**To the UN Committee on the rights of Persons with Disabilities**

**Alternative Response to Georgia’s Official Replies to the List of Issues to the Initial Report of Georgia on the Implementation of the Convention on the Rights of Persons with Disabilities**

**Georgia**

**2023**

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# Introduction

The development of the Alternative Response to Georgia’s Official Replies to the List of Issues to the Initial Report of Georgia on the Implementation of the Convention on the Rights of Persons with Disabilities (CRPD) was facilitated by the Coalition for Independent Living (CIL) and in partnership with its member and non-member organisations. In the process of preparing the report and related advocacy, the undersigned organizations have been supported technically, logistically, and financially by the International Disability Alliance whose collaboration is acknowledged and appreciated.

Information used in present report was collected from various sources such as reports, and studies published by non-governmental organisations (NGO) Public Defender of Georgia; studies carried out by various United Nations (UN) agencies; blog articles and articles from persons with disabilities; information accumulated in organisations of persons with disabilities (OPD) and from advocacy projects implemented in past two-three years.

The contributing organisations are based in Tbilisi and the regions and include Organisations of Persons with Disabilities (OPDs), Independent Living Centres (ILCs), other NGOs, and service providers. CIL is a national cross-disability coalition of 26 non-governmental organisations working on the issues of persons with disabilities.

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# Executive Summary

Since the adoption of the List of Issues by the CRPD Committee,[[1]](#footnote-1) in relation to the initial report of Georgia, some major positive steps were taken by the Georgian authorities:

* Adoption of the Law of Georgia on the Rights of Persons with Disabilities (June 2020);[[2]](#footnote-2)
* Ratification of the Optional Protocol to the CRPD (April 2021);
* Establishing the Disability Coordinating Council within the Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia (MoIDPLHSA) which has created and operates the four committees (working groups) focusing on following topics: i) supporting the establishment of the disability status determination mechanism (based on the biopsychosocial model); (ii) supporting the deinstitutionalization and developing the alternative care services; (iii) supporting the development of the social services for persons with disabilities and improving mechanisms for service quality monitoring and evaluation; (iv) supporting the integration of the social services for persons with disabilities at the municipal level.

We acknowledge some of the measures taken by the Government of Georgia (GoG) to fulfil its obligations under the CRPD. However, these measures are implemented so slow and in a such limited capacities, that overall situation and condition for the most persons with disabilities and their families in Georgia is not changing positively. The major systemic issues that were discussed in the alternative report on the implementation of the CRPD in Georgia (2017) remain unresolved after five years:

1. Although the MoIDPLHSA has established the committees to facilitate the reform, the progress on developing and adopting the action plan for supporting the establishment of the disability status determination mechanism (based on the biopsychosocial model is slow. Initiatives for improving the social service delivery in Georgia is hampered by the persistence of the medical concept of disability. There is no consolidated strategy which would ensure consideration of the specific individual needs of persons with disabilities.
2. Lack of services and support for persons with disabilities and their families aggravates dependency, living conditions and increases risk of poverty;
3. In December 2021, the GoG has established the Inter-Agency Coordinating Committee for the Implementation of the CRPD. The mechanism was established without considering the recommendations of the community of persons with disabilities (self-organized group of persons with disabilities and their representative organisations, more than 150 people) regarding the statute (including on the structure and rules of operations) of the Committee. The Committee lacks efficiency, transparency, financial and human resources for operations. Moreover, there have been no effective steps initiated for coordination and implementation of the CRPD. As a result, the mechanism is fictional rather than functional.

# Articles 1- 4. Purpose and General Obligations

1. a) We recognize the importance of adopting the Law of Georgia on the Rights of Persons with Disabilities (the Law). As a result of the Law, disability issues have become more visible among government agencies and across municipalities. However, we would like to draw attention of the CRPD Committee to several aspects that need to be improved in relation to the newly adopted Law:

(i) In the Law to there is no specific reference to further strengthening and improving the legal capacity reform, which started in 2015.

(ii) The law does not recognize ‘intersectional’ or ‘multiple’ discrimination as a form of discrimination.[[3]](#footnote-3) Although multiple discrimination is already defined in Law of Georgia on the Elimination of All Forms of Discrimination[[4]](#footnote-4), the Law of Georgia on the Rights of Persons with Disabilities.

(iii) Definitions of direct and indirect discrimination contain important exception, namely “except for cases when such treatment or the creation of conditions serves the purpose defined by the law to protect public order and morals, has an objective and reasonable justification and is necessary in a democratic society, and the means used are proportionate to the achievement of such purpose.” In our opinion this exception creates a room for discrimination, especially against persons with psychosocial needs and/or intellectual disabilities, as they can be according to the law treated differently due to the purpose of protection of “public order and morals”;

(iv) There is no mention of sexual health and rights. Although Article 6(3) states that ‘The State shall promote the access of women with disabilities to the right to reproductive health care on an equal basis with others.’ Wording ‘shall promote’ instead of ‘ensures’ weakens litigation possibilities before the national courts;

v) Concept of ‘special plaintiff’ covers only cases connected with civil and administrative litigation. Which means, the civil society organisations with the status of ‘special plaintiff’ cannot initiate litigation before the Constitutional Court of Georgia.

b) Since 2020, the disability community has been requesting the adoption of a National Disability Strategy and Action Plan. However, there is no indication that the GoG plans to adopt any of those documents. In 2022, the GoG drafted and submitted the National Human Rights Strategy and Action Plan to the Parliament for adoption. It contains one sub-chapter about disability related issues which is fragmented, with general provisions without specificity. The information gathered from OPDs indicates that no OPDs to their knowledge have participated in the drafting or negotiation process. Action Plan of the Government of Georgia on the Protection of Human Rights 2018-2020, Action 19.1.12.4 stated as following: “Preparing project of long-term, detailed action plan based on the results of basic research.”[[5]](#footnote-5) In 2020 was published the annual implementation monitoring report regarding the implementation of the 2018-2020 Action Plan.[[6]](#footnote-6) According to the report, Action 19.1.12.4 was implemented.[[7]](#footnote-7) However, authors of the present alternative report are not aware about the stated above research and action plan.

**Proposed recommendations:**

* Review and amend national laws, orders, and decrees issued by various ministries in compliance with the CRPD;
* Adopt National Disability Strategy and Action Plan;
* Review and amend the Law of Georgia on the Rights of Persons with Disabilities so that organisations with the status of ‘special plaintiff’ are explicitly authorized to bring cases before the Constitutional Court of Georgia.

# Article 5. Equality and non-discrimination

2. (a) In Georgia, main laws prohibit discrimination based on disability. However, laws, decrees, and orders from various ministries still contain discriminatory clauses. Here are few examples:

(i) According to the Law of Georgia on Adoption and Foster Care, the adoption of a child is not permitted for a person who cannot fulfil his/her parental duties properly due to health condition (based on the list of diseases approved by the MoIDPLHSA).[[8]](#footnote-8) The list of diseases approved by the order[[9]](#footnote-9) states: ‘An adoptive parent can be any adult, except for’ who has ‘all diseases and injures that led to assigning the status of severe of significant disability, which affects the full development of the child;’

(ii) The Order of the MoIDPLHSA ‘On Determination of Indications Against Donating Blood and its Components’[[10]](#footnote-10) adopted back in 2000, contains a chapter on absolute contradictions to donation. The chapter lists the diagnoses, in the presence of which the respective medical institution has the right without additional examination to immediately refuse the citizen donate blood, such as has amputee eyes, or limbs, deafness.[[11]](#footnote-11) Based on the above-mentioned decree, blind woman X was refused to donate blood without requesting any additional documents or examining her health condition in 2021. The excerpt from her testimony[[12]](#footnote-12):

*‘At the moment when I was refused a donation because of my disability, I felt humiliated and insignificant. I wished that other persons with disabilities did not have this problem… I thought: If my family member needs blood and I can be her/his life saver, and someone tells me you cannot donate blood – this was a terrifying thought. I was insulted, broken, upset, I wanted to cry.’*

X, 2021

The case pending before the Court of Appeals;

(iii) The Order of the Minister of MoIDPLHSA ‘On determining the list of medical specialties in which it is prohibited to work for subject in case of existence certain diseases’,[[13]](#footnote-13) lists conditions such as blindness, deafness, amputation of upper limbs and others with direct link to disability;

(iv) The Joint Order of the Minister of MoIDPLHSA and the Minister of Interior Affairs ‘On the approval of the requirements in relation to the state of health necessary for driving mechanical vehicles and the procedure for its inspection,’[[14]](#footnote-14) lists various types of disabilities, including deafness, absence of both upper limbs etc., in case of which person is refused to pass the driving license exams. There is no medical, or empirical evidence for such type of refusal without individual assessment.

b) The denial of reasonable accommodation is recognised as a form of discrimination and defined as: ‘a principle which involves necessary and appropriate modification and adjustments without imposing a disproportionate or undue burden or obligation, and where needed in a particular case, ensures that persons with disabilities exercise all human rights and fundamental freedoms on an equal basis with others.’[[15]](#footnote-15) However, no other legal or policy document is issued to clarify the scope of ‘disproportion’, ‘undue obligation’, and ‘reasonable’ in relation to any sphere (health, employment, accessibility, education, etc. The Courts are reluctant to exercise their power and define or establish any systematic approach towards the concept. It leads to conclusion, that without issuing subsequent legal or policy documents providing proper guidance and elaboration on the meaning, scope, and application of ‘reasonable accommodation’ in different spheres of life, the implementation and development of the concept can be non-systematic, vague, and apply different standards to similar cases.

**Proposed recommendations**

* Issue legal and policy documents providing proper guidance and elaboration on the meaning, scope, and application of the concept of reasonable accommodation;
* Immediately repeal all laws, orders and decrees preventing persons with disabilities from adopting a child;
* All laws and policies relating to blood donation should be revised to ensure that people with disabilities are able to donate blood.

# Article 6. Women with disabilities

3. a) Women with disabilities are still either absent from many policies and programs, or their needs are not sufficiently reflected due to the lack of research and data. Here are few examples:

(i) Absence of support services for women with disabilities and families, directly affects women and hinders their capacity to independently fulfil their parental duties;[[16]](#footnote-16)

(ii) Compared to the men, the women with disabilities are less likely to have official disability status. The absence of the official status not only makes women with disabilities invisible to policymakers, but also prevents them access the State benefits and services, which they should be eligible to.[[17]](#footnote-17) The analysis of the data on received monetary benefits in the form of State social package demonstrates that more men receive benefits than women in all age groups.[[18]](#footnote-18)

(iii) 2018-2020 National Action Plan on Combating Violence against Women and Domestic Violence and Measures to be Implemented for Protection of Victims (Survivors) envisaged conducting the study on the risks of violence, the needs of the women with disabilities and the women with psychosocial needs.[[19]](#footnote-19) No study has been carried out though.

(iv) Despite some positive steps taken by the Prosecutor of Georgia and Ministry of Interior Affairs for including disability related considerations in their policy documents, these documents contain more general provisions and lack specificity on the needs of women with disabilities.[[20]](#footnote-20) Against the requirements of the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence, no segregated data exists on violence against the women with disabilities.[[21]](#footnote-21)

(v) Budgets for municipalities are not gender sensitive. Municipalities do not study the needs of women with disabilities and, as a result, their needs are not reflected in their budgets.

(vi) Shelters and crisis centres do not have the infrastructure necessary to meet the needs of women with disabilities. In many parts of the country, the service is not available.

(vii) Screening programs and gynaecological services are not accessible for women with disabilities. Medical personnel have humiliating and stigmatised approaches towards women with disabilities. Due to stereotypes and attitudes from medical staff they are reluctant to visit gynaecologists again. The CIL revealed the cases when women with disabilities had immediate needs to visit the doctor, however, according to them[[22]](#footnote-22):

*‘Every visit to the gynaecologist is a pain for me. I feel humiliated, the ironic look of the medical staff follows me at every visit when I need to climb onto the gynaecological chair with someone else’s help. I look at the faces of the staff and my heart aches. I feel that I am non-human, an object of pity. I am an invalid. Society has passed judgment on me. They think women with disabilities shouldn’t have sexuality.’*

 *B.G 2021*

*‘A visit to a gynaecologist involves a lot of efforts, because the infrastructure of the medical facility, both external and internal, is not accessible for wheelchair users… I had a case when I could not find someone to accompany me. That day… I received humiliating look from medical personal and replicas: next time bring someone with you, we have so many patients, we are wasting time because of you’*

 *R.K 2022*

b) Women with disabilities are underrepresented in public and political life, as well as in disability movement. Since the restoration of Georgia’s independence (1991), only three persons with disabilities were member of parliament. All of whom were men.[[23]](#footnote-23) No recent data available on participation of women with disabilities in local administrative bodies.

**Proposed recommendations**

* Increase support services for women with disabilities to independently fulfil their parental duties;
* Immediately take measures to ensure screening programs and gynaecological services are accessible for women with disabilities;
* Take all necessary measures to increase the number of women with disabilities are participating in political life at national and local levels.

# Article 7. Children with disabilities

4. a) The services for children with disabilities remain insufficient. As many as half of all children with disabilities did not have access to the State Program for Social Rehabilitation and Childcare.[[24]](#footnote-24) In many municipalities such services do not exist at all.[[25]](#footnote-25) Education for children with disabilities is still largely inaccessible. Here is the story of 15-year-old Bacho, who lives in Tbilisi: ‘Bacho has not physically attended school since he was in the third grade. The school is not far from his home, however, travelling this road can be a gruelling task for Bacho and his mother. From the elevator to the ground floor there is a flight of stairs without a ramp, sidewalks are too narrow, there are several places on the way where Ana, Bacho’s mother has to lift the wheelchair to move forward.’[[26]](#footnote-26) Getting the primary education by child with disability could be even considered a ‘success story’.

b) State is not implementing effective measures for eradication of child poverty. No measures have been taken for improving the living conditions for children with disabilities. The statistics about the number of children with disabilities does not exist and without statistics many children with disabilities fall behind the State’s attention. Only those, who somehow manage to communicate with the NGOs get individual support. Resolving few individual cases, however, is not enough for the disability community. Without State’s immediate steps to gather data on children with disabilities and their needs, no progress can be reached for future health, education, and employment. For example, there is no statistics on how many persons with down syndrome, or persons with autism lives in Georgia, how data is disaggregated by sex and geographical area. Consequently, no sufficient support services exist children and for their families. Because of non-existence of statistics, the State cannot plan accordingly what services should be developed, or how the resources should be distributed to existing services.

5. a) Pre-school education in many rural and remote areas is not available not only for children with disabilities, but for children in general. Children with disabilities who belong to the ethnic minorities, are excluded from all services. Children are kept at home. Number of kindergartens across the regions are insufficient. In many occasions, there is no public transportation to take children to the kindergartens. The situation is worse if child has a disability. During the legal advocacy project implemented by CIL with support of the EU, CIL identified severe situation in Kakheti region related to the pre-school education. Children with disabilities in most cases are refused to attend the kindergarten. In cases when they are admitted, no services are provided, so soon they are forced to leave the kindergarten. Here is the excerpt from the interview of a mother of child with disabilities in Kakheti region:

*‘We got admitted, but soon were forced to stop attending the kindergarten. No personal teacher, or assistant was assigned to my child [with physical disability]. At first, we had a progress, and I was happy. But soon the staff of kindergarten told that they have many children, and they cannot take care of a child with disabilities. Later child admitted that children do not communicate with him, bully him and he is spending most of the time alone sitting in the corner.’*

 *K.B mother of child with disabilities*

Mother was forced to give up on litigation, because of pressure from family members, relatives, society. During the CIL legal advocacy project, many cases were not followed-up to courts because of fear of losing jobs, being bullied from neighbourhood and pressure from relatives.

**Proposed recommendations**

* Increase the coverage of State Program for Social Rehabilitation and Childcare;
* Develop all necessary individualised services for children with disabilities to ensure their development equally with others;
* Develop support services for families with children with disabilities.

# Article 8. Raising awareness

6. a) With the support from the international donors, the number of awareness raising campaigns implemented have increased throughout last 2-3 years in Georgia. Example: Ministry of Interior Affairs developed a training module on disability rights for its personnel; The High School of Justice with the support of NGOs and EU developed a module on disability rights for sitting judges; The Ministry of Justice has also trained its personnel on the rights of persons with disabilities. However, the effort is not sufficient. People with disabilities are still reporting stereotypical and discriminatory approaches from the police; efforts have to be increased to educate judges and court personnel in general on the rights of persons with disabilities. The most stereotypes and discriminatory approaches to persons with disabilities comes from medical staff across the regions of Georgia without exception. There is no obligation for medical personnel to take part in trainings, or any type of formal or informal education which concerns the disability issues.

b) If some progress can be tracked related to combating stereotypical attitudes toward the persons with disabilities at all, it is only in big cities. No progress is made in fighting stigma against persons with psychosocial needs. Even the day care centres, who are funded by the State are reluctant to enrol persons with psychosocial needs under their services due to fear and lack of knowledge.

**Proposed recommendations**

* Strengthen effort to ensure continuous awareness raising trainings and campaigns are provided for various professionals (doctors, judges, police, notary, government, and municipality officials), especially in regions.

# Article 9. Accessibility

7. a) In 2020 the GoG adopted the ‘National Accessibility Standards.’[[27]](#footnote-27) However: i) no strategy or action plan was adopted on how and under which timeframe the State plans to ensure accessibility of buildings, transportation, infrastructure, or services; ii) the State and municipality buildings are not accessible. As the area is more remote or rural, the buildings, transportation, infrastructure, and information become more inaccessible; iii) inaccessible public transportation is still a big challenge. The State has been gradually purchasing new public buses and micro-buses in recent years for inside the city travel. Despite the ratification of the CRPD, the newly purchased micro-buses are not accessible for persons with any disabilities. Intercity public transport is not accessible as well; iv) there are insufficient sign language interpreters in the country and no readiness to develop an online application for making sign language interpretation services available for all; v) an information about the State or municipal services and State benefits is not available for wider public and when available, is not in accessible format; vi) health services are inaccessible, especially for women with disabilities; the information about health services mostly is not available and when available, it is not in accessible formats; vii) the information is not provided in easy reading formats for persons with intellectual disabilities.

b) In its replies to the List of Issues, the GoG did not provide information on mechanisms for effective implementation of the National Accessibility Standards and applicable penalties for non-compliance with the laws amended in February 2020. Although the amount of penalties for non-compliance with the law and policies were increased, effectiveness of the implementation is still questionable. The CIL requested information from the Ministry of Economy and Sustainable Development and 6 different municipalities on conducted inspections, name of fined organisations for non-compliance with the Accessibility standards and consequent laws, amount of fine was imposed upon the organisation and if any of fine organisation paid the fine or took any step for reconstructing belonging according to the laws. Up to date the CIL received letters from three municipalities: one stating that the more time is needed for gathering the information;[[28]](#footnote-28) another, that no inspection was carried out since the February 2020 and consequently no one was fined for the non-compliance with laws or asked for making their buildings accessible for the persons with disabilities;[[29]](#footnote-29) third municipality stated, that currently no inspection is carried out without providing more information if they carried at all any inspection since the February 2020.[[30]](#footnote-30)

**Proposed recommendations**

* Adopt national action plan on accessibility;
* Amend laws and ensure effective monitoring mechanisms for compliance with the National Accessibility Standards are established;
* Adopt web accessibility standards;
* Take measures to ensure accessibility of public transportation including intercity transport.

# Article 11. Situations of risk and humanitarian emergencies

9. a) National Strategy and Action Plan for Disaster Risk Reduction (2017-2020) was first and only up to date document of its kind. State Audit Office of Georgia conducted study on the implementation of Action Plan only with regards to flood risks. Audit revealed that there was a lack of coordination between State agencies involved in flood prevention. The State budget that was spent on activities not included into the action plan. None of the key activities planned were implemented.[[31]](#footnote-31) The Action Plan was considered as incomplete and only small part of the planned measures has been implemented (16%).[[32]](#footnote-32) The State has no unified information system that provides complete data on natural disasters segregated by type and amount of the damage.[[33]](#footnote-33) The audit report was critical toward the implementation of the above-mentioned Strategy and Action Plan, but at the same time, it did not mention anything on disability and disability related issues.

b) In rural areas, especially with ethnic minorities, the information on COVID-19 pandemic and vaccination was not provided properly. Due to the lack of information people were thinking the virus is something to be ashamed of and should hide it from the society. They were refusing to test or vaccinate.

 **Proposed recommendations**

* Ensure persons with disabilities are actively involved in the process of drafting policies related to disaster risk reduction and humanitarian emergencies, which includes the needs of person with disabilities;
* Ensure persons with disabilities (including ethnic minorities) can gain access to information in situations of risk, in humanitarian and epidemic emergencies;

# Article 12. Equal recognition before the Law

10. In 2015 Georgia launched indeed revolutionary legal capacity reform: by the law, incapacitation of persons with disabilities was fully abolished, and the guardianship was replaced by the supported decision-making. However, failing to follow up the reform, support persons with disabilities and their families in navigating through the reform, proper training of judges and other professionals involved in the process, the reform is not fulfilling its aim. The Courts are heavily depending on the capacity assessment report conducted by the experts of LEPL Levan Samkharauli National Forensics Bureau. Conducted capacity assessment by the Forensics Bureau’s multidisciplinary group who are seeing person with disabilities first time and assessing her/his capacity through 30-minute interviews and in a place surrounded by armed guards, is entirely based on medical model of disability and violates the human rights of person with disabilities. By the Law of Georgia on Psychological Needs Assessment[[34]](#footnote-34) the person with disabilities do not have possibility to challenge the assessment report adopted by the Forensic Bureau.

11. a) The Research[[35]](#footnote-35) conducted in 2022 that studied everyday experiences of people who are recognized by the Court as support-recipients, their supporters, and their families, shows that:

i) Entire legal process of appointing supporter is difficult, time consuming and for some families expensive. To get the documents to have the supporter assigned by the Court they need to start the legal process; sometimes it lasts for months, during which people with disabilities are not receiving their disability allowances until the decision of the Court. Because of this practice many families are left without only source of income;

ii) Only few of the persons with disabilities attend Court hearings on appointing to them supporter;

iii) Persons with disabilities, their families and supporters do not have information on the differences between guardianship and supported decision-making,

iv) Persons with disabilities who are support-recipients, do not have knowledge in which areas of life they are getting support;

v) Although existing requirements on providing report twice in year on how supporter follows its obligations and a reassessment in each five years have aim to safeguard person with disabilities, it appears, that for most of the families these requirements is a heavy burden due to the lack of support from State through the process;

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**Proposed recommendations**

* Develop effective support system for persons with disabilities who are support recipients and their family members;
* Simplify to maximum extent the entire legal process of appointing supporter for the persons with disabilities and their familities.

# Article 13. Access to justice

12. a) Positive steps taken by the State to improve access to justice for persons with disabilities are as follows: i) the Law of Georgia on the Rights of Persons with Disabilities introduced the concept of Special Plaintiff, according to which organisations holding the status of special plaintiff shall be authorised to conduct administrative and civil disputes in cases concerning the elimination of discrimination against persons with disabilities, and/or in the interest of developing legal practice in this area.;[[36]](#footnote-36) ii) the scope of free legal aid service for persons with disabilities was widened by introducing changes in the Law of Georgia on Legal Aid in 2020.

However, the services provided by the LEPL Legal Aid Service is not sufficient. In most municipalities the Legal Aid Service is not available. Where available, it requires a person with disabilities to visit the office of the Legal Aid Service. The problem here is that there is no accessible public transportation or accessible infrastructure in most of the municipalities. Which hinders persons with disabilities from travel to the offices. Occasionally even family members cannot visit the office of Legal Aid Service, because they (mostly the mother of the person with disability) cannot leave the household, as no one can take care of the persons with disabilities while she is absent, or in other situations the caregiver might be working and cannot visit the office of Legal Aid Service during her working hours. Without an in-house legal service, most person with disabilities and their families cannot access the legal system.

The Courts, Offices of Prosecutors and Police, Notary Bureaus are not accessible for people with disabilities. In its response to the List of Issues, the State mentioned that 40 buildings of common Courts were evaluated. However, did it not provide information on the results of evaluation. The definition of the accessible justice system is narrowed down to having ramp for wheelchair user. Even if there is a ramp to the building, it is not usable due to the high slope.

Ensuring sign language interpretation for deaf people in the justice system is still unresolved problem. Justice system is not accessible for blind people neither. No alternative easy reading options or signs are available for people with intellectual disabilities.

**Proposed recommendations**

* Provide continuous trainings of personnel in justice, police, and prison system;
* Ensure free legal aid are available in all geographic areas in Georgia;
* Ensure disaggregated data are available on investigations and prosecutions on crime of violence against persons with disabilities (including disability hate crimes) and data on applications for legal remedies by persons with disabilities.

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# Article 14. Liberty and security of person

13. a) Reports from the Ombudsman of Georgia states, that although half of the prisoners were taking psychotropic pills, no adequate psychiatric and psychological services are available.[[37]](#footnote-37) Due to the lack of psychosocial support services, administrative personnel places inmates with psychosocial needs in the de-escalation room for a long period of time[[38]](#footnote-38) and using handcuffs.[[39]](#footnote-39) No study to our knowledge is available on the rights of persons with disabilities in penal institutions.

b) Due to lack of housing and independent living services, people with psycho-social needs are put in psychiatric institutions for a long time period. It is estimated that 40% of patients in psychiatric institutions do not require inpatient treatment.[[40]](#footnote-40) There are occasions when even psychiatric institutions themselves are asking from MoIDPLHSA to provide housing and care services to those, who do not require treatment in psychiatric institutions.

**Proposed recommendations**

* Ensure effective monitoring and comprehensive studies are carried out on the rights of persons with disabilities in penal institutions;
* Ensure access to quality health care services, including psychosocial support, for inmates with disabilities;
* Ensure people with psychosocial needs are not obliged to live in psychiatric institutions due to lack of housing and independent living services;
* Immediately adopt measures to guarantee practice of segregation and isolation based on disability are abolished, as well as restraint.

# Article 15. Freedom from torture or cruel, inhuman or degrading treatment or punishment

14. a) According to the Article 18 of Law of Georgia on Psychiatric Care, involuntary inpatient psychiatric care shall be provided to person, when she/he lacks capacity to consent due to a mental disorder, it is impossible to provide psychiatric care to this person without hospitalisation and where a delay in psychiatric care poses a danger others or her/his own life, and/or causes significant material damage to others.[[41]](#footnote-41) When involuntary inpatient psychiatric care is indicated, the consent of a patient or her/his legal representative, or in the absence of such, the patient’s relative, shall not be necessary.[[42]](#footnote-42)

b) Still no data is available on the safety of LGBTI persons with disabilities in closed institutions. There are no specific measures regarding this issue in place. The only data available is a research report, conducted by Ombudsman’s Office in Georgia in closed psychiatric facilities, according to which, sexual violence in same sex persons is ignored in facilities.[[43]](#footnote-43) This research identifies one case, where a woman, who was sexually assaulting other female patients could not be separated due to harsh conditions and narrowness in the facility and instead, was chained to an iron bed. According to medical records, the patient in question had openly stated her sexual orientation and the administration only considered this information in context of physical violence against other patients.[[44]](#footnote-44)

**Proposed recommendations**

* Revise and ament the Law of Georgia on Psychiatric Care in compliance with the CRPD;
* Immediately take measures to improve the safety of lesbian, gay, bisexual, transgender and intersex persons, including lesbian, gay, bisexual, transgender and intersex persons with disabilities;
* Explicitly include issues related to lesbian, gay, bisexual, transgender and intersex persons in national human rights strategies and action plans.

# Article 16. Freedom from exploitation, violence and abuse

15. a) The State’s response on the List of Issues on Article 16 did not provide precise information regarding the measures taken to prevent, prohibit and prosecute all forms of violence and abuse against persons with disabilities. From the advocacy practice of NGOs and DPOs, the State does not have effective mechanisms to identify violence against persons with disabilities unless getting heavy physical injuries. Few examples:

i) In Kakheti region women who has son with disabilities belonging to the ethnic minority group is trying to defend herself and her son from continuous physical and psychological violence from neighbour for already 10 years. Despite involvement of lawyers from NGOs, the Police is reluctant to take any effective measures to protect the family from perpetrator. She and her son were never recognised as victims;

ii) In Tbilisi a woman, her old mother and her daughter with disabilities are under constant psychological violence from neighbours, who are openly expressing hate towards the girl with intellectual disabilities. Family never got status of the victim. On the contrary, not taking any measures by the Police, has encouraged more violence and hatred toward the family;

iii) In Kartli region old blind man was twice assaulted physically by the neighbour. He recognised perpetrator by the voice. One case was closed. As for another case, investigation officers are blaming blind old man for not cooperating with the law enforcement agencies

From statements provided by the women with intellectual disabilities[[45]](#footnote-45):

*‘If the policemen know about your disability, they just don’t perceive your problem properly anymore. They look at you suspiciously and think, that you just make-up what you say.’*

*‘My family members called the Police. No one would listen to me. I got angry… Everyone was blaming me. They took me by force to the psychiatric hospital. I was telling them I was a victim, not a bully... I cannot stand dealing with the Police. I won’t call them even if I need. Won’t let them into the house because they are blaming me in everything.’*

b) No disaggregated data is available on cases of exploitation, violence and abuse against persons with disabilities, disaggregated by sex, age, sexual orientation, gender identity and geographical location.

**Proposed recommendations**

* Conduct effective investigations into all allegations of violence and abuse including psychological, sexual and gender-based violence against persons/ women and girls with disabilities. Ensure perpetrators are brought to justice and impose appropriate sanctions;
* Ensure measures are taken to prevent persons with disabilities from being subjected to hate crimes and law enforcement system can identify and investigate these crimes against persons with disabilities.

# Article 17. Protecting the integrity of the person

# 16. a) According to Georgian laws, sterilisation is allowed in case of written request by the patient. Forced sterilisation is prohibited. No study or data is available on who actually provides request, or consent in cases, as such kind of request should be provided by person with intellectual disabilities or person with psychosocial disabilities herself/himself. Based on studies[[46]](#footnote-46) and evidence provided by the persons with disabilities, general practice is that the doctors usually do not communicate with persons with disabilities, they receive all information and consent from family members. Accordingly, there is a high change that in case of the request provided by family member, sterilisation can be conducted even if person with disabilities refuses such intervention.

**Proposed recommendations**

* Take measures to collect data and carry out research on forced sterilisation practices in Georgia;
* Ensure information is provided in plain language and in all accessible formats to persons with intellectual disabilities and psychosocial needs regarding their health related issues.

# Article 19. Living independently and being included in the community

17. a) With the financial support from international donors the State has developed and adopted the Deinstitutionalisation Strategy and Action Plan for 2023-2030. The Deinstitutionalisation plan does not include the persons with psychosocial needs. The focus is towards closing big institutions and moving people to group homes envisaged for 5-6 persons. Smaller institutions varying between 8-21 people are operating in full capacity. As housing is the major challenge for persons with disabilities, they choose institutionalisation over being without shelter.

State is not taking effective preventive measures against abandonment of children with disabilities and/or adults. Reintegration allowance with the family for the child with disabilities is 130 GEL (which equals approximately to 45 Euro) per month.[[47]](#footnote-47) Amount is insufficient to make any family to reconsider the reintegration option. Although institutions for children were closed and children have been moved to foster families and other alternative care services, after age of 18 they have two choices: Have no housing at all or ask for institutionalisation.

State have shown little interest on adopting standards of the Independent Living Centres (ILCs) and funding them, even though the municipalities already intensively use the expertise accumulated in the ILCs.

b) Housing is one of the pressing issues in Georgia. And those who represent the most vulnerable groups suffer the most from absence of accessible and affordable housing schemes. In addition, community services are poorly developed, insufficient, and failing to cover wide geographic areas. Persons with disabilities do not have choice with whom to live.

**Proposed recommendations**

* Ensure sustainability of existing independent living centres (ICL)and their operations and development new ILC’s on all municipalities;
* Develop individualised independent living services to allow persons with disabilities to live in community and not to be forced to ask for institutionalisation.

# Article 20. Personal mobility

18. a) The State budget is not proportionally allocated. The regions, rural areas, and especially mountainous municipalities still do not receive enough funding. The State programs for assistive devices do not fully cover the needs of individuals with disabilities. Furthermore, due to the lack of accurate statistics and information, the State cannot implement any programs to meet the real needs of the persons with disabilities.

b) We do not have official information on (i) how the State performs its duty in terms of planning infrastructure in both urban and rural areas which has to guarantee personal mobility; (ii) how effective is existing monitoring mechanism. Authors of the present report requested relevant information from the State and municipal agencies. Yet to be received.

**Proposed recommendations**

* Ensure implementation of State programs are based on statistic and research on the needs of persons with disabilities;
* Ensure assistive devices are equally accessible and available for all persons with disabilities in all geographical areas;
* Inform persons with disabilities and their families on available State programs and services.

# Article 21. Freedom of expression and opinion, and access to information

19. a) No significant steps have been taken to increase the number of sign language interpreters, or to develop online translation service for deaf people. Information for persons with intellectual and psychosocial disabilities is not provided in alternative formats. Most of the websites of the government institutions are not accessible for people with visual impairments.

**Proposed recommendations**

* Take immediate measures to ensure sign language interpreters are available in all geographic areas at the request of deaf persons.
* Develop effective online service (online platform/application) which enables deaf people to have immediate sign language interpretations while receiving services (including health care services) from any national, regional or municipal service providers.

# Article 22. Respect for Privacy

20. a) The State Inspector's Service (SIS) is an independent state agency established in May 2019. The agency was the legal successor to the Personal Data Inspector Office. The State Inspector's Service was dissolved in March 2020 and two distinct agencies were created: the Personal Data Inspector Office and the Special Investigation Service (SIS). The SIS releases mid-term reports. The latest edition was published in November 2022.[[48]](#footnote-48) No reference was made on disability in the report. The mid-term report for March 2022 is available in English. No mention of the disability was made in the report, although the statistics provided are disaggregated by gender, age, and geographical region of the alleged crime.[[49]](#footnote-49)

The Personal Data Inspector has also published its 9-month activity report. According to the report, the Service received 399 applications/notifications. However, no data is provided based on a person's gender or disability.[[50]](#footnote-50)

**Proposed recommendations**

* Ensure protection of personal data of persons with disabilities in healthcare system.

# Article 23. Respect for home and the family

21. a) Information provided by the State In the responses to the List of Issues is incorrect. The State does not work with maternity homes to prevent the abandonment of children with disabilities. Moreover, to this day, well-known maternity homes still advise parents to leave a newborn with disabilities in the system. A newborn with disabilitiesdoes not enter the system unless she/he is abandoned and adopted by the foster family. There is no referral system. The family searches for information about their child's health protocol and government services on their own. Moreover, the status of a child with disabilities is granted mainly at the age of 3 and above, which makes it difficult for these children to participate in development programs. The family remains without benefits, which, on the other hand, often leads to their impoverishment and the abandonment of the child. The country does not have psycho-emotional support services for families. Only a few organisations are working on this topic on their own, which obviously is not enough for the whole country. The lack of this service also increases the risk of child abandonment.

**Proposed recommendations**

* Increase effort and support for families with child with disabilities to prevent and eliminate abandonment of child with disabilities

# Article 24. Education

22. a) The State's response to the List of Issues does not provide statistics on the percentage of children with disabilities enrolled in early and preschool education. As already mentioned in the present report, the State does not have information about the number of children with disabilities enrolled in early and preschool education. In preschool education, there is not enough trained personnel or personal assistance services. Kindergartens do not have an accessible infrastructure for children with disabilities. Families, primarily mothers, must fight alone against society and the system to get their children with disabilities into preschools. In some places, especially in rural areas, where families do not have enough information regarding disability, they are still hiding their children at home. The State does not have any preventive measures, or services, to identify these children and ensure the children are enrolled in preschool education.

b) Children with disabilities have poor support and get poor-quality education. This most likely is a pattern in different regions across the country. A study conducted in Adjara region proves the points made above. [[51]](#footnote-51) The report claims that there are no standards against which one would assess the quality of education provided to children with disabilities in schools. Children with disabilities spend most of their time in so-called resource rooms and not in mainstream classes. According to the report, it is up to schools to provide personal assistance at school for children with disabilities. Due to the lack of resources, schools in most cases do not grant personal assistance to children with disabilities. [[52]](#footnote-52) Which in many cases means children with disabilities are forced to drop the schools.

Statistics are provided below on the number of children with disabilities involved in general education. These statistics are available on the website of the National Statistics Office of Georgia. The number of children with disabilities enrolled in general education is very low compared with the number of children enrolled in schools. Moreover, the data provided, perfectly illustrates the gender stereotypes that exist in society towards women and girls with disabilities, which leave many more girls out of school than boys.

Number of children with disabilities involved in general education[[53]](#footnote-53)

|  |  |
| --- | --- |
|  | **Overall** |
| **Public Schools** | **Private Schools** |
| **202/2021** | **2021/2022** | **2022/2023** | **2020/2021** | **2021/2022** | **2022/2023** |
| **Girls with disabilities** | 311 | 399 | 415 | 1 | 1 | 0 |
| **Boys with disabilities** | 593 | 781 | 843 | 3 | 7 | 6 |

Number of Children involved in general education[[54]](#footnote-54)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **2020/2021** | **2021/2022** | **2022/2023** |
| **Overall**  | 317,144 | 324,904 | 328,602 |

c) No data available on how many students with disabilities continue their studies in higher education. We can only assume that most of the students with disabilities do not receive higher education, because of not having high-quality general education or having none at all. The university infrastructures are not entirely accessible, and the accessibility of study materials is even more problematic.

**Proposed recommendations**

* Ensure adequate human, financial and technical resources are immediately allocated to pre-school and school education system at national and municipal levels, which allows quality inclusive education for all children with disabilities;
* Support young people with disabilities (especially with affordable transportation, accommodation, and personal assistance services) to acquire high quality university education.

# Article 25. Health

23. a) No visible changes have been made either in the direction of adapting the internal infrastructure or introducing alternative methods of communication, especially at the village level to improve access to health facilities, services and equipment for persons with disabilities. Therefore, these services for persons with disabilities are most often performed by means of home visits by doctors. This makes it impossible to use instrumental research or intervention methods.

b) A common approach to early detection of all forms of disability is for the parent or guardian of the child or adolescent to apply to the state to identify developmental risks or disabilities. In general, primary health care does not identify children and adolescents' health problems at the universal screening level, and does not refer them to

The problem is that the State programs providing such services for children and adolescents are still limited in number and serve only the limited number of beneficiaries planned in that year's budget (in accordance with a strictly defined nosological code) and not to all persons in need. There is no mechanism to monitor a parent/guardian and make sure that a child/adolescent involved in medical or social habilitation/rehabilitation programs is continuously receiving these services.

c) (The Law of Georgia on Psychiatric Care[[55]](#footnote-55) has been amended several times since its adoption, to comply with international human rights standards. However, the law still is not align with the international human rights standards and needs to be thoroughly analysed and revised, especially in the context of informed consent and involuntary treatment. Additionally, stigma, marginalisation, and exclusion from society remain highly prevalent, and the services for persons with psychosocial needs are scarce. The State needs to conduct systematic review and entirely reform its vision, laws, policies, and programs related to the mental health;

d) Although State programs cover gynaecological and reproductive health services, the inaccessibility of hospitals and medical centres prevents women and girls with disabilities from using these services.[[56]](#footnote-56) Not only medical facilities are inaccessible, but also equipment.[[57]](#footnote-57) In 2020 Public Defender of Georgia issued special report on Protection of Women’s Sexual and Reproductive Health and Rights in Psychiatric and State Care Institutions. According to the report:[[58]](#footnote-58)

1. State-recognized clinical practice guidelines in the field of mental health, the so-called National Guidelines are outdated and need an update;
2. The examined institutions do not assess the conditions of sexual and reproductive health of the woman prior to the treatment with psychotropic medications and do not monitor her during the treatment;
3. Women with mental health problems are not included in the State Early Detection Screening Program (except for hepatitis C screening);
4. Knowledge/awareness of the medical staff, in particular physicians, psychiatrists, and gynaecologists about the impact of psychotropic medications on sexual and reproductive health and ways of their rectification, is unsatisfactory;
5. For most psychiatric hospitals and boarding houses, purchase of expensive, high-quality, modern psychotropic medicines that have minimal adverse effects on a woman's reproductive health is also problematic;
6. identification of cases of violence between patients, including alleged sexual abuse, by the administration and staff of the institutions, is challenging. The medical staff is indifferent to the "complaints" of patients about such facts and often ignores them;
7. At one of the psychiatric establishments, a case of deliberate decrease of libido using non-prescribed medication was revealed.

**Proposed recommendations**

* Ensure that medical service providers, including private providers, comply with the principle of reasonable accommodation;
* Ensure that sign language interpretation is provided for deaf individuals receiving any type of healthcare services;
* Ensure that continuing medical education is required by law. It is important to prioritize disability among other topics.

# Article 26. Habilitation and rehabilitation

24. a) Person with disabilities do not have individual rehabilitation/habilitation programs. The maximum number of sessions offered per month are not sufficient. Often beneficiary does not have the freedom to choose her/his service provider.

In particular, the issue of transportation to rehabilitation/rehabilitation services for person with disabilities living in villages is still a burden for the persons with disabilities and their familities. Transportation related issues often are key barriers to accessing these services. Transportation for accessing habilitation/rehabilitation services is problem in Tbilisi (capital of Georgia) as well. Prices for accessible taxi service is too high for persons with disabilities. Accessible public buses are not available in every district, and when available they are fully crowded leaving almost no chance for wheelchair user to get into the bus, or bus stops are not accessible. Even in cases when the persons with disabilities lives alone, and/or has no one to assist, the existing services do not fund assistant fees.[[59]](#footnote-59)

The State programs providing habilitation/rehabilitation services for children with disabilities and adolescents are terminated at the age of 18.

The process of decentralisation of services is underway in the country. However, the State does not take proactive steps to promote the development of services in the regions. We have a shortage of various specialists in the country. Especially in rural areas. Local municipalities do not implement measures to attract and retain specialists. Evaluation of services by the State is straightforward and does not consider program content and quality.

**Proposed recommendations**

* Ensure that rehabilitation services are developed and provided to adult persons with disabilities living in all geographic areas in Georgia;
* Ensure children with disabilities are provided with quality rehabilitation services in all geographic areas.

# Article 27. Labor and employment

25. a) The latest study on the right to work and employment of persons with disabilities was conducted by the Public Defender of Georgia in 2022[[60]](#footnote-60). Main findings of the report are based on 6 focus-groups conducted in various municipalities. Overall, 55 persons with different impairment have participated. The study concluded that:

i) Since the 2017 monitoring by the Office of the Public Defender, aiming to evaluate the implementation of the State programs promoting the employment of persons with disabilities, the situation in this regard has not actually improved. Most of the recommendations outlined in the monitoring report are still not implemented;

ii) Despite the developed legislation and implemented programs, the employment situation of persons with disabilities has not changed positively: most of them are still unemployed;

iv) Domestic normative acts related to employment and work of the persons with disabilities as well as supporting State programs follow the medical model of disability;

v) The concept of reasonable accommodation, which is instrumental in proper implementation of the right to work and employment of persons with disabilities, needs further clarification and guidelines;

vi) Mainstream employment programs do not consider the needs of persons with disabilities and consequently, persons with disabilities are not interested in being involved in these programs;

vii) Expectations of persons with disabilities regarding employment and, consequently, their self-esteem are low;

viii) There are specific difficulties associated with Associated with applying the job right after the vacancy has been announced. The application forms often do not consider the needs of people with various disabilities;

ix) Inaccessible environments and services, lack of or low-quality formal

education, and discriminatory attitudes of employers toward persons with disabilities prevent them from finding work;

x) The vast majority of the announced positions and eligibility requirements are not suitable for persons with disabilities. For example, employers rarely consider the fact that persons with disabilities have particularly low access to formal education. Instead, they try to develop their professional skills through informal education, especially online courses and training.

**Proposed recommendations**

* Increase employment of persons with disabilities, particularly women with disabilities through targeted and systematic efforts in private and open labour market;
* Introduce comprehensive measures to ensure effective employment of persons with disabilities on the open market and in self-employment.

# Article 28. Adequate standard of living and social protection

26. a) Persons with disabilities are not participating in poverty reduction programmes.

b) Social protection system cannot be revised before shifting from medical model of disability towards social and human rights model of disability. Social protection is not equally granted to all persons with disabilities. In many cases, social and health care programs are granted only to persons with specific disability, some programs include limitations based on age of persons with disabilities. Some programs are targeted only to those who have disability from birth.[[61]](#footnote-61) No social protection services are available for carers of persons with disabilities. It is worth noting here, that for its spending on social protection, Georgia remains below what most countries in Europe and Central Asia are spending.[[62]](#footnote-62)

c) None of the existing social houses are fully accessible for persons with disabilities. In most cases accessibility of social houses is limited to ramps only for wheelchair users and consequently all families with wheelchair user family members live on the first floor of social house. Bathrooms are not accessible neither, which excludes persons with disabilities from living in dignified environment. Another issue that has to be highlighted is that social houses are overpopulated. For example, five persons live in a 20 square meter living area in Kutaisi social housing (built in frames of the project funded by the Swiss Development and Cooperation Agency), among them one child with autism spectrum.[[63]](#footnote-63)

**Proposed recommendations**

* Introduce, adopt and implement programs for effective social protection of persons with disabilities which takes into account all additional costs relating to disability;
* Introduce social protection programs for carers of persons with disabilities;
* Guarantee an adequate standard of living for persons with disabilities and their families, especially those living in poverty, unemployed, living in rural areas, are women with disabilities belonging to ethnic minorities.

# Article 29. Participation in political and public life

27. a) Election, referendums and plebiscites are not fully accessible. There are some improvements. However, many issues are still unresolved. For wheelchair users main barrier still is the physical inaccessibility of the most places where elections are held. Providing accessible information to deaf people, or persons with intellectual disabilities is key challenge. Assistive devices are not always available.[[64]](#footnote-64) Election Code of Georgia[[65]](#footnote-65) still includes the provision which prevents participation in elections, referendums, and plebiscites of those citizens of Georgia who (i) according to Court decisions are detained in prison; (ii) based on the Court decision are recognised as recipient of support (people with intellectual disabilities and/or psychosocial needs) and are placed in inpatient medical facility.

**Proposed recommendations**

* Ensure electoral procedures, facilities and information are accessible for all persons with disabilities;
* Take measures to ensure women with disabilities are equally represented in political life and are actively involved in public life.

# Article 30. Participation in cultural life, recreation, leisure and sport

28. a) State programs, which include cultural, sports and entertainment activities, finance only socially disadvantaged children with disabilities. The persons working in these services do not have the knowledge and experience of working with children with disabilities. This reduces the number of socially vulnerable children with disabilities participating in the program. The State does not have inclusive culture programs such as theatre, studio (dance, singing, etc.). Persons with disabilities over the age of 18 are especially vulnerable. They are excluded from all cultural and sports-entertainment events, which often leads to depression and apathy.

**Proposed recommendations**

* Take measures to ensure persons with disabilities of all ages, including children with disabilities can participate in inclusive sporting, leisure and cultural activities.

# Article 31. Statistics and data collection

29. a) The systematic and comprehensive statistics still are not available related to persons with disabilities. For example, we do not have information on how many people with Down Syndrome, including children, women, girls, men, and boys, live in the country. This makes it difficult for organisations working on the topic to plan appropriate measures to improve their lives. These organisations have to produce such statistics on their own.

**Proposed recommendations**

* Ensure collection of statistical data, which enables adequate planning State programs and policies based on actual needs of persons with disabilities’
* Ensure all statistical data are available to person with disabilities.

# Article 32. International cooperation

30. a) The State does not have accurate information about persons with disabilities living in the occupied territories and in the conflict zone, nor are appropriate measures taken for it.

**Proposed recommendations**

* Assist disabled people living in occupied territories with access to the services available in Georgia (health care, rehabilitation, and assistive devices).

# Article 33. National implementation and monitoring

31. a) As indicated at the beginning of the present report, in December 2021, a Inter Agency Coordinating Committee for the Implementation of the CRPD, Before the adoption of the constituent document of the Council, the draft was sent to persons with disabilities to gather comments and suggestions. As there was high level of interest from persons with disabilities (more than 150 person, representatives of various DPOs, NGOs, service providers and independent activists), they self-organised and established ad-hoc working group to elaborated on the proposed draft. The amended draft with supporting letter and signatures of working group members were sent (December 2021) to the GoG.

In the end, amended draft was not taken into the account. No human or financial resources were allocated to the Council. The mechanism lacks efficiency and transparency as well. There have been no effective measures or initiatives started up to date for coordination and implementation of the CRPD. As a result, the body is fictional rather than functional. The disability community made several statements regarding the inefficiency of the Council. However, there have been no effective communication from Council, or consequent measures have been taken to accommodate requests made by the community.

**Proposed recommendations**

* Ensure that Inter Agency Coordinating Committee on the Implementation of the CRPD has its functional (separate) secretariat and sufficient financial and human resources are allocated for its operations for effectiveness of the Committee;
* Ensure the development and adoption of the instruments for the coordination for the implementation of the CRPD (such as, National Action Plan for the implementation of the CRPD).
1. CRPD Committee, List of issues in relation to the initial report Georgia (17 April 2020) CRPD/C/GEO/Q/1 [↑](#footnote-ref-1)
2. Law of Georgia on the Rights of persons with Disabilities (28 July 2020) [Available in English: <https://www.matsne.gov.ge/en/document/view/4923984?publication=0>] [↑](#footnote-ref-2)
3. Multiple discrimination is a form discrimination under the Law of Georgia On The Elimination of All Forms of Discrimination (2014) [available in English: <https://www.matsne.gov.ge/en/document/view/2339687?publication=0>] [↑](#footnote-ref-3)
4. Law of Georgia on the Elimination of All Forms of Discrimination (02 May 2014) Art 2(4) [↑](#footnote-ref-4)
5. Action Plan of the Government of Georgia on the Protection of Human Rights 2018-2020 [Available in English: <https://myrights.gov.ge/en/plan/Human%20Rights%20Action%20Plan%20for%202018-2020>] [↑](#footnote-ref-5)
6. The Implementation Monitoring Report of the Action Plan of the Government of Georgia on the Protection of Human Rights 2018-2020 [Available in Georgian: https://myrights.gov.ge/uploads/files/docs/13122019წლისანგარიში.pdf] [↑](#footnote-ref-6)
7. Ibid 227 [↑](#footnote-ref-7)
8. Law of Georgia on Adoption and Foster Care (24 May 2017) [Available in English: <https://www.matsne.gov.ge/en/document/view/3665080?publication=0>] [↑](#footnote-ref-8)
9. Order of Minister of Labour, Health, and Social Affairs of Georgia N01-73ნ An adoptive parent can be any adult, except for’ who has ‘all diseases and injures that led to assigning the status of severe of significant disability, which affects the full development of the child’ (27 December 2017) Appendices 1, Article 11 [↑](#footnote-ref-9)
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