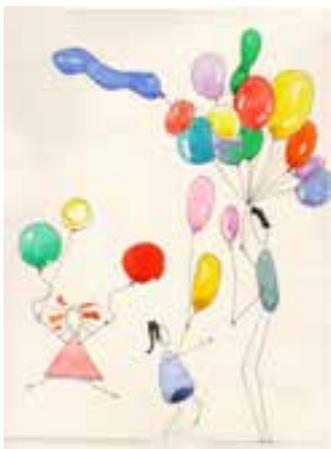


52 Government decree #291 on Adopting the State Program for 2014 on Social Rehabilitation and Children Care

The idea of this service is to make it possible for a child to be able to function properly in society.

The target group for the program is children of age 7 and older with specific categories of disability, such as cerebral palsy, muscle dystrophy, or vascular diseases.⁵³ The program specifies that no more than 900 vouchers can be issued and in total. Each individual voucher is worth up to GEL 308.

Early Development/Intervention Program



The early development program is focused on small children and aims to mitigate physical and mental disabilities. Unlike the rehabilitation program, it is not necessary to have disability status for children to be involved in this project and the focus is on children younger than 7. For children aged between 3 and 7 it can include individual or group sessions by a multi-task team members. For children under the age of 3, it includes individual sessions. Sessions can include such services as early development specialist, psychologist, special teacher, etc.

Households can use eight sessions per month with one voucher. Throughout the year, they are eligible for twelve vouchers. In total, the state provides vouchers for 250 children under the age of 7. The idea of the project is that risks of abandoning a child are lowered and a child is fully integrated in a family.

Equipment

The state also provides equipment, such as wheelchairs, crutches and hearing aids to people with disabilities.

The financing is linked with the status of social vulnerability (“the poverty status”). The maximum amounts of financing for different types of technical equipment is provided in the Government decree #291 on Adopting the State Program for 2014 on Social Rehabilitation and Children Care.



53 For the complete list, please refer to Article 3 of the Government decree #291 on Adopting the State Program for 2014 on Social Rehabilitation and Children Care

5 Non-Governmental Activities to Help Children

Most of the active non-governmental organizations working on disability issues in Georgia are located in Tbilisi. Some of them also have a few offices in regions, usually based in Kutaisi if they cover western Georgia. There are also smaller organizations which operate in regions.

When NGOs have projects in regions, they use several mechanisms for identifying people with disabilities, particularly relying on “village trustees” and municipal government as it is usually assumed that they have detailed local knowledge. This is the strategy that we employed, though it is problematic, as neither the trustees nor the municipal authorities collect information in a systematic way.

“First Step Georgia” is one of the largest organizations working on disability issues in Georgia. Its main office is in Tbilisi but also has an office and a day care center in Kutaisi. The organization provides two main types of services for children, early intervention for children of age under 7 and day care centers for children from age 6 to 18.⁵⁴

First Step’s early intervention program covers about 25 children in Kutaisi. Under the program, families receive a voucher for 8 sessions and a group of various specialists assess each child’s individual needs (such as speech therapy) and help them with that issue. One of their problems is finding the right specialists. For example, there are virtually no occupational therapists in the region.

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54 Based on interview with Maguli Shaghashvili, Director of the First Step Georgia

The day care center operated by First Step in Kutaisi currently can accommodate 20 children with disabilities. Although this day center is outside of the World Vision target areas in Zestaponi and Bagdati, we were told that children from Bagdati also go to this day care center but their transportation is provided by parents themselves.

The largest Disability Persons Organization (DPO) working on the issues of disabilities is “Coalition for Independent Living”. They often provide technical assistance, such as wheelchairs, to those in need, or serve as intermediary organization to offer advice and assistance to persons with disabilities. They don’t have representations in regions, but have smaller partner organizations and while their activities are often small, they cover most of Georgia. They use the SSA database when they need to distribute technical assistance in target regions.⁵⁵

Another nationwide organization working in World Vision Georgia’s target areas is Partnership for Human Rights (PHR). They are currently doing a baseline study in five regions of Georgia: Tbilisi, Kvemo-Kartli, Guria, Samtskhe-Javakheti and Imereti. The project is funded by the EU and USAID and aims at making local self-governments more informed about disability issues. The project is anticipated to be completed in July and should serve as a resource for local self- government.⁵⁶

McClain foundation has worked in Zestaponi in 2006 with a project which allowed them to visit registered pension-receiving children households and evaluate their needs. Currently, they offer trainings for interested people (teachers, parents) in all municipalities of Georgia as long as space is provided.⁵⁷

There are other important nation-wide NGOs working on disability issues that do not have projects in World Vision’s target areas. These include the Organization for Accessible Environment, which is particularly focusing on infrastructural problems, advocating for fixed ramps and accessible public transportations. Coalition for Children Welfare is working on early intervention and prevention of child abandonment by parents. They aim to cover all of Georgia, but so far have only managed to implement their activities in Tbilisi. There are also some international organizations that have been active in the past, but have ceased their operations, like Save the Children and Every Child.⁵⁸

One very interesting and influential non-governmental actor working on children with disabilities is the Georgian Orthodox Church. The church institutions shelter an unidentified number of children with disabilities and the state has virtually no power to monitor them.⁵⁹ In Zestaponi, there

55 Based on the interview with Giorgi Dzelade, Director of the Coalition for Independent Living

56 Based on the interview with Ana Abashidze, Head of the Partnership for Human Rights

57 Based on the interview with Cathy McLain, Founder of the McLain Association for Children

58 Based on the interview with Andro Dadiani, Chairman of the board of Every Child Georgia

59 Disability Rights International (2013) “Left Behind: The Exclusion of Children and Adults with Disabilities from Reform and Rights Protection in the Republic of Georgia” available online at <http://www.disabilityrightsintl.org/wordpress/wp-content/uploads/Left-Behind-final-report.pdf> accessed on March 25, 2014

was an institution under the patronage of a local high-ranking priest. In one of our interviews, a representative of a „watchdog“ organization said that he was not allowed to enter the territory of the institution, in spite of his government credentials, and was told that he needed the “blessing” to have access. Later, the priest moved to Samtskhe-Javakheti, and his institution followed him.⁶⁰ There is another day-care type institution administered by the Church in Arali village of Adigeni municipality. The center shelter 10 persons with disabilities, mostly older than 18 years, and is partially supported by local municipality funds.

The role of the Church is clearly a highly emotional and potentially problematic issue. On the one side, many organizations have highlighted the church’s exemption from state oversight as a potential source of concern. However, on the other side, the church sometimes can act as a bridge between NGOs and communities. In one of our meetings, one of the NGO representatives told us that they were working on helping children with disabilities to leave state institutions and live with foster parents. They approached some priests and usually, the church was able to convince a few people to become foster parents.

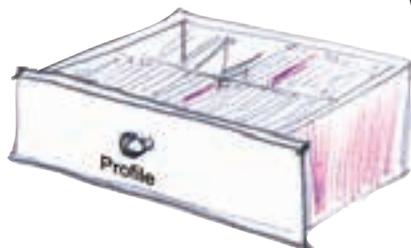
60 Interview with an undisclosed representative of a “watchdog” organization

6 Survey of the Children with Disabilities in Target Communities

We asked our interviewers in selected communities to identify all the children that they could find with disabilities in their neighborhoods and interview them. They were instructed to use information from small local medical centers, local government representatives (village trustees), kindergartens, and schools.



6.1 Profile of Identified Children with Disabilities



We interviewed 57 children with disabilities (with their parents) in 8 communities of Samtskhe-Javakheti and 52 children with disabilities (with their parents) in 6 communities of Imereti.

Gender break-down of interviewed children with disabilities in target communities

Female	48%
Male	52%

We tried to identify and cover all children with disabilities in selected communities, and the gender break-down turned out to be roughly the even. In addition, we asked them if they either received disability allowance of TSA (“poverty”) allowance.

The share of children with disabilities with “disability” and “poverty” statuses

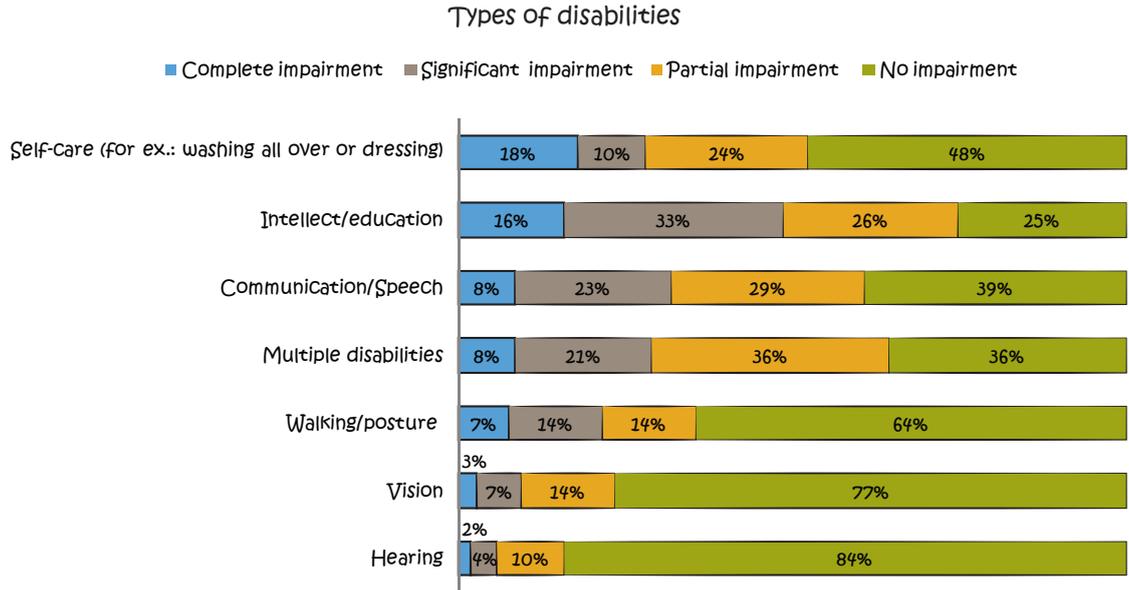
"Disability" status	47%
"Poverty" status	44%

The results of our survey show that 47% of the respondents' have the disability status. This is more or less consistent with UNICEF's finding that 60% are not covered. However, our further analysis of the situation (elaborated below) suggests that those who do not have the status, have milder forms of disabilities, and are able to go to educational institutions and perform other tasks, thus suggesting that the current system may effectively identify the most in need.

The share of households who has the “poverty” status is 44%. This status is important as many state care programs, such as Day Care Centers, are linked to the “poverty score.” Households who receive a score of 70,000 or less are granted the “poverty” status, but even those who have score under 100,000 are still entitled for 75% financing of vouchers from the state for different types of state care programs.



We also asked about severity and type of disability.



Many non-governmental and governmental organizations, including Geostat, use the so-called “Washington Group” classification of disabilities for surveys. We slightly adapted the question by adding “multiple disabilities” as requested by the World Vision Disability Inclusion Officer,⁶¹ and asking the respondents to provide detailed diagnosis/explanation of a disability. The most prevalent impairment categories are “self-care” and “intellect/education.” The most specifically diagnosis that they provided was cerebral palsy, Down’s syndrome, and epilepsy.

61 Individuals with Disabilities Education Act (IDEA), section 300.8 clause 7 defines multiple disabilities as “concomitant [simultaneous] impairments (such as intellectual disability-blindness, intellectual disability-orthopedic impairment, etc.), the combination of which causes such severe educational needs that they cannot be accommodated in a special education program solely for one of the impairments. The term does not include deaf-blindness.” A key part of the definition is that the combination of disabilities causes a student to have severe educational needs. These educational needs must be severe enough so that they cannot be addressed by providing special education services for only one of the impairments.

The share of Children with disabilities who have the “disability” status by Categories of disabilities.

	Complete impairment	Significant impairment
Self-care (for ex.: washing all over or dressing)	83%	73%
Intellect/education	76%	47%
Communication/Speech	78%	52%
Multiple disabilities	100%	57%
Walking/posture	100%	71%
Seeing	100%	29%
Hearing	100%	75%

We looked at impairment categories of those who have the “disability” to see the share of “complete impairment” or “significant impairment.” Interestingly, in the most prevalent impairment categories (self-care, intellect/education, and communication/speech), even among those who have complete impairment, not everybody has a disability status. This might mean that the state does not take intellectual impairments as seriously as physical deficiencies, that there are diagnostic problems in this category, or that interviewees find it easier to exaggerate need in non-physical conditions.

6.2 Needs of Children with Disabilities

Through our survey we also attempted to explore the needs of children with disabilities, and how these needs are being addressed.



Share of households who need technical and non-technical support

Need for technical assistance (for example, wheelchairs)	17%
Need for non-technical assistance (for example, various forms of therapy)	72%



As for the “hardware” needs, such as wheelchair or hearing mechanisms, the most prevalent need was “wheelchairs.” Far more respondents said that they needed non-technical assistance, such as various forms of therapy. Since self-care and intellect/education seem to be the most prevalent disability types, it is not surprising that most respondents were asking for speech therapy and physical therapy.

50% of respondents who had technical or non-technical needs said that they have addressed the government for help. For technical needs, applicants mostly ask for wheelchairs. As for non-technical needs, various types of therapy, such as physical therapy are often required. Of those who have addressed the government for technical assistance, 68% have the disability status, and 45% have SSA “poverty” status. On the other hand, of those who don’t have a disability status, 33% have asked the government for help.

The government satisfied the request, by the disability status

	Don't have the disability status	Have the disability status
Total number of children	13	29
No	31%	38%
Yes, partially	15%	21%
Yes, fully	54%	41%

The above table on the level of satisfying the needs of people with disabilities suggests that out of those who apply the government does not discriminate against those who don’t have disability status. In fact, some services, such as early intervention service, for example, are tied to “poverty” status rather than the “disability” status. However, the sample (13 for children with no status on disability and 29 for with status on disability) is too small here to draw any strong generalizations.

6.3 Education

Important part of children's lives is education, and there have been many concerns about the opportunities for receiving education for children with disabilities. We asked a few questions to study this in our target communities.



The share of children with disabilities attending kindergartens and schools

	Attending	Total number	Share of children who go to educational institutions
Kindergarten age (2-6 years)	6	20	30%
School (6-18 years)	70	84	85%

First, we looked at the general attendance rates. All kindergarten children go to kindergarten "every day or almost every day." For school-children, 61% go "every day or almost every day," 29% go "several times a week," the rest "about once a week" or less. Of those who go to Kindergarten, none has "complete impairment" and two have "severe impairment." On the other hand, "complete impairment" seems to be one of the main reasons why children don't go to kindergarten as 7 of the 14 non-attending children have "complete impairment."

Going to school by disability status

	No disability status	Disability Status
Total number	42	41
No educational institution	2%	28%
School	98%	73%

Going to kindergarten by disability status

	No disability status	Disability Status
Total number	11	8
No educational institution	64%	75%
Kindergarten	36%	25%

Then we broke down the attendance rate on the basis of those students who are formally registered as having a disability by the government, compared to those who are only classified as such by their families, but who do not get disability benefit. Out of those who do not have an official disability status, 98% go to school, while out of children with who are formally recognized as having a disability status, 73% go to school. This once again seems to show that those who do not have official status have less impairment compared to the children without the official status.

We asked why children do not go to educational institutions and whether they would like to go. 73% of children and 79% of parents want them to go. Various reasons are cited for non-attendance, including general environment and the perceptions that it will be hard.



Most children who do not go to school do not receive any education at home. In our survey, only 4 children used the home-schooling service. Some parents try to catch up with the official program.

Regardless of going to educational institutions, we also asked the respondents about basic reading and calculating skills and broke down the data into age categories.

Ability for basic reading and calculating skills by age groups

Age groups	Can read	Can calculate
6-10 years	44%	48%
11-15 years	64%	61%
16-18 years	53%	59%

It is interesting that according to the survey results 16-18 year olds perform worse than 11-15 year olds. This is most likely a statistical aberration, reflecting the small sample size.

6.4 General results: Children with disabilities, schoolchildren without disabilities, and teachers

Our interviews with teachers first tried to assess the scale of their interaction with children with disabilities and their preparation in this area.



Teachers and disability issues

Have had at least one student with disability	73%
Have received some kind of training on disability issues	38%

The graph shows that most schools and teachers have had children with disability and it seems necessary to train them.

Where should children with disabilities study (question to teachers)

Integrated classes at public schools	38%
Public schools	36%
Specialized schools	25%
Other	2%

In terms of teachers' perceptions about where children with disabilities should study, 25% think that they should be sent to specialized schools. This shows that a significant proportion of teachers are not ready to integrate children with disabilities with other children as it also creates difficulties for them.

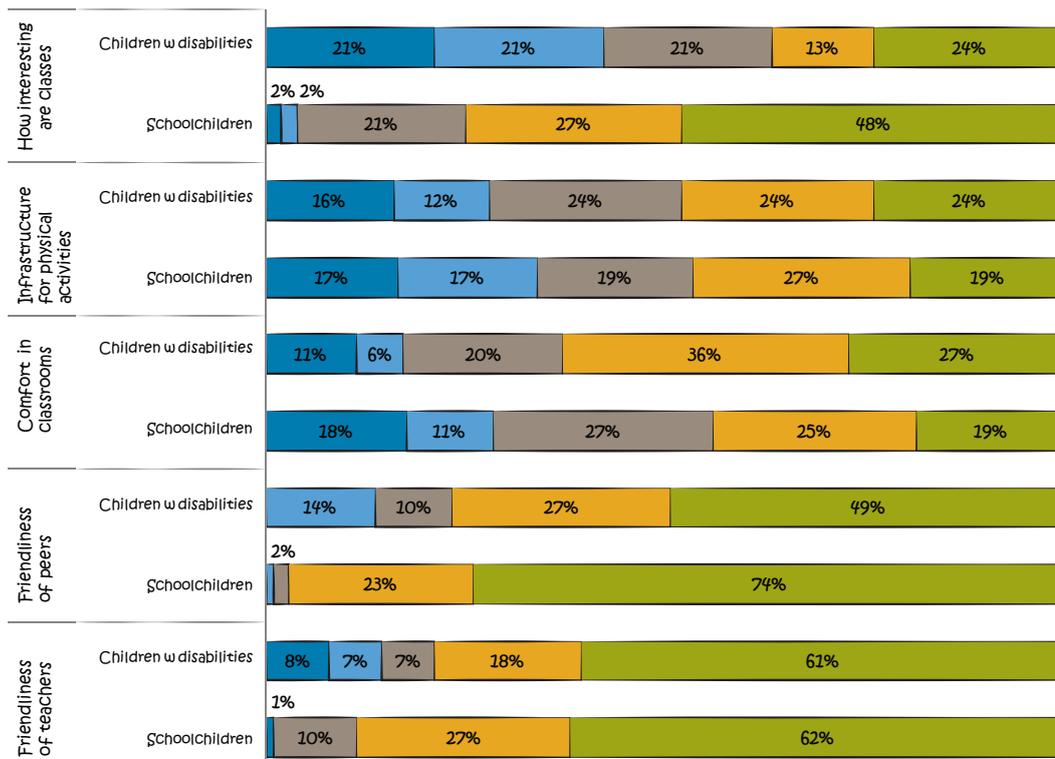
6.5 Environment for Children with Disabilities

We tried to assess environment for children with disabilities at schools as well as in their neighborhoods, including interaction with various groups of people.



Assessment of school-related components. Comparison between children with disabilities and school-children

■ Very negatively ■ Somewhat negatively ■ Neither positively, nor negatively ■ Somewhat positively ■ Very positively

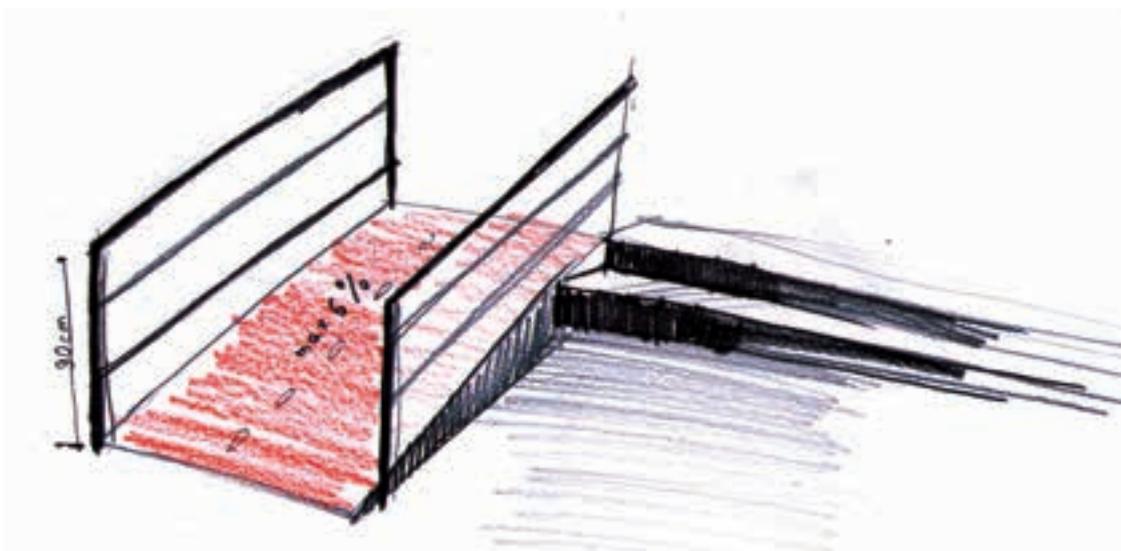


The comparison of children with disabilities (who go to schools) with other schoolchildren shows some differences. Most notably, children with disabilities assess more negatively “how interesting are classes (42% of children without disabilities assessed negatively compared to 4% of children with disabilities). However, the problem is not simply the attitude of teachers as 79% of children with disabilities consider their teachers to be “friendly” compared to 89% for children without disabilities. Notably, there was a big differential amongst respondents in their assessment of the friendliness of peers, with only 2% of school children without disabilities considering them to be unfriendly, compared to 14% of children with disabilities. Curiously, while a significant minority in each case assessed the infrastructure of the school and the comfort of the school negatively, children with disabilities actually assessed them more positively than children without disabilities.

Assessment of the neighborhood environment by children with disabilities

	Very negatively	Somewhat negatively	Neither positively, nor negatively	Somewhat positively	Very positively
Friendliness of adult neighbors	10%	4%	20%	11%	55%
Friendliness of peers in the neighborhood	0%	22%	15%	16%	47%
Infrastructure for sports/playing	34%	17%	23%	17%	9%
Accessibility of transport	31%	13%	13%	14%	30%

As with school-related components, we also asked children with disabilities about their neighborhood. Infrastructure for playing and accessibility of transport were assessed fairly negatively by children with disabilities while the friendliness of neighbors and peers was generally fairly positively assessed.



How comfortably do you think children with disabilities feel at school/yard?

	Schoolchildren	Teachers
Very uncomfortably	15%	6%
Quite uncomfortably	26%	28%
Quite comfortably	57%	59%
Very comfortably	2%	7%

We asked teachers and school-children about how they think how comfortably children with disabilities feel at school or school yard. Teachers tend to have slightly more positive idea about how children with disabilities feel than school children.

6.6 Activities

Important part of our survey was devoted to understanding how children with disabilities are engaged in everyday lives, what activities they are involved in and how these activities compare to the activities of school children.

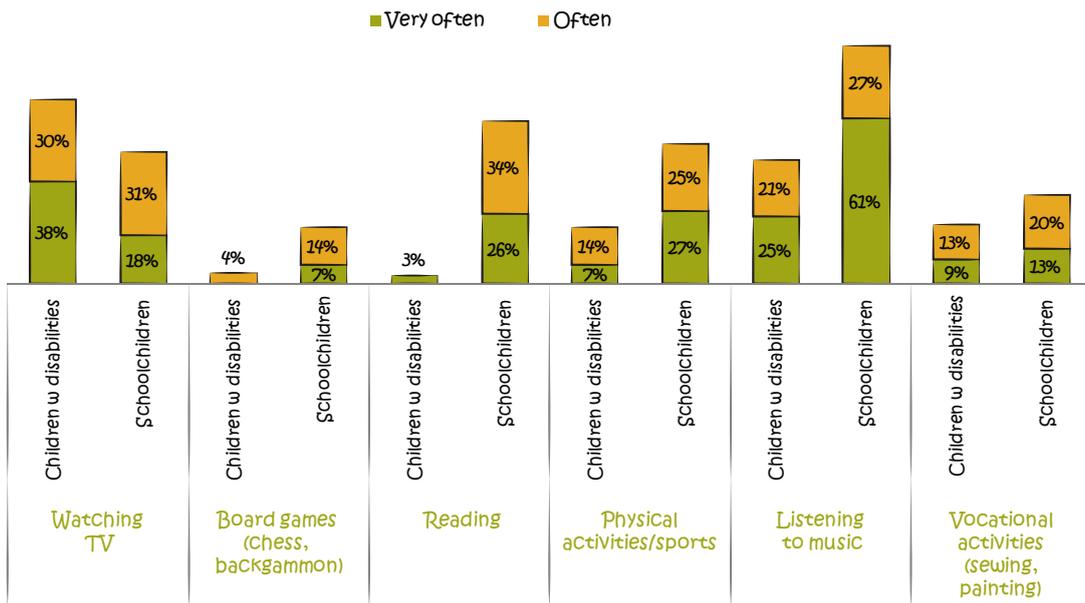


On the scale of “1” to “5” where “1” means “no involvement” and “5” means “active involvement,” how involved is the child with his/her peers?

No involvement	30%
2	24%
3	21%
4	14%
Active involvement	11%

The above table shows that more than half of children with disabilities feel that they are either not involved or almost not involved with their peers. It is sometimes the case that classmates come to a home of a child with a disability. But provided the existing environmental constraints, such as lack of ramps or accessible transportation, the figures show that children with disabilities are put in very disadvantaged positions.

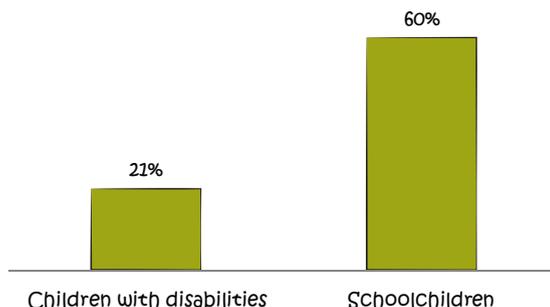
Comparison of activity levels between children with disabilities and schoolchildren



There are important differences between children with disabilities and school children in terms of daily activities. It seems that the only category that children with disabilities do more often is watching a TV. In more intellectually (board games, reading) and physically (sports) demanding activities, children of disabilities have very low level of activeness.



Share of children involved in extracurricular activities



Apart from going to school, we also asked children what kind of extracurricular activities they do, such as attending sports clubs or learning music. Compared to children with disabilities, almost three times more school children are involved in extracurricular activities.

6.7 Perceptions/attitudes Towards Children with Disabilities

The last section of the survey was about the perceptions towards children with disabilities. One issue that is often being discussed is how much attention people devote to children with disabilities. Obviously, ignoring children with disabilities is bad, but too much attention is not desirable as well, as it can make them uncomfortable.

Attention from various groups towards children with disabilities

	No attention	Right amount of attention	Too much attention
Relatives	2%	73%	25%
Neighbors	5%	81%	14%
Peers	15%	71%	13%
Strangers	22%	55%	23%



“Strangers” seem to be the worst category in terms of providing the right amount of attention to children with disabilities, mostly ignoring them, while relatives sometimes tend to exert too much attention.

At schools, 86% of school-children said they know somebody with a disability, and 56% of them said that they are friends with them.

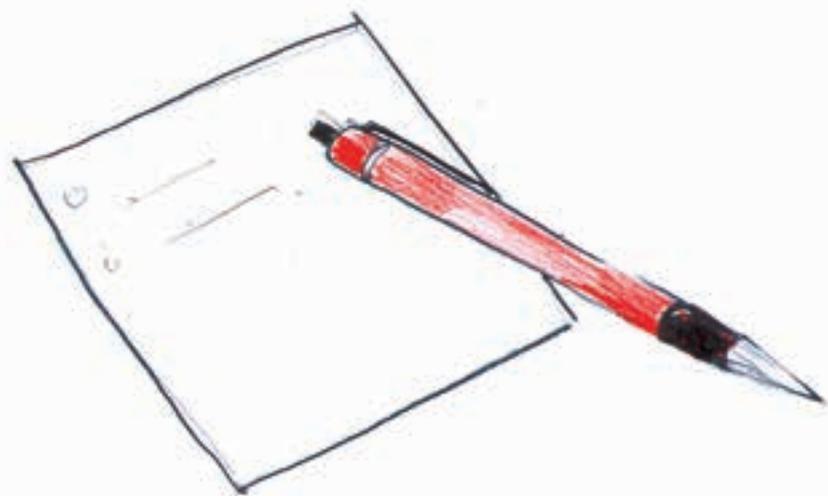


How hard it is to communicate with persons with disabilities?

	Schoolchildren	Teachers
Very hard	15%	9%
Hard	4%	27%
Neither hard, nor easy	41%	48%
Easy	22%	3%
Very easy	18%	2%

19% of school-children find it hard or very hard to communicate with persons with disabilities, while 36% of teachers say the same. Only 5% of teachers say it’s easy or very easy to communicate with children compared to 40% of school children.

Annexes



Annex 1: List of medical conditions for granting a disability status

(From Decree #62/N of the Minister of Labour, Health and Social Affairs of Georgia)



Medical conditions for a disability status for 2 years period:

- a) Congenital or acquired diseases of the nervous system and injuries, mental disorders.

(Movement disorder maintained more than 2 months; Pelvic organ dysfunction caused by spinal cord injury; epileptic form; mental disorder caused by physical disease; Organic personality disorder; Schizophrenia)

- b) Visual organs diseases and injuries
- c) Diseases and injuries of internal organs and systems *(Cardiovascular and respiratory disease II degree and more, pulmonary tuberculosis; Asthma; gastrointestinal and kidney diseases)*
- d) Congenital or acquired hearing impairment; severe and moderate degree (infectious, traumatic or other origin) of hearing loss combined with other diseases (for verification period).

Medical conditions for a disability status for 5 years period:

- a) Orthopedic and surgical diseases (limb developmental disease)
- b) Oncological diseases *(II degree)*
- c) Blood diseases



Medical conditions for the disability status for indefinite time until the age of 18:

- a) Nervous system diseases and injuries (*Significant coordination defect, severe generalized hyperkinesias*)
- b) Mental disorders (*Dementia; moderate or severe mental retardation*)
- c) Visual organs diseases and defects (*Caused by irreversible morphological changes*)
- d) Diseases of internal organs and systems (*Chronic congestive heart failure III degree; respiratory disease III degree; Cirrhosis*)
- e) Oncological diseases (*Incurable*)
- f) Endocrine diseases
- g) Blood diseases (*Chronic*)
- h) Congenital and acquired immunodeficiency states
- i) Orthopedic and surgical diseases (*The lack of limbs*)
- j) Diseases and defects of hearing organs
- k) Genetic diseases

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Annex 3: The List of Interviews



Amiran Dateshidze, Head of Division for Social Issues and Programs, Ministry of Labour, Health and Social Affairs of Georgia

Ana Abashidze, Head of the Partnership for Human Rights

Andro Dadiani, Chairman of the board of Every Child Georgia

Cathy McLain, Founder of the McLain Association for Children

Davit Shotadze, Head of the Social Services Division of Bagdati Municipality

Eka Dgebuadze, Head of Inclusive Education Development Division, Ministry of Education and Science of Georgia

Emiliane Lomidze, Head of the Bagdati Office of the Social Services Agency

Giorgi Chubinidze, Head of the Zestaponi Office of the Social Services Agency

Giorgi DZneladze, Director of the Coalition for Independent Living

Giorgi Kakachia, Head of the Department of Social Affairs, Ministry of Labour, Health and Social Affairs of Georgia

Givi Endeladze, Head of Sakrebulo of Adigeni Municipality

- 
- Jaba Nachkebia, Director of Children of Georgia, Coalition for Children Welfare
- Kakha Gognadze, Deputy Gangebeli of Bagdati Municipality
- Keti Tskhovrebadze, Social Worker at the Zestaponi representation of Social Services Agency
- Maguli Shaghashvili, Director of the First Step Georgia
- Maia Buchukuri, Specialist at the Social Services Agency
- Maia Sulamanidze, Head of the kindergartens' association of Bagdati
- Malkhaz Zhuzhunadze, Acting Gangebeli of Akhaltsikhe Municipality
- Marina Suknidze, Head of the Social Services Division of Zestaponi Municipality
- Natia Piralishvili, Head of the Center on Protection of Rights with Persons with Disabilities, Public Defender's Office
- Nato Kobuladze, Member of the Imereti Multidisciplinary Group of the Ministry of Education and Sciences of Georgia
- Nino Jinjolava, Specialist at the Division for Social Issues and Programs, Ministry of Labour, Health and Social Affairs of Georgia
- Nino Nadiradze, Member of the Samtskhe-Javakheti Multidisciplinary Group of the Ministry of Education and Sciences of Georgia
- Oleg Sandroshvili, Head of Sakrebulo of Akhaltsikhe Municipality
- Paata Shavishvili, Head of the Population Census and Demography Division, Geostat
- Tea Chubinidze, Social Worker at the Zestaponi representation of Social Services Agency
- Valeri Gazdeliani, Head of the Division for Social Services, Social Services Agency
- Zhana Peradze, Director of the "Orioni" Day care center in Zestaponi
- Zoia Leladze, Head of the kindergartens' association of Zestaponi

Annex 4: The List of Organizations Working on Disability Issues



Aid association for children with hearing and speech disorder.

Address: Tbilisi, Vaja-Pshavela str. 73 III block. Building 14, Tel: 599 51 33 97

Email: makako@geonet.ge

Association - "Harmonious development house for children". Tel: 5 99 78 29 78

Association "Anika".

Address: Tbilisi, Dadiani str. #136 Tel: 599 51 05 95 Email: geo_anika@yahoo.com

Association - "Children with disabilities, family, society".

Address: Tbilisi, VaJa-Pshavela ave. building 76. Tel: 577 71 56 09

Email: mabibi50@hotmail.com

Association "Orioni". Address: Zestaponi, Tsereteli str. #2

Tel: (492) 253402; 599133181 Email: orioni.orioni@gmail.com

Association of Chernobilians in Western Georgia. Tel: 599 96 05 73

Association of people with disabilities in Imereti. Tel: 555 78 52 78

Center for education and social rehabilitation "Tairisi".

Address: Kutaisi, King ParnavaZ str. #143 Tel: (0431)273449, 239828; 599713155

Email: tairis.ge@gmail.com; irinaabd@yandex.ru

Coalition For Independent Living.

Address: Tbilisi, Kedia str. #7 Tel: 2356 609 Email: <http://disability.ge/>

Free Pedagogical Institute. Address: Tbilisi, Borjomi str. 10

Tel: 599 56 47 21; 234 76 21 Email: cfp.shostak@gmail.com

Georgian federation of people with disabilities "Revival 2002".

Tel: 598552438 Email: sifa2002@mail.ru

Imediplusi. Address: Tbilisi, Chikovani str. 14

Tel: 236 56 27; 593 33 58 87; 551 77 02 10 Email: imedi@imediplusi.ge

International association of women with disabilities of Georgia.

Address: Tbilisi, Dzmebizubalashvilebi str.

Tel: 292 09 11; 599 97 30 06 Email: gdwia@access.sanet.ge

League for people with disabilities.

Address: Tbilisi, Kedia str. #7 Tel: 225 23 19 Email: ligadzneladze@mail.ru

League of Social Protection. Tel: 591001011, 2142207 Email: sdliga2009@gmail.com

Library - Cultural Center for Youth with Disabilities "Support".

Address: Tbilisi, Uznadze str. Tel: 2 96 74 62 Email: acacia@ip.osgf.ge

Library-Cultural Center for People with Disabilities "TANADGOMA".

Address: Tbilisi, Uznadze str. # 68 Tel: 296 74 62, 296 11 39

Email: isharikadze@yahoo.com; nana9872001@yahoo.com

Ltd neuro-rehabilitation center of Western Georgia - "Temila-97".

Address: Kutaisi, King Tamar str. #34. Tel: 593311791

Email: zaZa_pataridze@hotmail.com

Movement: Accessible environment for everyone. Tel: 555217669

National fund for assistance. Address: Kutaisi, Nikia str. #25.

Tel: (431) 23 99 33, (599) 117126 Email: avalianinaf@hotmail.com

NGO "Parsa". Address: Tbilisi, Tsyheti str. 3^a Tel: 577 46 46 25 Email: info@parsa.ge

NGO: Together to the Future. Address: Zestaponi. Tel: 555 33 03 37

Organization Supporting Social Inclusion. Address: Gurjaani, Tayaishvili str. 30

Tel: 577 28 28 66 Email: contact@handinhand.ge

Paralympics Committee of Georgia. Address: Tbilisi, Kedia str. #7 Tel: 593 37 41 37

Email: parapymlic@disability

Partnership for human rights – PHR.

Address: Tbilisi, Kostava str. 2nd turn, Building 3

Psycho - social rehabilitation center of Kutaisi.

Address: Kutaisi, Ninoshvili 6th lane #12. Tel: (0431)292571

Email: maia_nucubidze@yahoo.com

Regional organizations of persons with disabilities in Imereti - "For Valuable living".

Tel: 593 03 31 75

Social and medical rehabilitation centre- Psycho of torture victims.

Address: Kutaisi, Gaponovi str. #22 Tel: (0431)251991; 599720519

Email: annachapidze@gmail.com

Social Rehabilitation union of children with disabilities.

Address: Tbilisi, Kedia str. #7 Tel: 599 53 27 32 Email: tearoma@yahoo.com

SOS children village. Address: Kutaisi, Akhlagazrdoba str. 3rd turn.

Tel: (0431) 234069. Email: levan.baliashvili@sos-kd.ge

The Public Defender's Office. Address: Tbilisi, Ramishvili str. 6 (Center for the Rights of Persons with Disabilities Tel: 922377 (122)) Tel: 2234499 / 2913814 / 2913815 / 2913841 / 2913842 / 2913843 / 2913875 / 2913876 / 2913877

Email: info@ombudsman.ge

Union "Ia". Address: Tbilisi, Gurjaani str. 20 Tel: 274 75 51

Email: nchabukuani@gmail.com

Union "Parental support". Address: Tbilisi, Lagidze str. 7 Tel: 591 66 85 77

Email: nkikvidze@mail.ru

Union "Parents Bridge". Tel: 577 47 34 40

Union "Rea". Address: Tbilisi, Chonkadze str. 29 Tel: 298 82 71; 293 34 45

Email: else@caucasus.net

Union of blind in Georgia. Address: Tbilisi, Kalandadze str.#3 Tel: 245 75 12

Email: unbig@hotmail.com

Union of blind in Kutaisi. Tel: 558 69 54 76

Union of deaf in Georgia. Address: Tbilisi, Kalandadze str. 2 245 75 12

Email: info@gbu.ge

Union of deaf & mute people in Kutaisi. Tel: 557 75 74 72, 0431 27 97 12

Union of God's Sons. Address: Tbilisi, Chavchavadze ave. 49^a Tel: 225 01 45

Email: iunona@yahoo.com

Union of people with disabilities in Georgia. Tel: 598 55 24 38

Union of people, who needs special care (social care home).

Address: Tbilisi, DzmebiUbilavebi Str, #8 Tel: 277 63 07 Email: info@apnsc.ge

Youth Center for Independent Living. Address: Tbilisi, Kedia str. #7

Tel: 2 35 66 09 Email: nadira@disability.ge

Youth movement for persons with mental disabilities "Mercy".

Address: Kutaisi, Bukhaidze str. #4. Tel: (558) 77 98 07/ (0431) 275730

Email: getichigliadze@mail.ru

Annex 5: Questionnaires



Survey of children with disabilities World Vision April 2014

V1	Settlement	
V2	Municipality	
V3	Interviewer (name, last name)	
V4	Interviewer's cell phone	

T1	Date of interview:	_ _ _ Day	_ _ _ Month
T2	Starting time of the interview: [use 24 hour format]	_ _ _ Hour	_ _ _ Minute
T3	Ending time of the interview: [use 24 hour format]	_ _ _ Hour	_ _ _ Minute

D1. Demographics

	[To interviewer: Circle the gender of the child in question]	Male	Female
		1	2

D2. Age of Child

|_|_| Year

D3. Is the child registered as a pension receiver at the Social Services Agency?

1	Yes
2	No
98	<i>(Don't know)</i>

D4. Is the child registered as socially vulnerable at the Social Services Agency?

1	Yes
2	No
98	<i>(Don't know)</i>

D5. What type of disability does the child have?

		No impairment	Partial impairment	Significant impairment	Complete impairment	Don't know
1	Multiple impairments (both intellectual and physical)	1	2	3	4	98
2	Difficulties with seeing (despite using spectacles)	1	2	3	4	98
3	Difficulties with hearing (despite using hearing device)	1	2	3	4	98
4	Difficulties with walking/moving	1	2	3	4	98
5	Learning difficulties or intellectual impairment	1	2	3	4	98
6	Difficulties with self-care (bathing, dressing)	1	2	3	4	98
7	Communication/speech difficulties	1	2	3	4	98
8	Other (please, specify)	1	2	3	4	98
Diagnosis / explanation:						

D6. Does the child have special needs for technical assistance? E.g. wheelchair, hearing device, crutch, prostheses, other

1	Yes (please, specify):
2	No
98	(Don't know)

D7. Does the child have special needs for following services: Physical therapy, speech therapy, occupational therapy?

1	Yes (please, specify):
2	No
98	(Don't know)

D8. Have you addressed the government to satisfy the special needs?

1	Yes (please, specify):	
2	No	Go to Q #1:
98	(Don't know)	

D9. Has the government satisfied your appeal and in what period of time?

1	Yes, fully (specify time):
2	Yes, partially (explain, specify time):
3	No (explain):
98	(Don't know)

Education**1. Is the child able to read in native language?**

1	Yes
2	No

2. Is the child able to calculate (add-subtract) below 10?

1	Yes
2	No

3. Which educational institution does the child go to (excluding a day center)?

1	Kindergarten	
2	School (indicate the class)	
3	Vocational/professional school (indicate the profession):	
4	Child doesn't go to an educational institution	Go to Q #0

4. How often does the child go to an educational institution (kindergarten, school, VET)?

1	Every day/Almost every day
2	Several times a week
3	About once a week
4	Several times a month
5	About once a month
6	Less than once a month
98	<i>(Don't know)</i>

5. On the scale of "1" to "5", how does the child enjoy going to an educational institution in general?

1	Dislikes very much
2	Somewhat dislikes
3	Neither likes, nor dislikes
4	Somewhat likes
5	Likes very much
98	<i>(Don't know)</i>

- 6. On the scale of “1” to “5” where “1” means “extremely negatively” and “5” means “extremely positively,” how would you assess the following elements at school? (To interviewer: read it loudly)**

1	Friendliness of teachers	
2	Friendliness of classmates	
3	Comfort in classrooms	
4	Infrastructure for playing and physical activities (playing ground, sports halls)	
5	Subjects/coursework	

- 7. Is there a specifically designated teacher at an educational institution who makes individual study plans for children with disabilities?**

1	Yes
2	No
98	<i>(Don't know)</i>

- 8. Would the child/ Parent like to attend the educational institution?**

8.1. Child's wish	8.2 Parent's wish
1. Yes (explain, why he/she doesn't attend):	1. Yes (explain, why child doesn't attend):
2. No (explain, why not):	2. No (explain, why not):
98. <i>(Don't know)</i>	98. <i>(Don't know)</i>

9. How does the child receive education at home:

1	The government provides support by sending school teachers
2	We hire private tutors
3	We try to catch up with the official program ourselves
4	Other (please, specify):
5	Child doesn't/ can't get education at home
98	<i>(Don't know)</i>

Social involvement**10. Is the child involved in some sort extracurricular activities, such as day center, youth or sports clubs?**

1	Yes (please, specify):
2	No
98	<i>(Don't know)</i>

11. Please indicate how much the child is involved in the following activities where 0 means never, 1 – very seldom, 2 – seldom, 3 – sometimes, 4 –often, 5 – very often:

	Activity	Frequency
1	Watching TV	
2	Board games (chess, backgammon)	
3	Reading	
4	Physical activities/sports	
5	Listening to music	
6	Vocational activities (sewing, painting)	
7	Other (please specify):	
98	<i>(Don't know)</i>	

12. Is the child a beneficiary of an NGO project aiming to help people with disabilities?

1	Yes (please specify the NGO and the project):
2	No
98	<i>(Don't know)</i>

13. Except family members, who is the child closest to? [TO INTERVIEWER: if no answers provided, give examples – a classmate, a relative, or a neighbor. GO to Q. #16 if no one is named]

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14. How often does the child see this person?

1	Every day
2	About once a week
3	About once a month
4	less than once a month
98	<i>(Don't know)</i>

15. Where does the child meet this person?

1	Child's own house
2	School
3	Day center
4	Park
5	Other (specify):
98	<i>(Don't know)</i>

16. On the scale of “1” to “5” where “1” means “extremely negatively” and “5” means “extremely positively,” how would you assess the following elements in the neighborhood?

1	Friendliness of adult neighbors	
2	Friendliness of peers	
3	Accessibility to infrastructure for playing and physical activities (playing ground, etc.)	
4	Accessibility to means of transportation	
98	(Don't know)	

17. On the scale of “1” to “5” where “1” means “very much isolated” and “5” means “not at all isolated,” does the child feel isolated in the environment where she/he operates?

1	2	3	4	5	98 – Don't know
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18. How would you assess the attention of different groups of people towards the child?

	No attention	Right amount of attention	Too much attention
Relative	1	2	3
Neighbor	1	2	3
Peers	1	2	3
Strangers	1	2	3

19. Could you briefly tell us, what does the child need for better social integration?
(To interviewer: if no answers provided, give examples: more information about government programs, technical resources etc)

Thank you very much for participating in this survey!

Making Mainstreaming Mainstream

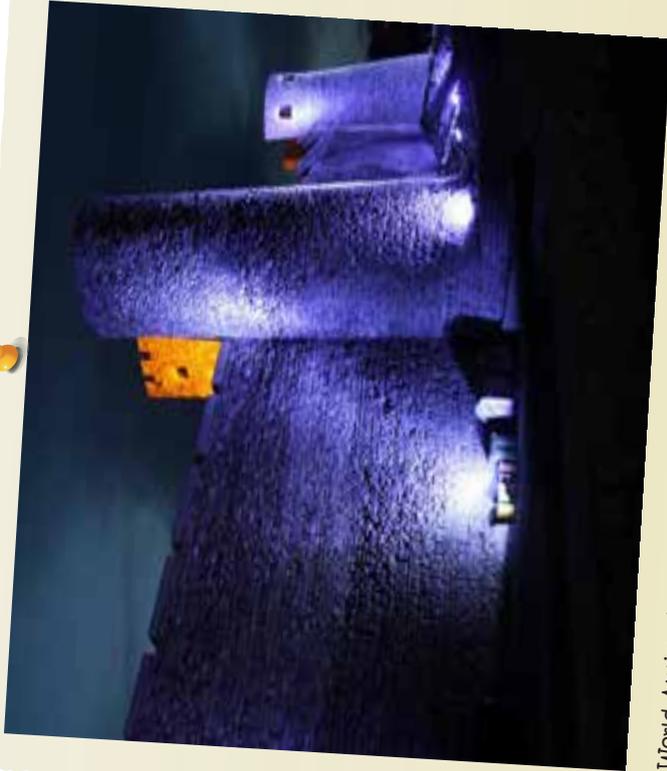




International Children's Day, June 1
Inclusive Art Event – Drawing on Sidewalks and Posters
Imereti ADP



International Children's Day, June 1
Meeting Local DPO's – Sharing Experiences with Local Government,
Youth Clubs, and DPOs
Imereti ADP



World Autism Awareness Day, April 2
Light It Up Blue Global Campaign –
Rabath Fortress Lighting Blue for 2 weeks
Samtkshe-Javakheti ADP



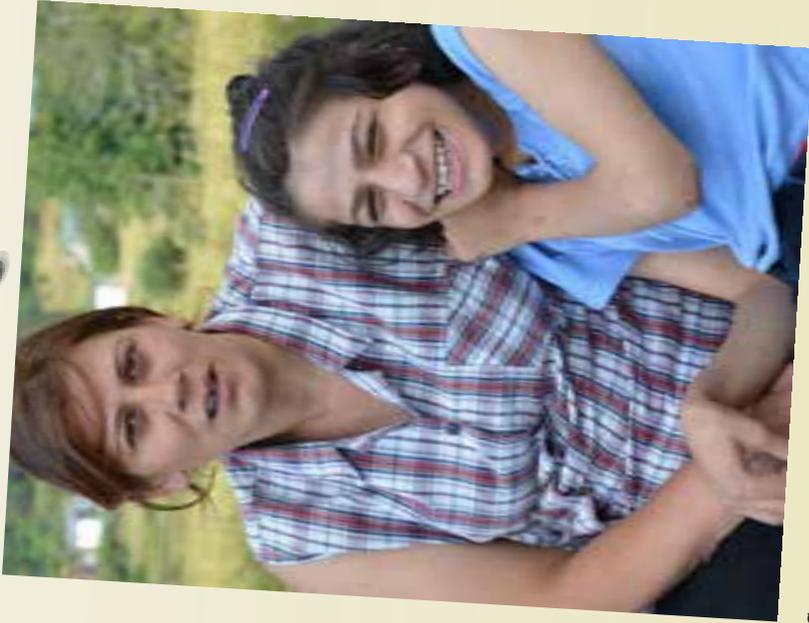
World Autism Awareness Day, April 2
Light It Up Blue Global Campaign –
Rabath Fortress Lighting Blue for 2 weeks
Samtkshe-Javakheti ADP



Staff Trainings, March 10-11
Travelling Together – Holding a Two-Day Meeting for Disability
Mainstreaming
World Vision Georgia, N.O.



Staff Trainings, March 10-11
Travelling Together – Holding a Two-Day Meeting for Disability
Mainstreaming
World Vision Georgia, N.O.



Summer School for Parents, August 11-15
Training for Parents and Early Intervention for Children
Samtskhe-Javakheti ADP

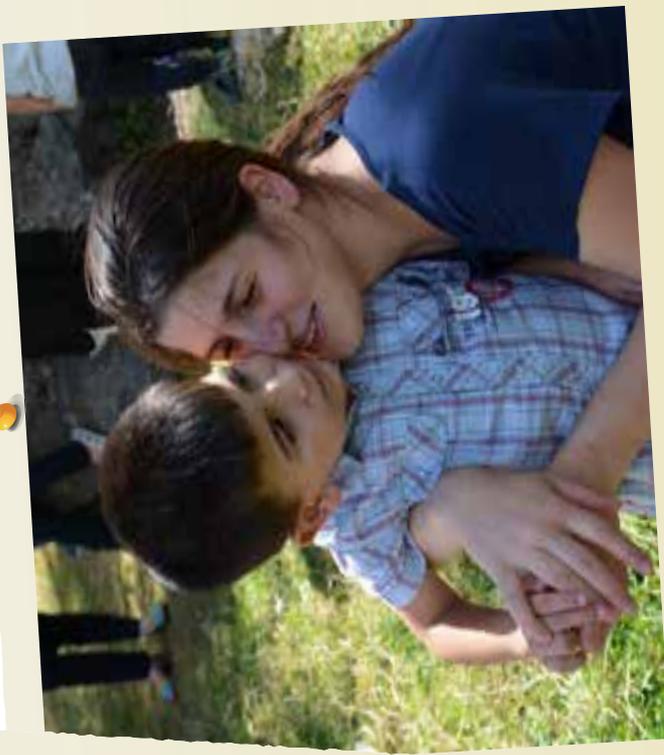


Summer School for Parents, August 11-15
Training for Parents and Early Intervention for Children
Samtskhe-Javakheti ADP



"I should never lose hope that someday everything will be better. This belief can even make miracles happen for us and for people around us. I will always remember these days as a warm memories of my life, I gained new friends, shared their pain, and somehow I became stronger and started to see life from the different perspective."

Khatuna (Participant of World Vision's Summer School for Parents)



"I am feeling very positive today, because I see changes in Tomike [her son], now he has different relations with the children; he no longer experiences the emotional difficulties. In the past, he used to cover up his ears every time he saw children to avoid the loud noise. I think I should be stronger, because strong people can win in life."

Diana (Participant of World Vision's Summer School for Parents)



Winds for World Run, May 4
Fundraiser - Running for Spinal Injury Cure
World Vision Georgia, Project Administration



Youth Initiative Summer Program, July 25
Mixed-ability Field Trip to Zarzma and Chule Monastery
Samtskhe-Javakheti ADP



School Clubs Youth Training, March 21
Travelling Together – Holding a Two-Day Meeting for Disability Mainstreaming
Samtskhe-Javakheti ADP



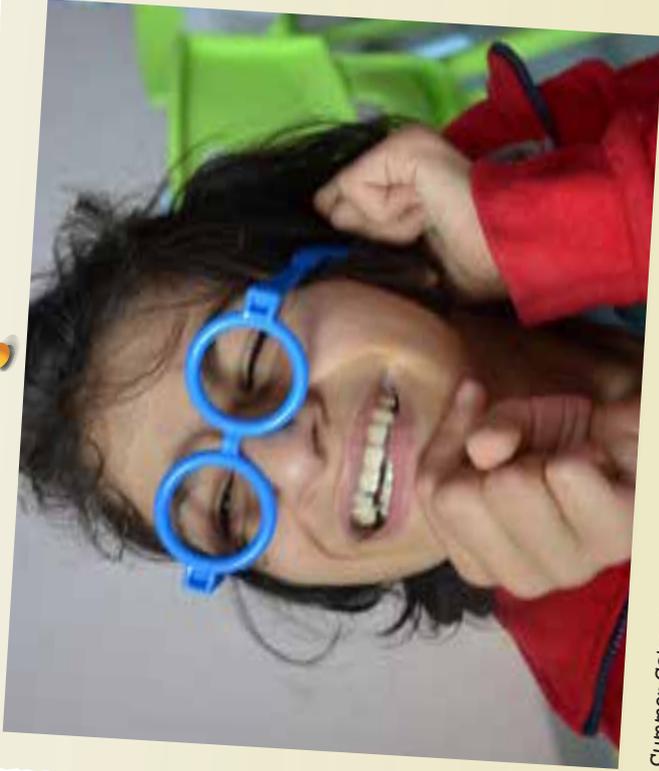
Youth Initiative Summer Program, July 25
Mixed-ability Field Trip to Zarzma and Chule Monastery
Samtskhe-Javakheti ADP



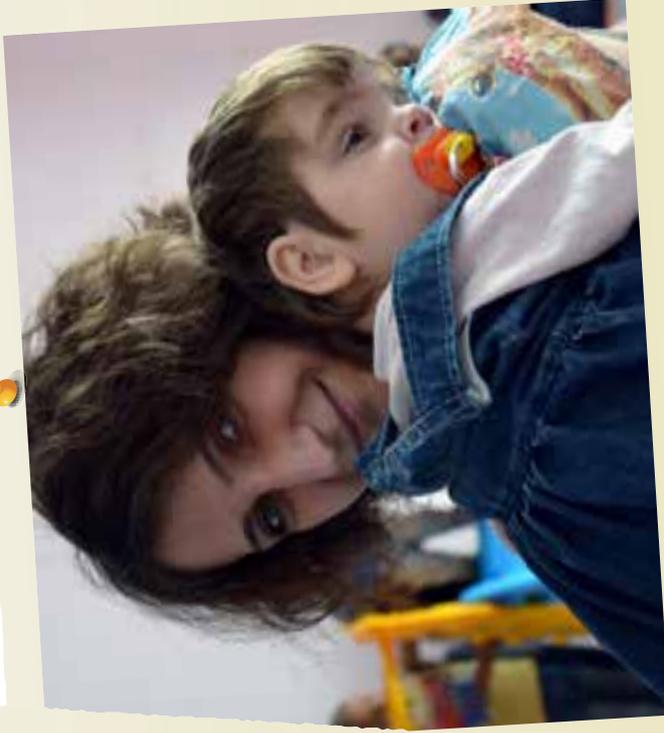
Kutaisi State University Summer School, July 15-28
Mixed-Ability Inclusive Education School
Imereti ADP



World Down Syndrome Day, March 21
Global Campaign: Lots of Socks
Samtskhe-Javakheti ADP



Summer School for Parents, August 11-15
Training for Parents and Early Intervention for Children
Samtskhe-Javakheti ADP



Summer School for Parents, August 11-15
Training for Parents and Early Intervention for Children
Samtskhe-Javakheti ADP



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