**Country Assessment:**

**GEORGIA**

| **INDEPENDENT LIVING PILLARS** | **OVERALL SCORE** |
| --- | --- |
| 1. Communication Support | 2 |
| 2. Personal Assistance | 2.66 |
| 3. Social, Political and Judicial Participation | 2.1 |
| 4. Access to the Built Environment | 1.81 |
| 5. Inclusive Education and Lifelong Learning | 2.25 |
| 6. Accessible Transport | 2.5 |
| 7. Advocacy | 2.3 |
| 8. Accessible Housing | 2.5 |
| 9. Social Protection and Benefits | 2.77 |
| 10. Legal Capacity and Supported Decision-Making | 3.3 |
| 11. Information | 2 |
| 12. Peer Support | 1.8 |
| 13. Employment | 2.63 |
| 14. Accessible and Inclusive Healthcare | 2.35 |
| 15. Assistive Technologies | 2 |

**OVERALL SCORE**

**2.4**

| **1. COMMUNICATION SUPPORT** | **SCORE:** |
| --- | --- |
| **1.1 Accessible communication:** communication is available in different accessible formats, such as sign language, Braille, easy to read and plain language, audio descriptions and captioning, especially in official interactions and public communication. | 2 |
| **1.2 Recognition of languages:** the legal framework recognizes sign languages and other forms of communication in law as official language, promoting their use. Legally binding accessibility standards for accessible communication are developed and implemented across all sectors, including public and private media, websites, and public services. | 3 |
| **1.3 Training and availability of professionals:** trained professionals in accessible, augmentative and alternative communication are easily available to those who need them. | 2 |
| **1.4 Accessible technology and media:** media and websites comply with accessibility standards. | 2 |
| **1.5 Accessible communication in services:** communication in healthcare, educational settings and social services is inclusive, and information in different formats and through different accessible communication methods is effectively and easily provided. | 1 |
| **1.6 Allocation of funds and resources for communication support:** sufficient funds are invested to develop, promote, and use accessible communication formats and technologies. This includes funding for training professionals and providing necessary assistive devices through effective procedures. | 2 |
| **1.7 Horizontal principles are applied:** the policies and services under this pillar are co-produced with disabled people, take into account gender equality, and equally include all impairment groups. | 2 |

| **Question** | **Answer** |
| --- | --- |
| There are significant differences among the regions. | YES |
| There are significant differences based on type of impairment. | YES |

| **Additional Comments** |
| --- |
| ​​The only consistently funded accessible communication method is sign language interpretation. However, the number of interpreters is very limited, and their training, certification, coordination, and monitoring are primarily managed by a single provider. Additionally, only grade school textbooks are consistently printed in Braille, while no other alternative communication methods are provided by the state. |

| **2. PERSONAL ASSISTANCE (PA)** | **SCORE:** |
| --- | --- |
| **2.1 Right to Personal Assistance:** PA is enshrined in national legislation as required by Article 19 of the UNCRPD. PA is distinguished from home care and other support services. | 5 |
| **2.2 Adequate, direct, and personalised funding:** cash allocations are directly provided to disabled people and controlled by them to pay for the assistance needed. Funding for PA is provided on the basis of personalised criteria and needs. The rates allocated are in line with the current salary rates in the country. PA allocations cover the salaries of personal assistants and other performance costs, such as all contributions due by the employer, administration costs and peer support for the person who needs assistance. | 1 |
| **2.3 Self-management of the service:** the disabled person has the right to recruit, train and supervise the assistants, if necessary through supported decision-making or other kinds of support. PA implies full self-determination and self-control, complying with Article 19, and is a one-to-one relationship. | 3 |
| **2.4 Individualised and customised approach:** PA is provided on the basis of individual needs assessment and depending on the circumstances of each disabled person. | 3 |
| **2.5 Fair working conditions:** Assistants receive wages that are protected by minimum wage regulations. The profession is recognised by the state and assistants are entitled to benefits such as social security, paid leave, and health and safety protections. | 3 |
| **2.6 Monitoring and feedback mechanisms:** efficient complaints and monitoring mechanisms are implemented, to ensure the quality of PA services. Regular assessments of user satisfaction with the PA scheme are conducted to ensure it meets the UNCRPD requirements. | 1 |
| **2.7 Peer support:** there are peer support networks for PA users, supported by the state or the local authorities. | 3 |
| **2.8 Awareness and education:** material, guidelines, and other resources are shared to raise awareness on PA services, both among disabled people and the entire community. There is a general good knowledge and recognition of the profession in the society. | 2 |
| **2.9 Horizontal principles are applied:** the policies and services under this pillar are co-produced with disabled people, take into account gender equality, and equally include all impairment groups. | 3 |

| **Question** | **Answer** |
| --- | --- |
| There are significant differences among the regions. | YES |
| There are significant differences based on type of impairment. | NO |

| **Additional Comments** |
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| Personal Assistance (PA) service is partially incorporated into national legislation and policy documents, with allocated funding. However, the service is not yet being provided, except in one autonomous region.  Peer support is available only in a few regional centers where Independent Living Centers operate. Most of these centers now receive state funding.  Disabled individuals cannot train their own Personal Assistants (PAs) due to standardized training modules and a certification process that PAs must complete before being authorized to work.  While the country does not have a legally defined minimum wage, PA salary tariffs are currently considered satisfactory. |

| **3. SOCIAL, POLITICAL AND JUDICIAL PARTICIPATION** | **SCORE:** |
| --- | --- |
| **3.1 Equal judicial participation:** disabled people are treated equally before the law. Provision of reasonable, procedural and appropriate accommodations to facilitate the effective role of disabled people as direct and indirect participants, including as witnesses, in all legal proceedings and at all stages, including investigative and preliminary ones. | 2 |
| **3.2 Support in exercising legal capacity:** supported decision-making is in place for disabled people who need it to exercise their legal capacity. | 3 |
| **3.3 Right to vote and run for elections:** all disabled people, including people with intellectual impairments and those with psycho-social disabilities, have the right to vote and stand for elections. The right to political participation is guaranteed irrespective of the kind of impairment. | 1 |
| **3.4 Equal political participation:** voting procedures, facilities, polling stations and materials are appropriate, accessible and easy to understand and use. Assistance in voting is allowed, and different voting modalities are available. The use of assistive and new technologies is facilitated in combination with personalized support, enabling disabled people to stand for elections, effectively hold office and perform all public functions. Electoral campaigns and material are also provided in accessible formats. | 2 |
| **3.5 Equal representation of disabled people:** disabled people are represented in policy and decision-making positions, they hold public offices and are well-represented at international, national, regional and local levels. Quotas or reserved seats for disabled people in legislative bodies, mentorship programs for aspiring disabled politicians are provided. | 1 |
| **3.6 Training for judicial authorities, administration, first hand responders and police:** states promote appropriate disability sensitive training for staff working in the administration of justice, including police and prison staff, as well as first hand responders. | 3 |
| **3.7 Protection of disabled victims:** police and judicial staff are trained to support disabled victims, including disabled women and girls who are victims of sexual violence. Adequate support and protection measures are also ensured to disabled victims in institutional care settings, who have confidential and accessible channels to report abuses, and legal aid services to support their cases. Regular independent inspections of institutional care settings are conducted. | 3 |
| **3.8 Participation of disabled children:** participation of disabled children is recognized as a legal right and is effectively supported in all matters that concern them, including in all administrative and judicial participation in the contexts of individual decisions and collective decision-making processes. Disabled children’s opinions are given due weight in accordance with their age and maturity and they receive age-appropriate and disability-related supports to exercise their participation rights. | 3 |
| **3.9 Horizontal principles are applied:** the policies and services under this pillar are co-produced with disabled people, take into account gender equality, and equally include all impairment groups. | 1 |

| **Question** | **Answer** |
| --- | --- |
| There are significant differences among the regions. | UNKNOWN |
| There are significant differences based on type of impairment. | YES |

| **Additional Comments** |
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| According to the Georgian Constitution, individuals with intellectual or psychosocial disabilities are prohibited from standing for election. Additionally, those officially designated as recipients of supported decision-making lose their right to vote if placed in a closed institution, such as psychiatric hospitals, where many are institutionalized for non-medical, housing-related reasons.  Disabled individuals receive no support in their political aspirations, and no proactive measures are taken to promote their participation. There is no personalized assistance for those running for office or campaigning, nor are there quotas in legislative or other governance structures.  Campaign materials are rarely translated or made available in accessible formats.  Some polling stations are wheelchair-accessible, and individuals can re-register at an accessible location if necessary. Assistance during voting is permitted. However, during the 2024 Parliamentary elections, there were widespread reports of vote secrecy violations, particularly affecting blind and partially sighted voters, who had limited means to detect if their ballots were being monitored.  Reports indicate that some disabled individuals had their ID cards confiscated before election day—allegedly by public officials—to prevent them from voting against the ruling party. Instances of voter intimidation were also reported, particularly involving major state-funded or government-favored disability organizations.  Court proceedings rarely include procedural accommodations. For example, despite repeated requests, court documents are often provided in scanned formats that are incompatible with screen readers, creating barriers for blind individuals seeking equal access to legal processes. |

| **4. ACCESS TO THE BUILT ENVIRONMENT** | **SCORE:** |
| --- | --- |
| **4.1 Access to the physical environment:** the environment is accessible for people with different impairments. Ramps and curb cuts are available. Roads, green spaces and pavements are designed to be used by everyone, including those using wheelchairs and other mobility aids. Signage is provided in Braille and other tactile formats for visually impaired people. | 1 |
| **4.2 Accessible infrastructure:** indoor and outdoor facilities, including schools, housing, medical facilities and workplaces are accessible. Public buildings and spaces have accessible entrances, automatic doors, accessible toilets, elevators with auditory signals, and Braille on buttons. Recreational facilities and parks include accessible playground equipment and pathways. | 1 |
| **4.3 Children’s spaces:** playgrounds and recreational areas are designed to be inclusive and accessible to disabled children. Schools and childcare facilities have accessible entrances, classrooms, restrooms, and playgrounds. After school and holiday programs and activities are adapted to include the participation of children with different kinds of impairments. | 2 |
| **4.4 Accessibility both in urban and in rural areas:** accessibility measures are implemented uniformly in both urban and rural areas to ensure equal access for all disabled people. Rural areas have accessible streets and facilities to ensure disabled people can participate in the local community life. | 1 |
| **4.5 Co-production in urban planning:** disabled people are actively involved in the planning, design, and implementation of urban and rural development projects. Official consultations include disabled people's organisations to ensure their needs are considered. | 1 |
| **4.6 Accessibility legislation:** the state has legislation and policies requiring developers and urban planners to include accessibility in all new constructions and renovations, with regular monitoring and sanctions, such as fines and permit revocation, in case of non-compliance. | 3 |
| **4.7 Safety:** safety measures and emergency evacuation plans take into account disabled people. Such plans are made with meaningful participation of DPOs as stakeholders. Public spaces are designed in a way to be safe for everyone, including disabled children and women. | 2 |
| **4.8 Training for professionals working in urban planning:** promotion of awareness campaigns on inclusion and mandatory training programs for architects, urban planners, and construction workers. | 3 |
| **4.9 Technology and innovation:** the use of technology, research and development of new materials and designs to improve accessibility are encouraged and receive proper funding, with the meaningful participation of persons with disabilities and their representative organisations. | 1 |
| **4.10 Monitoring and Evaluation:** there are mechanisms ensuring disabled people can report accessibility issues and suggest improvements.The feedback from disabled advocates is taken into consideration in the evaluation of policies and practices. | 3 |
| **4.11 Horizontal principles are applied:** the policies and services under this pillar are co-produced with disabled people, take into account gender equality, and equally include all impairment groups. | 2 |

| **Question** | **Answer** |
| --- | --- |
| There are significant differences among the regions. | YES |
| There are significant differences based on type of impairment. | NO |

| **Additional Comments** |
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| Accessibility features in cities are severely lacking. In the capital, Tbilisi, bus stops are announced, but not consistently across all buses. Audible traffic signals are rare and mainly found in Tbilisi and a few other major cities. Additionally, there are no public awareness campaigns promoting accessibility, leading to resistance from the general population toward such infrastructure.  While accessibility standards exist on paper, enforcement is weak. There are very few qualified professionals available to monitor compliance effectively. Moreover, disability accessibility is not integrated into lifelong learning programs for architects and other relevant professionals.  Municipal consultative councils are largely ineffective, often unresponsive to disabled members and their requests. Many ramps do not adhere to accessibility standards, making them more hazardous than helpful. Additionally, city officials are generally unresponsive to concerns raised by disabled people and activists. |

| **5. INCLUSIVE EDUCATION AND LIFELONG LEARNING** | **SCORE:** |
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| **5.1 Access to mainstream education:** all disabled people have access to the general education system and there is no segregation on the basis of disability. | 3 |
| **5.2 Reasonable accommodation:** individualised support measures and reasonable accommodation, based on the individual requirements and needs, are effectively provided. | 3 |
| **5.3 Accessibility of infrastructure:** school facilities, including classrooms, toilets, common areas, and school transport, are physically accessible to disabled children and young people. | 2 |
| **5.4 Accessibility of activities:** activities carried out within the educational system or organised by schools are accessible for everyone, including school trips, extracurricular clubs, sport activities, after-school programs, assemblies, guest speaker events, cultural celebrations, fairs, and music or theatre performances. | 2 |
| **5.5 Accessibility of resources:** schools provide accessible learning materials as well as assistive technology and other necessary tools. | 3 |
| **5.6 Accessible communication and skills learning:** schools facilitate the learning of Braille, sign language, alternative script, augmentative and alternative modes, means and formats of communication and orientation and mobility skills. | 2 |
| **5.7 Peer support:** schools facilitate the creation of safe spaces for disabled people, as well as provision of information and practical, emotional, social or physical support through mentoring and self-advocacy. | 1 |
| **5.8 Staff training:** teachers, professionals and staff who work at all levels of education receive the proper training on inclusive education practices and on how to support students with different types of disabilities. | 3 |
| **5.9 Lifelong learning:** disabled people can access general tertiary education, vocational training, adult education and lifelong learning without discrimination and on an equal basis with others. Reasonable accommodation is provided at all these levels. | 3 |
| **5.10 Transition services:** there are services facilitating the transition of young disabled people to adulthood, including support with moving out of the family home, managing personal assistance, starting employment and continuing into higher education. | 1 |
| **5.11 Accessible and inclusive cultural participation:** disabled people can participate in events of cultural relevance in the community, such as public meetings, sport events, concerts, cultural and religious festivals. Cultural participation is encouraged through accessibility, as well as provision of information on the accessibility level of the events. | 2 |
| **5.12 Horizontal principles are applied:** the policies and services under this pillar are co-produced with disabled people, take into account gender equality, and equally include all impairment groups. | 2 |

| **Question** | **Answer** |
| --- | --- |
| There are significant differences among the regions. | YES |
| There are significant differences based on type of impairment. | YES |

| **Additional Comments** |
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| Most school buildings are inaccessible to students with physical impairments.  Outside of specialized schools for blind or deaf students, opportunities to learn mobility and orientation skills or sign language are nearly nonexistent. As a result, many deaf students attending mainstream schools do not learn to read, write, or use sign language effectively.  Special education teachers are not specifically trained to work with particular types of disabilities, limiting their ability to provide tailored support.  There are no regulations ensuring reasonable accommodations for disabled university students. The level of individual support they receive depends on the university’s willingness, experience, and the student's ability to advocate for themselves. |

| **6. ACCESSIBLE TRANSPORT** | **SCORE:** |
| --- | --- |
| **6.1 Physical accessibility of transport:** all forms of public transport (buses, coaches, trams, taxis, metro systems and trains) are designed in a way that accommodates the physical needs of disabled people. Vehicles are equipped with ramps or lifts, there is adequate and safe space for wheelchair users, disabled users are not required to use special transport. | 2 |
| **6.2 Accessibility of information:** information, communications and other services, including electronic services, are accessible. Transport information, such as schedules, routes and stops and other communications are available in different formats (easy to read, Braille, audio announcements, visual signals…). | 3 |
| **6.3 Emergency and safety procedures:** emergency procedures and information are accessible, evacuation plans take disabled passengers into account, safety alarms include visual signals. | 2 |
| **6.4 Affordability of transport:** public transport options are financially affordable for disabled people. Tickets cost and discounts take into consideration the need for many disabled people to travel accompanied by a personal assistant or a caregiver. | 4 |
| **6.5 Availability of transport:** accessible transport is available for all disabled people, including in local and rural areas. | 1 |
| **6.6 Accessibility of stations and stops:** stations and stops are provided with accessible information, accessible ticket counters, ramps, elevators, escalators, seating areas and quiet spaces. | 2 |
| **6.7 Free available travel assistance:** quality assistance service is guaranteed for all disabled passengers without additional cost. When stations and means of transport are not accessible, there are simplified bureaucratic procedures and no need for long pre-notification in order to submit the request for assistance. | 3 |
| **6.8 Staff training:** professionals working in the transport sector are trained to assist disabled passengers, take care of their assistive devices and understand the multiple challenges disabled people face when travelling. | 3 |
| **6.9 Feedback and complaint mechanisms:** there are efficient complaints and monitoring mechanisms to ensure the rights of disabled passengers are respected, including compensation in case of delay, cancellation, damage of assistive devices and non-compliance with safety rules. Prompt responses and actions are taken to address complaints or suggestions. | 2 |
| **6.10 Horizontal principles are applied:** the policies and services under this pillar are co-produced with disabled people, take into account gender equality, and equally include all impairment groups. | 3 |

| **Question** | **Answer** |
| --- | --- |
| There are significant differences among the regions. | YES |
| There are significant differences based on type of impairment. | YES |

| **Additional Comments** |
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| Transportation staff generally receive little to no training, except for bus drivers in Tbilisi and possibly one or two other major cities, who are trained to deploy ramps. However, some drivers reportedly turn off bus stop announcements, allegedly in response to passenger requests.  Most forms of transportation, aside from buses in Tbilisi and some intercity trains, remain largely inaccessible for wheelchair users.  There are no tactile signs available on any form of public transportation. |

| **7. ADVOCACY** | **SCORE:** |
| --- | --- |
| **7.1 Promotion of disability rights:** there is a general good knowledge of disability rights among the society. The state promotes the UN Convention on the Rights of Persons with Disabilities (UNCRPD), and the key principles of the human rights model of disability, including choice, control, and full participation in society. The state also carries out campaigns raising awareness to address stigma and discrimination, and to promote disability rights. | 3 |
| **7.2 Building support networks:** support networks are developed, funded and offered around the country. These include self-advocacy groups, peer support services, and organizations led by disabled people. | 3 |
| **7.3 Legislation and active role of disabled people’s organisation (DPOs):** legislation supporting the functioning of independent, civil society is in place, allowing DPOs to register. DPOs play a crucial role in empowering disabled people and representing their interests at the local, national, and international level. | 2 |
| **7.4 State funding available for DPOs:** state provides funding for DPOs to freely operate, including ad-hoc project-based funding and structural funding, which does not prevent DPOs being vocal and critical towards government’s in/actions. | 1 |
| **7.5 Free choice of advocacy forms and activities:** DPOs are free to engage in different forms of public advocacy and campaigning, including through the exercise of freedom of public assembly, public appearances in media and other forms of public advocacy, not worrying about government retaliation including cessation of funding. | 1 |
| **7.6 Advocacy in all areas of life:** there are advocacy efforts to promote inclusive education, employment opportunities, healthcare access, transportation, participation in community life and adoption of accessibility measures and accessible, available, and affordable services for all disabled people. Advocacy activities are conducted in all areas, including but not limited to deinstitutionalisation, disabled women’s rights, disabled LGBTI rights, and disabled children’s rights. | 2 |
| **7.7 Engagement of disabled people in policy advocacy:** disabled people actively participate in consultations and policy-making processes to ensure that their voices and needs are considered​​. Policy and legal recommendations take into account the lived experiences of disabled people. | 3 |
| **7.8 Education and training on disability:** education and training to raise awareness about the rights and needs of disabled people are promoted. | 3 |
| **7.9 Horizontal principles are applied:** the policies and services under this pillar are co-produced with disabled people, take into account gender equality, and equally include all impairment groups. | 3 |

| **Question** | **Answer** |
| --- | --- |
| There are significant differences among the regions. | YES |
| There are significant differences based on type of impairment. | YES |

| **Additional Comments** |
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| Advocacy and public awareness efforts are primarily funded by international donors, with the exception of a few Independent Living Centers that have only recently started receiving state funding.  Most state-funded organizations working on disability issues are not outspoken. Some even exert pressure on their members or service beneficiaries to vote for the ruling party.  Under the new so-called Foreign Agent Law, civil society organizations (CSOs) receiving more than 20% of their funding from abroad must label themselves as Agents of Foreign Influence. This requirement also applies to Disabled People's Organizations (DPOs), significantly contributing to the stigmatization of civil society.  While consultative councils exist within many public entities, the proposals made by disabled people in these councils are rarely implemented. Decision-making appears to take place behind closed doors, outside formal consultative mechanisms.  Organizations led by people with intellectual disabilities are nearly nonexistent. Advocacy on their behalf is primarily carried out by parents, even after they reach adulthood. |

| **8. ACCESSIBLE HOUSING** | **SCORE:** |
| --- | --- |
| **8.1 Deinstitutionalisation:** the state has in place an effective deinstitutionalisation strategy, shifting from institutional care and other segregated settings to independent living. Disabled people have choice and control over where and with whom they live, regardless of the level of support their need. The process of deinstitutionalisation involves the provision of adequate, affordable, available, and accessible housing in the community. | 3 |
| **8.2 Accessibility:** accessible housing is available to disabled people who need it, regardless of their impairment. Funding is available to make apartments, houses and buildings accessible. This includes adequate space, level paths to entrances, wide doorways, lifts, and accessible indoor spaces. | 3 |
| **8.3 Affordability:** accessible housing options are affordable for everyone. Financial assistance programs are provided to help disabled people afford rent and utilities (electricity, gas, waste disposal etc.). | 3 |
| **8.4 Inclusion and anti-segregation:** housing for disabled people is integrated into the broader community, ensuring that they are not isolated or segregated in specific areas or buildings. Accessible housing is available within diverse neighbourhoods, facilitating inclusion and interaction with non-disabled people, and providing opportunities to live, work, and participate fully in society. Housing for disabled individuals is not limited to specific buildings or complexes but is part of the general housing stock, available across different residential areas. | 2 |
| **8.5 Social protection measures:** effective and specific social protection measures are taken to reduce obstacles to access housing for particular categories of disabled people who are at higher risk of poverty and social exclusion, such as older people, ethnic minorities, and women, among others. | 2 |
| **8.6 Availability and affordability of essential services:** essential services and facilities are available, affordable and accessible for disabled people, including safe drinking water, sanitation, and energy for cooking, heating, cooling and lighting. Such services are available in both urban and rural areas​. Financial assistance is available to those in need. | 2 |
| **8.7 Data collection:** disaggregated data is collected about people living in segregated settings, allowing for the monitoring of the deinstitutionalisation strategies and action plans. All group settings where disabled people live, including small group homes, family-type homes for children, nursing homes, psychiatric hospitals and other, are included in data collection. | 2 |
| **8.8 Horizontal principles are applied:** the policies and services under this pillar are co-produced with disabled people, take into account gender equality, and equally include all impairment groups**.** | 3 |

| **Question** | **Answer** |
| --- | --- |
| There are significant differences among the regions. | YES |
| There are significant differences based on type of impairment. | YES |

| **Additional Comments** |
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| There are no comprehensive housing programs in the country, with a few exceptions. In some municipalities, victims of domestic violence may be eligible for rent subsidies. However, if an adult is forced out of a home they do not own - such as by a family member due to their sexual orientation, psychiatric conditions, or other reasons deemed unacceptable by the family - this may not be classified as domestic violence. As a result, they may not qualify for housing assistance.  Homeless shelters exist but function as institutional settings. Since they are not designed specifically for disabled individuals, they often fail to meet their specific needs.  A deinstitutionalization strategy is in place, emphasizing the development of small group homes for disabled people. However, the number of these facilities remains very limited. |

| **9. SOCIAL PROTECTION AND BENEFITS** | **SCORE:** |
| --- | --- |
| **9.1 Access to mainstream schemes:** disabled people have access to mainstream social protection schemes without discrimination on the basis of disability. Reasonable accommodation is ensured in all the programmes. | 4 |
| **9.2 Access to disability-specific schemes:** disabled people have effective access to disability-specific schemes. Social protection floors to prevent poverty are adopted, with payments directly made to the adult disabled person. The state guarantees the continuity of benefits and services when transitioning from a contributory scheme to a non-contributory one. | 4 |
| **9.3 Access to disability-specific schemes for children:** children with disabilities over a certain age can also open a bank account. If they are under age, parents can open it for them. Even if parents legally manage their account, money can still be directly paid to a child’s account. | 4 |
| **9.4 Benefits not conditional on education or employment:** disabled people are eligible for benefits to cover disability-related costs regardless of whether they are in education or are working or not. | 5 |
| **9.5 Rights-based eligibility assessment system:** eligibility for supports, services and benefits is assessed using a rights-based approach. Strictly medical criteria are not used in eligibility assessment. | 1 |
| **9.6 Support in accessing disability-related supports and services:** financial support is provided to access disability-related supports and services. Assistive devices, mobility aids, and personal assistance are reflected in national health and social care systems and taken into consideration in the establishment of the benefit level and the income thresholds. | 1 |
| **9.7 Financial support for access to housing in the community:** financial support is provided to disabled people to leave an institution or avoid institutionalisation. This includes adapting housing, purchasing furniture and accessing disability-related services or equipment necessary for access to housing. | 2 |
| **9.8 Compatibility of benefits with employment:** policies ensure compatibility between eligibility for and reception of benefits and employment. Effective policies and measures are put in place to avoid the welfare trap, whereby people are not allowed to work if they receive benefits. | 2 |
| **9.9 Horizontal principles are applied:** the policies and services under this pillar are co-produced with disabled people, take into account gender equality, and equally include all impairment groups. | 2 |

| **Question** | **Answer** |
| --- | --- |
| There are significant differences among the regions. | YES |
| There are significant differences based on type of impairment. | YES |

| **Additional Comments** |
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| Persons with disabilities receive disability compensation, which is predetermined based on their assigned disability category. The classification is currently based on medical criteria rather than individual needs, making the fixed benefits inadequate in addressing specific requirements. Some assistive devices are provided in kind, but recipients have minimal control over their quality, as the provision system is monopolized.  If a disabled person receives both a disability benefit and Targeted Social Assistance (TSA), they may lose TSA eligibility if they start working and earning an income, similar to non-disabled individuals. However, the termination of TSA does not occur immediately but after a set period.  Older persons with disabilities must choose between receiving disability compensation or the universal age pension, even though these benefits serve different purposes. Disabled individuals have little influence over the social protection system, despite years of advocacy for reforms allowing disabled seniors to receive both benefits. The case is currently pending before the Constitutional Court, but no decision has been issued for years.  Some municipalities provide additional monetary top-ups for blind individuals, not based on objective justification but as a result of advocacy efforts by the Union of Blind Persons, a Disabled People’s Organization (DPO). |

| **10. LEGAL CAPACITY AND SUPPORTED DECISION-MAKING** | **SCORE:** |
| --- | --- |
| **10.1 Equal recognition before the law:** disabled people are recognized and treated equally before the law in all areas. | 5 |
| **10.2 Equal legal capacity:** disabled people enjoy legal capacity on an equal basis with others, and have the right to make their own choices in all areas of life​​. There is no substituted decision making, such as full or partial guardianship. | 4 |
| **10.3 Available support in exercising legal capacity**: people with different impairments can access the necessary support to exercise their legal capacity​​. This includes personal assistants, advocates, microboards and other forms of supported decision-making​​. | 2 |
| **10.4 Safeguarding measures in decision-making**: conflicts of interest and abuse are prevented through effective safeguarding measures. Such measures are proportional to the degree of need of the disabled person and tailored to individual circumstances​​. Safeguarding measures are regularly monitored and reviewed by impartial authorities. | 2 |
| **10.5 Right to property and access to financial services:** disabled people have equal rights to own or inherit property, to control their own financial affairs, and to access financial services. | 5 |
| **10.6 Equal access to justice:** equal and effective access to justice is guaranteed, including ensuring procedural accommodations and support to facilitate the role of disabled people as direct or indirect participants in legal proceedings​​. Such support may include recognition of diverse communication methods, allowing video testimony, procedural accommodation, provision of sign language interpretation and other. | 3 |
| **10.7 Training for legal professionals:** Legal professionals, such as judges, prosecutors and lawyers, are provided with training to ensure that they are aware of their obligation to respect the legal capacity of disabled people, including legal agency and standing. | 3 |
| **10.8 Protection of privacy**: privacy of disabled people is respected, including privacy of their personal and health information. | 3 |
| **10.9 Horizontal principles are applied**: the policies and services under this pillar are co-produced with disabled people, take into account gender equality, and equally include all impairment groups. | 3 |

| **Question** | **Answer** |
| --- | --- |
| There are significant differences among the regions. | YES |
| There are significant differences based on type of impairment. | YES |

| **Additional Comments** |
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| The supported decision-making framework exists for persons with intellectual or psychosocial disabilities, with supporters appointed by the court. These appointments are reviewed after a few years. However, in practice, the system presents significant challenges.  When a disabled person has family, family members are usually appointed as supporters, which can create conflicts of interest, especially regarding property management. If the person does not have family, the staff of the institution where they reside is often assigned this role. Institutional staff, however, tend to be overly cautious, fearing potential liability for any decisions the individual makes.  Neither family members nor institutional staff receive proper training on the essence of supported decision-making. Many of them were previously appointed as legal guardians and continue acting in that role, making decisions on behalf of the individual rather than supporting their autonomy.  While courts are legally required to appoint supporters only in specific areas of a person’s life, these appointments are rarely individualized. Due to excessive caseloads, courts often fail to assess the person's individual capacities and situation, leading to overly broad and restrictive assignments. |

| **11. INFORMATION** | **SCORE:** |
| --- | --- |
| **11.1 Accessible and appropriate information**: general information, including in public spaces, infrastructure, and electronic information, is provided in free and accessible formats appropriate to people with different impairments in a timely manner. The use of sign languages, Braille, easy to read, and other accessible means, including child-friendly language for children and disabled children in particular, modes and formats of communication is facilitated in mainstream services and public authorities. | 2 |
| **11.2 Accessible emergency information:** accessible information on emergency procedures and disaster response plans is provided. Emergency communication systems are accessible to all disabled people. | 2 |
| **11.3 Accessible technology and mass media information:** mass media, websites and online platforms are accessible for disabled people. Subtitles and sign language interpretations are provided for television programs and other visual media. Research, development and use of new technologies to improve information accessibility for disabled people is supported. | 2 |
| **11.4 Accessible education materials:** educational and training materials and resources are available in accessible formats. Assistive technologies and support services are provided to disabled students. | 2 |
| **11.5 Accessibility of information in the private sector:** private entities are required to provide information and services in accessible formats for disabled people. | 2 |
| **11.6 Information on disability rights:** clear and accessible information on disability and rights is provided, including the rights under the UNCRPD and national legislation. Resources and contact information for disability advocacy organizations and legal assistance are made available by the authorities. | 2 |
| **11.7 Information on access to services**: information on accessing public services, healthcare, education, transportation, and social services is easily available and accessible, including contact details for service providers and support hotlines. Guides and FAQs in accessible formats are provided to help disabled people understand these services. | 2 |
| **11.8 Information on sexual and reproductive health and rights:** comprehensive and accessible information on sexual and reproductive health and rights of disabled people is provided. Educational materials on sexual and reproductive health and rights are available in accessible formats, including Braille, sign language, and easy-to-read versions. Health services offer free and accessible consultation and support for disabled people, without stigma and discrimination. | 1 |
| **11.9 Freedom of information for disabled people in institutions:** institutions provide accessible information to disabled people on their rights. Support services, such as peer support, are available to help disabled people in institutions understand their rights and report rights violations. | 2 |
| **11.10 Horizontal principles are applied:** the policies and services under this pillar are co-produced with disabled people, take into account gender equality, and equally include all impairment groups. | 3 |

| **Question** | **Answer** |
| --- | --- |
| There are significant differences among the regions. | NO |
| There are significant differences based on type of impairment. | YES |

| **Additional Comments** |
| --- |
| (Text…) |

| **12. PEER SUPPORT** | **SCORE:** |
| --- | --- |
| **12.1 Legislation on peer support:** there is legislation that guarantees the provision of peer support at the national or local level. Peer support may include provision of information and practical, emotional, social or physical support through listening, training, mentoring, mediation, (self-) advocacy and other. | 1 |
| **12.2 Peer support mainstreaming:** peer support services are provided in schools, Centres for Independent Living (CILs) and DPOs, workplaces, social services, health care. Deinstitutionalisation strategies include peer support in institutions, for example by somebody who has lived in an institution in the past to those still institutionalised. Disabled victims, such as victims of ableism, hate crimes and hate speech, and sexual violence, can also access peer support, including emotional and psychological support and assistance in reporting the crimes. | 1 |
| **12.3 Social model in promoting peer support**: peer support services are implemented in line with the social and the human rights model of disability, rather than carried out using a medical approach. Peer support includes practical, social and emotional support. | 1 |
| **12.4 Funding for peer support:** the state invests in peer support, self-advocacy, circles of support, and other support networks, including organizations of disabled people and Centres for Independent Living. | 3 |
| **12.5 Horizontal principles are applied:** the policies and services under this pillar are co-produced with disabled people, take into account gender equality, and equally include all impairment groups. | 3 |

| **Question** | **Answer** |
| --- | --- |
| There are significant differences among the regions. | YES |
| There are significant differences based on type of impairment. | YES |

| **Additional Comments** |
| --- |
| Peer support is primarily offered by individuals on a voluntary basis or through funding from foreign donors, which is increasingly stigmatized. The only form of state-funded peer support is provided through Independent Living Centers (CILs). However, these centers do not employ persons with intellectual disabilities, limiting their opportunities for active participation and peer-led support within the system. |

| **13. EMPLOYMENT** | **SCORE:** |
| --- | --- |
| **13.1 Employment protection legislation:** the state has legislation and policies prohibiting discrimination on the basis of disability in employment, conditions of recruitment, hiring process, continuance of employment, career advancement, and ensures equal opportunities and equal remuneration for work of equal value, and safe and healthy working conditions, including protection from harassment. Legal frameworks include provisions for enforcement and remedies for violations of employment rights of disabled people. | 4 |
| **13.2 Training and awareness**: public awareness campaigns and trainings are conducted to change employer and social attitudes towards disabled workers. Employers and co-workers. Employers and co-workers are educated on disability inclusion and the benefits of a diverse workforce. | 2 |
| **13.3 Inclusive recruitment practices:** job postings are available in different formats, assistance with job applications and job interviews is provided. Recruitment processes are inclusive, the venues for interviews are accessible and sign language interpreters or other necessary aids are available. | 1 |
| **13.4 Accessibility, reasonable accommodation, and personal assistance:** workplaces and resources are fully accessible, reasonable accommodation is provided effectively and in a timely manner, and personal assistance is available at work. Tasks are arranged to fit in the competencies of the employee, and job carving and job sharing are promoted. Job coaching, supported employment services, and workplace adjustment support are also available. | 2 |
| **13.5 Accessibility of programmes and career opportunities:** disabled people have access to general technical and vocational guidance programmes, vocational and continuing training, including professional rehabilitation, job retention and return-to-work programmes. Networking events and other job-related activities are also accessible. Mentorship and career development programs specifically designed for disabled employees are available. | 4 |
| **13.6 Measures promoting employment of disabled people:** the authorities are implementing effective measures to reduce the disability employment gap, including the gender and disability employment gap, such as positive action programmes, incentives and quotas. Partnerships with private sector companies to create more job opportunities for disabled people are fostered. Opportunities for self-employment and entrepreneurship in the private sector are also promoted. | 3 |
| **13.7 Addressing segregation:** concrete steps are being taken to close down sheltered workshops and to facilitate the transition of disabled workers to the open labour market. The authorities are making sure that no public or private funds are invested in maintaining the system of sheltered workshops. | 2 |
| **13.8 Monitoring and sanctioning mechanisms:** feedback from disabled employees is gathered, and regular monitoring and evaluation are conducted. In case of non-compliance with the obligation to provide quotas, affirmative action programmes, incentives and other forms of support, effective sanctions and monitoring mechanisms are put in place. | 1 |
| **13.9 Social protection:** social protection benefits continue to be guaranteed once disabled people enter into the labour market. Measures are taken to ensure that entering employment does not result in the loss of essential disability benefits. Disabled employees can access health insurance, retirement benefits, and other social protections on an equal basis with others. | 5 |
| **13.10 Horizontal principles are applied:** the policies and services under this pillar are co-produced with disabled people, take into account gender equality, and equally include all impairment groups. | 3 |

| **Question** | **Answer** |
| --- | --- |
| There are significant differences among the regions. | NO |
| There are significant differences based on type of impairment. | YES |

| **Additional Comments** |
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| (According to the law, discrimination based on disability, including the denial of reasonable accommodation, is prohibited. However, there are no regulations requiring employers to make hiring and recruitment processes universally accessible. There are no mandates for alternative communication methods, no tax incentives for employers hiring disabled individuals, and no mandatory employment quotas.  Most workplaces and online job portals remain inaccessible, further limiting employment opportunities. While the state offers some job coaching programs, temporary salary subsidies for disabled employees, and vocational training initiatives, these programs benefit only a small number of individuals each year due to persistent stigma and widespread inaccessibility.  The disability community has repeatedly advocated for raising the annual income threshold above which disabled individuals are required to pay income tax, but the government has not responded to these requests.  Most sheltered workshops that existed under Soviet rule have ceased to operate, and new ones are rare due to the lack of tax incentives or support for social enterprises. Some disabled individuals see these workshops as a potential employment solution for certain groups, and a few are funded or sponsored by Western donors. |

| **14. ACCESSIBLE AND INCLUSIVE HEALTHCARE** | **SCORE:** |
| --- | --- |
| **14.1 Access to mainstream and quality healthcare:** disabled people have the same range, quality and standard of free or affordable health care. They have access to universal health coverage and to emergency care on an equal basis with others. Discrimination in the provision of health and life insurances or discriminatory denial of health care or services on the basis of disability are not allowed. | 5 |
| **14.2 Comprehensive and specific health interventions and services**: the specific health services needed by disabled people are provided, including prevention, early identification and intervention. There are comprehensive habilitation and rehabilitation programmes based on individual needs. Impairment specific-services, including highly-specialized ones, designed to minimize impairment effects or help disabled people manage effectively impairment effects and prevent further deterioration of their condition are available, accessible and affordable. | 2 |
| **14.3 Healthcare inequalities are effectively tackled:** data collected across number of health indicators including life expectancy, prevalence of chronic illness and quality of life indicators show that disabled people do not experience health inequalities compared to non-disabled people. | 1 |
| **14.4 Healthcare inequalities are effectively tackled:** data on healthcare inequalities are systematically collected including disaggregation by disability and type of impairment. | 2 |
| **14.5 Right to free and informed consent to medical treatment:** disabled people have the right to free and informed consent to medical treatment, and the right to refuse treatment at all times, including in situations of mental distress and regardless of their legal capacity status or condition of liberty. Shared decision-making is fostered when decisions are made about medical treatment of disabled patients on the equal footing as non-disabled patients. | 1 |
| **14.6 Participation of disabled children on decisions about their healthcare**: when the age of medical consent introduced in legislation is lower than the general age of majority, disabled adolescents have the right to consent to medical treatment on the same basis as their non-disabled counterparts and can access support to exercise this right, including supported decision-making where relevant. Disabled children of all ages have access to confidential counselling according to their needs to participate in decisions about their healthcare, including through being informed about medical interventions proposed for them and being able to voice their opinions and to be taken seriously. | 3 |
| **14.7 Prohibition of medical treatments such as forced sterilisation:** the state does not allow or explicitly criminalises forced contraception, forced sterilisation and forced abortion of disabled people - particularly women, children and disabled people living in institutions - without their free, prior and informed consent. Disabled people can decide on their own body and reproductive system. | 5 |
| **14.8 Gender-sensitive services:** the specific needs and rights of disabled people including those of disabled women and girls and disabled people identifying as LGBTIQ+, are taken into account and respected in the health care sector, including their access to sexual and reproductive health as well as to information and education. | 1 |
| **14.9 Training:** the state promotes training for professionals and staff working in the healthcare sector, including in habilitation and rehabilitation services and the promulgation of ethical standards for both public and private health care. | 3 |
| **14.10 Access to health services in rural areas**: health services are provided as close as possible to people’s own communities, including in rural and remote areas. | 1 |
| **14.11 Access to quality health care in institutions**: disabled people living in institutions have equal access to quality health care services, including mental health care, based on their specific needs. | 3 |
| **14.12 Adequate and accessible mental health support:** mental health professionals are trained on disability-related issues, such as minority stress and discrimination. There are no significant barriers for disabled people to accessing mental health services, for instance in terms of inaccessibility, costs, and stigma. | 2 |
| **14.13 Accessible e-health services:** e-health services, information on healthcare, mobile health devices and services are fully accessible and safe to use for disabled patients, their family members, personal assistants and caregivers. | 2 |
| **14.14 Horizontal principles are applied:** the policies and services under this pillar are co-produced with disabled people, take into account gender equality, and equally include all impairment groups. | 2 |

| **Question** | **Answer** |
| --- | --- |
| There are significant differences among the regions. | YES |
| There are significant differences based on type of impairment. | YES |

| **Additional Comments** |
| --- |
| Individuals institutionalized in psychiatric hospitals rarely receive preventive somatic healthcare services, with medical care typically provided only in emergency situations.  Training on disability-specific needs is not a mandatory component of lifelong learning for medical professionals, resulting in a general lack of awareness and preparedness in treating disabled patients. Additionally, most medical facilities remain physically inaccessible, further limiting access to healthcare.  Confidentiality of disabled patients is often not respected by medical staff, including in matters related to sexual and reproductive health and rights (SRHR). Many healthcare professionals lack the necessary communication skills and knowledge to effectively serve disabled patients, contributing to further barriers in accessing appropriate care. |

| **15. ASSISTIVE TECHNOLOGY** | **SCORE:** |
| --- | --- |
| **15.1 Affordability and availability of quality aids:** quality mobility aids, devices, assistive and communication technologies are available for disabled people and covered by the state. In extreme cases, they require very low personal contribution. Measures are in place to guarantee that these aids are equally distributed to all who need them, regularly replaced and accessible in both urban and rural areas. | 3 |
| **15.2 Training:** specialist staff working with disabled people receive comprehensive training on the use of assistive devices and technical aids to provide proper support and guidance. Training programmes on how to use the technical equipment are also provided to disabled people. | 3 |
| **15.3 Disability mainstreaming:** entities that produce technical aids and equipment, devices and assistive technologies take into account all impairments and the respective needs of disabled people. Design and development processes involve input from disabled people. | 1 |
| **15.4 Funding for research:** the state invests in research and development of new technologies and support aids to help disabled people live independently. | 1 |
| **15.5 Accessibility of Information**: information about the availability and use of technical aids and equipment is provided in accessible formats. Disabled people are informed about their rights to access these aids and the processes to acquire them. | 3 |
| **15.6 Individualised solutions:** the specific needs of disabled individuals are taken into consideration to produce personalized technical aids and equipment. To this purpose, customization options are available and affordable. | 2 |
| **15.7 Horizontal principles are applied:** the policies and services under this pillar are co-produced with disabled people, take into account gender equality, and equally include all impairment groups. | 1 |

| **Question** | **Answer** |
| --- | --- |
| There are significant differences among the regions. | YES |
| There are significant differences based on type of impairment. | YES |

| **Additional Comments** |
| --- |
| State provision and funding for assistive devices are extremely limited, with only a small selection available. The supply of wheelchairs is monopolized by a single provider, and many users report issues with quality and suitability. However, complaints are often silenced, as individuals fear delays or denial of necessary repairs and replacements if they speak out.  Information about available assistive devices and how to obtain them is largely disseminated by civil society organizations (CSOs) rather than the state. Significant disparities exist in access—while some assistive devices are available in major cities, individuals in rural areas must often travel hundreds of kilometers to obtain hearing aids.  For blind individuals, the state provides only white canes, while some municipalities also offer audible thermometers and blood pressure measurement devices. However, overall access to essential assistive technology remains inadequate. |