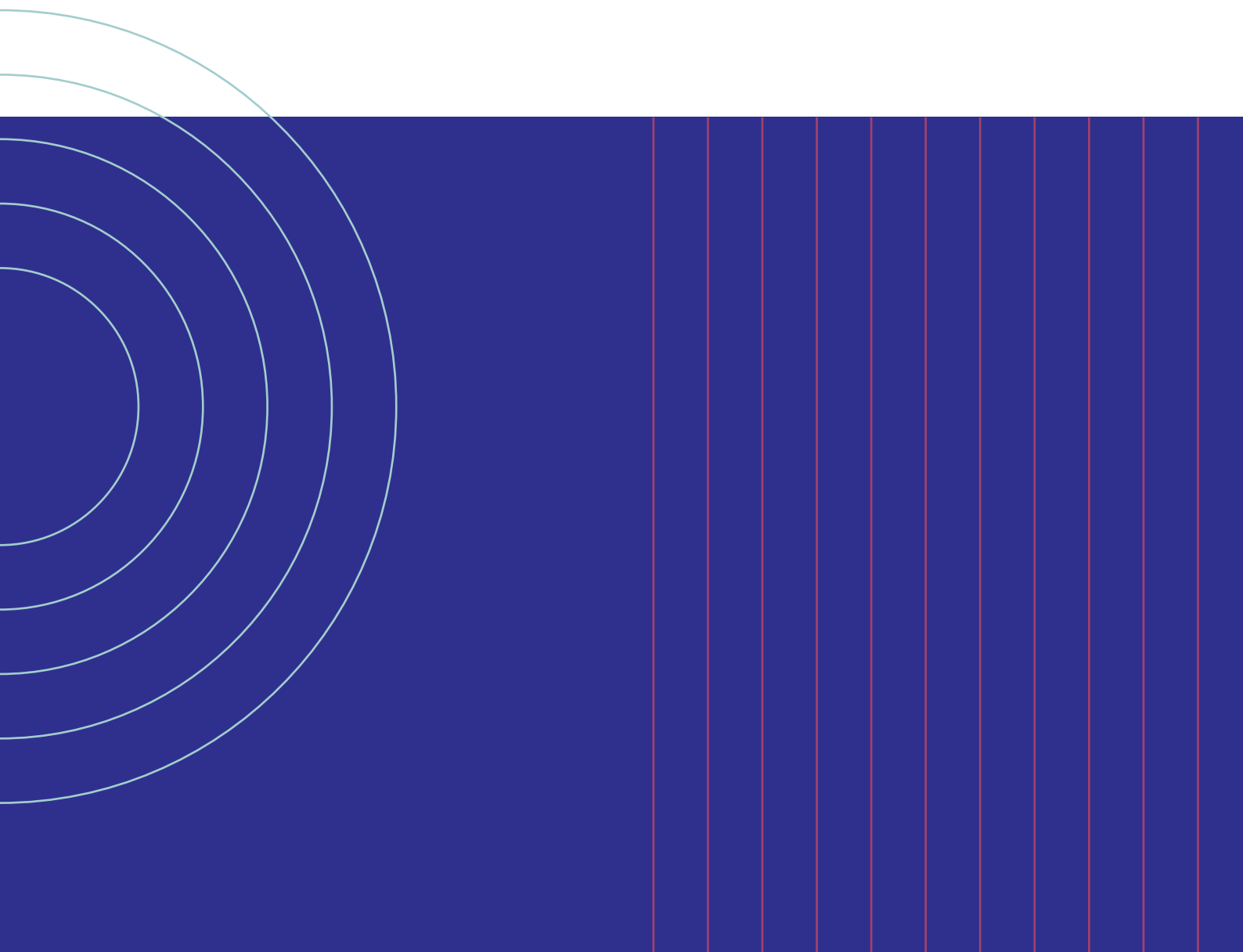




ANALYSIS OF THE STATE PROGRAMS FOR SOCIAL REHABILITATION AND CHILDCARE FOR 2018-2020



Analysis of the state programs for social rehabilitation and childcare for 2018-2020

2021

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Introduction

“The State Program for Social Rehabilitation and Child Care” (Hereinafter the “State Program” or “Program”) is approved annually by the ordinance of the Government of Georgia and covers rehabilitation and other services aimed at social inclusion of persons/children with disabilities in the country. Among them are services that have been around since 2000 and/or were later developed as a result of advocacy by members of the community of persons with disabilities (eg. early development services and family-type services supporting the independent living).

The services provided by the above-mentioned State Program are financed from the state budget.

It should be noted that the disability status is not mandatory for a child to engage in certain sub-programs - the beneficiary of the specific supprogram can be a minor, the need for which is confirmed by medical documentation.

This report was prepared by an independent expert of social area, Giorgi Kakachia. It analyzes the state programs of social rehabilitation and childcare for the period of 2018-2020 and reflects the main challenges faced by persons/children with disabilities in the service delivery process.

While working on this report, the Government of Georgia approved the 2021 state program. Accordingly, in the document we will discuss the changes related to the content of the current year’s program as well.

It should be from the beginning, that the services provided by the state program have not changed substantially over the years. Only in few cases, new services have been created and implemented based on the needs of persons with disabilities. The problematic issue is the geographical coverage of the services, as well as the waiting lines of potential beneficiaries. Program planning is not based on the needs analysis and statistical data.

As for the funding, the budget of the state program has been increased significantly in the last decade, although this has not been reflected on the quality of the services. The number of persons/children with disabilities involved in it has not increased significantly either.

Even though the Government has been monitoring the individual sub-programs to the certain extent, their components are not systematically evaluated, deficiencies are not detected and relevant analysis is not carried out¹.

The purpose of the present study is to evaluate all the key challenges, which have been identified in the planning-development, implementation and supervision of the services for person/children with disabilities; further, to elaborate relevant recommendations for dealing with the challenges.

1. *The function of the LEPL Agency of State Care and assistance for the (Statutory) Victims of Human Trafficking is mainly limited to the issuance of vouchers and the formal procedure for including beneficiaries in the program, therefore oversight is weak.*

Key findings

- The analysis of the state program of social rehabilitation and childcare for the period of 2018-2020 revealed that most of the services do not have relevant standards². This is a serious challenge both in terms of evaluating sub-program performance and in terms of systemic monitoring. Government oversight on the implementation of separate components (services) covers only the review of program documentation and the control of financial reporting.
- The low awareness about the program of both, parents and child development specialists (teacher/educator, psychologist, pediatrician and other medical staff) is another problematic issue
- The lack of normative documents regulating the financial calculation of specific services: when considering the increase and maintenance of program funding, represents an obstacle. It has been subject of disputes between service providers and the Government for years, because the process is not based on objective criteria.
- Although the state program should be covering the needs of all persons/children with disabilities throughout the country, the services are not provided to all of them according to the place of residence. In particular, the service envisaged by the program is provided and financed only in those municipalities where service providers are registered in accordance with the existing regulations.
- Most of the services are available only in Tbilisi (at best - in several large cities of the country). Consequently, persons with disabilities and their families incur additional financial costs necessary to travel and live in another geographical area in order for a person/child with a disability to have an access to vital services.
- Government representatives often refer to the lack of financial resources of the state program, while every year there are unspent amounts left in the program budget. However, due to the various subjective or objective reasons, persons expecting the services are not involved on a timely manner in the majority of the sub-programs.
- The activities envisaged by the program do not include measures for the creation and development of services, as the Government does not pay a proper attention to this issue.

2. *The standard is not designed for the sub-programs of rehabilitation-habilitation, assistive devices and communication for deaf individuals. Services for small family-type homes and foster care for children with disabilities are regulated by a general standard where the needs of children with disabilities are not described in details.*

Evaluation Methodology

The analysis of the state social program was prepared based on the evaluation of the sub-programs of the last three years (2018-2020) provided by the “State program for social rehabilitation and childcare³”. In this process, various normative acts issued by the Government of Georgia and the Ministry of Internally Displaced Persons from the Occupied Territories, Labor, Health and Social Affairs Of Georgia (hereinafter the “Ministry”) were studied⁴, which are directly related to the implementation of the state program, the involvement of target groups and its funding. For the purposes of the report, information on program implementation and statistical data was requested from relevant public agencies.

Focus groups were conducted while working on the report, including six with representatives of service provider organizations (heads and specialists)⁵ and two - with parents of children engaged in the program⁶. Individual interviews were conducted with individual service providers⁷, and in-depth interviews were conducted with child care service providers⁸.

During the analysis of the sub-programs, there was a constant communication on various issues with the representatives of the Ministry, as well as the LEPL Agency for State Care and Assistance for the (statutory) Victims of Human Trafficking.

The following sub-programs are analyzed in the present evaluation:

1. Promoting early childhood development;
2. Rehabilitation/habilitation of children;
3. Provision of persons with disabilities (including children) with the services in day care centers;
4. Provision of assistive devices (wheelchairs, prosthetic and orthopedic devices, hearing aids equipment, smartphones for the people with hearing loss, canes and walking frames for the blind people);
5. Promoting communication of people with hearing loss;
6. Alternative day and night care services for children with disabilities (foster care and small family type homes);
7. Provision of services in community organizations (for the older persons and people with disabilities), as well as family-type services for persons with disabilities.

3. State programs for social rehabilitation and child care for 2018-2020. Documents are available at: <<https://bit.ly/3xW82hT>>; <https://bit.ly/2Uw54C5>; <<https://bit.ly/3qw47FV>>.

4. Law of Georgia on Social Assistance. The document is available on the webpage: <https://bit.ly/3qHFoyJ> [Last visited 28.06.2021]
Ordinance N22 of the Government of Georgia of January 27, 2010 on approving the rules and conditions for financing (co-financing) the placement of a person in a specialized institution. The document is available on the webpage: <<https://bit.ly/3xSrGuW>> [Last viewed 28.06.2021].
Order N52/n of the Minister of Labor, Health and Social Affairs of Georgia of 26 February 2010 on the placement of a person in a specialized institution and approval of the rules and conditions for their removal from that institution. The document is available on the webpage: <<https://bit.ly/3h07EJk>> [Last visited 28.06.2021].

5. With representatives of 8 early development services, 14 day center for people/children with disabilities and 3 rehabilitation/habilitation institutions.

6. 21 parents - from early development, 9 parents - from rehabilitation/habilitation and 8 parents - from support programs..

7. 1 - with prosthetic/orthopedic equipment, 1 - with hearing aid equipment, 1 - with wheelchairs, 1 - with community service and 1 - with deaf communication service providers.

8. 2 - with a foster parent and 2 - with a small family type houses.

Table 1

State Program for Social Rehabilitation and Child Care (2018-2020)

Year	Amount allocated by the program (GEL)	Actual expenditure (GEL)	Program "economy" (GEL)
2018	28 100 000	26 500 800	1 599 200
2019	35 890 000	31 792 600	4 097 400
2020	37 400 000	32 487 400	4 912 632
2021	40 000 000		

As can be seen from the above table, the program performance rates have been declining over the last three years and the amount of unspent funds (so-called "economy") has increased dramatically. This is while the state provides only a minimal package of services and the development of new services for persons/children with disabilities and their geographical coverage is a major problem. Incomplete statistical data on persons with disabilities, lack of electronic databases of beneficiaries engaged in the state program and bureaucratic mechanisms for enrollment as well as exclusion from sub programs are frequent reasons for the low rate of program implementation. In the recent years - restrictions caused by the pandemic has affected the process.

1. Promoting early childhood development

The goal of the sub-program is “Strengthening children and families, prevention of development of disability and abandonment”. The Objective of the sub-program is to “stimulate the development of children with disabilities, with developmental disorder or those at such risk, by provision of early intervention services, promoting inclusion in pre-school or general education programs or alternative services, and promoting social integration”.

The target group of the sub-program are 0 -7 years old children with the signs of developmental delays (issues connected to the gross and fine motor skills, communication and speech, social-emotional and cognitive development and adaptive behavior).

The activities under the sub-program are: preparation of individual plans tailored to the child and family for the development of the child’s cognitive, motor, social, emotional, intellectual, self-care and communication skills; as well as strengthening the skills of parents in the following areas: child care, hygiene, nutrition, sleep, play and other routine activities, positive parenting (mutual interaction, formation of bonding, emotional regulation of parent and child), promoting holistic development of the child.

Information on the program implementation

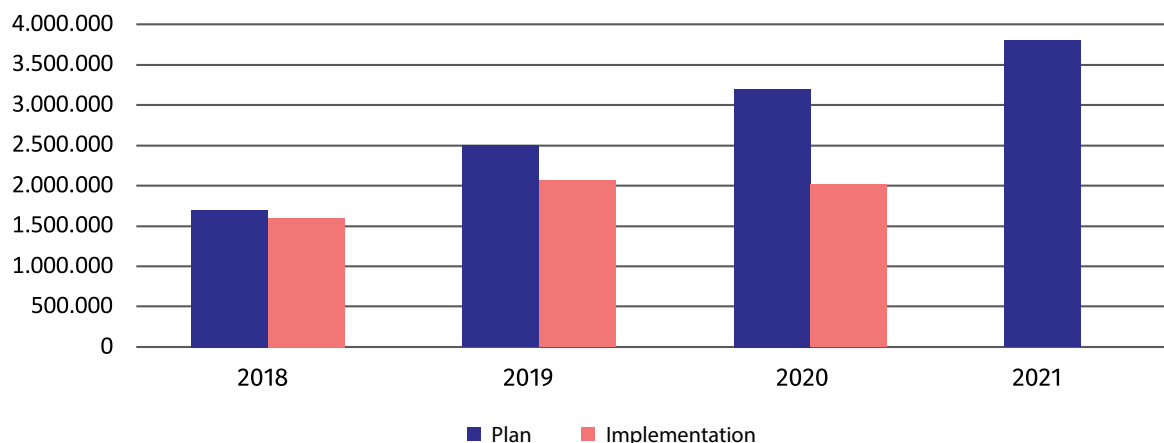
In recent years, the budget of the sub-program and the number of children beneficiaries are increasing constantly⁹. However, as it is shown in the Table N2, despite the increase in funding, program expenditure has increased slightly, and in 2020, it was even lower than of the previous year. This was caused by two factors:

1. The program implementing agency was changed, which delayed the engagement in the program;
2. The complete implementation of the program was affected by the restrictions imposed due to Covid-19.

9. Statistical information and reports on implementation here as well as afterwards are based on the information provided by the LEPL Agency for State Care and Assistance for the (statutory) Victims of Human Trafficking (letter N07/99-13.01.2021. Registration date in the Public Defender’s Office N242/21-13.01.2021).

Table 2

Early Development Subprogram Plan / Implementation in 2018-2021



Since 2018, the number of specialist visits and geographical coverage of the sub-program has been increasing every year. If in 2019 the early development sub-program was being implemented in only five municipalities (Tbilisi, Akhaltsikhe, Gori, Borjomi, Marneuli), by 2020 it covered 19 more municipalities. Still, this means that the sub-program does not cover even a third of the country's regions. Besides, funding for the sub-program has increased slightly¹⁰. Table N3 clearly shows how the planned number of beneficiaries of the sub-program is increasing by years, which is significantly higher than the number of children actually engaged. This is primarily due to the lack of electronic databases of beneficiaries, the lack of service providers and bureaucratic mechanisms¹¹.

As of December 2020, the Government had registered 37 organizations providing early development sub-program service, 13 of which operate in Tbilisi and the rest in 16 municipalities.

In May 2020, the Ministry approved minimum standards for early childhood intervention service¹², which is mandatory for all providers participating in the state program.

10. The cost of 1 visit in 2018 was 18.5 GEL, and from 2019 - 19 GEL. In addition, a professional supervision component (1 hour per month) was added to the sub-program in 2020 at a cost of 20 GEL; however, after the service switched to remote mode, this component was no longer funded.

11. This includes barriers to document collection, submission, review, decision making.

12. Order of the Minister of Internally Displaced Persons from the Occupied Territories, Labor, Health and Social Affairs of May 11, 2020 "on the Approval of the Minimum Standards for Early Intervention Services for Children".

Table 3

Information on program implementation

Year	Planned budget (GEL)	Actual expenditure (GEL)	Number of children per month as planned by the program	The average number of children beneficiaries per month
2018	1 700 000	1 605 708	1 150	961
2019	2 500 000	2 057 220	1 300	1128
2020	3 200 000	2 016 284	2 062	1 397
2021	3 800 000	-	2 102	-

In recent years, there have been some restrictions under the sub-program concerning the age of the child: in particular, for children from 0 to 3 years eight visits per month were determined and for children older than three years - six visits (only in exceptional cases it was possible to get eight visits). The 2021 program established new criteria: for children under five years - eight visits per month and for children from five to seven years - six visits. Accordingly, the number of visits for children from five years was reduced. Besides, experts agree that the early development program should primarily serve children at an early age, as it is more effective; on the other hand, due to the lack of other services, there is a risk that children from five years will be left without any available services.

In 2021, the changes affected children under the age of 3 as well: if so far the visits were carried out only individually, in a natural environment, it became possible to organize two group visits per month. These changes have been introduced this year, so it is difficult to assess their outcome at this stage.

Due to the constraints introduced in the country following the pandemics, the most of the measures envisaged by the sub-program in 2020 was provided to the beneficiaries remotely.

Key challenges

The main concerns of both parents and service providers are related to the difficulties of timely identification of children belonging to the target group and of the referral to the sub-program. Most of the parents noted that medical staff (mostly pediatricians) have no information about the early development program.

According to specialists¹³, most of the children engage in the sub-program from the age of 3, when certain developmental disorders/delays are already evident. Consequently, the majority of children participating in the program are over 3 years old and their number far exceeds the number of children aged 0 to 3 years. Besides, according to the specialists, the earlier a child is involved in a program, the more likely they are to leave it soon. In our reality, as a result of late referrals (mainly due to the lack of parental awareness), most children remain the sub-program participants until the age of 7.

According to the parents, most of them had no idea about the purpose, content and activities of the program at the time of joining the service: they received this information from the service providers after joining the program, which often created difficulties due to different expectations. After completing the application for engagement in the program, parents do not know when the beneficiary will be actually involved in the sub-program. According to them, this process often takes 2-3 months, because after receiving the voucher you have to find out with different providers who has free space. Due to the lack of this information, the beneficiaries lose the voucher because it is canceled due to non-use within two months; consequently, they lose the right to benefit from the service and have to start the process again.

It is also a challenge for parents to apply for the services of the LEPL Agency for State Care and Assistance for (statutory) Victims of Human Trafficking at only one location: the mentioned unit is located in Tbilisi city center and it is difficult for citizens living in the suburbs to reach the agency.

Problematic is also the fact that when registering the Service Providers in the Ministry, the geographical area of their services (eg, in case of Tbilisi - precincts) is not indicated. When providers have to visit families directly and the place of residence of these families is significantly away from the organization's area of operation, this often becomes a reason for refusing the provision of such services. Consequently, it creates a risk that a child who has acquired the right to use the service will not be able to participate in the sub-program because they do not live in the service coverage area. In addition, the organization close to the potential beneficiary's residence may not have free space, which may also be the reason for failure to use the voucher and the funds provided by the sub-program. The agency records the issued vouchers, but determines how much has been used, only after 2 months (when the voucher expires due to non-use).

Although some of the parents participating in the focus group knew about the early development sub-program activities and goals, they still could not understand why these services could not be supplemented with therapies (for example: speech therapy or physiotherapy) so that they did not have to travel to different parts of the city for receiving such services. Thus, in the light of the limited services

13. 15 specialists from 8 organizations of early development.

available in the country, parents are looking for a solution in being offered the multifunctional service within existing one that is neither determined by the sub-program nor ensured with the appropriate financial resources.

Although early development services are not available in some municipalities, some parents still accept sub-program vouchers and take their children to other municipalities to receive the service¹⁴. In addition to the fact that in those cases the child has to travel long distances, this also contradicts the content of the sub-program: it clearly states that the child (especially under the age of 3) should receive services in a natural environment¹⁵.

Despite the existence of a service standard, organizations also noted insufficient funding, especially the problematic cases where the child's family lives outside the public transport area.

A comprehensive monitoring of the sub-program is also a challenge: LEPL Agency for State Care and Assistance for the (statutory) Victims of Human Trafficking is not involved in the substantial supervision of the sub-program and its function is limited to issuing vouchers.

One of the main problems in the remote service process introduced due to the pandemic was that families did not have necessary technical means and access to the Internet. As a result, organizations often had to engage specialists over the phone because they chose to deliver services remotely rather than suspend them altogether. Specialists say that since services mainly include communication with parents, this justifies such a form of service delivery, however, child involvement is ruled out in such a case.

As of December 2020, 555 children were waiting to be engaged in the sub-program, due to the restrictions introduced in the country. In particular, for children whose service term (one-year voucher) expired in the middle of the year would not be issued a new voucher due to unforeseen circumstances. It should be noted that this restriction was not provided by law.

14. A case has been revealed during focus group meetings, organized within the frameworks of the report, with the parents of children with disabilities, when a voucher had been issued in Poti and service provider organization was registered in Adjara. Consequently, family had to take child in Kobuleti in order to receive service and the service was not provided in the family environment

15. It is noteworthy, that according to changes, made to the sub program in 2021, a voucher for the new beneficiary will only be issued in the area, where potential beneficiary is registered and where Service delivery in the family is possible. Exception is made only for those who are already engaged in the sub program during last 12 months and the purpose of the exception is to guarantee continuity of the service delivery. However, this change cannot solve the problem of accessibility of the required service for those living in the area, where there is no service provider registered at all

Recommendations

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

- Develop referral mechanisms (guidelines and protocols) for primary health care and medical institutions; further, train/retrain relevant specialists to identify children with developmental delays in a timely manner and to refer them for engagement in the early development sub-program;
- Prepare information materials on existing programs, which will be provided to the staff of medical institutions (primary health care/pediatric clinics). If necessary, hold informational meetings on the essence and importance of the early development program;
- When planning-elaborating the sub-program, take into account the information available on the children engaged in and waiting for the sub-program (for example: municipalities, age and other issues) as well as the capabilities of registered services (organizations) to effectively use the allocated financial resources;
- Ensure realistic financial evaluation of the components of the sub-program so that the financing of the service is gradually brought closer to the real cost; take into account transportation difficulties when visiting the family (for example: whether the person lives far from the public transport area or center);
- Ensure that when registering as a service provider, the geographical area covered by the activities of the organization (district, precincts, kindergartens) is indicated;
- Introduce effective quality control and systematic monitoring mechanisms that focus on assessing service quality and child development, rather than financial reporting.

To the LEPL Agency for State Care and Assistance for the (statutory) victims of Human Trafficking:

- When completing the application for engagement in the Early Development Program, provide the parent/legal representative with complete information about this service; also inform them about the sub-program activities and service providers by geographic coverage and in an accessible form;
- In order to better administer the processes and simplify the procedures as much as possible, create electronic databases of service providers as well as of persons/children involved and waiting for the involvement in the sub-program;
- Introduce the procedures for electronic receipt of documents required for inclusion in the sub-program and electronic issuance of vouchers.
- Establish an effective monitoring system focused on the evaluation of achievements rather than on the control of the administrative functioning of the center.

2. Rehabilitation/habilitation of Children

The goal of the sub-program is to strengthen the child and the family, to support the inclusive development of the child, specific rehabilitation/habilitation, to improve the physical health and to strengthen the adaptive abilities.

The key activities of the sub-program are: development of an annual rehabilitation/habilitation individual plan by the interdisciplinary team, which, depending on the individual needs of the beneficiary, includes the following services: therapeutic interventions and physical therapy, occupational therapy, speech therapy, psychological correction, behavioral therapy, in case of need - physiotherapy, aquatherapy, arttherapy and special teacher services.

Information on the program implementation

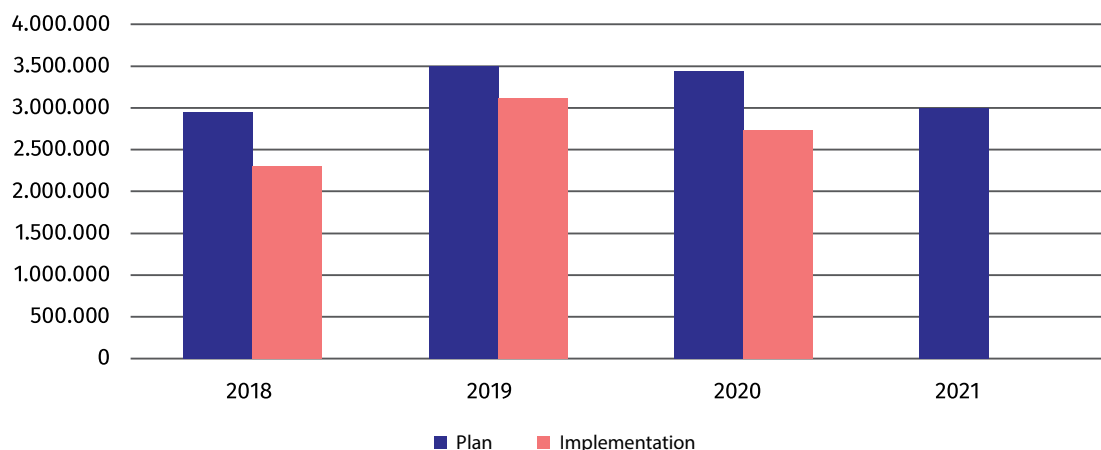
Rehabilitation/habilitation sub-program is designed for children with disabilities aged 3 and over as well as for children under 3 years of age who do not have disability status and need to be rehabilitated/habilitated based on a health report. In recent years, the budget of the program has gradually increased (hence, so did the number of planned beneficiaries)¹⁶.

Despite the increase in sub-program funding, the annual actual expenditure lags significantly behind the defined budget.

16. The 2018 program provided a total of 9,600 courses, for each child (beneficiary) - 7 (10-days each). Under the 2019 program, the total number of courses has increased to 10,400, and for each child - up to 8. Under the 2020 program, 11,000 courses were provided during the year. However, in 2019 the cost of each course increased from 308 GEL to 330 GEL and today it consists of 22 sessions. A course of 10-days should be carried out during 30 calendar days and the interval between courses should be at least 10 calendar days. Under this regulation, each child needs at least 8 months to complete 8 courses. The cost of each session, regardless of the type of therapy, is 15 GEL.

Table 4

Rehabilitation/habilitation sub-program plan/implementation in 2018-2021



It should also be noted that despite the demand for the sub-program, there is a significant difference between the planned and implemented courses. In addition, the number of children involved in the program does not change significantly from year to year, the main reason for which is the bureaucratic mechanisms for enrollment and exclusion and the lack of electronic databases.

Table 5

Performance Indicators of Rehabilitation/habilitation Sub-Program (2018-2021)

Year	Planned budget (GEL)	Actual expenditure (GEL)	Number of children as planned by the program	Average number of children beneficiaries
2018	2 950 000	2 301 988	1371	1068
2019	3 500 000	3 116 878	1300	1181
2020	3 440 000	2 731 401	1375	1035
2021	3 000 000	-	1375	-

34 organizations are participating in the implementation of the sub-program, which provide services in 14 municipalities¹⁷.

17. Akhaltsikhe, Batumi, Gori, Gurjaani, Zugdidi, Tbilisi, Telavi, Dedoplistskaro, Lagodekhi, Rustavi, Sagarejo, Marneuli, Kobuleti and Kutaisi.

Key challenges

Although the sub-program has been operating for years, there is still no service standard that would help determine the effectiveness of the services provided and establish objective criteria for evaluation of the services.

The cost of the therapeutic interventions (physical, speech, occupational) determined by the sub-program - 15 GEL - is less than the market price. Consequently, questions arise as to how quality service is provided with this amount. Besides, group therapies are often used, which reduce the effectiveness of the service (although group therapy may be used in some cases).

The sub-program envisages the development of an annual individual rehabilitation/habilitation plan by the multidisciplinary team, which, depending on the needs of the child, should determine the number of sessions included in the therapeutic interventions and their number during the ten-day course. However, this process has a formalistic nature: The sub-program does not include separate funding for the child assessment component, and such assessment is mainly used to compile a session schedule-plan. In addition, the sub-program requires development of the plan once a year and does not include the possibility of revising it (even when changing the service provider). The plan sets the deadline for all subsequent 10-day courses in advance, and its change is procedurally quite complicated.

The note that the 10-day course should include 22 sessions hinders the flexibility of the sub-program: the child may need more physical therapy than speech therapy, although the service is forced to offer only a maximum of 10 physical therapy sessions in 10 days. Even if other interventions are not a priority for the child, in order to receive full funding, the service is forced to hold other sessions for the beneficiary. In addition, only 10 days of intervention (in 30 days) is often not enough and reduces service efficiency.

Given that many families come from the regions to receive services, pre-arranged duration of courses and service limited in time (30 days), pose problems for participation in the rehabilitation course.

The challenge is also that there is no professional supervision and supervision of the beneficiary child's case when delivering the service within the sub-program.

Often the external and internal infrastructure of the centers is not tailored to the needs of children with disabilities. Consequently, they find it difficult to move around the center area.

Parents do not have detailed information on sub-program components, which reduces their involvement as well as their support¹⁸.

In order to be included in the service every year, the parent must re-submit a certificate of the child's health condition with the appropriate diagnosis, even if they have been granted the status of a person with disabilities for life, where the diagnosis is also indicated. If the parent does not have the obligation to submit additional documentation, this will save time and resources.

18. Focus group with parents of children with disabilities.

As of December 2020, 279 children were registered in the sub-program waiting list because, due to restrictions in the country, the service period (one year) was not being extended for them, although such a restriction was not provided by law. The fact that, on the one hand, full utilization of the budget provided for the sub-program cannot be reached and, on the other hand, there are children waiting for services of the sub-program, is caused because bureaucratic mechanisms for enrollement and exclusion in and out of the program and lack of electronic database, as well as strictly pre-scheduled timelines of the courses.

Recommendations

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

- Develop a rehabilitation/habilitation service standard with stakeholders' participation (service providers, area experts, service recipients)
- The funding of the therapies within the sub-program should be gradually brought close to the market prices, and after the approval of the standard, the service should be financially evaluated;
- Make it mandatory for the multidisciplinary team to develop an individual rehabilitation/habilitation plan based on the assessment of the child with disabilities and to systematically review this plan (supported with appropriate funding);
- Ensure the revision of the coincidence of deadlines and sessions written in the sub-program; the required number of therapeutic interventions (including deadlines) should be based on the individual needs of the child;
- When registering as a service provider, take into account the compliance of the material and technical base of the center with the standard; also, determine the minimum qualification requirements for employees;
- Develop and implement a system of professional supervision;
- Introduce effective monitoring and quality control mechanisms focused on assessing the progress of child rehabilitation characteristics;
- Minimize as much as possible the list of required documents for the engagement in the program.

To the LEPL Agency for State Care and Assistance for (statutory) Victims of Human Trafficking:

- Improve information systems between the service and the agency, which will minimize the flow of documents and eliminate the difficulties created by bureaucratic mechanisms; introduce an electronic document receipt-production system;
- Provide parents with information on the goals and activities of the sub-program through various means (information booklets, media, flyers).

3. Provision of services in day care centers for persons with disabilities (including children)

The goal of the sub-program is to prevent child abandonment or separation from the family, and the objective is to support families and social inclusion of children with disabilities.

The activities of the sub-program include identifying and meeting the different needs of the beneficiaries (cognitive, emotional, physical) taking into account the age as well as promoting the development of skills necessary for independent living and social inclusion.

In case of children with severe and profound mental retardation: promoting the development of their verbal/alternative communication, acquiring and developing self-care skills, and providing appropriate recommendations for parents to properly manage their child's behavior; In case of children with severe and profound mental retardation from 6 to 15 years of age: developmental stimulation and development of functional-academic skills;

In case of adolescents with severe and profound mental retardation from 15 to 18 years of age: development of independent living and communication skills;

In case of persons with disabilities aged 18 to 45: personal development, adaptation to the environment, social integration, acquisition and development of prior and professional skills; In case of beneficiaries with disabilities over 45 years of age: in parallel with maintaining independent living skills, ensuring personal harmonization and quality of life.

Information on program implementation

The target group of the sub-program of day-care centers for children with disabilities consists of children from 6 to 18 years of age with disability status (including children in foster care and other foster care institutions).

Similar to other sub-programs of the state program, funding for the day-care center component was gradually increasing each year.

Year	Day-Care Center Person/child with disabilities (GEL monthly)	Day-Care Center for Children with Severe and Profound Developmental Disabilities (monthly in GEL)
2018	230	378
2019	290	480
2020	336	525

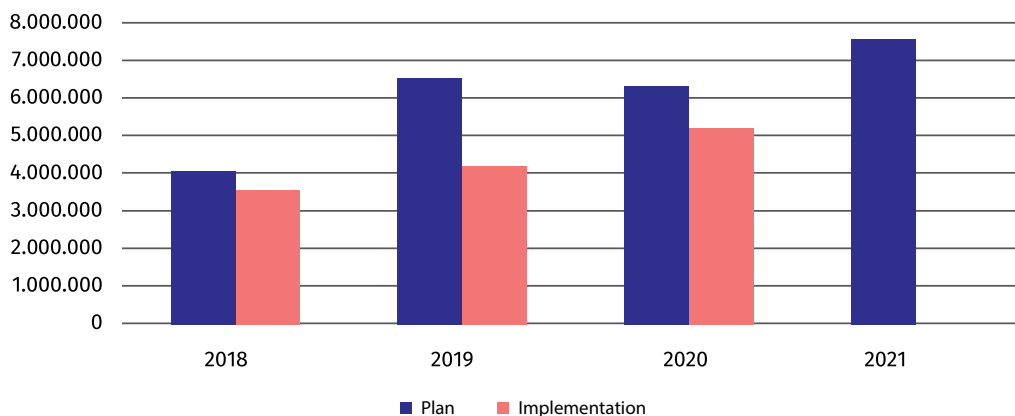
According to the sub-program, beneficiaries enjoy daily (except weekends and holidays) 6-hour service. At the same time, the minimum time to be spent in the day care center should not be less than 3 hours. For up to 6 hours of service, beneficiaries should be provided with two meals a day (one of which should be a three-course meal) and for up to 3 hours of service - with a one-time three-course meal. The day care center is obliged to organize the going to the centers and return home. Due to the limitations caused by COVID-19, in 2020 the day care centers operated on the spot for only 2 months, and in the following period the services were provided remotely. For the last 3 months, part of the day care centers have been using mixed, so-called "hybrid model" of operation as well. After switching to remote services, persons with disabilities (including children) enrolled in the day care centers received food vouchers (worth 80 GEL per month).

Despite the increase in funding for the sub-program, its actual annual expenditure lags significantly behind the planned budget. As can be seen from the table, savings of at least GEL 0.5 million remain under the sub-program in recent years. Food vouchers were issued to the people using the services of the day center remotely in 2020, the cost of which amounted to GEL 930 780 for 6 months. Recent trends suggest that the sub-program needs to be revised in terms of financial planning.

The information provided by the Agency for State Care and Assistance for (statutory) Victims of Human Trafficking (2020 data) confirms that this difference is significant (in 2020, services were mainly provided remotely and the maximum number of beneficiaries were included in the sub-program). Besides, the agency did not provide information on the number of beneficiaries of the day care center sub-program in 2018-2019 by categories. As in 2020, the budget planned in previous years was significantly different from the actual expenditure. Consequently, we can assume that the number of beneficiaries involved in the sub-program was similar in previous years.

Table 6

Sub-program of day care centers for persons with disabilities (including children) Plan/implementation in 2018-2021

**Table 7**

Performance Indicators of the sub-program of the day care centers for persons/children with disabilities (2018-2021)

Year	Planned budget (GEL)	Actual expenditure (GEL)	Number of children as planned by the program		Average number of children beneficiaries
			Category	Count	
2018	4 000 000	3 545 046	child with disabilities	878	-
			child with severe and profound disabilities	58	40
			person with disabilities	624	-
2019	6 500 000	4 186 148	child with disabilities	945	-
			child with severe and profound disabilities	58	40
			person with disabilities	670	-
2020	6 300 000	5 121 146	child with disabilities	1059	663
			child with severe and profound disabilities	58	36
			person with disabilities	781	619
2021	7 514 000	0	child with disabilities	1 102	-
			child with severe and profound disabilities	58	-
			person with disabilities	861	-

60-70% of the number determined by the sub-program are the actual beneficiaries of the day care centers for children with disabilities. In 2020, the sub-program was designed for 1059 children, while the average monthly service was provided to 663 children. The sub-program determines services of the Day Care Center for Children with Disabilities in 37 municipalities, although in fact the services operate in 34 municipalities. According to the limits set by the program, 242 places (23% of the sub-program) are allocated for children with disabilities in Tbilisi, and 20-30 places in other municipalities. As of December 2020, 71 children with disabilities were registered in the waiting list with the agency because new beneficiaries were not enrolled in the program during the period of Covid-related restrictions. Besides, since the agency does not have an electronic database and inclusion in/exclusion from the service is related to bureaucratic mechanisms, it is not possible, on the one hand, to fully utilize the sub-program budget and, on the other hand, to include in the program all those who are waiting.

51 organizations are registered in the Ministry as sub-program providers, 9 of which provide services in Tbilisi.

Day care centers for children with severe and profound mental retardation operate only in Tbilisi and Kutaisi. One organization is registered to provide these services in these cities (in Tbilisi - for 30 children, and in Kutaisi - for 16. In Tbilisi, the limit of program beneficiaries is set at 42 children with disabilities). In recent years, an average of 40 children a month have benefited from this component of the sub-program. By December 2020, 2 children were registered in the waiting list.

As of 2020, the average number of beneficiaries of day care centers for people with disabilities was 619 people per month, and the sub-program sets a limit of 781 beneficiaries. With this in mind, the total rate of day care center users was 80%. This sub-program is mainly implemented for 3 categories of persons with disabilities:

- Persons with disabilities from 18 to 45 years;
- Persons with disabilities from 45 years;
- Persons with disabilities with mental health problems.

In fact, a fourth category can be distinguished: persons with hearing difficulties, which are not specifically mentioned in the program but in practice they belong to a separate category.

The sub-program does not explicitly separate from each other the day care centers of the above-mentioned category, although their goals and activities differ significantly from each other. Sub-program limits are set in 12 municipalities, however, services are provided in 11 regions. 27 organizations are registered as sub-program providers in the Ministry. 13 of them operate in Tbilisi, for which the sub-program sets a limit of 431 persons with disabilities (55% of the sub-program). As the statistics show, the services of the Day Care Center for Persons with Disabilities are less developed in the regions compared to Tbilisi. Besides, in recent years, the share of children with disabilities in day care centers in the capital has decreased significantly (presumably due to the inclusion of children with disabilities in the inclusive education process and the increase in their number in public schools). The same cannot be said for adults with disabilities (including in Tbilisi), as day care care services have not been replaced by other services and remain a core program.

Services for children with disabilities are fully funded from the sub-program, and services for adults with disabilities are covered by the state only if their rating score in the unified database of socially vulnerable families does not exceed 100,000 points; persons with disabilities with higher rating scores are reimbursed 80% of the cost of the sub-program.

As of December 2020, 36 persons with disabilities were registered in the register of persons waiting for the enrolment in the sub-program (potential beneficiaries).

Key challenges

The day care centers program is one of the main services for persons and children with disabilities, which was created from the very beginning in the social welfare system of independent Georgia. This happened at a time when there was a difficult socio-economic situation in the country, there were no other support services and the public did not have adequate acceptance of persons/children with disabilities and their needs. After the launch of the program, this service facilitated the removal of persons with disabilities from their families taking the first steps in the direction of inclusion in society, development of their functional skills and alleviation of social background.

Over the years, the components of the program (service) have been refined, activities and measures have been added, mandatory requirements for service delivery have been defined, service standards have been developed, and mechanisms for engagement in the service and funding have been improved. Nevertheless, the day care center, as a service with the longest history, still needs a conceptual definition of the purpose of the service, as well as a clear definition of the target contingent and services. It is difficult to develop a service financing system before addressing these issues. It should be noted that funding for the subprogram increases slightly from year to year, which, according to service providers, still does not meet the existing requirements and obligations set by applicable standards. Although day care centers for different categories of children/persons with disabilities are combined into one sub-program, there are also significant differences between them.

The main challenge of the sub-program in recent years is that it is not possible to fully utilize the allocated financial resources. The reason for this may be lack of statistical information, due to which accurate financial calculations of the sub-program cannot be performed; lack of electronic databases, because of which it is not possible to timely identify issued and used vouchers; bureaucratic mechanisms for inclusion in and exclusion from the service, which delays the process in time.

Challenges of the day care center for children with disabilities sub-program

- Existence of bureaucratic barriers for engagement in the program (territorial access, waiting time for engagement in the program);
- Beneficiaries do not enjoy the minimum days provided by the service. Consequently, the service is unable to receive funding;
- COVID-19 complicates to properly get involved in the service: most children with disabilities do not have the technical means (computer, telephone, internet), or simply do not want remote services (although the number of participants in the sub-program even before the pandemic - in 2018-2019 - was reduced);

- The effectiveness of the day care center remote services was not assessed;
- Inaccessible physical environment (transportation to the service); the service being located in another district and getting there is time consuming (especially in Tbilisi), which creates additional barriers to receiving the service;
- Unlike other services (early development, rehabilitation/habilitation, etc.), the services of privately funded children's day care centers are not developed (meaning a child who is not funded by the state program). This raises questions about the need for service/in terms of transformation;
- The sub-program covers all categories of children with disabilities (from 6 to 18 years old). Consequently, children under the age of 18 remain in this service. The existing monitoring system is unable to determine what results have been achieved and/or have not been achieved in relation to a particular child and what type of progress they are making in cognitive, functional, socializing or other areas;
- When issuing a voucher, the territorial proximity to the service and the number of available places in a particular provider are not taken into account. As a result, due to the geographical inaccessibility of the center, or the lack of places in the "preferred" center, the voucher remains unused and is canceled after 2 months;
- Violation of the reimbursement deadlines of the submitted voucher (mainly with a delay of 1 month) poses a problem for the financial stability of the service provider organizations and delays the payment of employees;
- The electronic system for recording the attendance of beneficiaries and its management is associated with additional resources and is problematic during field activities;
- Social Service of the LEPL Agency for State Care and Assistance for the (statutory) Victims of Human Trafficking does not carry out a systematic monitoring of the sub-program aimed at meeting the needs of the child;
- Day care centers for children with severe and profound developmental disabilities operate only in Tbilisi and Kutaisi. However, as there is only one center in Tbilisi, it is geographically inaccessible to all children in this category (although the service provides transportation, it is not possible to provide children with services throughout whole Tbilisi).

Challenges of the sub-program of the day care center for persons with disabilities

- Existence of bureaucratic barriers; also, persons with disabilities do not have detailed information about the service;
- As mentioned, different categories of individuals are included in the program, but services are not separated among the centers. If a person with disability does not have information about the services of a particular day care center, they may contact an organization that serves only older people or people with hearing difficulties; it is also possible that only the center of this category has places, as a result of which the voucher can not be used and it is canceled;
- The goals of different categories of day care centers are not clearly defined (e.g if the center provides services only to the elderly with disabilities, leaving the service after receiving certain results cannot be set as a goal; while in the case of other categories of persons with disabilities, achievement of the goal (e.g employment) should lead to leaving the service);
- In contrast to the Day Care Center for Children with Disabilities, the main beneficiaries of the

Day Care Center for Adults with Disabilities are people living in Tbilisi (55%). Compared to children, this service is more demanded in the capital, even though adults with disabilities, unlike children with disabilities, are fully funded only if their rating score is less than 100,000 in a common database of socially vulnerable families.

Recommendations

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

- Divide the sub-program into components for children with disabilities, persons with disabilities and the elderly persons with disabilities and define specific goals, objectives and measures for each of them;
- In addition, the following types of services should be separated:
 - » Centers that work on the component of promoting independent living and employment;
 - » Centers that work for the older people with disabilities;
 - » Centers that offer therapies for people with mental health problems.
- Clearly separate the target categories of children with disabilities using the day care center service;
- In order to strengthen the school, the day care center services should be gradually integrated into general education institutions;
- Contribute to the geographical expansion of services for children with severe and profound developmental disabilities and complex behavior;
- The sub-program should be planned based on the existing databases, the implementation of previous years' programs and the analysis of various evidences in order to spend the existing financial resources effectively;
- Develop appropriate funding mechanisms for new day care center models;
- Simplify the mechanisms for joining the program (create an online platform, set a voucher term of more than 1 year, or establish a simplified admission rule for the following year);
- When registering a service, clearly distinguish the geographical area of activity of a specific organization and the target groups.

To the LEPL Agency for State Care and Assistance for the (statutory) Victims of Human Trafficking:

- Introduce an electronic information system, through which the agency will have constant access to the information regarding available places in the day care center, service recipients, etc.
- When issuing a voucher, provide detailed consultation to the person engaged in the sub-program/legal representative/supporter and provide an informative brochure detailing the day care centers – service providers - participating in the program, as well as their resources and coverage area. This information should also be available on websites.

4. Provision of assistive devices and technologies

The goal of the sub-program is to improve the degree of functional independence of persons with disabilities and their integration into society.

The sub-program includes the components of provision of wheelchairs and employment assistance to persons with disabilities, provision of prosthetic and orthopedic devices, hearing aids, technical equipment (smartphone) with the function of video conferencing for people with hearing loss and persons with hearing difficulties, as well as crutches, forearm crutches, walkers, canes and walkers for blind people.

4.1 Providing wheelchairs and promoting the employment of people with disabilities

The goal of the component is to provide the target group with individually adaptable mechanical and electric wheelchairs, as well as to facilitate the employment of persons with disabilities and the support of local production of wheelchairs.

The component activities include: issuing wheelchairs (if necessary, a special pillow to protect from the bedsores) and adjusting according to individual needs; adjust and transfer the electric wheelchair to the place of residence according to the individual needs of the beneficiary.

Information on program implementation

In recent years (2018-2021), the cost of both mechanical and electric wheelchairs has been systematically increasing. In addition to this, the 2021 program envisages the purchase of medium and high-end pediatric wheelchairs. Since 2020, co-financing for wheelchairs has been reduced from 20% to 10% (100% of the funding applies to children with disabilities, as well as to persons with disabilities whose rating score is less than 100,000 in the socially vulnerable database).

Table 8

Financial indicators of the wheelchair providing component (2018-2021)

Year	Program approved budget (GEL)	Actual expenditure (GEL)	Cost of mechanical wheelchair (GEL)	Cost of electric wheelchair (GEL)
2018	756 000	551 256	560	3 580
2019	800 000	797 000	560	3 580
2020	934 200	801 143	720	4 785
2021	990 000	-	760	5 053

As can be seen from the table, like other social rehabilitation and childcare state program sub-programs, the wheelchair component fails to fully utilize the financial resources allocated from the budget. The cost of electric wheelchairs has been increasing every year in recent years (it has risen by 70% over the last 2 years), however, no changes have been made to component measures and specifications that could increase the cost of service. The only parameter indicated by the Ministry is the inflation rate.

Table 9

Wheelchair providing Component Statistics (2018-2021)

Year	Number of electric wheelchairs provided by the program	Number of delivered electric wheelchairs	Number of mechanical wheelchairs provided by the program	Number of delivered mechanical wheelchairs
2018	125	114	600	316
2019	150	158	520	499
2020	120	141	520	385
2021	100	-	520	-

Although the program foresees the purchase of 520 mechanical wheelchairs each year, the actual demand is significantly lower; the number of electric wheelchairs mainly meets the existing demand. The target group of the program includes persons in need of wheelchairs, including persons with disabilities and children with disabilities aged 6 to 18 years.

In order to get an electric wheelchair, a person needs disability status and the medical-social examination report - Form №IV-50/2, which indicates the need for a wheelchair provided by this component; as for a child from 6 to 14 years, in case of need for an electric wheelchair, the results of the assessment of the ability to use this device independently should also be indicated in addition to the documentation mentioned above.

In order to get a mechanical wheelchair, it is enough to submit the medical documentation form №IV-100/a, which indicates the relevant diagnosis; the status of a person with disabilities is not required.

To register in the sub-program as a provider, the service provider must meet the following conditions:

- should be producing a wheelchair in Georgia and the percentage of employed persons with disabilities should exceed 50% of the total number of employees;
- should have a certified staff member to determine the needs of the beneficiary, adjust wheelchairs and conduct relevant training;
- Should have the appropriate technical base of the service in use/ownership.

Key challenges

The 2018-2020 program¹⁹ ensures the provision of a basic mechanical wheelchair without adjusting it to the needs of the user. The cost of the voucher issued by the state includes only the transfer of the wheelchair and does not cover other components of the related service (arrival to the customer/delivery, use of additional details, adjustment). Often (especially in case of a beneficiary living in the region) the type and size of the wheelchair is selected not on the basis of inperson meetings and in-depth assessments, but on the basis of data collected through the telephone communications²⁰. This service does not comply with the guiding principles of the World Health Organization²¹, according to which, the wheelchair service should include the following components:

- Beneficiary evaluation on a face-to-face basis;
- Selecting a wheelchair model;
- Assembling a wheelchair;
- On-site delivery of the wheelchair;
- Wheelchair adjustment for the beneficiary;
- User training;
- Assessment of the wheelchair use.

19. It is noteworthy, that after the reporting period, "Minimal standards for Assistive Devices and Technologies" had been approved by the Minister of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia (N01-43/6). Evaluation and Analysis of the mentioned standard and its practical implementation goes beyond this survey and requires additional study

20. Focus group with persons with disabilities.

21. „Guidelines on the provision of Manual Wheelchairs in less resourced settings“, the document available at the webpage: <<https://bit.ly/3xSrGuW>>.

The choice of mechanical wheelchairs is scarce in the country; wheelchairs are only relevant for people with motor impairments who need a basic wheelchair adjustment (wheelchair height, width and depth adjustment). Such wheelchairs, without proper service, are less effective for people with severe motor impairments who experience significant posture control difficulties, contractures and deformities: they require intermediate and high-adjustment mechanical wheelchair service because due to their age and/or psychomotor condition, electric wheelchairs are not relevant for them. It should be noted that the wheelchairs available in the country are mostly adapted to the urban area.

As a result, people with similar needs now have access to only basic adjustable mechanical wheelchairs, whether they need that one or an intermediate or high-adjustable wheelchair. The received equipment do not improve the condition of persons/children with severe motor disabilities, as they do not provide the necessary posture-maintenance, functional mobility and participation in activities. As a result, in many cases the beneficiary cannot use the received wheelchair.

In addition, there is no systematized database of people who have already benefited from the state program and received a mechanical or electric wheelchair. In fact, after the expiration of the warranty period (2 years), this sub-program is mainly used by the same persons. Consequently, if there were the databases, it would be possible to identify the key beneficiaries using the wheelchair and adapt the sub-program to them.

Besides, the procedure for simplifying the documentation required to obtain a wheelchair - namely, only the submission of Form N100/A - does not in all cases mean an increase in program effectiveness: this requires a broader discussion, including in terms of program accessibility, purposefulness and effectiveness evaluation.

It should also be noted, that the employment component of this sub-program is of a general nature and is not directly linked to the aim of promotion of employment of persons with disabilities.

Recommendations

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

- Fund all categories of wheelchairs and services (basic, intermediate and high adjustment) under the sub-program;
- Adjust the wheelchair to the beneficiary and deliver it to their place of residence;
- Develop appropriate regulations to reflect in the database the need for medical and social expertise in relation to assistive devices;
- Review the target categories of the sub-program (children with disabilities, persons with disabilities, older people, persons without disability status) and define for each of them the criteria for engagement in the program, the necessary documentation and appropriate assistive devices;
- Separate from other activities in the sub-program the employment component of persons with disabilities, which does not achieve its real goals and is not the objective of this state program.

To the LEPL Agency for State Care and Assistance for the (statutory) Victims of Human Trafficking:

- Create a database of wheelchair users (users of previous years, new applications), which will facilitate effective program planning;
- Indicate in the databases the persons who received wheelchairs from the programs of the local government (including the Autonomous Republic of Adjara);
- Monitor the implementation of the measures specified in the sub-program in order to determine their effectiveness.

4.2 Provision of prosthetic and orthopedic devices

The goal of the component is to improve the functional independence of the target group through prosthetic and orthopedic devices and to promote integration into society.

Component activities include: prosthesis selection, fabrication and adjustment, orthoses selection, fabrication, and adjustment; conducting individual trainings and special trainings.

Information on program implementation

Similar to other assistive devices, the component of prosthetic-orthopedic devices is not based on specific calculations and its parameters are determined based on the experience of previous years. Consequently, it is impossible to make predictions about the quantitative indicators of the sub-program. However, with the technological development of the field, new technologies and mechanisms are introduced, which ultimately leads to price increases. Unfortunately, in the last 3 years, the actual utilization of funds by this component of the subprogram has been quite low and amounts to 60-70% of the planned budget. Three organizations providing services in Tbilisi and one individual entrepreneur in Kutaisi are registered in the prosthetics component.

Table 10

Year	Budget set by the program (GEL)	Actual expenditure	Prosthetic orthopedic products (unit)
2018	1 600 000	1 411 264,50	561
2019	2 586 000		1042
2020	2 682 000	1 544 826,40	610
2021	2 186 100		

Key challenges

It should be noted that there is no systematic database of persons in need of prosthetics. In addition, in case of limb amputation by the clinics, the person is not referred to the appropriate service, which would facilitate the proper planning of the process and increase the effectiveness of the component of subprogram. There is no standard for service delivery and relevant qualification requirements for organizations participating in the program as service providers²².

The program does not ensure the geographic accessibility. Since it includes several components (selection, manufacture, adjustment), a person with disabilities living in the region has to visit at least 2-3 times for the necessary procedures. In addition, the component provides individual teaching and special training, which lasts 10-15 days in case of first time prosthetics. Consequently, if a person does not have sufficient financial resources, s/he has to postpone the prosthetic process, or receive partial/incomplete services.

There is no sophisticated decision-making system. The decisions of the commissions²³ are sent by the post to the interested persons. Because they do not have complete information about the content of the program, they are late or do not apply for the service at all.

There is no rehabilitation system for adults with disabilities in the country, one of the components of which would be prosthetic services.

Recommendations

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

- In case of need for assistive devices based on medical-social examination, provide relevant information to the Agency for reflection in the database;
- Establish a system for pre-assessment of a person in need of prosthetics (determine the type of prosthesis required and indicate possible prosthesis dates);
- To increase geographical accessibility, facilitate the opening of prosthetic centers in the regions, or, in terms of cost-effectiveness, reimburse the cost of transportation and living expenses for a person in need of prosthetics coming from a region to Tbilisi;
- Develop and approve a program monitoring tool, as well as effective service quality monitoring mechanisms.

22. It is noteworthy, that after the reporting period, "Minimal standards for Assistive Devices and Technologies" had been approved by the Minister of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia (N01-43/6). Evaluation and Analysis of the mentioned standard and its practical implementation goes beyond this survey and requires additional study

23. By an individual administrative-legal act/order of the head of the social service agency, a special commission is established in the mentioned institution.

To the LEPL Agency for State Care and Assistance for the (statutory) Victims of Human Trafficking:

- Prepare information materials in an accessible form detailing the purpose of the sub-program, activities, procedures, information on registered suppliers, their coordinates, etc. (this information may also be posted on the Agency's website);
- Create a database of people in need of prosthetics, where clinics integrate information from previous years and new data on limb amputation.

4.3. Provision of hearing aids

The goal of the component is to improve the functional independence of people with hearing loss and to promote their integration into society.

Component activities include: purchase/issue of hearing aids and their individual adjustments.

Information on program implementation

Hearing aids are purchased annually under this component of the subprogram. The table below shows the purchases of the last 3 years. Each year, the supplier issues 1,500 hearing aids. In November-December 2020, 1010 such devices were distributed.

Table 11

Year	Cost as provided by the program	Actual expenditure	Hearing aids	Price of the unit
2018	375 000	395 490	1500	264
2019	375 000	360000	1500	240
2020	378 000	359 492	1353	266
2021	376 200			

The target group of the component includes persons with disabilities (including children with disabilities and children with hearing loss of any degree under 5 years of age) as well as the older people. Within the component, two types of hearing aids are purchased:

- For mild to moderate hearing loss;
- For severe hearing loss.

Key challenges

Similar to other supportive devices and technologies, there is no standard of hearing aids as well²⁴; also, there is no database created. Furthermore, depending on the terms of the program, it is possible to get a new hearing aid every other year, regardless of whether the person needs to have it replaced or not.

There is an inequality in the approach to the older people, which is determined according to the old-age pension. In particular, a man under the age of 65 cannot receive a hearing aid unless he has disability status; while a woman over the age of 60 is given the opportunity to receive such a device based on a health certificate.

The problem is the systematic change of hearing aid batteries, the purchase of which is the burden for socially vulnerable families.

An important component of this program is the individual adjustment of the hearing aid, the audiometric examination, and the taking of earprints. Therefore, at least 2 visits are required to fully adjust the ear device. Besides, the program is implemented only in Tbilisi and the population of the regions cannot sufficiently receive the services provided by this component.

Recommendations

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

- Increase geographical accessibility, for the first stage - at the level of regional centers;
- Equalize the age of older men and women with hearing loss for receiving hearing aids ;
- Develop an effective tool for monitoring program implementation;
- Add to the component supplying the hearing aids' batteries. Establish reasonable limitations to avoid unnecessary receipt of hearing aids every 2 years;
- Develop alternative methods of purchasing services (eg voucher system).

To the LEPL Agency for State Care and Assistance for the (statutory) Victims of Human Trafficking:

Establish a database of people with hearing loss in order to effectively plan and implement the component of the subprogram.

24. It is noteworthy, that after the reporting period, "Minimal standards for Assistive Devices and Technologies" had been approved by the Minister of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia (N01-43/6). Evaluation and Analysis of the mentioned standard and its practical implementation goes beyond this survey and requires additional study

4.4. Provision of cochlear implant

The goal of the component is to improve the degree of functional independence of the target group and to facilitate the integration process with the community.

The activities of the component are: purchase and rehabilitation of cochlear implant, which includes implant adjustment and speech therapist services.

Information on program implementation

Although the 2020 program provided for the purchase of 30 implants, the agency has not implemented this component. The program served only those individuals who had a cochlear implant adjusted and had not exhausted 18-month postoperative period to receive speech therapist services. At this stage, a decision has been made to integrate this component into healthcare programs. However, in 2021 the services of a speech therapist will still be provided to the beneficiaries of this program from the childcare and social rehabilitation program.

Key challenges

Under this component, the agency purchased cochlear implants and handed them over to beneficiaries selected by the commission. Consequently, the purchase of cochlear did not cover surgery. This issue, in some cases, caused uncertainty and the main goal of the program - to provide appropriate services to a person in need of implants - could not be fulfilled. Besides, it is quite unclear how, where and how often the implant was adjusted and regulated during the postoperative period.

The program does not cover the costs of additional auxiliary materials (processors, batteries, etc.) that are necessary for the smooth functioning of the cochlear implant and require significant financial resources.

The component does not regulate the service standard of a logopedics (speech therapist): it only determines the rate and quantity of services.

Recommendations

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

- Develop a unified program of cochlear implant and postoperative care service;
- Include supplementary materials in the program;
- Develop a program of special logopedics (speech therapist) for postoperative rehabilitation.

4.5. Providing canes for blind people

This component provides for the provision of blind persons with canes (as well as crutches, cane-crutches, and walking frames). Obtaining a cane requires the status of a person with a disability, which proves that the person (including the child) is blind or visually impaired, a person with severe disabilities or a blind person, or a person with disabilities with a visual impairment; If such a record does not exist in the status, a health certificate indicating the need for a cane for the blind must be submitted with the status document.

According to the information received from the agency, the state has a stock of canes for the blind and has not made any purchases in this direction during the last 3 years. Therefore, the 2021 State Program for Social Rehabilitation and Child Care does not provide financial resources for this component. In recent years (2018-2020), 7 to 10 canes of the blind were handed out annually.

Key challenges

Despite the many aspects of the issue, it can be unequivocally stated that there is no demand for canes for the blind purchased under the sub-program 3 years ago and in recent years it has not been issued. Despite years of discussion, there is still no answer as to what parameter canes should be issued and what follow-up services should be provided under the component of the sub-program. In addition, the Ministry considers the existence of a stock of already purchased canes to be a problem, although the reason is unclear, as the supportive devices purchased by the state is proven to be useless for blind people. Therefore, in relation to the existing supplies and new purchases, a decision should be made according to the needs of these individuals - to provide the blind persons with assistive devices (in this case, a cane) acknowledged by international standards. It is also important for the program not to be focused only on the purchase of assistive devices, but to also include training on its use.

Recommendations

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

- Set regulations on mandatory registering of medical social expertise on the need of assistive devices, which will be subsequently reflected in the relevant databases;
- Develop a standard for the providence of cane for blind people in accordance with a project prepared by the World Health Organization and with the involvement of relevant stakeholders;
- Trainings on the canes and its use should be added to the component.

To the LEPL Agency for State Care and Assistance for the (statutory) Victims of Human Trafficking:

- Create a database of individuals in need of a cane for the blind people.

5. Promoting communication and providing smartphones for people with hearing loss

The goal of the sub-program is to improve the degree of functional independence of persons with hearing loss and to promote their integration into the society.

The activities of the sub-program are: informing the persons with hearing loss through sign language interpreters about various services provided by the state and facilitating the communication necessary for receiving services in public institutions; purchase and handover of technical devices (smartphone) with video conferencing function.

Information on program implementation

Within the sub-program, in 2018-2020 an agreement was signed with the organization “Union of the Deaf of Georgia”, which provided services in the following regions: Imereti, Guria, Samegrelo-Zemo Svaneti, Shida Kartli, Kakheti, Kvemo Kartli, Adjara and Mtskheta-Mtianeti. Under the program, the provider is required to post information in the major public institutions. 12 sign language interpreters, by the regions, participated in the implementation of the sub-program.

The target category of the sub-program is people with hearing loss living in Georgia (although the program is implemented in only 8 regions). According to the agency reports, an average of 200 people receive services each month.

Since 2019, the state issues vouchers for people with congenital hearing loss or 4th degree hearing impairment to purchase smartphones (in the amount of not more than 300 GEL for each smartphone). According to the 2021 program, a person may participate in it if s/he is registered in the database of socially vulnerable families, has been assigned a rating score of less than 100,000 as a result of the assessment and has not received such assistive devices in the past 2 years. In 2020, 40 people with disabilities benefited from this sub-program.

Key challenges

The sub-program is implemented in 8 regions, but the service addresses are located in the central cities, which does not ensure full coverage of the region.

Although the service is provided by one organization, the annual procurement of services is carried out according to the requirements of the Public Procurement Law, which is associated with additional barriers and time.

The sub-program provides a limited list of public institutions (services by other institutions are available only in emergencies). Nevertheless, it is impossible to meet the existing needs with 1-2 sign language interpreters in the region. Low wages (on average, 350 GEL per person) should be taken into account

here, especially in conditions when their transportation costs are not provided.

The sub-program of smartphones has been implemented for the last 2 years (2019-2020). 140 mobile phones were handed over under the program. No significant challenges have been identified at this stage.

Recommendations

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

- Create a minimum service standard;
- Simplify the procedure for selecting a service provider;
- Similar to Tbilisi, start considering the transfer of these services to local governments;
- Offer other assistive devices to people with hearing loss according to their needs.

To the LEPL Agency for State Care and Assistance for the (statutory) Victims of Human Trafficking:

Create a database of people with hearing loss by region, based on which the resources needed for their minimum services will be determined.

6. Foster care and family type home services for children with disabilities

The goal of the sub-program is to raise children in need of care in an environment close to the family environment by placing them in alternative care services (such as foster care and a small family-type home).

Information on program implementation

As of December 2020, there were 40 children with disabilities in small family-type homes, and 310 children with disabilities in foster care (21 of them were placed in foster care of their relatives). In 2018, funding for children with disabilities in small family-type homes was 20 GEL per day, and from 2019 - 30 GEL per day; in foster care this amount is equal to 30 GEL per day, and in foster care of relatives - fixed amount of 375 GEL per month.

The target groups of the sub-program are children with disability status living in a childcare institution or children with disability status who have not enrolled yet and who cannot be returned to their biological family or are not being adopted. Besides, the first priority is to place the child in a foster care (from 0 to 18 years). If it is not possible to find a suitable foster parent, only then the child's placement in a small family-type home is considered.

Since 2021, the new target group of the foster care sub-program has been defined the persons with disabilities who have reached the age of 18, who have been in foster care for at least two years, are unable to return to a biological family and need state care (confirmed by a social worker). In this case,

the foster parent will receive 300 GEL per month, and the relative foster parent - 100 GEL.

In a small family type home, a child can be accommodated from the age of 6, and in a specialized small family type home - from a younger age.

Key challenges

Although foster care is one of the priorities of the childcare system, there is still no unified system for finding and supporting foster caretakers. The issue becomes especially relevant in the case of specialized foster care, as caring for a child with disabilities requires relevant knowledge and qualifications from a foster parent.

According to the legislation, it is mandatory for foster parents to take a preparatory course, although so far the process has not been systematic. In particular, until recently, trainings were conducted by non-governmental organizations, within the framework of donor funding and in a module agreed with the Ministry. However, it is unknown how the state will conduct preparatory courses after donor support will be suspended.

It is problematic to train already employed foster carers. Their training has been postponed several times and the process is not over yet.

Given the named challenges, the issue of finding and retraining foster carers is urgent. The agency places children with existing foster care service providers where services are already being provided to one or more persons. This makes it difficult to protect the best interests of the child and does not allow them to be cared for individually.

Access to additional services is also a challenge, especially if the foster family lives in the region. It should also be noted that due to the small number of foster families, important aspects such as the geographical access to basic services (medical facility, rehabilitation and therapeutic services, etc.) are often not taken into account when placing a child. Even in Tbilisi, where these services are relatively well provided (foster children are a priority group for inclusion in these services), due to the fact that there are several children in a foster care, not everyone may be able to use the existing services. In this regard, particular problems are faced by families where children with disabilities with difficult behaviors and mental health problems are in foster care. Foster families do not have the appropriate knowledge to manage the general or acute condition of these children.

Targeted rehabilitation services are not operational or funded by the program in most parts of the country. According to established practice, if it is not possible to manage the condition of a foster child, in extreme cases, children with difficult behavior and mental health problems move to another foster family, or to a small family-type home. In case of the latter too there is a lack of resources, both in terms of the number of staff and their knowledge and qualifications.

Recommendations

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

- Develop effective mechanisms for finding and attracting specialized foster care service providers, especially for children with complex behavioral and mental health problems;
- Develop a sustainable training system for specialized foster care service providers;
- Assess realistically the components of specialized foster care so that the remuneration for such foster care meets the additional needs of the child with disabilities (medical services, medicines, rehabilitation services, etc.);
- Establish a separate specialized foster care service for children with complex behavioral and mental health problems (with appropriate standard, training module and funding mechanism).

To the LEPL Agency for State Care and Assistance for the (statutory) Victims of Human Trafficking:

- Place children with disabilities in foster care only in the territorial units where therapeutic/rehabilitation support services are provided;
- Enroll children with disabilities in small family-type homes only as the last resort.

7. Providing services in community organizations

The goal of the sub-program is to create conditions for people with disabilities close to the family environment, to promote independent living and social integration.

Sub-program activities include: provision of housing, daily services and three meals a day; develop and implement an individual service plan for beneficiaries to enhance the degree of independence.

Activities to provide family-type independent living support service component are to offer family-type housing for no more than 6 beneficiaries in the same housing.

Information on program implementation

The target category of the sub-program includes persons with disabilities aged 18 and older as well as their children who are under 18 (unless it is against the interests of the child).

The target group of the component of supporting the independent type of family life of persons with disabilities is persons with disabilities aged 18 and older who have a mental and intellectual disability. However, they retain basic self-care or communication skills and have been assessed by a multidisciplinary team; also, children under the age of 18 of this category of beneficiaries, unless it is against the interests of the child.

As of December 2020, 10 organizations (8 - in Kakheti region, 1 - in Tskaltubo and 1 - in Tbilisi) were registered as providers of community services for persons with disabilities, for 191 persons with

disabilities, and for family type community service - 6 houses of one organization (4 - in Gurjaani and 2 - in Tbilisi) for a total of 30 people with disabilities.

The maximum number of beneficiaries in each community service institution is 24 persons with disabilities, and in the family-type community service of persons with disabilities - 6 persons with disabilities.

Beneficiaries of family type community services are fully funded, while funding in community services depends on the number of points in the socially vulnerable database.

Table 12

Year	Budget as approved by the program (GEL)	Actual expenditure	Persons with disabilities Community services	Persons with disabilities Family type community services
2018	1 400 000	1 414 000	235	28
2019	2 276 500	2 016 800	280	58
2020	2 830 000	2 254 741	280	58
2021	2 662 300	-	359	58

As in other sub-programs, the amount approved by the program and amount actually spent during the year vary considerably in this case as well. Consequently, unspent funds remain in the sub-program budget each year, the main reason being the delayed start of services and long placement procedures.

Key challenges

Community services include services for both persons with disabilities and the older people. Although these services are differentiated according to the registration of organizations, they do not differ with sub-program activities. Therefore, it is advisable to set different goals and activities for different categories of beneficiaries.

A unified register for all types of community services creates additional challenges: although community services for the older people and people with disabilities are separated and the criteria for enrolling in family-type community services differ from those of other institutions, decision on the enrollment of person with disabilities requires quite a long time because of the unified register.

The principle of co-financing in community services is of a formalistic nature and, in most cases, the beneficiaries do not/can not pay these amounts, which ultimately has a negative impact on the services provided.

Given the reality of the relevant period (already registered services), the standard of community service was set for no more than 24 beneficiaries, and at this stage the community representatives agree that this service fails to support the independent life of these individuals²⁵.

Due to the fact that various targeted services are not developed in the country, in some cases the so-called bed-ridden patients are included by the community services, which does not meet the objectives of the sub-program.

Although there is a standard for community services, there is no systematic monitoring of services aimed at evaluating multiple, beneficiary-focused services, rather than controlling the administrative functioning of the service. It should also be noted that the Social Service of the LEPL Agency for State Care and Assistance of Victims of Human Trafficking is not involved in the process of studying and meeting the needs of beneficiaries.

Recommendations

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

- Separate family-type community service for persons with disabilities into independent sub-programs. In addition, the criteria for admission to this service should be more specific;
- Break down the community service sub-program into components and determine targeted activities, number of beneficiaries and budget (activities according to age groups and capabilities);
- Reconsider the maximum number of beneficiaries of community services defined by the current standards (24 persons) and bring the service as close as possible to the family environment (5-7 persons);
- Reconsider the issue of co-financing, given that there is no effective mechanism for securing co-financing;
- Define the role of the social worker in the community service process;
- Develop an effective service monitoring mechanism focused on assessing the readiness of people in community service for independent living.

To the LEPL Agency for State Care and Assistance for the (statutory) Victims of Human Trafficking:

Maintain an independent register for each target group of the sub-program for effective management of the databases of persons in waiting list (potential beneficiaries).

25. Focus group with service providers.

Conclusion

↳The State Program on Social Rehabilitation and Child Care only partially covers the needs of persons with disabilities living in the country. As can be seen from the program implementation reports, various subjective or objective reasons, make full utilization of allocated resources impossible.

The main challenge of the program is that its sub-programs are not based on the statistical data (which often do not exist) and the needs of specific groups. Consequently, there is a big difference between the budget of the approved program and the actual expenditure. Besides, the already scarce budgetary resource is spent inefficiently. And this against the background that the main challenge in each service remains insufficient funding and quality of service.

Although certain services are monitored unsystematically, one of the main problems remains service quality control (namely, when the system evaluates the quality of service received by the beneficiary and the results achieved with a particular individual, rather than the administrative functioning of the service and budgeted funding).

An essential challenge is the geographical accessibility to the program. At best, sub-programs are implemented in only 15-20 municipalities, and most of the target categories living in the country are deprived from the opportunity to receive services by place of residence. Consequently, in order to receive the service, they have to temporarily move to another territorial unit, which is associated with additional financial resources.

In order to increase the effectiveness of the program, before implementing systemic reforms, it is important to: collect comprehensive statistical data and plan sub-programs based on their analysis; ensure active involvement of community representatives in the program development process; also, support service providers to create new services and expand existing ones.

Annex 1

Distribution of sub-programs provided by the 2020 state program of social rehabilitation and childcare by municipalities (number of beneficiaries is given according to the limits of the sub-program):

N	Region/district	0-18 years old children with disability	Persons with significant disability	Person with mild disability	Person with moderate disability	Total persons with disabilities	Early development	Children with disabilities in Day Care Centers	Persons with disabilities in Day Care Centers	Rehabilitation-Habilitation
1	Tbilisi	3918	7294	16 208	2785	30 205	845	242	431	X
2	Lanchkhuti district	118	326	1 245	112	1 801				
3	Ozurgeti district	180	570	1 224	193	2 167	20	25		
4	Chokhatauri district	70	165	458	66	759		20		
5	Ambrolauri district	18	109	272	29	428		20		
6	Lentekhi district	19	64	263	32	378				
7	Oni district	6	58	101	17	182				
8	Tsageri district	18	103	293	48	462				
9	Akhmeta district	52	248	637	170	1 107				
10	Gurjaani district	196	466	1 360	196	2 218		14	33	X
11	Dedoplistskaro District	44	134	346	60	584				X
12	Telavi District	139	407	1 064	176	1 786	120	23	38	X
13	Lagodekhi district	180	397	1 460	165	2 202	15	20		X
14	Sagarejo district	125	283	698	145	1 251		15		X
15	Sighnaghi district	65	267	488	89	909		19		
16	Kvareli district	114	258	744	75	1 191				
17	Baghdati district	71	298	759	147	1 275				
18	Vani district	64	244	774	60	1 142		10		
19	Zestaponi district	162	485	1 331	211	2 189	40	40	30	
20	Terjola district	94	406	1 077	150	1 727		26		
21	Samtredia district	129	381	870	102	1 482		16		
22	Sachkhere district	126	389	1 171	162	1 848		18		
23	Tkibuli district	40	205	511	112	868				
24	Kutaisi	583	1742	3 928	382	6 635	200	75	70	X
25	Tskaltubo district	140	543	1 533	196	2 412				
26	Chiatura district	85	447	1 095	153	1 780				
27	Kharagauli district	68	184	544	102	898				
28	Khoni district	60	210	700	70	1 040	13	14	14	
29	Dusheti district	75	244	625	128	1 072				
30	Tianeti district	28	71	170	23	292				
31	Mtskheta district	120	300	828	152	1 400	45	28	28	
32	Kazbegi district	7	22	45	10	84				
33	Abasha district	53	161	552	77	843	8			

34	Zugdidi district	298	1004	2 184	307	3 793	14			X
35	Martvili district	125	401	1 410	106	2 042				
36	Mestia district	37	89	189	39	354	10			
37	Senaki district	103	320	996	119	1 538	15	20	20	
38	Poti	111	330	618	107	1 166	25			
39	Chkhorotsku district	62	161	544	92	859	20			
40	Tsalenjikha district	59	259	599	89	1 006	15			
41	Khobi district	69	241	674	62	1 046				
42	Adigeni district	36	155	363	64	618				
43	Aspindza district	30	78	212	37	357				
44	Akhalkalaki district	79	229	592	104	1 004				
45	Akhaltzikhe district	98	330	623	89	1 140				
46	Borjomi district	82	225	563	132	1 002	30	10	10	X
47	Ninotsminda district	48	114	337	44	543				
48	Bolnisi district	182	359	793	123	1 457	20			
49	Gardabani district	240	484	948	147	1 819				
50	Dmanisi district	47	133	381	38	599				
51	Tetri Tskaro district	42	108	288	46	484				
52	Marneuli district	336	709	1 315	223	2 583	20			X
53	Rustavi	384	785	1 713	347	3 229	15	44	44	X
54	Tsalka district	36	88	281	42	447				
55	Gori district	305	940	2 477	628	4 350	30	30	30	X
56	Kaspi district	87	311	810	228	1 436	20			
57	Kareli district	107	290	819	208	1 424	25			
58	Khashuri district	155	515	1 466	244	2 380	20			
59	Batumi	685	1357	2 725	303	5 070	50			X
60	Keda district	60	233	612	100	1 005				
61	Kobuleti district	274	840	1 967	284	3 365				X
62	Shuakhevi district	70	320	734	106	1 230	30			
63	Khelvachauri district	242	700	1 516	263	2 721				
64	Khulo district	107	346	1 156	338	1 947				
	In total	11 763	29935	73 279	11 654	126 631				

