WOMEN AND CHILDREN WITH DISABILITIES IN GEORGIA: AN OVERVIEW OF THE DATA

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UN WOMEN

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UN for Persons with Disabilities in Georgia

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ACRONYMS AND ABBREVIATIONS

AR	Autonomous Republic
EMIS	Education Management Information System
GEL	Georgian lari
Geostat	National Statistics Office of Georgia
HALE	Health-adjusted life expectancy
HIES	Household Incomes and Expenditures Survey
ILO	International Labour Organization
ISCO	International Standard Classification of Occupations
LFS	Labour Force Survey
MICS	Multiple Indicator Cluster Survey
MoIDPOTLHSA	Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia
MSGI	Minimum Set of Gender Indicators
SDG	Sustainable Development Goal
SEN	Special educational needs
SSA	Social Service Agency
State Care Agency	Agency for State Care and Assistance for the (Statutory) Victims of Human Trafficking
TSA	Targeted Social Assistance
UHP	Universal Healthcare Programme
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
UNICEF	United Nations Children's Fund
VAW	Violence against women
WG	Washington Group on Disability Statistics
WG-SS	Washington Group Short Set on Functioning

EXECUTIVE SUMMARY

People with disabilities face discrimination in many aspects of life, from access to education to adverse attitudes. Women and children with disabilities are generally among the more vulnerable and marginalized members of society. Women are more likely to be disabled than men, leading to the need to understand disability from a gendered perspective. Children with disabilities are highly vulnerable to stigma, discrimination and segregation and are at a higher risk of all forms of abuse. Women and children are often missing from national statistics, becoming 'invisible' to decision makers, service providers and the public at large. Georgia is no exception to these broader patterns.

Despite the fact that these problems are acknowledged, little data and analysis have been published to date, preventing an understanding of the scope of the issue. To address these gaps, the UN Women and UNICEF Country Offices in Georgia, in close cooperation with the National Statistics Office of Georgia (Geostat), supported the development of the present report. The initiative was implemented within the framework of the Joint SDG Fund-funded project "Transforming Social Protection for Persons with Disabilities in Georgia".

The report aims to analyse available data sources in order to enable an understanding of the issues that women and children with disabilities face in Georgia in a wide range of domains. Specifically, this study provides an overview of the situation of people with disabilities in Georgia with a special focus on women and children with regard to demographics; education; employment; health, welfare and access to social services; and safety and crime. Most of the variables in each of these domains that are presented within this report were first proposed in the study "Mapping Gender and Disability Data in Georgia: Recommended Indicators and Actions".[1]

To understand these issues, the report provides an overview of available data, primarily using the 2014 Population Census, Geostat's Labour Force Survey (LFS), Household Incomes and Expenditures Survey (HIES) and Multiple Indicator Cluster Survey (MICS), and administrative data from several state agencies. Descriptive statistics from these sources are provided in the aggregate while also being disaggregated by sex, age and a number of other variables, when available and appropriate.

The data and analysis provided in this report lead to a wide-ranging set of conclusions related to the challenges that people with disabilities face in Georgia and recommendations surrounding the generation of data on people with disabilities in Georgia. Key findings and recommendations are presented below by subject area.

Data on and demographics of people with disabilities

- Data from the 2014 census in Georgia suggest that there were 184,958 people with functional disabilities in Georgia (5.0 per cent of the population). Following the global pattern, more women have disabilities than men, including 76,019 men (4.3 per cent of the male population) and 108,939 women (5.6 per cent of the female population), according to the census. In contrast, 100,113 people, including 52,170 men (2.9 per cent) and 47,943 women (2.5 per cent), reported having official disability status on the census, a significantly smaller share of the population than that which has functional disabilities. This partially stems from the fact that women live longer than men, and disability incidence tends to increase with age.

- The census suggests that 0.94 per cent of boys and 0.78 per cent of girls had functional disabilities (defined as having a lot of difficulty or not being able to do something at all). Boys were more likely to experience any level of difficulty (including some difficulty) for all domains of disability, except for vision, the most common form of disability in the country; girls (1.58 per cent) are slightly more likely than boys (1.39 per cent) to experience challenges with their vision.

- Existing data on people with official disability status suggest that there are significantly more people with functional disabilities than those who have official disability status. The majority of people (57.9 per cent) with a disability have

a functional disability but do not have official disability status, according to the census. Comparable shares have official status but no functional disability (22.6 per cent) and both official status and functional disability (19.5 per cent). The data also show a gendered pattern in this regard. A larger share of women (64.2 per cent) than men (49.8 per cent) have a functional disability but no official status.

Education

- Access to education is a key challenge for people with disabilities. Existing data suggest that people with disabilities are significantly less likely to complete most education levels. Girls with disabilities are 15.5 percentage points less likely to complete primary education and 20.6 percentage points less likely to complete secondary education than girls without disabilities, according to the census. Boys with disabilities are 17.2 percentage points and 20 percentage points less likely to complete primary and lower secondary education, respectively. Similarly, girls are 30.9 percentage points less likely to complete upper secondary education than girls without disabilities and 23.7 percentage points less likely to complete higher education. Boys are 26.3 percentage points less likely to complete upper secondary education and 17.2 percentage points less likely to complete higher education.

- As with educational completion, people with disabilities are significantly less likely to be literate than the general public. While close to 100 per cent of 14- to 24-year-olds are literate, 86.2 per cent of men and 87 per cent of women with disabilities in the same age range have the ability to read, according to the census.

- Educational completion data show that there are largely similar completion rates for girls and boys with disabilities at lower levels of education, but this pattern changes from the upper secondary level. While boys are more likely to finish upper secondary school (a 55.8 per cent completion rate for girls versus 60.3 per cent for boys), women are more likely to finish higher education (a 16.4 per cent completion rate for women versus 13.3 per cent for men), according to the census.

- The Ministry of Education and Science keeps data on students with special educational needs, a category that is broader than that of people with disabilities. According to data from the Education Management Information System (EMIS), most of these students are boys (6,550 boys and 4,450 girls in 2020). Notably, boys in this group are significantly more likely to drop out of school than girls with special needs (10 per cent of boys versus 5 per cent of girls during the 2020/21 academic year).

- Recently, the Ministry of Education and Science started to track students with official disability status in schools. However, comparing these data to the Social Service Agency data suggests that there is an underreporting problem. This problem also appears to be gendered, with twice as many boys (817) having reported official disability status in 2020/21 as girls (434) in EMIS data.

Employment

- Data on labour market participation for people with disabilities tend to be weaker than for the public in general, according to the census and the LFS. Following the general pattern in Georgia, women with disabilities are significantly less likely than men with disabilities to participate in the labour force (34.6 per cent women versus 54.1 per cent men) and to be employed (31.5 per cent women versus 49.8 per cent men) as well, according to the census.

- However, the gap in labour force participation and employment for people with disabilities compared with people without disabilities is relatively similar for women and men. Women with disabilities are 22.6 percentage points less likely to be in the labour force than women without disabilities, while men with disabilities are 21.9 percentage points less likely to be in the labour force than men without disabilities according to the census. Similarly, the employment rate is 15.8 percentage points lower for men with disabilities than those without, as well as 14.8 percentage points lower for women with disabilities than those without, according to the census.

- Labour force participation rates for people with

disabilities are particularly low in urban areas (18.1 per cent for women with disabilities and 31.1 per cent for men with disabilities) compared to rural areas (50.8 per cent for women with disabilities and 73.5 per cent for men with disabilities), according to the census. In rural areas, the prevalence of agricultural activities means that larger shares of people are at least nominally in the labour market under the previous definition of labour force participation in Georgia, which included all people engaged in subsistence agriculture in the self-employed category. Although this is no longer included in the definition of employment for official statistics in Georgia, most people with disabilities who are working (85 per cent) work in agriculture, according to the Labour Force Survey. This may partially explain the fact that people with disabilities who are working have significantly lower wages than people without disabilities, with the wage gap standing at 25 per cent according to the 2020 LFS data.

- The youth unemployment rate for persons with disabilities aged 15–29 was extremely high, standing at 42 per cent for men and 49 per cent for women, according to the census. By comparison, the youth unemployment rate for all youth stood at 26 per cent for men and 35 per cent for women.

- Although a number of indicators are available for people with disabilities about labour market participation, most data sources only contain data on official disability status. This limits the value of the data due to the challenges described in the previous section with regard to official disability status.

Health, welfare and social security

- Health is a key issue for people with disabilities, although there are relatively limited data on health for people with disabilities in Georgia. Health-adjusted life expectancy stands at 69.1 years, with a seven-year gender gap in favour of women, in line with the general pattern that women live longer, according to the census and mortality data maintained by Geostat.

- The Universal Healthcare Programme (UHP) has served more than 40,000 people with official disability status, of which 26,000 were men and 15,000 were women, according to data from the National Health Agency (under the MoIDPOTLH-SA). These figures include around 6,600 children. In terms of services used, emergency outpatient and hospital services make up the largest share of UHP reimbursements for people with disabilities. Despite usage of the UHP, participation rates are relatively low for people with disabilities, and the rate is lower for women. In 2020, 52.8 per cent of people with disabilities used the UHP, according to National Health Agency and Social Service Agency data. However, women were approximately 21 percentage points less likely to be participating than men. Past analyses have shown that the participation rate is also low for children, with only 56 per cent of children with disabilities registered at outpatient medical facilities.[2] The low participation rate may be explained by the lack of information, infrastructural barriers to physically accessing healthcare providers, lack of equipment and discriminatory practices.[3]

- Data on sexual and reproductive health for women with disabilities suggest that they have significantly lower demand for family planning (58.3 per cent for women with disabilities and 64.6 per cent for women without disabilities), according to MICS data. Yet there is also a lower rate of access to contraception for women with disabilities who want access. For women with disabilities, demand met by any method stood at 31.3 per cent, while by modern methods it stood at 26.4 per cent. For women without disabilities, the same figures stood at 41.9 per cent and 33.4 per cent, respectively.

- Indicators of poverty for people in households with people with disabilities are substantially worse for households with members who have disabilities—by 4.8 percentage points, even without accounting for healthcare costs. When healthcare costs are explored, the poorest households with disabilities spend a higher share of income on health care (16.1 per cent) than the richest households without members with disabilities (15.4 per cent), according to the Household Incomes and Expenditures Survey (HIES). At the same time, in households with members who have disabilities, less is spent on education, transport and recreation.

- A key form of support for people with disabilities from the Government of Georgia is social packages and the Targeted Social Assistance programme. In addition, children and adults with disabilities get support from the central government in the form of services, including assistive devices.[4] The Government expanded programming aimed at supporting people with disabilities during the COVID-19 crisis, and approximately 12,000 children and 33,000 adults with severe disabilities benefited from these programmes, according to Social Service Agency data. However, these benefits were more likely to be given to men than women, which may stem from the relatively high rate of official disability status among men with disabilities.

Safety and crime

- Being a victim of crime is more common for people with disabilities. While 2.6 per cent of men and 5.7 per cent of women with functional disabilities were the victims of robbery or assault in the past three years, 1.6 per cent of women and 0.8 per cent of men without disabilities reported the same, according to the MICS. People with disabilities are less likely to feel safe walking alone at night, according to the MICS.

- Women with disabilities are more likely to be the victims of a wide range of types of violence, according to the 2017 National Study on Violence against Women. Specifically:
  - 2.8 per cent of women with disabilities experienced sexual violence, compared with 2.3 per cent of women without disabilities
  - 8.9 per cent of women with disabilities experienced physical violence, compared with 5.5 per cent of women without disabilities
  - 19.8 per cent of women with disabilities experienced psychological violence, compared with 13 per cent of women without disabilities
  - 3.7 per cent of women with disabilities experienced attempted rape or sexual assault compared with 2.6 per cent of women without disabilities

- Children with disabilities face more severe physical punishment from their parents, with 77.4 per cent experiencing some form of violent discipline compared with 70.3 per cent of children without disabilities, according to the MICS. Mothers with disabilities are also more likely to use violent punishment against their children (78.4 per cent) than mothers without functional disabilities (68.2 per cent).

- While there is a reasonable amount of survey data on people with disabilities' experiences of victimization, data from administrative sources are relatively limited. In this regard, the Prosecutor's Office as well as the Supreme Court of Georgia have recently taken steps to change this situation. Still, the Ministry of Internal Affairs, the largest administrative crime data producer, has yet to start producing data disaggregated by disability status. This is an important gap in the production of administrative data.

Recommendations for Geostat

- Geostat should retain the WG-SS questions on functional disabilities in the upcoming Population Census, with due consideration of lessons learned from data collection in the 2014 census.

- Geostat should consider inclusion of the WG-SS in current surveys including the Labour Force Survey (LFS), the Household Incomes and Expenditures Survey (HIES) and the Agricultural Statistics Survey, taking into account the issues of data representativeness and respondent burden.

- Another important step that would support the generation of accurate, reliable and useful statistical information on people with disabilities would be increasing inter-agency coordination on the production of data on people with disabilities. In this regard, Geostat is well positioned to fulfil this role as a coordinating body for the generation of statistical information as it already serves this role in other domains.

- Geostat should conduct regular consultations with different administrative bodies with the view of identifying opportunities for the production of disability statistics and providing methodological guidance on the issues concerned.

- Geostat should regularly analyse data on people

with disabilities, in line with article 34 of the Law on the Rights of Persons with Disabilities.[5]

- Geostat should support other government institutions in the process of designing the structure of the databases, modes of data collection and the exchange of data with regard to data on people with disabilities.

Recommendations for administrative data producers

- Administrative data producers tend to face a number of challenges. The creation of a single electronic register of persons with disabilities will help resolve this issue, as is currently being conducted by the Government. Once this process is complete, it is recommended that agencies within the Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia (MoIDPOT-LHSA), including the Social Service Agency, the National Health Agency, the State Regulation Agency for Medical Activities, the National Center for Disease Control and Public Health, and the Agency for State Care and Assistance for the (Statutory) Victims of Human Trafficking (State Care Agency), use the single register of persons with disability status for producing disability-disaggregated statistical data.

- The EMIS of the Ministry of Education and Science works with the Social Service Agency to verify disability data to ensure accuracy and coverage.

- In general, disability arises from the interaction of functional limitations and barriers in the environment. As a result, having more data, particularly on the built environment, learning materials and teacher capacities to work with students with disability, could support the improvement of policy on related issues. Therefore, it is recommended that EMIS collect additional data on students, teachers and the environment they study in, including the accessibility of infrastructure, learning materials and teacher training.

- The Ministry of Internal Affairs should start to produce disability-related statistical data.

- The Ministry of Internal Affairs, the Prosecutor's Office and the Supreme Court should coordinate with Geostat to develop data-collection protocols and ensure that appropriate and accurate statistical methodologies are used in the generation and dissemination of data.

1. BACKGROUND

Women and girls with disabilities face widespread marginalization in most aspects of life, from adverse views to challenges accessing education, employment, health care and information. They are often ascribed lower economic and social status. Simultaneously, they are exposed to higher risks of all forms of violence. Notably, 19 per cent of women compared with 12 per cent of men are disabled internationally, and the majority of the caregivers of people with disabilities are women, leading to the need to understand disability from a gendered lens.[1, 2]

Children with disabilities also face significant marginalization. They face an increased risk of abuse. Peers and adults often discriminate against children with disabilities, partially as a result of the stigmas associated with disability. Children with disabilities often face segregation from peers in their lives both in and outside of school. As a result, they are often effectively or fully excluded from education. In transitioning to adulthood, children with disabilities face more challenges than young people without disabilities when moving into the workforce.

Georgia is committed to various international development agendas for disability-inclusive development, the promotion of children's rights and gender equality. Georgia ratified the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the Convention on the Rights of the Child (CRC) in 1994. The country also adopted the Beijing Declaration and Platform for Action (BPfA) in 1995. In 2014, it ratified the Convention on the Rights of Persons with Disabilities (CRPD). As a Member State of the United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP), Georgia is committed to the Incheon Strategy to "Make the Right Real" for Persons with Disabilities in Asia and the Pacific for the 2013–2022 period. Georgia is also committed to the 2030 Agenda for Sustainable Development and its 17 Sustainable Development Goals (SDGs).

At the national level, Georgia introduced the Law on Gender Equality in 2010[3] and the Code on the Rights of the Child in 2019,[4] both of which involve a number of commitments to people with disabilities. In 2020, Georgia passed the Law on the Rights of Persons with Disabilities, which will fully enter into force in 2021.[5] The law is important in that it introduces definitions of disability in line with the UNCRPD and specifically introduces the biopsychosocial model of disability.[6] Previously, the Government had used a medical model of understanding disability, counter to contemporary practice.[7] Further, it requires the Government to create a strategy and action plan on the rights of people with disabilities.

The effective development, monitoring and evaluation of policy requires data. To an extent, the 2020 Law on the Rights of Persons with Disabilities also requires that Geostat analyse data on people with disabilities.[8] Yet Georgia's data on disability are lacking in terms of coverage of key indicators and availability. Moreover, data use is not consistently integrated into policymaking.[9]

Some data on disability are available from administrative sources, the Population Census and a number of surveys that Geostat conducts. Yet available data sources only cover 16 of 58 indicators in a minimum set of international benchmarks.[10] Among these indicators, 47 are used in tracking progress against the SDGs. However, Georgia only has data to track nine of these indicators, 19 per cent of what is needed to understand progress against the SDGs as it relates to disability. The situation is particularly acute around SDG 5, Gender Equality, where eight of the nine indicators have no available data source.

Furthermore, existing data are not consistently or regularly integrated into policymaking on gender and disability in Georgia. Past analyses have highlighted that there is a lack of awareness on the movement away from a medical model of disability. The lack of data in part reflects the fact that the Government does not require data disaggregation by sex and disability. Further, the lack of awareness of international guidelines and protocols on data collection with regard to disability further inhibits the quality of available data.[11]

This stands in contrast to the 2017 report of the UN Secretary-General on the situation of women and

girls with disabilities and the status of the Convention on the Rights of Persons with Disabilities and the Optional Protocol thereto, which calls on Member States to pay increased attention to data collection, analysis and reporting on the situation of disabled women and girls, as well as to strengthening women's networks and ensuring that they have access to information about their rights.[12]

In support of changing this situation, and in line with the 2017 report of the UN Secretary-General, UN Women and UNICEF Georgia, in close cooperation with Geostat, supported the development of this report within the scope of the Joint SDG Fund-financed project "Transforming Social Protection for Persons with Disabilities in Georgia". The report specifically aims to analyse available data sources in order to enable an understanding of the issues that women and children with disabilities face in Georgia in a wide range of domains. Specifically, this study provides an overview of the situation of people with disabilities in Georgia as it relates to demographics; education; employment; health, welfare and access to social services; and safety and crime.

To do so, the report looks at a range of data sources, focusing on the 2014 Population Census, Geostat's Labour Force Survey (LFS), Household Incomes and Expenditures Survey (HIES) and Multiple Indicator Cluster Survey (MICS), and administrative data from the Social Service Agency, among a number of other sources. Descriptive statistics from these sources are provided in the aggregate while also being disaggregated by sex, age and a number of other variables, when available and appropriate. Most of the variables presented in this document were first proposed in the study "Mapping Gender and Disability Data in Georgia: Recommended Indicators and Actions".[13]

The report proceeds as follows. The next chapter provides a brief overview of the data used in this report as well as their limitations. The content is then broken down into five thematic chapters, including one each on data on the situation of people with disabilities with regard to demographics; education; employment; health, welfare and access to social services; and safety and crime. The report finishes with conclusions and recommendations.

2. DATA SOURCES AND LIMITATIONS

This report makes use of descriptive statistics from surveys, the 2014 census and administrative data. This chapter provides notes on the sources of data used within the report and relevant limitations, as well as explanations of a number of variables provided within the report.

2.1. The 2014 Population Census

The 2014 Population Census (hereinafter the census) is widely used throughout this report. The census interviewed the population of Georgia and included questions about both functional disability and official disability status. As a result, this enables an understanding of the conditions of people with disabilities compared to the rest of the population on a range of indicators. For the purposes of the present analysis, it is primarily used in understanding the demographics, educational completion and employment status of people with disabilities. A key limitation of the census data is that it is somewhat dated, with data collection conducted seven years ago.

2.2. Surveys

A number of surveys are used in the text below. The three main surveys used within this text include the 2018 Multiple Indicator Cluster Survey (MICS), the 2017–2020 Labour Force Surveys (LFS), and the Household Incomes and Expenditures Survey (HIES). Aside from these, a number of other surveys are used in a limited number of instances, including the 2017 National Study on Violence against Women (VAW). The MICS is primarily used to understand people with disabilities' experiences surrounding health, safety and crime. In contrast, the LFS is primarily used to understand economic outcomes. The MICS includes data on functional disability, while the LFS and HIES enable disaggregation by official disability status.

In contrast to the census, surveys have significantly smaller sample sizes. As a result, the analysis is significantly less precise than the census, and small differences between groups are not inherently statistically significant. Moreover, it is not always possible to reliably disaggregate the data inside of these surveys by multiple variables, again due to small sample size. The LFS, for instance, has a sample size of approximately 18,400 people (6,400 households) per quarter. The MICS covered approximately 14,000 households. The HIES included approximately 17,280 respondents (4,320 per quarter). Notably, the HIES is also limited in that it only provides data at the household level and rather than for individuals, making it impossible to understand consumption at the individual level.

2.3. Administrative data

The report makes use of data from a wide range of administrative sources. The data were requested from government agencies following consultative meetings with them. Consultative meetings were held with the Social Service Agency, the State Care Agency, the National Health Agency, the Ministry of Education and Science's Education Management Information System (EMIS), the Prosecutor's Office, and the Supreme Court.

The most frequently used data among administrative sources are the Social Service Agency's data on those who receive disability benefits. These data provide the official number of people receiving disability benefits. A key limitation of this source is that there are people with disabilities who, for a wide range of reasons, do not receive the disability benefit.

Aside from administrative data from the Social Service Agency, the report makes use of data from the Ministry of Education and Science on students with special educational needs, from the Prosecutor's Office on crime, and from the National Health Agency (under the MoIDPOTLHSA) on usage of the Universal Healthcare Programme (UHP). These data are often limited in that they can only provide disaggregation by official disability status. Further, some sources (particularly around the Prosecutor's Office data) are only available for a short time period.

3. DEMOGRAPHIC CHARACTERISTICS OF WOMEN AND CHILDREN WITH DISABILITIES

Key findings

- The 2014 Population Census data show that there were 184,958 people (5.0 per cent of the population) with significant functional disabilities, including 76,019 men and 108,939 women. Overall, 4.3 per cent of men and 5.6 per cent of women and 0.94 per cent of boys and 0.78 per cent of girls (aged 0–17) had functional disabilities.
- In contrast, according to the census, 100,113 people, including 52,170 men (2.9 per cent) and 47,943 women (2.5 per cent), reported having official disability status, which is significantly lower than the share of the population that has functional disabilities.
- Official and functional disability status do not fully overlap. Approximately 57.9 per cent of people with a disability have a functional disability but not official status, according to the census. Relatively similar shares had official status but no functional disability (22.6 per cent) and both official status and functional disability (19.5 per cent). Women are significantly more likely to have a functional disability and no official status (64.2 per cent of women with a disability) than men (49.8 per cent of men with a disability).
- There are significantly more women with functional disabilities because women live longer in general. When comparing men and women in different age groups, the proportion with disabilities is not significantly different, according to the census.
- The share of the public with multiple disabilities increases with age. For example, 0.2 per cent of girls have two or more disabilities, while 14.7 per cent of women aged 75+ do, according to the census.
- The Racha-Lechkhumi and Kvemo Svaneti region has the highest share of people with disabilities (9.8 per cent of men and 14.1 per cent of women had functional disabilities), which is explained by the fact that the population's median age is 15 years higher than the national average, according to the census.

In Georgia, there are two ways in which data on disability are collected: using the Washington Group questions, an international standard; and using official disability status, as granted by the Government. The two categories overlap, but some individuals have functional disabilities and no official status. The reverse is also true to a lesser extent. This portion of the report first sets out definitions of the variables discussed in the chapter. It then provides an overview of data on functional disability and official disability status, including their overlaps. It also breaks down the distribution of each in terms of social and demographic variables.

3.1. Definitions of disability

This report uses two distinct variables for disability, including functional disability as measured by the Washington Group Short Set on Functioning (WG-SS) questions (or a fuller form of the WG questions in the case of the MICS) and official disability status measured by whether or not an individual receives a disability benefit from the Social Service Agency.

The WG-SS measures functional disability by asking respondents whether they have varying levels of difficulty with any of the following tasks: seeing; hear-

ing; moving or taking steps; remembering or concentrating; communicating; and self-care. The WG-SS was developed by the Washington Group on Disability Statistics (WG). The universality and brevity of the WG-SS makes it well suited for disaggregating survey data by disability status.

Persons who answer 'a lot of difficulty' or 'cannot do at all' to at least one of the six questions are considered to have a functional disability.

The WG-SS's key limitation is that it does not capture psychosocial and intellectual disabilities. It can also miss a significant number of children with developmental and psychosocial issues. These issues can be addressed by using the Washington Group Extended Set on Functioning (WG-ES) and the Child Functioning Question Set. However, these have not been administered in publicly available surveys in Georgia to the best of the authors' knowledge.

The report also looks at data based on official disability status. Official disability status is based on whether or not someone has officially received this status. Official disability status is assigned to a person as a result of a special examination, which can be conducted at approximately 70 inpatient and outpatient medical institutions in the country. Based on the examination results, a person may be assigned the status of severe disability (Group I), significant disability (Group II) or moderate disability (Group III). Official disability status also contains different levels of disability as well as a separate category for children with disabilities. At present, the data on the holders of disability status are not fully electronic, which implies that there does not exist a single electronic register containing a constantly changing list of disability status holders.

The data on disability statuses do not perfectly overlap, as discussed in greater detail below. Still, it is worth noting here that many people with official disability status do not report that they have functional disabilities and vice versa. There are numerous reasons for this potential gap, as discussed in the remaining sections of this chapter.

Data presented in the report below have either an official disability status variable (administrative data, LFS and/or HIES), a functional disability data variable (MICS) or both (2014 census).

WG-SS questions used in the 2014 Population Census:

From the listed items do you have any health-related problem, which interferes you in your daily activity?

1) Seeing
2) Hearing
3) Walking or climbing steps
4) Remembering or concentrating
5) Communicating
6) Self-care

The potential response options:

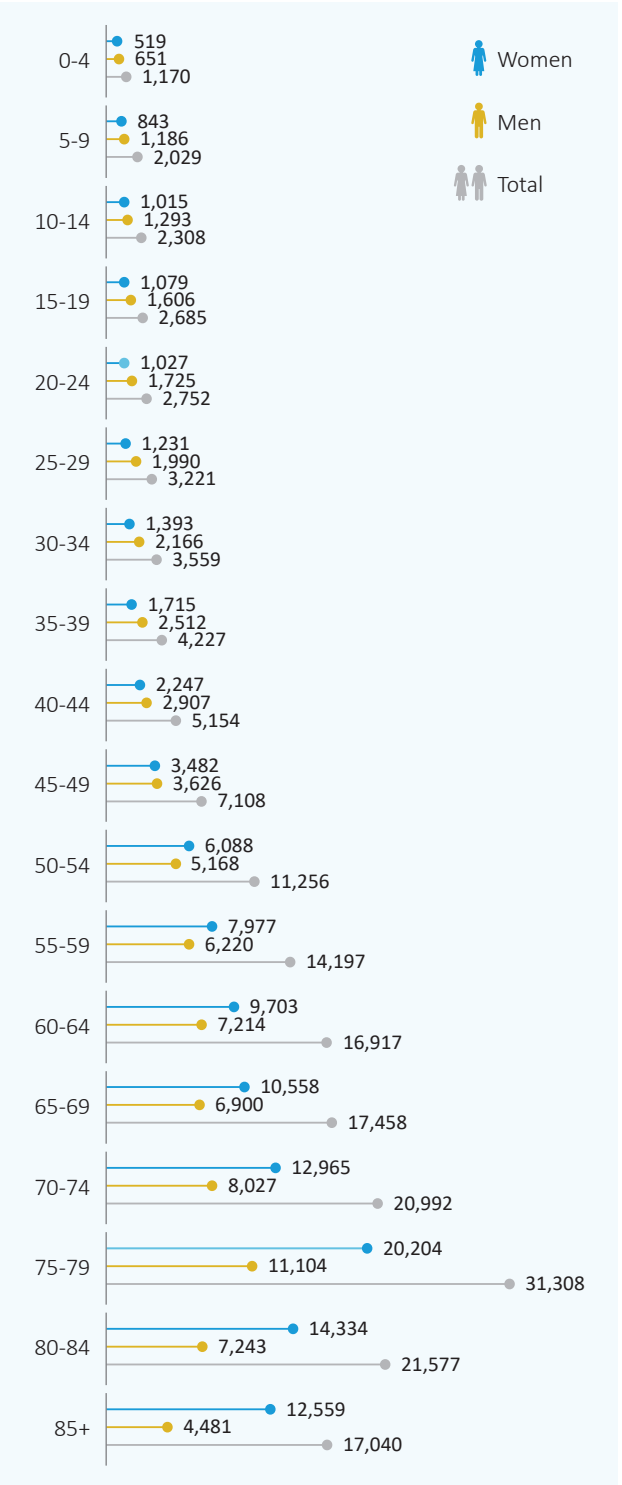
- No difficulty
- Some difficulty
- A lot of difficulty
- Cannot do at all

3.2. Functional disability prevalence

The 2014 census indicates that there were 184,958 people (5.0 per cent of the population) with functional disabilities. This includes anyone who reported having a lot of difficulty or the inability to see; hear; walk or climb steps; remember or concentrate; communicate; or take care of oneself. The number of children with functional disabilities equalled 7,141 (0.9 per cent of children).

There are more women with disabilities than men in absolute terms as well as relative to the population size. Overall, 76,019 men (4.3 per cent of the male population) and 108,939 women (5.6 per cent of the female population) had functional disabilities according to the census. The aforementioned figures include 4,092 boys and 3,049 girls with functional disabilities, suggesting a disability incidence of 0.94 per cent among boys and 0.78 per cent among girls.

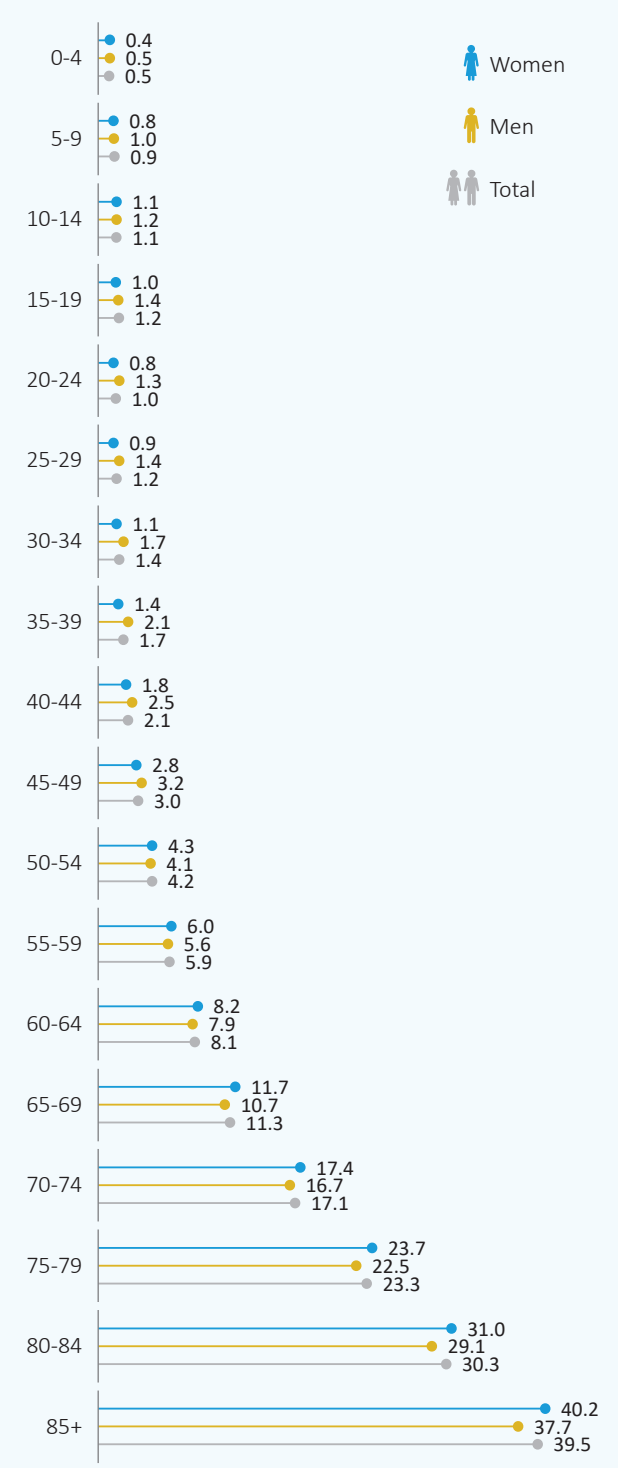
FIGURE 3.1:
Population with at least one type of functional disability ('a lot of difficulty' or 'cannot do at all'), by sex and age, 2014



Source: 2014 Population Census dataset.

The fact that there are more women with disabilities than men stems from the fact that women live longer than men in general. Figure 3.2 shows the prevalence of disability by age. The census data show that as someone's age increases, so too does the chance that they will have a disability. Indeed, approximately half of people with disabilities in Georgia are above the age of 70, according to the census.

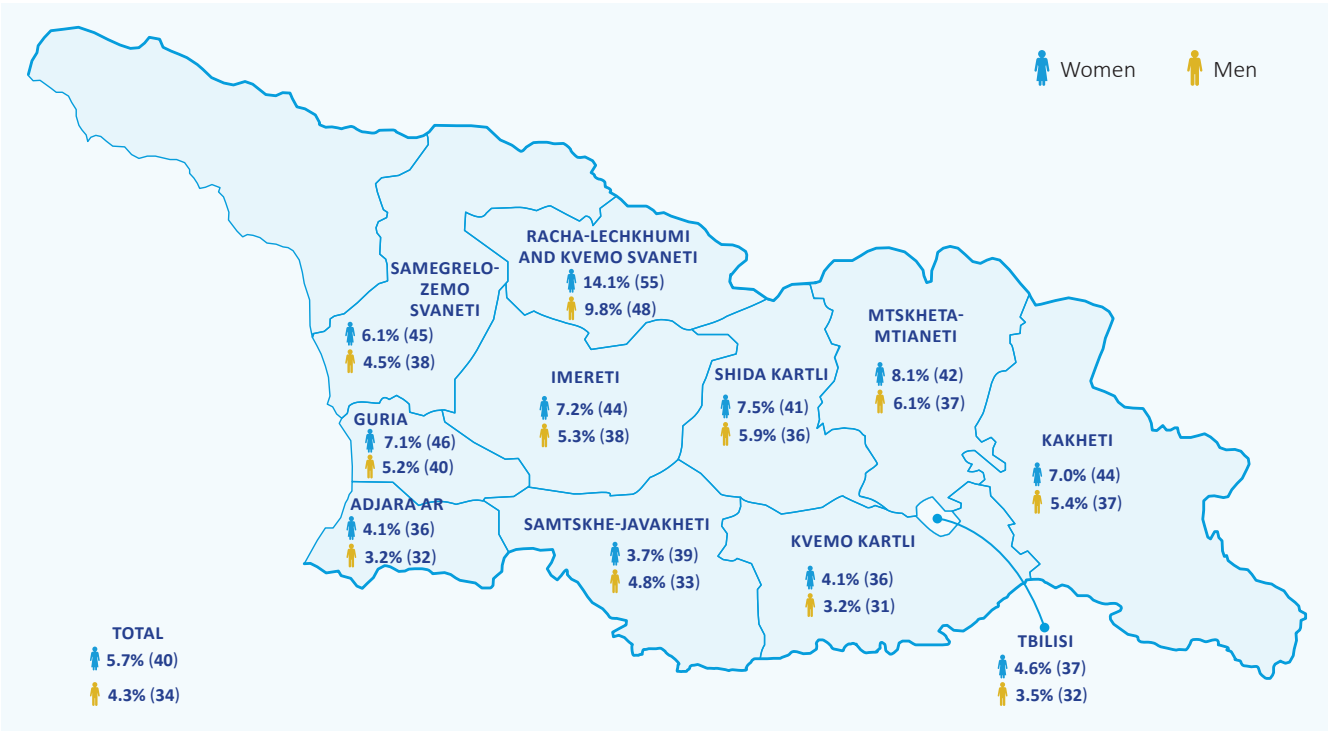
FIGURE 3.2:
Age-specific prevalence of disabilities ('a lot of difficulty' or 'cannot do at all') (%)



Source: 2014 Population Census dataset.

The data on disability prevalence by region reinforce the above-noted point. In regions with older median populations, a larger share of the population reports a functional disability, according to census data. The lowest disability rates were registered in Adjara and Kvemo Kartli (3.2 per cent for men and 4.1 per cent for women), where the population's median age is the lowest. In contrast, in Racha-Lechkhumi and Kvemo Svaneti, where the population's median age was approximately 15 years higher than the national average, 9.8 per cent of men and 14.1 per cent women had at least one type of functional disability—approximately 3–4 times higher a rate than in Adjara or Kvemo Kartli.

FIGURE 3.3:
Disability prevalence rate ('a lot of difficulty' or 'cannot do at all') and population median age (years), by region



Source: 2014 Population Census dataset.

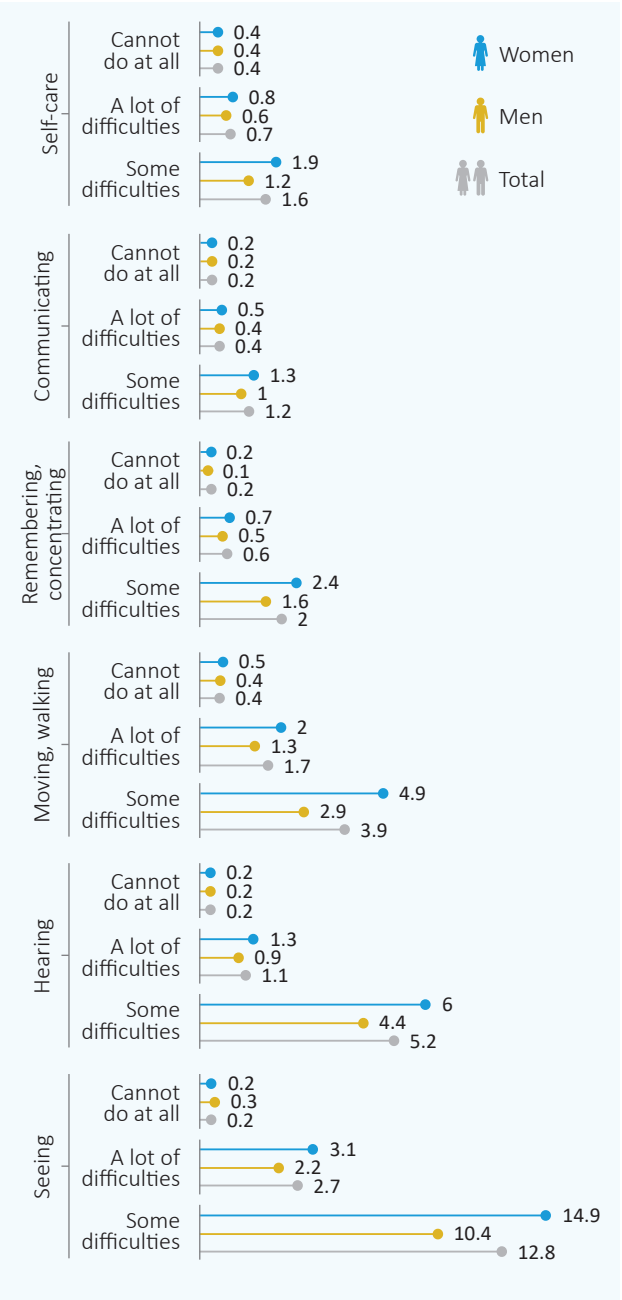
Types of functional disability

Functional disability includes the following six categories: (1) seeing; (2) hearing; (3) moving, walking or taking steps; (4) remembering or concentrating; (5) communicating; and (6) self-care. Anyone who has a lot of difficulty or cannot do one of these things is considered to have a functional disability.

The census data suggest that seeing is the most prevalent type of disability, with 2.9 per cent of the population having a functional disability of this type. The least common type of disability is difficulty in communicating, which only 0.6 per cent of the public experience.

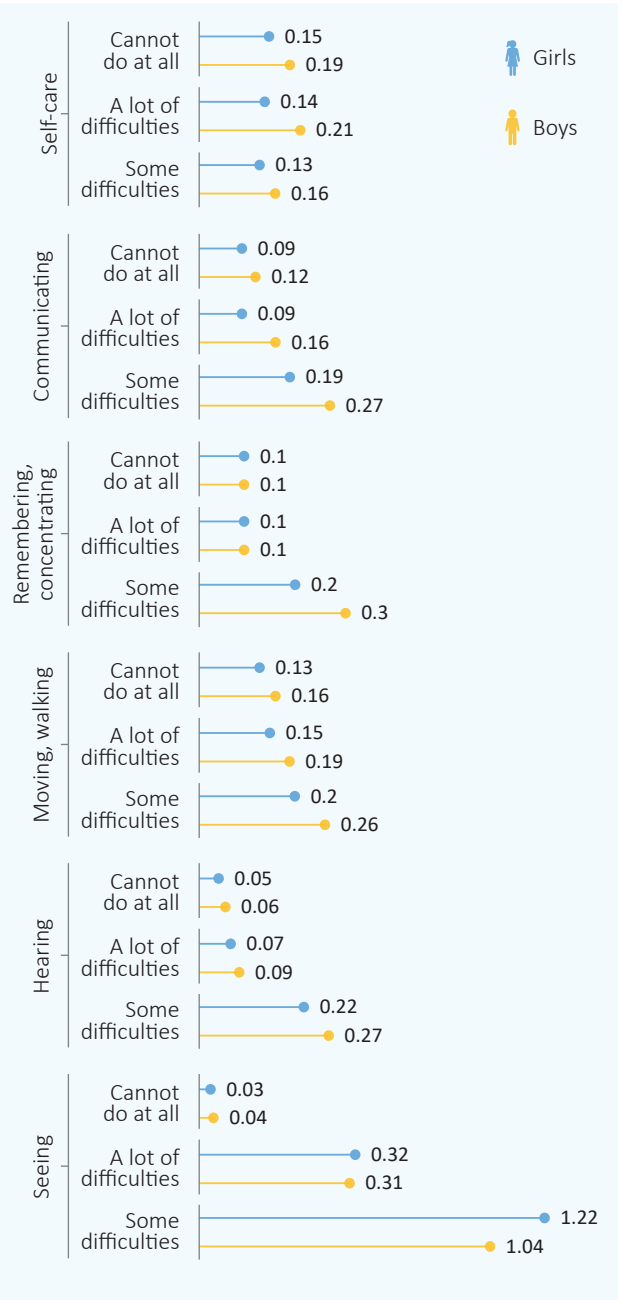
Women are more likely to have every type of functional disability than men, according to the census. For instance, 2.5 per cent of men and 3.4 per cent of women have difficulties seeing. While 1 per cent of men have problems with self-care, 1.2 per cent of women do.

FIGURE 3.4:
Distribution of population, by type and degree of functional disability and sex (%)



Source: 2014 Population Census dataset.

FIGURE 3.5:
Distribution of children, by type and degree of functional disability and sex (%)



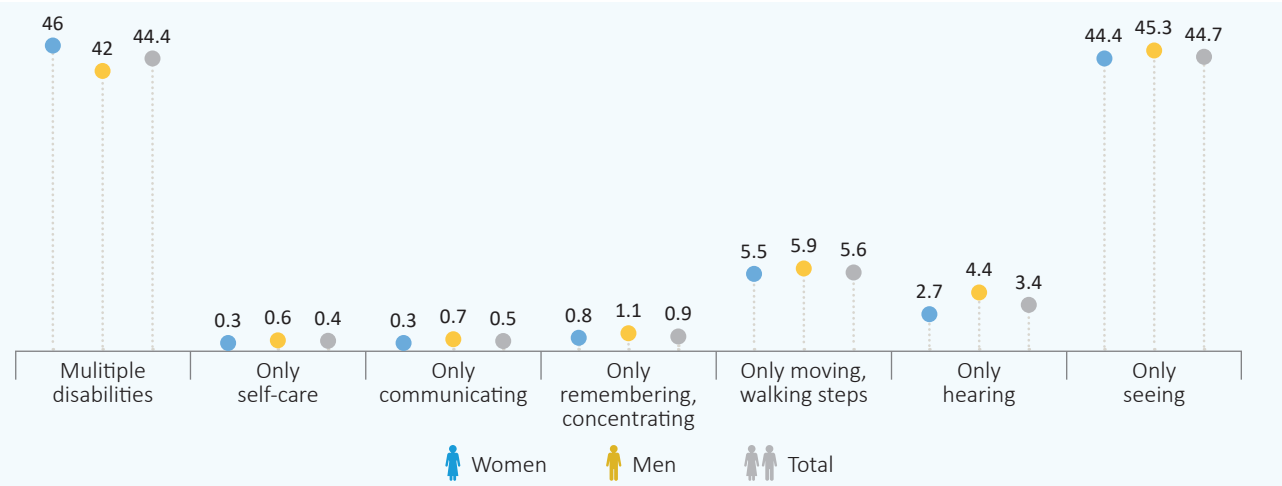
Source: 2014 Population Census dataset.

Children generally experience lower levels of disability, according to the census. Vision is the most common form of functional disability, with 1 per cent of children having at least some difficulties. Importantly, the gender differences seen in the data for adults are not present in the data for children. If anything, the data suggest that boys are slightly more likely to experience challenges with functional disabilities, with the exception of vision, where girls are slightly more likely to have at least some difficulties.

Prevalence of multiple disabilities

A slight majority of people with disabilities (56 per cent) have a single disability, according to the census. The other 44 per cent of the population with a disability has multiple disabilities. Women are slightly more likely than men to have multiple disabilities (46 per cent of women versus 42 per cent of men). Among those with disabilities, challenges with seeing are the most common type of disability for both men and women.

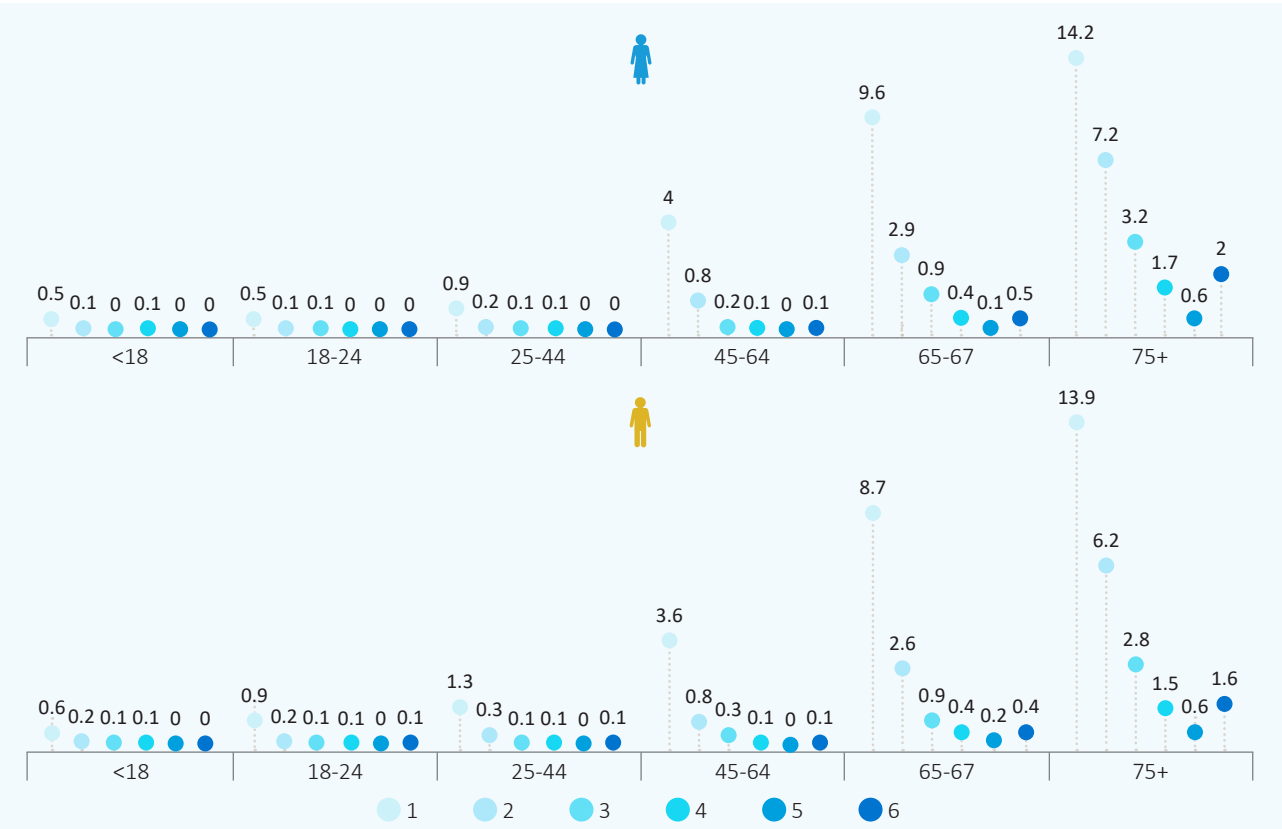
FIGURE 3.6:
Distribution of persons with disabilities ('some difficulty', 'a lot of difficulty', 'cannot do at all'), by sex and disability type (%)



Source: 2014 Population Census dataset.

As seen in Figure 3.7, breaking down the data by age reveals a number of patterns. First, multiple disability prevalence is relatively low in younger populations, according to the census. Second, multiple disability prevalence expands quickly when comparing the 25–44 age group and the 45–64 age group. For instance, the share of the population with two disabilities nearly triples for men and more than quadruples for women between these age groups. Third, the sharp rise continues when looking at older age groups. These patterns are broadly similar for men and women.

FIGURE 3.7:
Number of disabilities, by sex and age group (%)



Source: 2014 Population Census dataset.

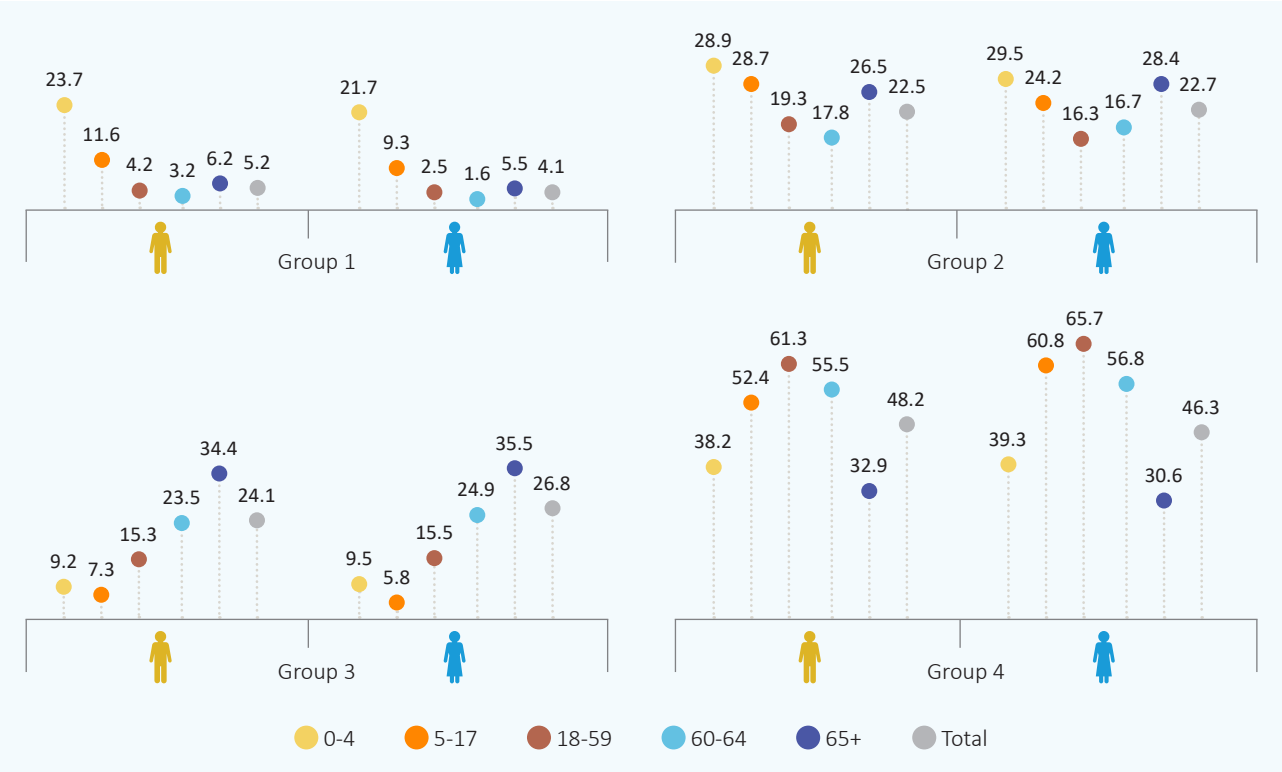
Levels of impairment

For functional disability and the official classification system of disability, there are two differing levels of impairment. For functional disability, there are four groups, namely the following:

- Group 1: A person indicated 'cannot do at all' to at least one of the six disability-related questions.
- Group 2: A person indicated 'a lot of difficulty' to at least one of the six disability-related questions, but none of the responses was 'cannot do at all'.
- Group 3: A person indicated 'some difficulty' to at least two of the six disability-related questions, but none of the responses was 'cannot do at all' or 'a lot of difficulty'.
- Group 4: A person indicated 'some difficulty' to only one of the six disability-related questions, but none of the responses was 'cannot do at all' or 'a lot of difficulty'.

Group 1 is also the smallest category overall, followed by Group 2 and Group 3, according to the census. Group 4 is the most common level of impairment. Overall, slightly more men are in Group 1 (5.2 per cent of men and 4.1 per cent of women) and Group 4 (48.2 per cent of men and 46.3 per cent of women). In Group 3, there are more women (26.8 per cent) than men (24.1 per cent). Roughly equal shares of men and women are in the Group 2 category. The Group 1 level makes up a relatively large share of the totals for both boys and girls with disabilities. The severity of impairment is also relatively high for individuals aged 65+ relative to younger adults.

FIGURE 3.8:
Share of people who indicated some type of disability, by sex, age group and level of impairment (%)

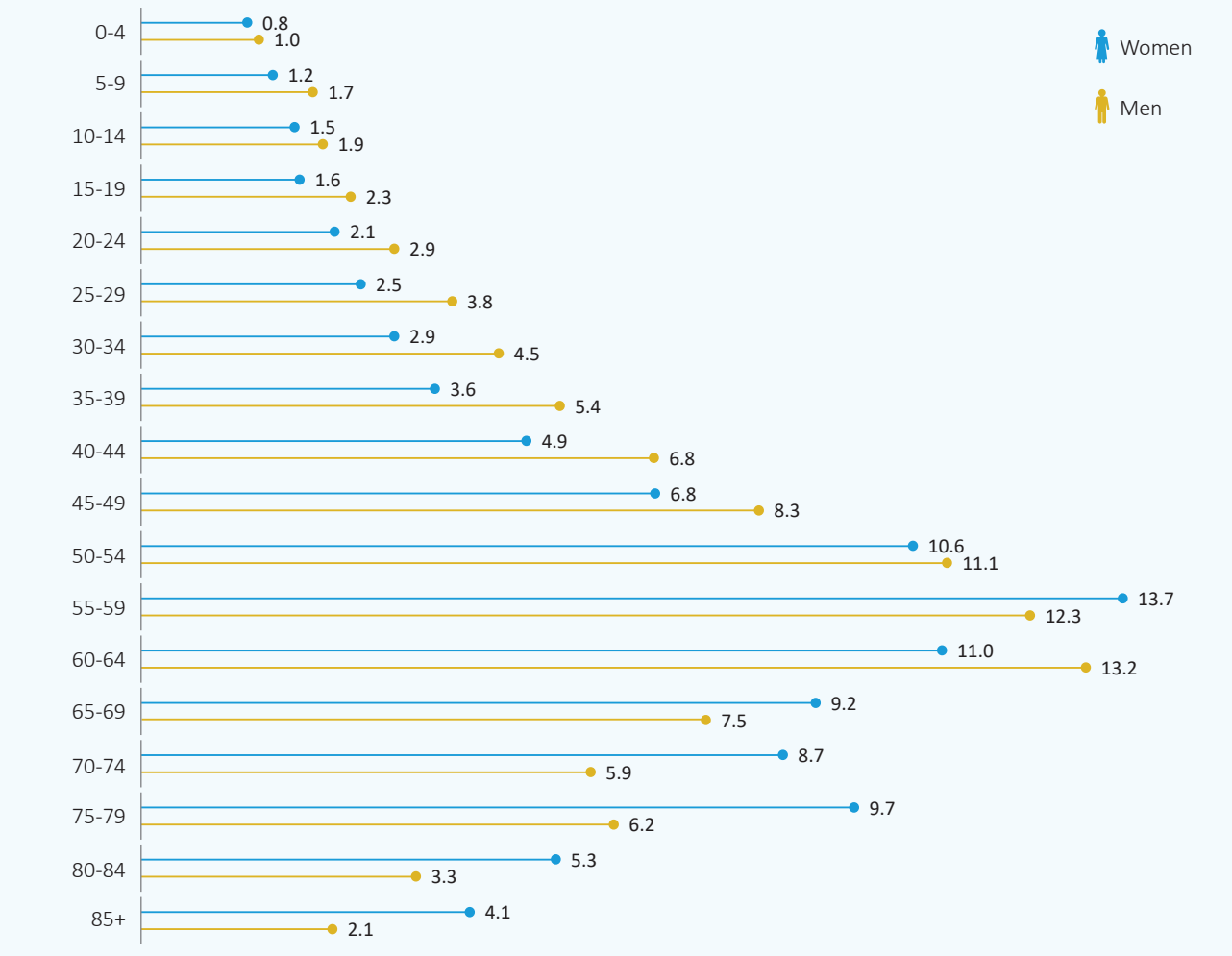


Source: 2014 Population Census dataset.

3.3. Official disability prevalence

Overall, approximately 100,113 persons (2.7 per cent of the population) had official disability status, including 52,170 men (2.9 per cent of the male population) and 47,943 women (2.5 per cent of the female population) according to the census. These numbers include approximately 3,101 boys (0.71 per cent of boys) and 2,071 girls (0.53 per cent of girls). Approximately 7 per cent of women and 6 per cent of men above the age of 70 reported having official disability status on the 2014 census.

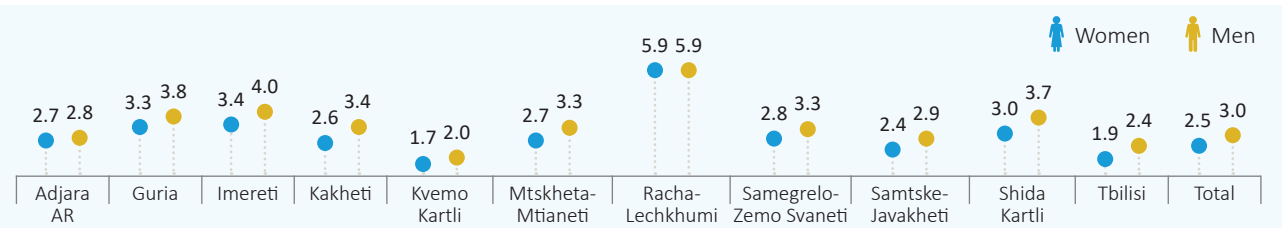
FIGURE 3.9:
Official disability prevalence, by age and sex (%)



Source: 2014 Population Census dataset.

The regional breakdown is roughly similar to the data presented in Figure 3.3 for functional disability, with relatively high rates of disability in Racha-Lechkhumi and Kvemo Svaneti and the lowest rate in Kvemo Kartli, according to the census.

FIGURE 3.10:
Official disability status, by sex and region (percentage of the population)

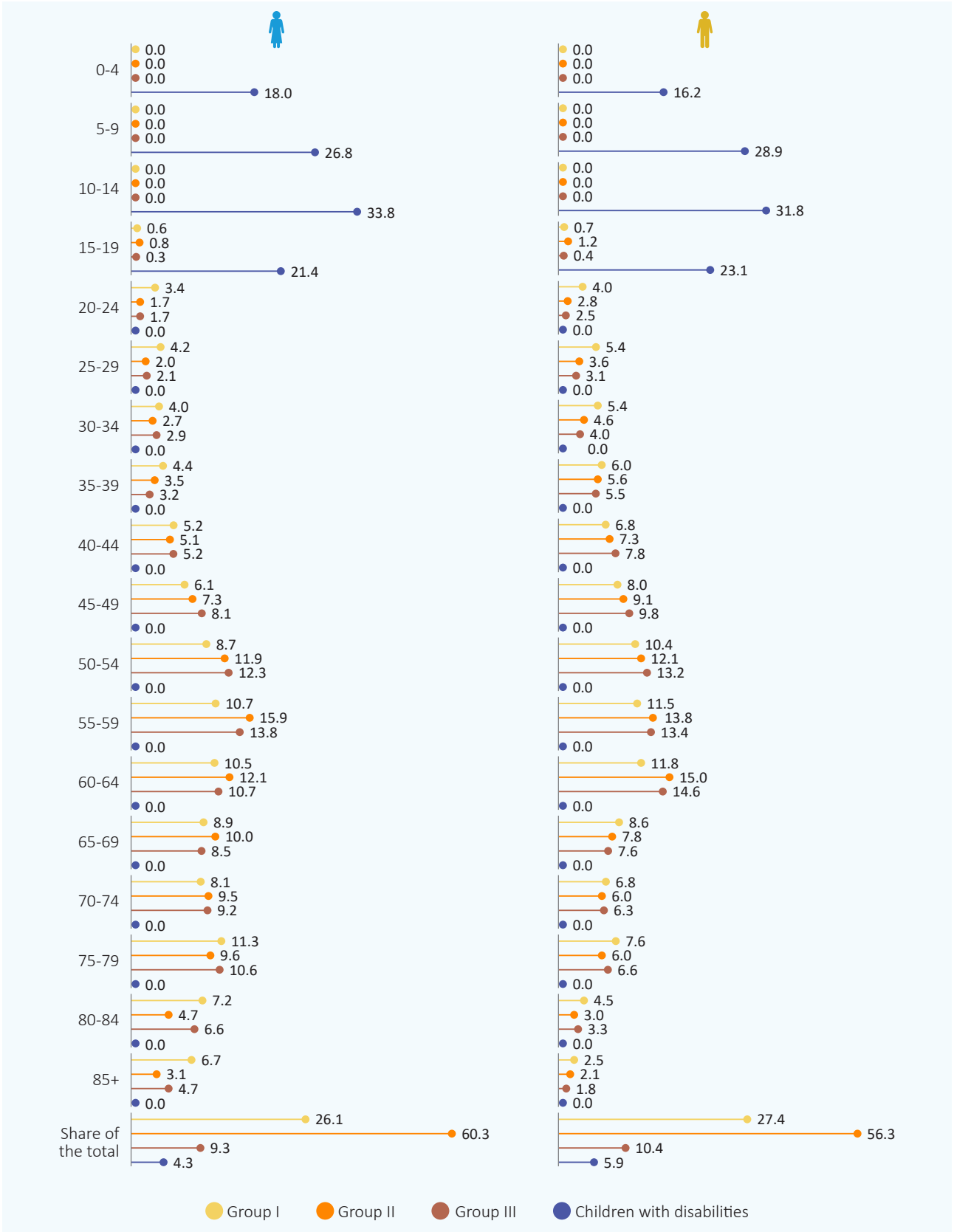


Source: 2014 Population Census dataset.

Figure 3.11 provides data from the census on disability status by different groups of official disability statuses, sex and age from the census. The data suggest that women and men are similarly likely to be in Groups I and III, while women are more likely to be in Group II. As with previous data, boys are slightly more likely than girls to have an official disability status according to the census.

FIGURE 3.11:

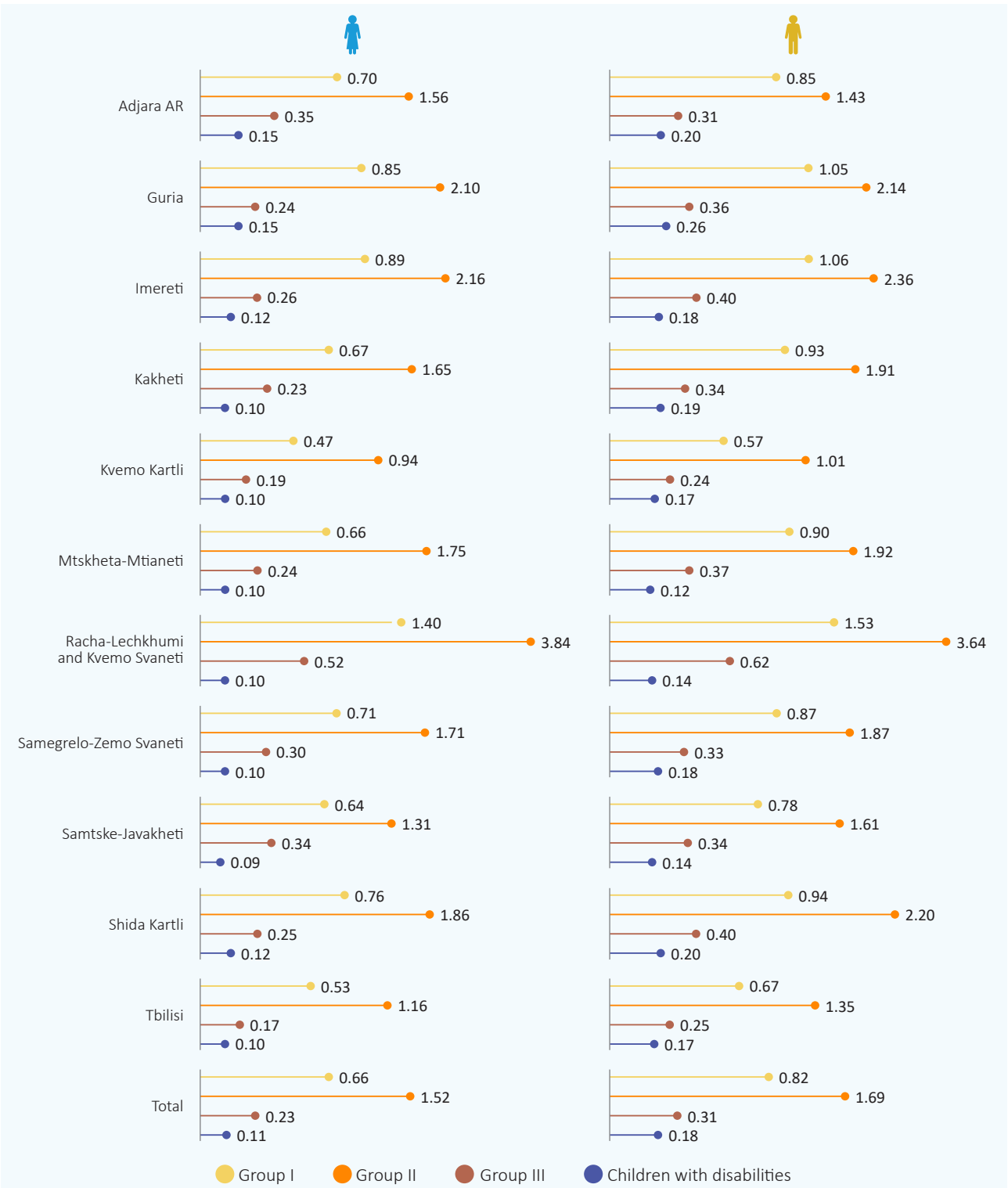
Share of people with different groups of official disability statuses, by age and sex (%)



Source: 2014 Population Census dataset.

Figure 3.12 breaks down the data from the census by region and sex. The overall regional distribution of the population with official disability status is similar to the regional prevalence rates of persons with functional disabilities. However, men have higher disability rates than women in every region for every disability group in the official data.

FIGURE 3.12:
Official disability prevalence rates, by sex and region



Source: 2014 Population Census dataset.

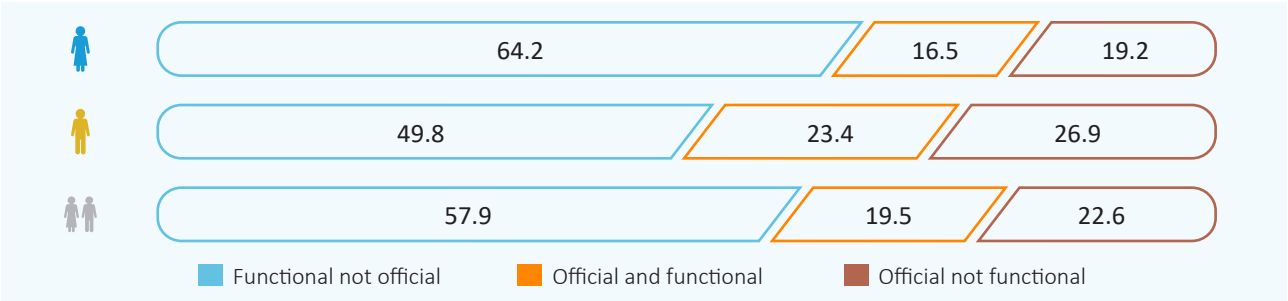
3.4. Differences between data sources and types of disability

When comparing the data presented in the sections within this chapter, it is clear that there are significantly fewer people who report that they have official disability status than report having a functional disability. Moreover, while more women have functional disabilities than men, more men report having the official disability status. Additionally, the data show that older people are substantially less likely to have disability status than their prevalence of functional disabilities suggests would be the case. This section of the chapter first describes the discrepancy and then provides a number of potential sources for these discrepancies.

In total, 232,592 people reported having functional disabilities and/or official disability status on the census, including 101,364 men and 131,228 women. Overall, the most common group among people with disabilities are those who have functional disability status but not official disability status (57.9 per cent). Relatively similar shares had official but not functional disability status (22.6 per cent) and both functional and official disability status (19.5 per cent).

Women were significantly more likely than men to have functional disabilities but not to have official disability status. While 64.2 per cent of women with either status had a functional disability and no official disability status, 49.8 per cent of men with disabilities were in the same category, according to the census. Men were more likely to be in both the official and functional disability group as well as in the official but not functional disability groups.

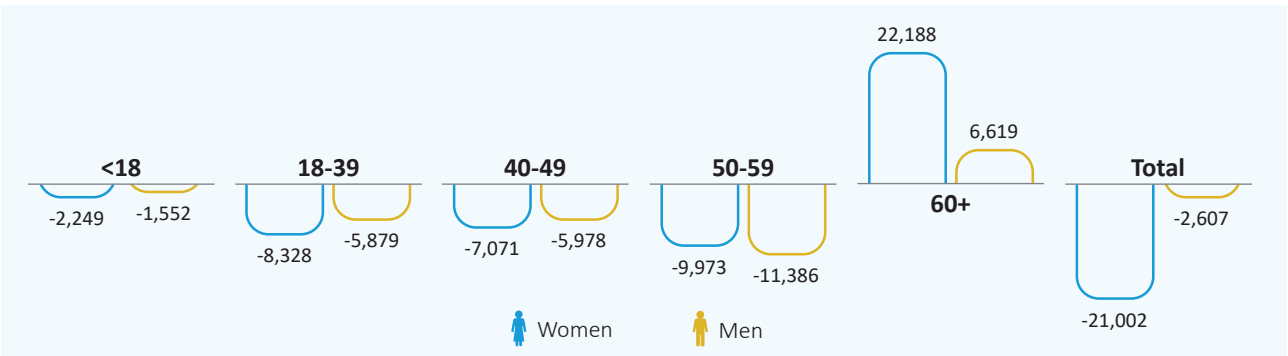
FIGURE 3.13:
Distribution of persons based on functional disabilities and official disability status, by sex (%)



Source: 2014 Population Census dataset.

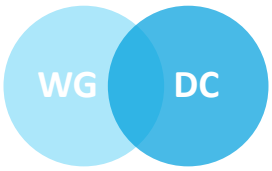
Aside from the above-mentioned issues, comparing census data with social package beneficiary data from the Social Service Agency suggests that the census also undercounted the number of people with disabilities by approximately 25,000 people. In general, fewer young people reported having official disability status than actually did. In contrast, more people over the age of 60 reported having official disability status than actually had it. The difference was particularly large for women over 60 years of age.

FIGURE 3.14:
Discrepancy between the number of persons with official disability status identified in the 2014 Population Census and the number of social package beneficiaries of the Social Service Agency at the end of 2014, by sex and age group



Source: 2014 Population Census dataset; Social Service Agency data.

The Venn diagram below is a useful way of thinking about the relationship between official disability status (DC) and functional disability (WG).



In raw terms, the overlap is presented in Table 3.1 below (for percentage breakdowns, see above).

TABLE 3.1:
Functional and official disability overlap

Official disability status	Number of functional disabilities ('a lot of difficulty', 'cannot do at all')							
	0	1	2	3	4	5	6	Refused to answer, not stated
Total	**1,812,626**	**67,316**	**22,132**	**8,582**	**4,363**	**1,520**	**5,026**	**20,537**
No disability status	**1,762,137**	54,951	16,264	5,923	2,767	1,017	3,346	4,668
Group I	**4,894**	2,933	1,898	1,018	631	178	659	378
Group II	**17,093**	6,438	2,485	1,012	521	171	572	759
Group III	**2,753**	965	344	149	64	20	98	117
Children with disabilities	**507**	598	413	176	203	53	114	11
Refused to answer, not stated	**25,242**	1,431	728	304	177	81	237	14,604
Official disability status	Number of functional disabilities ('a lot of difficulty', 'cannot do at all')							
	0	1	2	3	4	5	6	Refused to answer, not stated
Total	**1,676,308**	**48,510**	**14,308**	**5,797**	**3,151**	**1,131**	**3,122**	**20,537**
No disability status	**1,625,491**	35,502	8,436	2,945	1,439	528	1,609	4,668
Group I	**5,349**	3,401	2,191	1,266	773	278	642	378
Group II	**17,656**	6,423	2,329	1,013	502	182	485	759
Group III	**3,462**	1,266	338	110	63	15	71	117
Children with disabilities	**751**	919	610	290	266	88	166	11
Refused to answer, not stated	**23,599**	999	404	173	108	40	149	14,604

Source: 2014 Population Census dataset.

As shown in Mont and Goodman (2021), there are a number of reasons why the incidence of disability as measured using the WG-SS questions and the official disability status may not overlap.[1] The lack of overlap could have many explanations in the present circumstance, including the following:

- People might have an official disability status but have not been identified as having a functional disability on the WG questions as a result of having a condition missed by the WG SS questions, such as psychosocial conditions, chronic medical conditions or short stature.

- The disability programme may have used a lower threshold than 'a lot of difficulty' for specific functional domains.

- People may have qualified for official status by having multiple difficulties but at the 'some difficulty' impairment level.

- Response error may have been present in the data.

- The assignment of the official disability status is associated with obtaining social benefit packages, which cannot be received together with the old-age pension. As the latter exceeds any social benefit package in monetary terms, there are small incentives for men and women of the pension age[2] to register for official disability status.

- The process of assigning the disability status in most cases requires periodic examination (e.g. every year or once in five years). Hence, a person may report having an official disability status that has already expired (especially if he/she recently became eligible for the old-age pension).

- At present, the registration (and periodic updates of registration) of persons with disabilities is still performed using paper forms. The process of creating a single electronic data-collection and storage database recently started at the State Regulation Agency for Medical Activities and is at the piloting stage. At present, it is not possible to have a comprehensive and up-to-date list of persons with disability status, especially for those persons who obtained permanent disability status before 2007.

- Given the lack of a comprehensive register of persons with disabilities, the data of the Social Service Agency, which include the largest list of social package beneficiaries with disability, do not contain information on persons who have official disability status and have not applied for social service benefits.

- Sensitivity and social stigma discourage people from reporting their official disability status in face-to-face surveys.

- Persons with official disability status residing abroad may pose another challenge in reconciling numbers from surveys and administrative sources.

- Persons were not aware of the opportunity to register for official disability status or were unable to do so.

- People did not want to go through the official procedure, because they do not self-identify as having a disability, are concerned about stigma or have some other reason.

- People may not have qualified for official disability status despite having a functional disability.

4. EDUCATION

Key findings

- Female/male parity indices for persons with disabilities are nearly equal at all education levels except for higher education, at which level women outperform men (with a completion rate of 16.4 per cent for women versus 13.3 per cent for men), according to the census.
- Completion rates for persons with functional disabilities are significantly lower than those for the general population at every level of education by 15.5 percentage points to 30.9 percentage points, according to the census.
- Persons with disabilities aged 25 and above are less likely to complete higher education. More than 40 per cent of men and women in this category have secondary education as their highest level of education achieved, according to the census.
- While the literacy rate for 14- to 24-year-olds in the total population is close to 100 per cent, the census data showed the literacy rates standing at 86.2 per cent and 87.0 per cent for men and women with disabilities, respectively, according to the census.
- There were 10,030 general education students with special educational needs (SEN) in 2020, including around 6,550 boys and 4,450 girls, according to EMIS data.
- The number of SEN students in professional education averaged only around 200 students during the past five years, according to EMIS data.
- At the general education level, two out of three students with SEN had learning disorders, while one out of nine students with SEN had physical disabilities, according to EMIS data.
- Twice as many boys (817) had official disability status in 2020/21 as girls (434) in EMIS data, which may suggest gender-based underreporting of official disability status.

Ensuring inclusive and equitable quality education and promoting lifelong learning opportunities for all is the goal of SDG 4 (Quality Education). Persons with disabilities are one of the groups most likely to be excluded from education. Data from the census, MICS and administrative sources suggest that people with disabilities are less likely to attain education than the general public.

4.1. Education variables

The key variable looked at within this chapter is educational completion. Educational completion is measured in a number of ways; however, the indicator for the present report is calculated in line with SDG 4.1.2. For this measure, the completion rate is "the percentage of a cohort of children or young people aged 3–5 years above the intended age for the last grade of each level of education who have completed that grade." For instance, since the official age for entering primary school in Georgia is 6 years and primary education consists of six grades, the age for entering the final year of the primary education is 11 years. Hence, the reference age group for calculating the primary education completion rate includes children aged 14–16 years (from 11+3 to 11+5). Data for this indicator come from the 2014 census. A summary of how completion rates are calculated are provided in Table 4.1 below.

TABLE 4.1:
Calculation of educational completion rates

Education level	Entry age to the final grade of the education level	Reference age group
Primary education	11 years	14–16 years
Lower secondary (basic) education	14 years	17–19 years
Upper (complete) secondary education	17 years	20–22 years
Higher education	21 years	24–26 years

The attendance rate for school children is calculated as the percentage of children in the specific age groups (6–11 years for primary school and 12–17 years for secondary school) who attend school at the corresponding education level or higher. This indicator is calculated using MICS data.

The youth literacy rate in the present report is calculated for 15- to 24-year-olds and reflects the share of young people who can read. The rate is calculated using the 2014 Population Census.

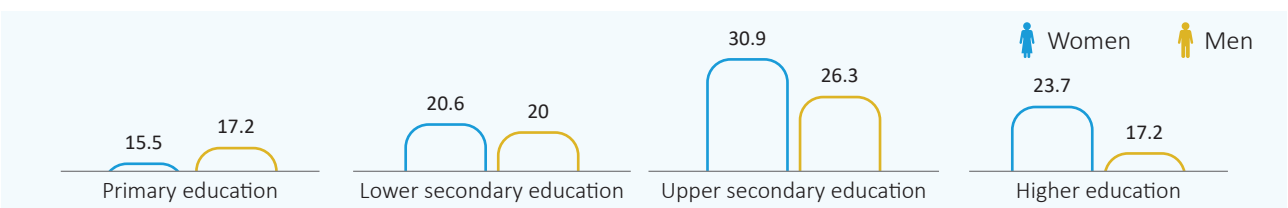
The Ministry of Education and Science collects data on young people with special educational needs (SEN). This status is attained after examination from a multidisciplinary team of professionals. This status covers children with disabilities but is also broader in definition. Specifically, it includes students who have behavioural and learning difficulties in school; children living on the streets; and children who were out of school and are now catching up, among a number of other groups. Importantly, this indicator has a number of the challenges associated with the disability indicator, as described briefly above and in greater depth below.

School abandonment is the rate at which young people leave school. This chapter provides data on the number of students with SEN leaving school.

4.2. Educational completion

The sex-disaggregated completion rates for different levels of education are presented in Figure 4.1 below with data from the census. The data suggest that people with disabilities are significantly less likely to complete every level of education than the general population. In both the total population and the population with disabilities, the share of people who complete each level of education declines as the level of education increases. However, the completion rates drop off significantly quicker for people with disabilities than for the general population at each subsequent step in education. Figure 4.1 below provides the gaps in completion between girls and boys with and without disabilities at each level of education.

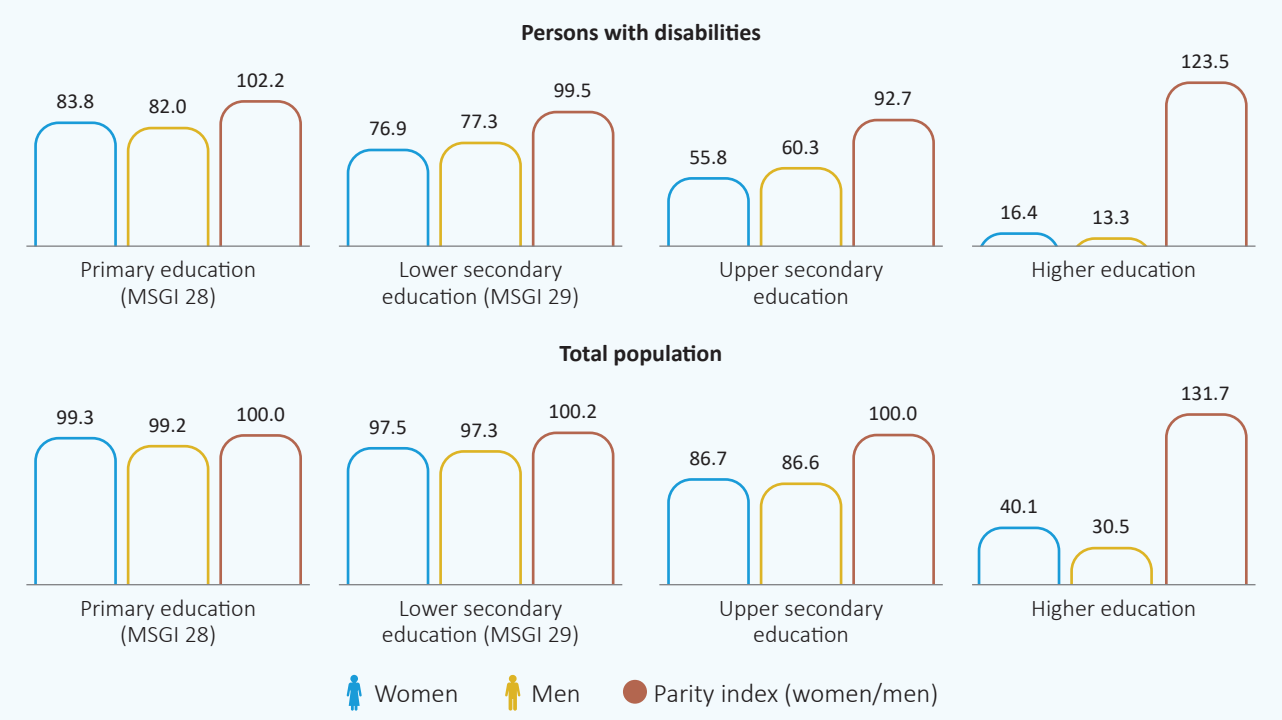
FIGURE 4.1:
Gaps in completion rates (percentage points) for people with and without functional disabilities ('a lot of difficulty' or 'cannot do at all'), by education level and sex (SDG 4.1.2)



Source: 2014 Population Census dataset.

In general, there is gender parity in the primary education and lower secondary education completion rates for men and women, whether or not the person has a disability, according to the census. However, at the upper secondary level, women with disabilities are less likely to complete their education. In contrast, at the higher education level, women with disabilities are more likely to attain tertiary education than men with disabilities. These patterns are expressed in Figure 4.2 below as a parity index, which is the ratio of female to male completion rates. This fact mirrors the general population trend for tertiary education, as women are significantly more likely to attain tertiary education.[1]

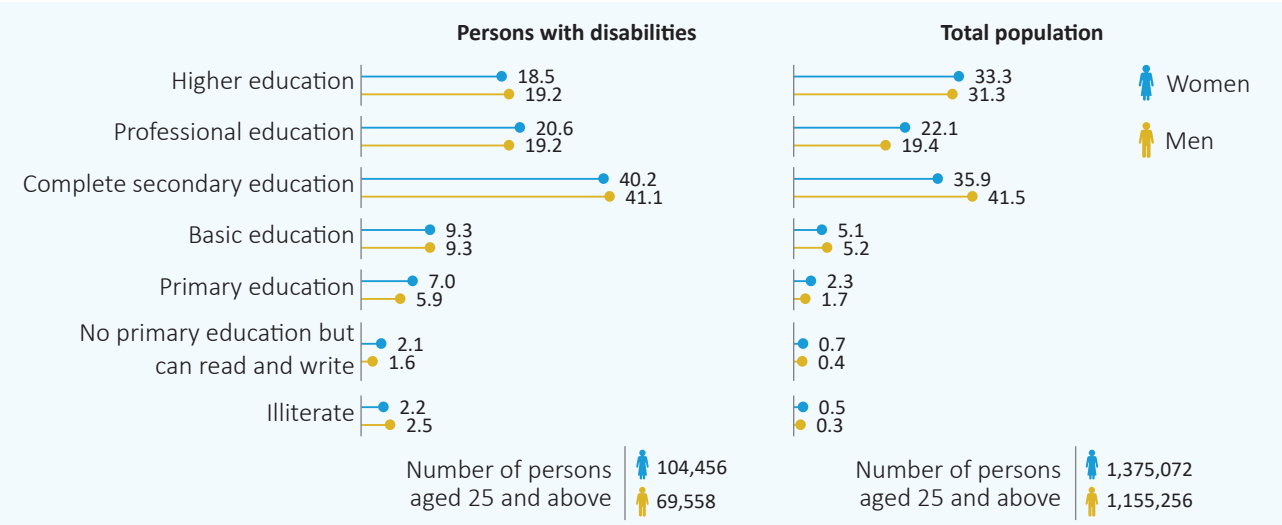
FIGURE 4.2:
Completion rates (percentage) and parity index, by education level, functional disability status ('a lot of difficulty' or 'cannot do at all') and sex (related to MSGI 28 & 29)



Source: 2014 Population Census dataset.

The educational completion rate of the population aged 25 and above, at which point most people have completed their educational course, also suggests a disparity for people with disabilities compared to people without, according to the census. Compared to the general population, persons with disabilities were significantly less likely to complete higher education, while relatively more persons attained basic and the remaining lower levels of education. In contrast to the data presented above, these data suggest that men and women with disabilities have roughly equal chances of completing higher education.

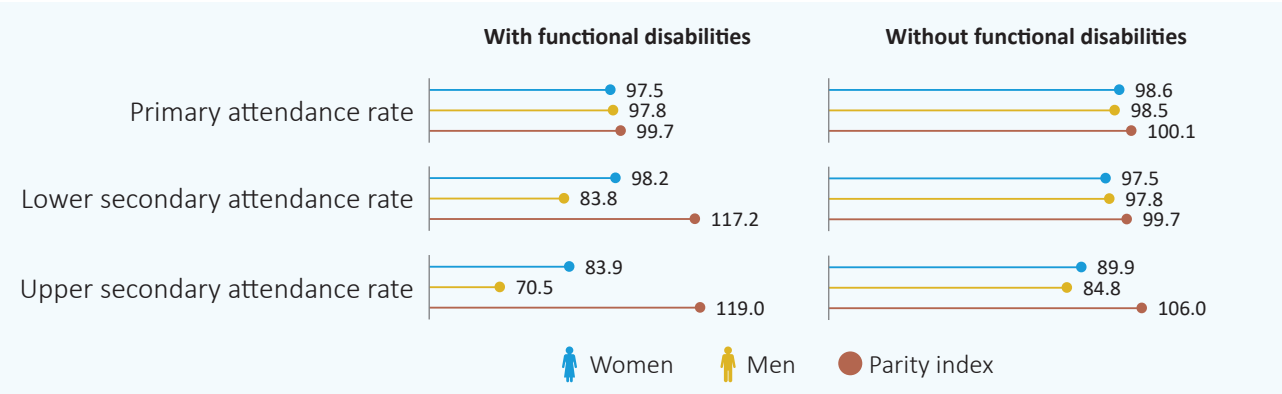
FIGURE 4.3:
Educational completion rate of the population aged 25 and above, by sex and functional disability status ('a lot of difficulty' or 'cannot do at all') (%)



Source: 2014 Population Census dataset.

Data from the 2018 MICS suggest that attendance rates are lower for children with functional disabilities. In primary school, attendance rates are near equal for people with and without functional disabilities. However, this diverges starting at the lower secondary level, wherein boys with disabilities become less likely to attend school than either girls with disabilities or boys or girls without disabilities. At the upper secondary level, attendance rates drop off for both boys and girls with disabilities, although boys with disabilities are the least likely to attend. While girls with disabilities are less likely to attend school at this level than girls without disabilities, they are just as likely to attend school as boys without disabilities.

FIGURE 4.4:
Primary and secondary net attendance rates (adjusted) and respective parity indices, by sex and disability status ('a lot of difficulty' or 'cannot do at all')



Source: 2018 MICS dataset.

As with education rates, the youth literacy rate (among 15- to 24-year-olds) is significantly lower for people with disabilities than people without. According to the census results, the national literacy rate for young men and women aged 15–24 was 99.7 per cent, while it stood at 86.2 per cent and 87.0 per cent for men and women with functional disabilities, respectively.

4.3. Students with special educational needs

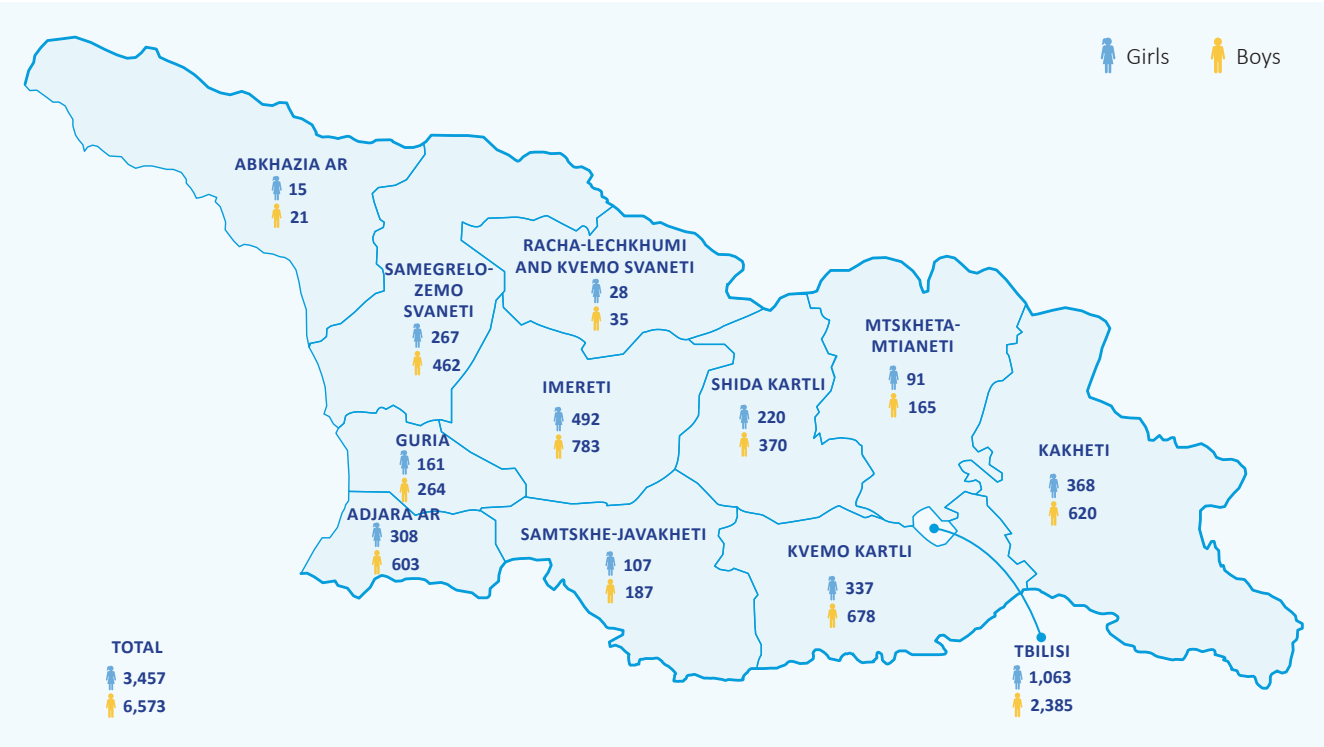
The Ministry of Education and Science's Education Management Information System (EMIS) keeps additional data on children with special educational needs (SEN). This group is defined as those who face difficulties in learning in comparison to their peers. Parents or guardians request that the child is assessed for this status. The assessment is performed by a multidisciplinary team including a psychologist, occupational therapist and special education teacher. The SEN status is broader than the official disability status. According to the Law on General Education, a student with special educational needs is defined as "persons who have difficulties in learning compared to their peers and for whom modification of the National Curriculum and/or adaptation to the educational environment and/or preparation and implementation of the Individual Curriculum are needed".[2]

In total, there were 10,300 SEN students in the general education system in the 2020/21 academic year, constituting 1.7 per cent of all general education students, according to EMIS data.

Only 224 SEN students studied in private general education institutions, according to EMIS data.

Approximately twice as many boys than girls had SEN in 2020/21, and this ratio has been relatively stable over the years, according to EMIS data. Tbilisi accounted for approximately one third of all students with SEN and had the highest boy-to-girl ratio across regions, at approximately 2.3.

FIGURE 4.5:
Distribution of general education students with SEN, by sex and region



Source: 2020/21 EMIS data.

The distribution of general education students with SEN by grade is given in Table 4.2 below.

TABLE 4.2:
Distribution of general education students with SEN, by sex and grade level

	1	2	3	4	5	6	7	8	9	10	11	12
Abkhazia AR	...	...	...	...	...	...	...	...	...	...	...	...
Adjara AR	15	21	33	28	31	28	36	27	20	30	19	20
Guria	2	8	13	7	11	17	14	19	25	19	13	13
Imereti	27	38	30	44	52	42	59	42	48	49	36	25
Kakheti	17	22	25	30	41	36	53	32	43	27	22	20
Kvemo Kartli	22	27	34	38	39	35	32	32	34	14	18	12
Mtskheta-Mtianeti	...	...	8	9	12	8	15	9	7	7	7	...
Racha-Lechkhumi and Kvemo Svaneti	...	...	...	...	...	...	...	...	...	...	...	...
Samegrelo-Zemo Svaneti	15	23	26	32	26	22	20	23	29	23	13	15
Samtskhe-Javakheti	...	8	6	7	6	10	20	10	9	15	8	...
Shida Kartli	9	13	18	15	23	15	28	18	26	25	19	11
Tbilisi	76	114	95	86	117	99	95	108	92	79	59	43
Total	**194**	**277**	**290**	**301**	**364**	**315**	**375**	**323**	**336**	**294**	**217**	**171**

	1	2	3	4	5	6	7	8	9	10	11	12
Abkhazia AR	…	…	…	…	…	…	…	…	…	…	…	…
Adjara AR	42	81	52	47	67	64	65	53	47	40	21	24
Guria	…	11	24	20	24	19	33	27	39	36	18	10
Imereti	48	91	82	88	85	63	77	80	62	46	32	29
Kakheti	23	34	55	51	58	56	81	69	70	54	40	29
Kvemo Kartli	44	59	50	95	77	64	73	76	61	33	29	17
Mtskheta-Mtianeti	7	14	23	16	16	15	15	12	18	19	6	…
Racha-Lechkhumi and Kvemo Svaneti	…	…	…	…	…	…	…	…	…	…	…	…
Samegrelo-Zemo Svaneti	25	32	40	51	49	42	49	38	30	42	35	29
Samtskhe-Javakheti	12	6	9	28	21	15	24	19	15	18	7	13
Shida Kartli	18	39	31	37	36	30	47	31	26	33	24	18
Tbilisi	237	271	252	241	248	199	218	199	198	149	98	75
Total	**463**	**643**	**625**	**679**	**686**	**574**	**687**	**607**	**570**	**471**	**318**	**250**

Source: 2016–2021 EMIS data.
Note: '…' indicates that the number of cases does not exceed five.

The Ministry also tracks the number of students with special educational needs in professional and vocational education institutions, as shown in Table 4.3 below. Overall, approximately 2 per cent of students in professional education institutions have SEN, according to EMIS data. As with the data on general education institutions, boys tend to outnumber girls in terms of having special educational needs.

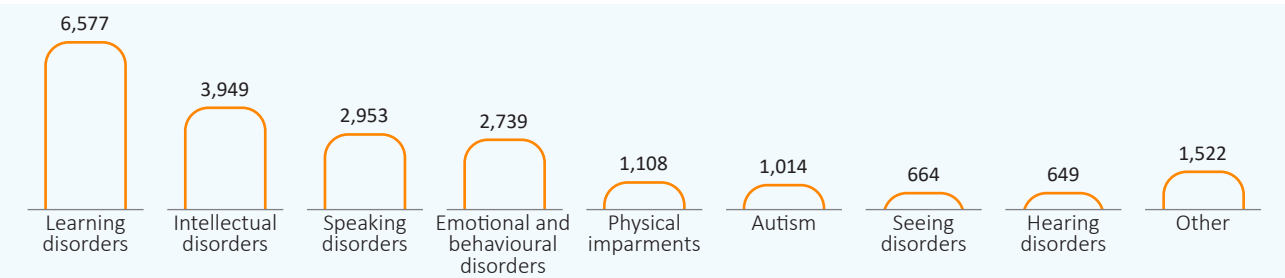
TABLE 4.3:
Number of professional education students with SEN, by sex and region

Region	2016		2017		2018		2019		2020	
Adjara AR	15	27	18	20	12	28	17	20	9	9
Guria	…	7	…	…	…	…	…	…	…	…
Imereti	9	20	11	14	12	25	6	10	…	7
Kakheti	6	17	…	10	7	16	9	12	…	10
Kvemo Kartli	…	15	1	6	0	0	…	7	0	11
Mtskheta-Mtianeti	…	…	…	…	…	…	…	…	7	…
Racha-Lechkhumi and Kvemo Svaneti	…	…	…	…	…	…	…	…	…	…
Samegrelo-Zemo Svaneti	…	7	…	7	4	6	7	10	…	…
Samtskhe-Javakheti	0	…	…	…	…	0	…	…	…	4
Shida Kartli	…	…	…	…	…	6	…	7	…	…
Tbilisi	70	104	58	80	50	90	44	93	41	32
Total	**114**	**207**	**105**	**147**	**97**	**176**	**96**	**166**	**73**	**89**

Source: 2016–2021 EMIS data.
Note: '…' indicates that the number of cases does not exceed five.

A student may be assigned one or several types of disorders. Overall, in 2020/21, there were 21,175 disorders identified among 10,300 students, according to EMIS data. This is equivalent to slightly more than two types of disorders per student, on average. The most common type of disorder that students in general education were diagnosed with was learning disorders, followed by intellectual disorders, speaking disorders and emotional and behavioural disorders. Seeing and hearing disorders were relatively uncommon.

FIGURE 4.6:
Number of disorders among general education students with SEN in the 2020/21 academic year, by type of disorder



Source: 2021 EMIS data.
Note: Students may have more than one disorder.

The EMIS also tracks school dropout rates for SEN students. The data suggest that about half of SEN students who leave school do so in the tenth grade, after the completion of mandatory basic education.

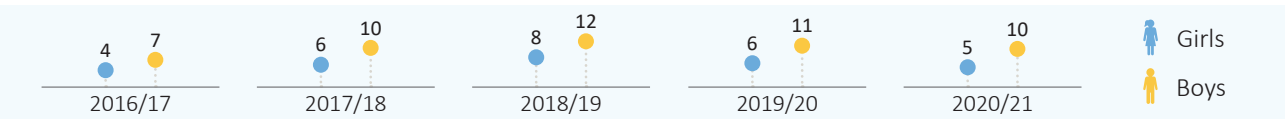
TABLE 4.4:
Distribution of general education students with SEN who have dropped out of school, by sex and grade level

Grade	2016		2017		2018		2019		2020	
	♀	♂	♀	♂	♀	♂	♀	♂	♀	♂
1	…	…	…	…	…	…	…	…	…	…
2	…	…	…	…	…	7	…	6	…	6
3	…	…	0	11	…	9	…	12	…	12
4	…	…	7	9	7	11	…	9	…	9
5	…	8	6	7	8	9	…	15	…	15
6	…	7	…	9	11	18	…	10	6	10
7	…	10	…	9	9	14	7	17	…	17
8	…	17	10	14	13	17	9	19	…	19
9	…	8	…	16	10	24	7	25	9	25
10	80	150	110	229	160	275	138	290	120	290
11	11	19	9	39	18	41	11	23	17	23
12	7	…	11	16	6	14	10	9	7	9
Total	**128**	**361**	**171**	**537**	**245**	**689**	**202**	**642**	**172**	**642**

Source: 2016–2021 EMIS data.
Note: '…' indicates that the number of cases does not exceed five.

In absolute numbers, the number of boys who drop out is three times the size of the number of girls leaving school, according to EMIS data. However, this gap becomes smaller when accounting for the relatively large number of SEN boys compared to the number of SEN girls. In these relative terms, boys are between 1.6 and 1.9 times more likely to leave school in any given year.

FIGURE 4.7:
Proportion of students with SEN who have dropped out of school (%)



Source: 2016–2021 EMIS data.

Starting from the 2018/19 academic year, general education institutions began collecting data on children with official disability status. However, the data suggest an underreporting of disability status. While there were more than 11,000 children (aged 0–17) who received benefits from the Social Service Agency in 2020, there were slightly more than 1,200 students recorded as having official disability status in 2021 in EMIS data. Notably, twice as many boys as girls had official disability status in 2020/21, according to EMIS data, which may suggest gender-based underreporting as well. However, to confirm this supposition, it would be important to match recipients in the EMIS and SSA databases.

FIGURE 4.8:

Distribution of general education students with official disability status, by sex and grade level

Source: 2018–2021 EMIS data.

5. EMPLOYMENT

Key findings

- For persons with disabilities, the labour market participation rate (by 22.6 percentage points for women and 21.9 percentage points for women) and the employment rate (by 15.8 percentage points for men and 14.8 percentage points for women) are significantly lower compared to the general population, according to the census.
- The labour market participation rate is significantly lower for people with disabilities in urban areas, standing at 18.1 per cent per cent for women with disabilities and 31.1 per cent for men with disabilities, according to the census. In rural areas, by contrast, the labour force participation was significantly higher for people with disabilities, at 73.5 per cent for men and 50.8 per cent for women. This stems from the fact that people engaged in subsistence agriculture were counted as employed in the census, and therefore most rural people were engaged in the labour force in the census.
- Labour market indicators for persons with functional disabilities are relatively low, in part, because the population with disabilities is significantly older than the population on average.
- The vast majority (85 per cent) of employed persons with disabilities are skilled agricultural workers, according to LFS data.
- Geostat's change in the definition of how employment is counted, which excluded subsistence farmers from the self-employed category in 2020, led to a sharp increase in the unemployment rate (by 8 percentage points for men and 10.4 percentage points for women) and decline in labour force participation among persons with disabilities (by 12.7 percentage points for men with disabilities and by 18.4 percentage points for women with disabilities) , according to LFS data. Similarly, the employment rate dropped by 12.9 percentage points for men with disabilities and 18.5 percentage points for women with disabilities, according to LFS data.
- People with disabilities have significantly lower wages than people without disabilities, with the wage gap standing at 25 per cent in the 2020 LFS data.
- The youth unemployment rate for persons with disabilities aged 15–29 was extremely high, standing at 42 per cent for men and 49 per cent for women compared with 26 per cent and 35 per cent, respectively, among the population as a whole according to LFS data.

Apart from producing a significant, negative impact on educational outcomes, disability directly affects a person's chances of employment. Importantly, although the majority of society is comfortable working with a person with a physical disability, data suggest that people would be less supportive of working with people with other types of disabilities.[1] Employment data enable an understanding of both how well labour market regulations enable people with disabilities to work and how people with disabilities engage in the economy. The data in this chapter show that people with disabilities tend to have poor employment situations relative to the general population but that this partially stems from their older age and living in rural areas.

5.1. Employment variables

This chapter focuses on three key indicators related to participation in the economy—labour force participation, employment and unemployment—that are measures for SDG 8, to promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all—and specifically SDG 8.5.2.

Labour force participation is essentially the share of the population that is unemployed and employed compared to the total working-age (15+) population overall.

The definition of unemployment is important in understanding the related statistic. To formally qualify as unemployed, a person must (a) not have a job; (b) be available to start a job within the next two weeks; and (c) have actively sought employment during the past four weeks. The unemployed also includes individuals who have already received a job offer and will start in the subsequent three months but have yet to start.

If a person does not meet the above-mentioned criteria, they are not considered to be participating in the labour force.

The unemployment rate is calculated based on the share of the population within the labour force, as the percentage of people who meet the above-mentioned definition over the total population participating in the labour force.

The employment rate, in contrast, is the share of the population that has employment over the entire working-age population.

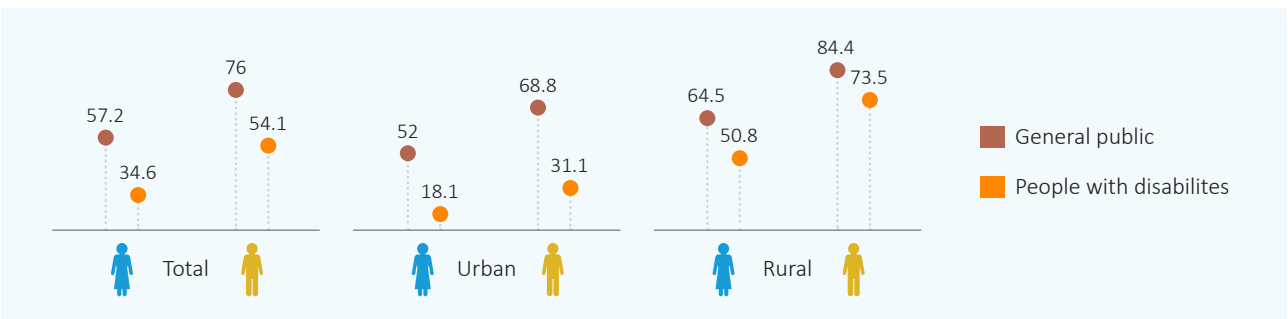
In 2020, Geostat adopted a new definition of employment, removing subsistence farmers from the employed category within the data. As a result, the data from before and after this change are largely incomparable.

5.2. Labour force participation

Labour force participation is a common indicator of engagement in the economy. It is the share of people who are (a) unemployed as defined above and (b) employed. The census data suggested that 76 per cent of men and 57.2 per cent of women participated in the labour force in 2014. The corresponding shares for people with disabilities were 22.6 percentage points lower for women with disabilities (34.6 per cent overall) and 21.9 percentage points lower for men with disabilities (54.1 per cent overall).

In the census data, the gap between people with and without disabilities was significantly smaller in rural areas compared with urban ones. Men with disabilities in urban areas were 37.7 percentage points less likely to participate in the labour force. Women in urban areas were 33.9 percentage points less likely to participate in the labour force. In contrast, men in rural areas were 10.9 percentage points less likely to participate in the labour force than men without disabilities, while women with disabilities were 13.7 percentage points less likely to participate in the labour force than women without disabilities (Figure 5.1). The relatively smaller gap in labour force participation among people with disabilities, especially in rural areas, in the census data stems from the fact that people engaged in agricultural work were counted as employed at the time of the census.

FIGURE 5.1:
Labour force participation, by sex, settlement type and disability status ('a lot of difficulty' or 'cannot do at all') (%)

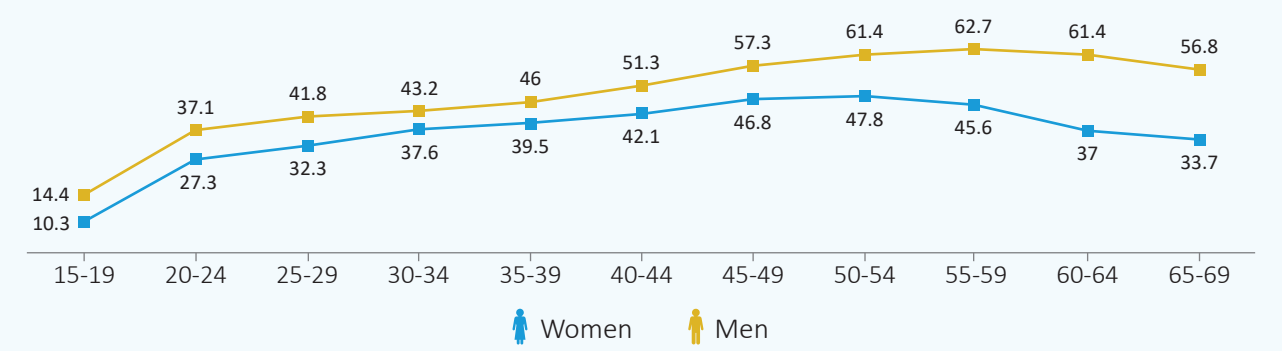


Source: 2014 Population Census dataset.

Labour force participation for persons with disabilities tends to increase from the youngest age group, as it does for the general population, according to the census. The labour participation rate among persons with disabilities is 14.4 per cent and 10.3 per cent, respectively, for men and women aged 15–19. After this age group, the labour force participation rate climbs steadily until older age ranges, reaching a maximum of 62.7 per cent for men in the 55–59 age group and 47.8 per cent for women in the 50–54 age group.

FIGURE 5.2:

Labour force participation rates for men and women with functional disabilities ('a lot of difficulty' or 'cannot do at all'), by age (%)

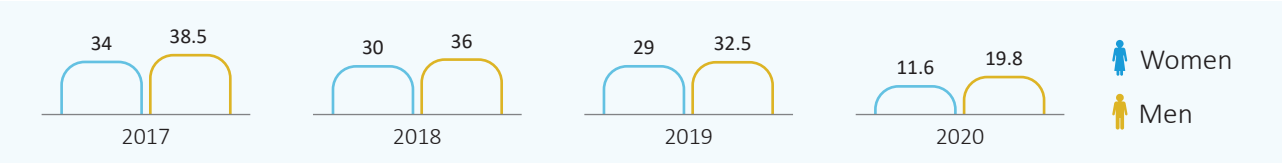


Source: 2014 Population Census dataset.

Over the past four years, according to the LFS, the data have been relatively consistent in terms of labour force participation for men and women with disabilities. However, methodological changes in the way employment statistics are calculated have led to apparent drops in labour force participation for both men and women with official disability status, according to LFS data.[2] These apparent drops are largely attributable to methods changes.

FIGURE 5.3:

Labour force participation rate among people with official disability status, 2017–2020 (%)

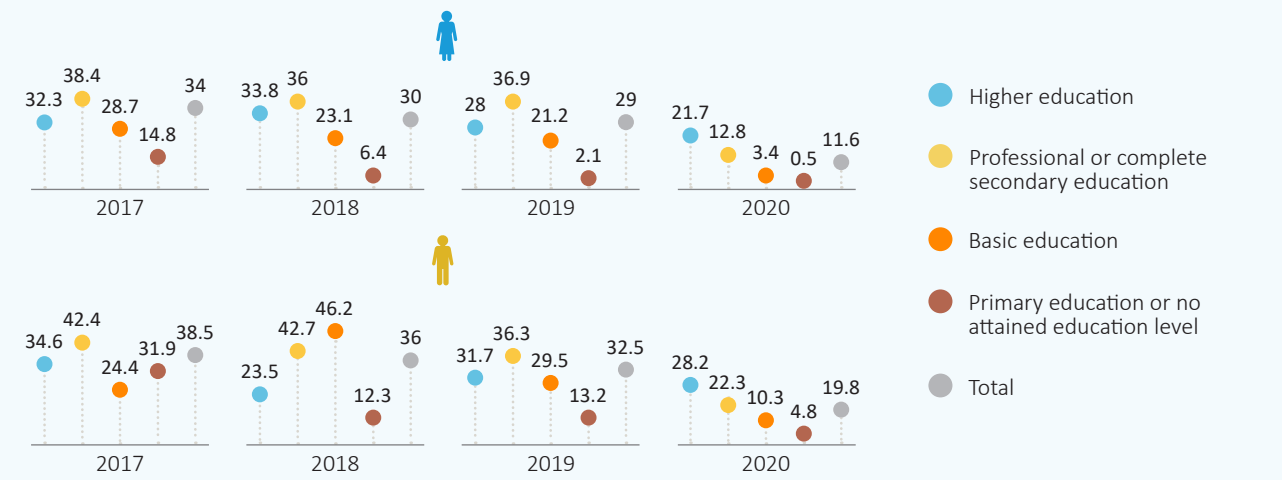


Source: 2017–2020 LFS datasets.

The data on labour force participation when broken down by disability status suggest that higher levels of education are associated with higher levels of labour force participation according to the LFS, particularly in the most recent year of data. Notably, these data should be interpreted with some caution, given the relatively small sample size within groups. The data should also be interpreted with the above-noted methodological change in mind when comparing 2020 to prior years.

FIGURE 5.4:

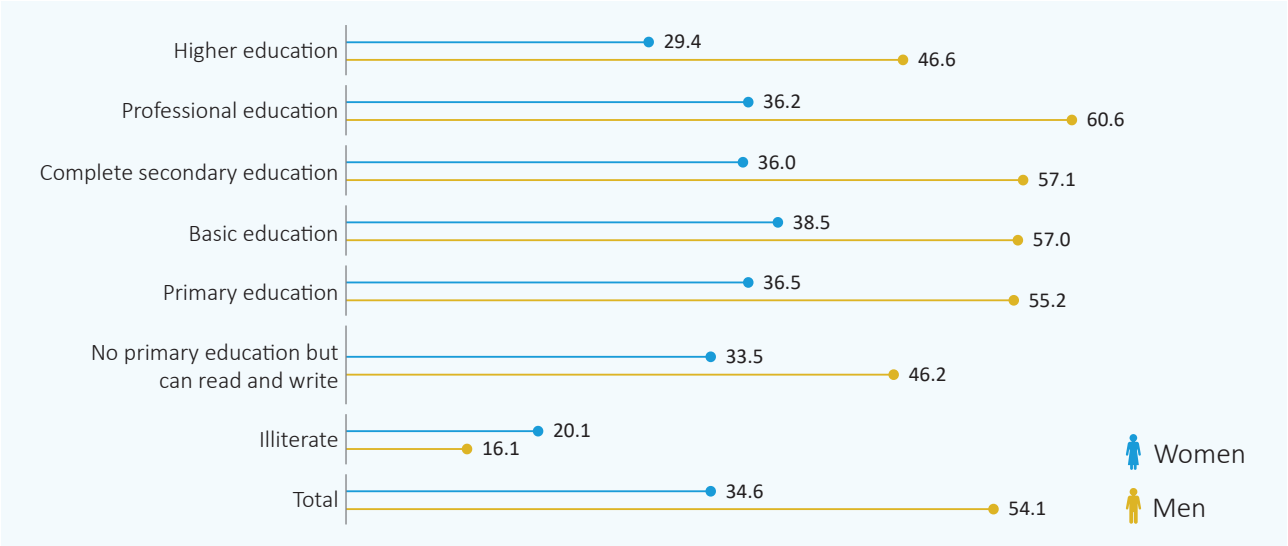
Labour force participation rate among people with official disability status, by education level (%)



Source: 2017–2020 LFS datasets.

The data are largely in line with data from the 2014 census. They suggest that labour force participation was highest for people with disabilities who had professional education. Whether a larger sample size would reproduce this pattern given the new definitions of employment used for the 2020 data above is a question for future research, however.

FIGURE 5.5:
Labour force participation rate among people with functional disabilities ('a lot of difficulty' or 'cannot do at all'), by education level and sex (%)

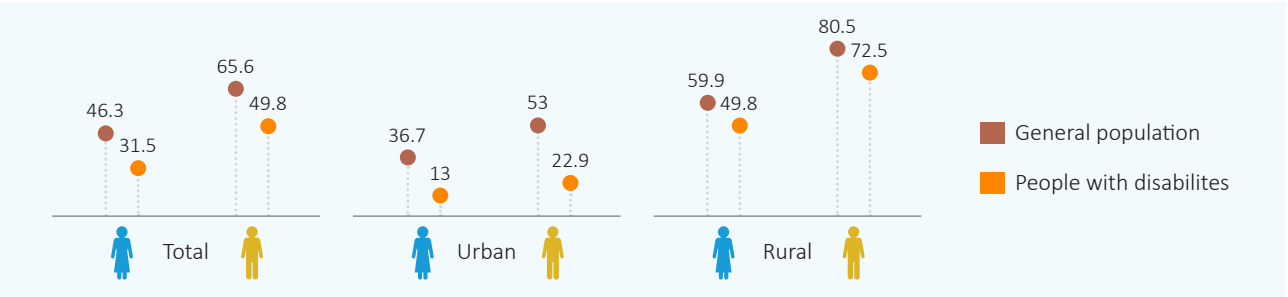


Source: 2014 Population Census dataset.

5.3. Employment

As with labour force participation, a relatively small share of people with disabilities are employed compared to the general public, according to the census. While 65.6 per cent of men were employed overall in 2014, 49.8 per cent of men with disabilities were. Overall, 46.3 per cent of women were employed, compared with 31.5 per cent of women with disabilities. As with the labour force participation rates, the differences are significantly larger in urban areas compared with rural ones. As with the data on labour force participation, this primarily stems from the census data considering people who are engaged in agriculture as employed.

FIGURE 5.6:
Employment rate, by sex, settlement type and functional disability status ('a lot of difficulty' or 'cannot do at all') (%)

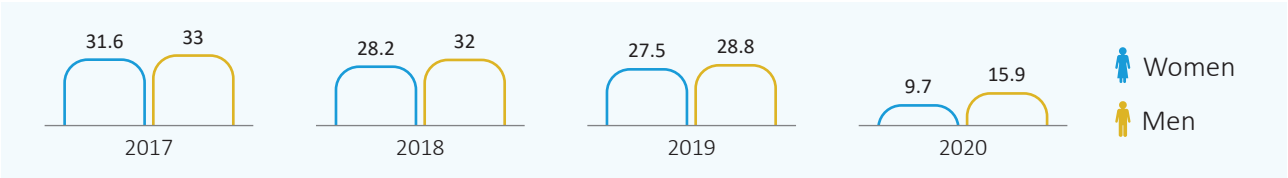


Source: 2014 Population Census dataset.

Employment among people with disabilities exhibits a similar pattern over time as it did for labour force participation, declining slightly from 2017 to 2019 and then reducing significantly between 2019 and 2020, according to LFS data. This large decline again stems from the changes made to the methodology, specifically counting people engaged in subsistence agriculture as employed. Notably, the new methodology also shows that women with disabilities are 6 percentage points less likely to be employed than men with disabilities.

FIGURE 5.7:

Employment rate over time among people with official disability status (%)

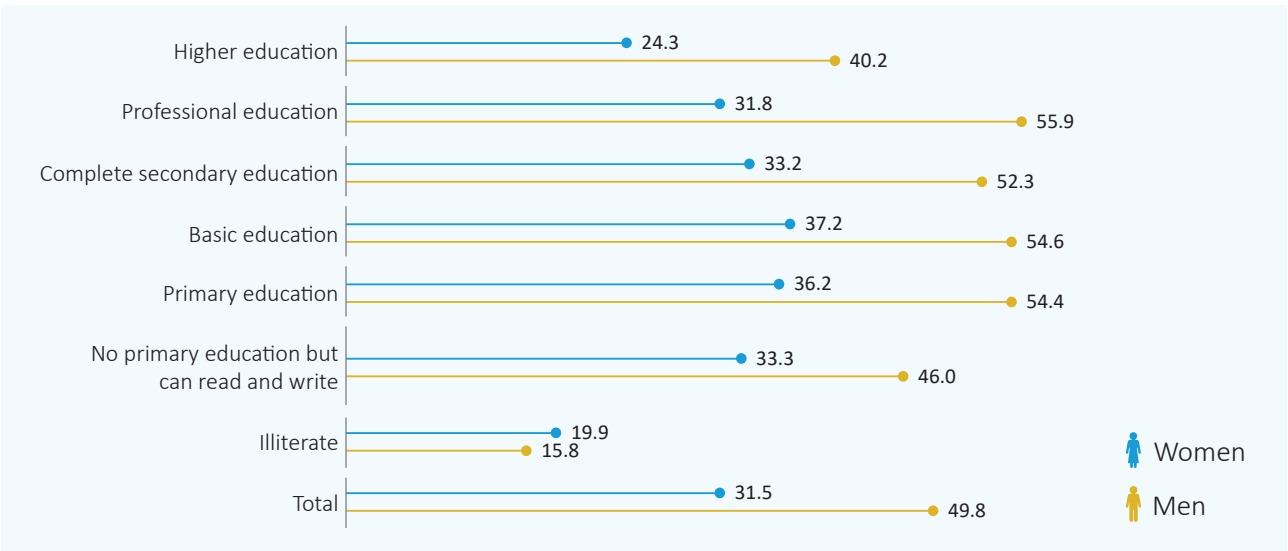


Source: 2017–2020 LFS datasets.

When the data on employment are broken down by level of education, they suggest that people with disabilities who have professional education are most likely to be employed, according to the census. Whether this pattern would hold under the new definition of employment that entered into force in 2020 is an open question.

FIGURE 5.8:

Employment rate among people with functional disabilities ('a lot of difficulty' or 'cannot do at all'), by education level and sex (%)



Source: 2014 Population Census dataset.

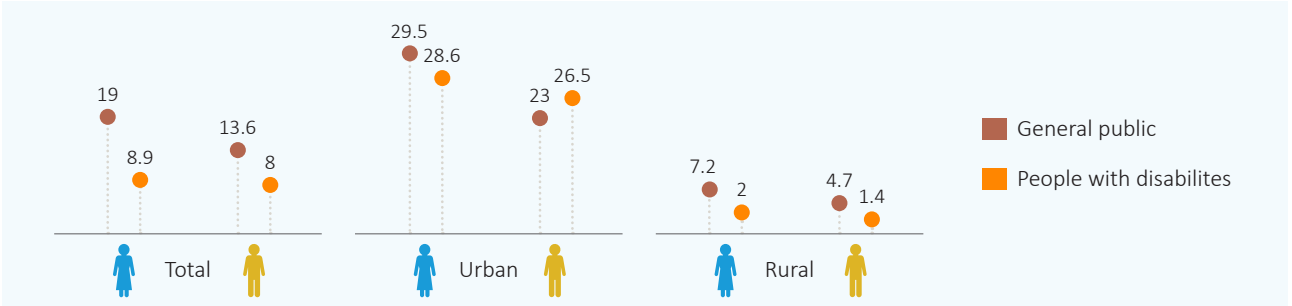
5.4. Unemployment

Data on unemployment within official statistics are a somewhat complicated subject. People who are not working include those who are outside the labour force and the unemployed. Those outside the labour force are neither employed nor seeking employment and/or ready to start work. Those who are unemployed are actively engaged in looking for employment and are ready to start a job, but they do not currently have work. There are a number of other nuances around the official definition of unemployment, but when looking at unemployment numbers, it is important to remember that these numbers do not reflect the share of the public that simply does not have a job but, rather, only a share of this population.

As a result of the definition of unemployment noted above, people with disabilities have roughly half the unemployment rate of the general public, according to the census. While 13.6 per cent of men were unemployed according to census data, 8 per cent of men with disabilities were. For women, 19 per cent of the population was unemployed, compared with 8.9 per cent of women with disabilities.

In rural areas, only 1.4 per cent of men and 2 per cent of women with disabilities were unemployed, according to the census. This is in contrast to 4.7 per cent of rural men and 7.2 per cent of rural women. In urban areas, the unemployment rate is slightly higher for men with disabilities than men in general. Women with and without disabilities in urban areas have quite similar unemployment rates.

FIGURE 5.9:
Unemployment rate, by sex, settlement type and functional disability status ('a lot of difficulty' or 'cannot do at all') (%) (SDG 8.5.2)

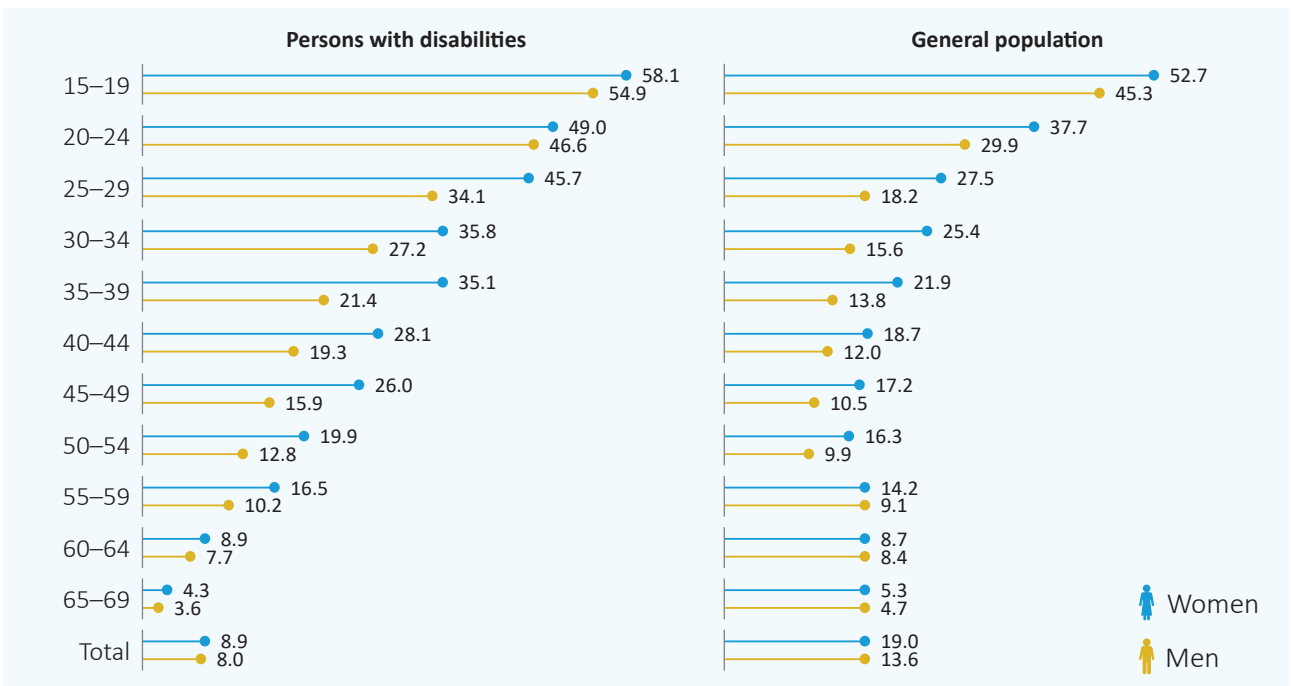


Source: 2014 Population Census dataset.

Aside from the above pattern stemming from the definition of unemployment, both rurality and age impact the above patterns. People with disabilities in rural areas are predominately older people. As a result, they are less likely to be in the labour force. Moreover, the inclusion of people engaged in subsistence agriculture in the employed category in rural areas means that most people in rural areas were considered employed during the census generally. As a result of these factors, the unemployment data at first appear counterintuitive.

The data on unemployment suggest that it is highest among younger populations and declines as people get older, according to the census. This stems from the fact that many older people are not actively seeking employment and therefore are considered outside the labour force. This pattern holds for people both with and without disabilities. According to the census, the youth unemployment rate for persons with disabilities aged 15–29 was extremely high, standing at 42 per cent for men and 49 per cent for women compared with 26 per cent and 35 per cent, respectively, among the population as a whole.

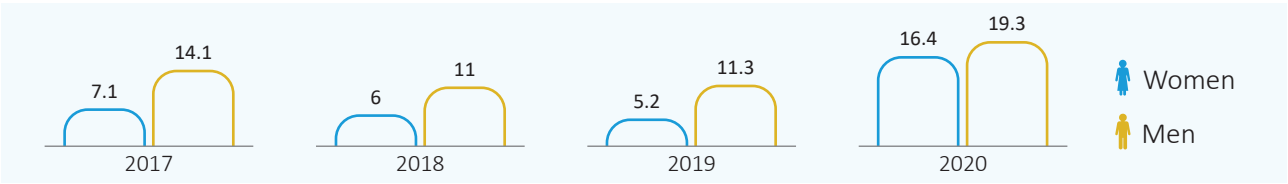
FIGURE 5.10:
Unemployment rates for persons with functional disabilities ('a lot of difficulty' or 'cannot do at all') and the general population, by sex and age group (%)



Source: 2014 Population Census dataset.

The unemployment rate over time shows similar patterns as with the other labour force indicators previously discussed, according to LFS data. Specifically, in 2020, the unemployment rate among people with disabilities increased significantly. This again stems from the changes made to the methodology in how unemployment is counted.

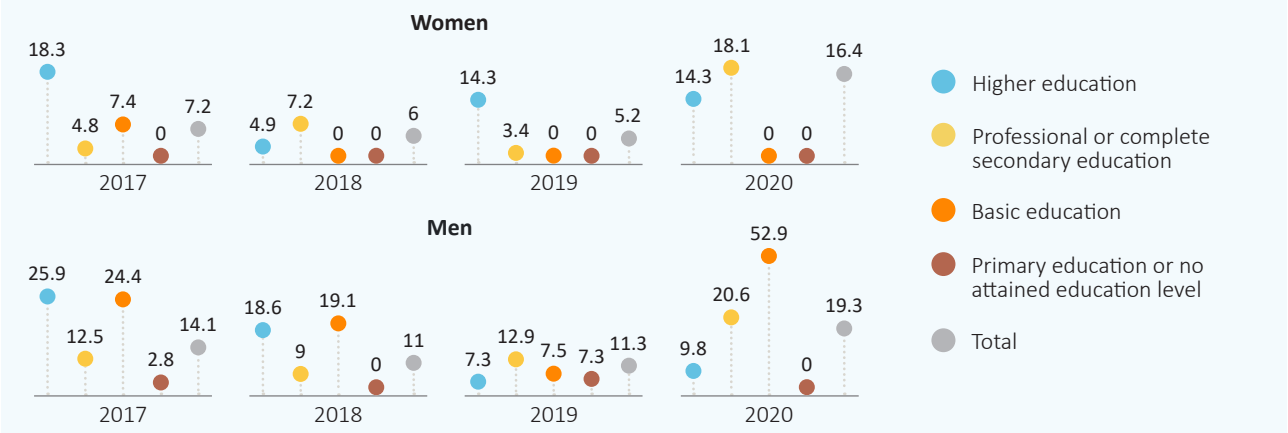
FIGURE 5.11:
Unemployment rate among people with official disability status over time (%)



Source: 2017–2020 LFS datasets.

The data on unemployment suggest that people with disabilities who have obtained higher levels of education are more likely to be unemployed, according to LFS data. Rather than interpreting this as a negative association with education, this should be interpreted as a result of the higher level of labour force participation associated with higher education levels, discussed above.

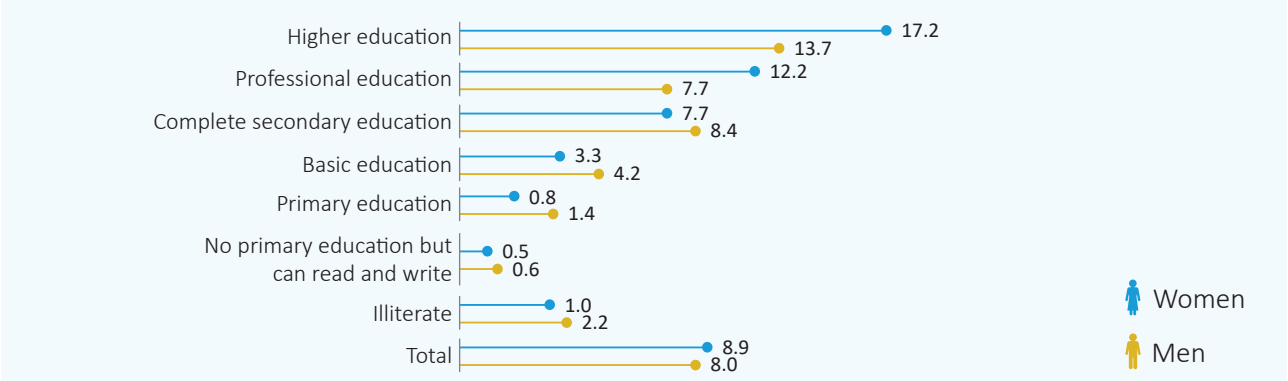
FIGURE 5.12:
Unemployment rates over time, by sex, education level and official disability status (%)



Source: 2017–2020 LFS datasets.

This pattern is in line with census data, which suggested higher levels of unemployment for people with disabilities who had higher education.

FIGURE 5.13:
Unemployment rate among people with functional disabilities ('a lot of difficulty' or 'cannot do at all'), by education level and sex (%)

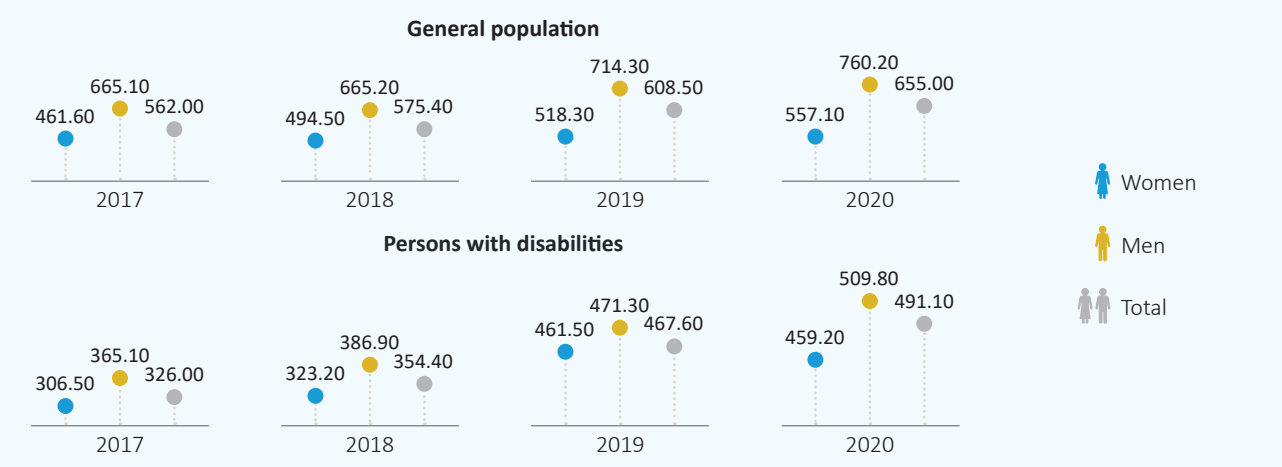


Source: 2014 Population Census dataset.

5.5. Wages

The data on wages suggest that people with disabilities have consistently held lower average wages than those of the general public, with an unadjusted pay gap of 25 per cent for 2020, according to LFS data. The unadjusted gender pay gap for persons with disabilities is relatively small, standing at 10 per cent in 2020 versus 27 per cent for the general population. When interpreting these data, it is important to keep in mind that there is a particularly small sample size for people with disabilities. This stems from the data coming from the LFS rather than the census. In addition, the data on wages are only available for people who are not self-employed in agriculture, the main employment activity for people with disabilities.

FIGURE 5.14:
Average monthly wages for hired employees, by official disability status and sex, 2017–2020 (GEL)

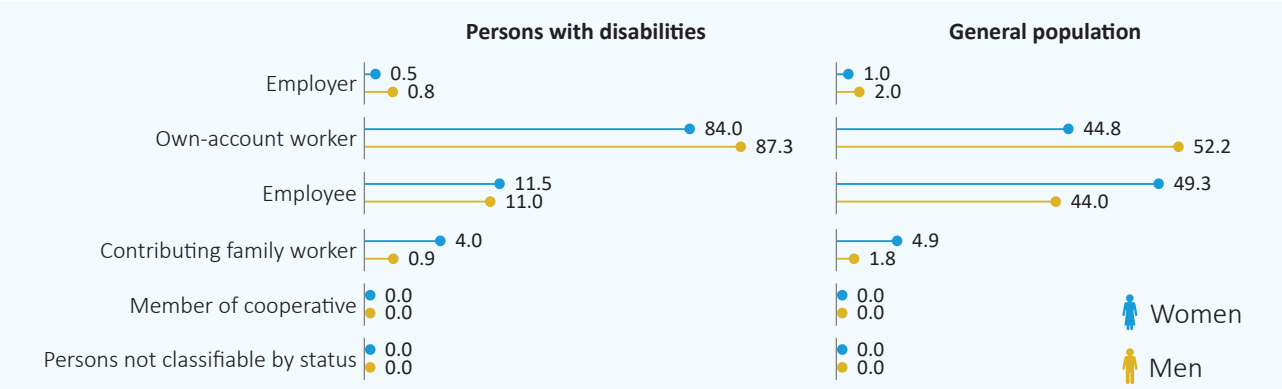


Source: 2017–2020 LFS datasets.

5.6. Type of employment and occupations

The share of employers among the population with disabilities was under 1 per cent (0.8 per cent for men and 0.5 per cent for women), according to the census. This is roughly half the corresponding figure for the general population (2.0 per cent and 1.0 per cent for men and women, respectively). As is commonly found internationally, there is a relatively high share of own-account workers among those with disabilities. This tends to be associated with relatively high barriers to formal employment for people with disabilities.

FIGURE 5.15:
Distribution of the population, by employment status, sex and functional disability status ('a lot of difficulty' or 'cannot do at all') (%)



Source: 2014 Population Census dataset.

The 2014 census also collected data on people's occupations, in line with the International Standard Classification of Occupations (ISCO-88). Similar to the employment status data, the breakdown of occupations shows that the vast majority of people with disabilities are self-employed agricultural workers.

TABLE 5.1:
Distribution of the population with functional disabilities ('a lot of difficulty' or 'cannot do at all'), by sex and ISCO occupation group (%)

Occupation groups			
Armed forces	0.0	0.1	0.0
Legislators, senior officials and managers	0.8	1.5	1.2
Professionals	4.4	2.0	3.2
Technicians and associate professionals	0.8	1.1	1.0
Office clerks	0.6	0.5	0.5
Service workers and shop and market sales workers	3.1	2.0	2.5
Skilled agricultural and fishery workers	86.3	85.0	85.6
Craft and related trades workers	0.5	3.1	1.9
Plant and machine operators and assemblers	0.1	1.5	0.8
Elementary occupations	2.5	2.3	2.4
Not stated	0.8	1.0	0.9

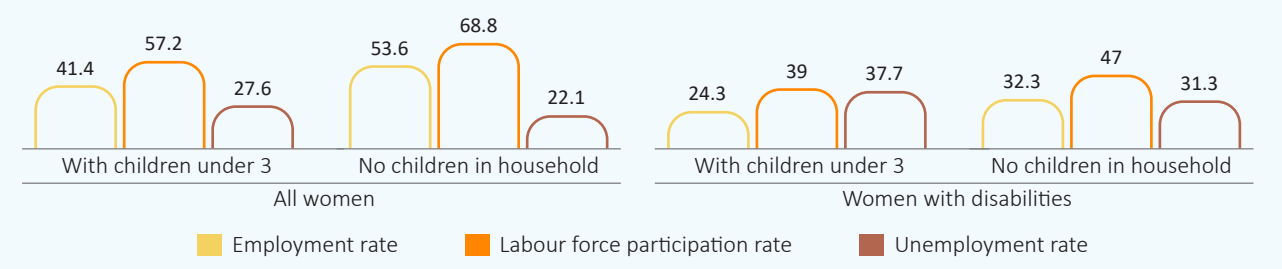
Source: 2014 Population Census dataset.

5.7. Women with children and employment

Women with young children generally tend to participate less in the labour market. Hence, the employment rate of 25- to 49-year-old women and men with children under 3 years old living in the household is an important indicator showing the impact of children on the economic activity of parents.[3]

The census data show that the employment rate among all women aged 25–49 with children under 3 years old (41.4 per cent) was significantly lower than that for all women of the same age group with no children under 18 years old (53.6 per cent). It further demonstrates that the corresponding indicators for women with disabilities show a similar pattern, although they reflect the fact that women with disabilities are less likely to work in general. The data also show that other labour force indicators were weaker for women with disabilities with children under 3 years of age than for women with no children under 18 years of age.

FIGURE 5.16:
Employment rate and other key indicators for women aged 25–49 with children under the age of 3 and with no children under the age of 18 living in the household, by functional disability status ('a lot of difficulty' or 'cannot do at all') (%)



Source: 2014 Population Census dataset.

6. HEALTH, WELFARE AND SOCIAL SECURITY

Key findings

- Health-adjusted life expectancy (HALE) for people with functional disabilities at birth equalled 69.1 years. There was a seven-year gender difference in the HALE indicator at birth in favour of women, following the universal pattern of women living longer, according to the Population Census in combination with data from Geostat on mortality.
- Women with disabilities (58.3 per cent) have significantly lower demand for family planning-related services than women without disabilities (64.6 per cent), according to the 2018 MICS.
- Among women with a demand for family planning, women with disabilities are less likely to have their demand met by any method (31.3 per cent) or modern methods (26.4 per cent) than women without disabilities (41.9 per cent by any method versus 33.4 per cent by modern methods), according to the 2018 MICS.
- More than 26,000 men and 15,000 women with official disability status were beneficiaries of the Universal Healthcare Programme (UHP), according to National Health Agency data. This included approximately 6,600 children who use outpatient medical services. The main UHP service that men and women with disabilities used was emergency outpatient and hospital services. Emergency hospital services accounted for the largest part of UHP reimbursements for people with disabilities.
- The participation rate in the UHP for people with disabilities was 52.8 per cent in 2020, which declined likely as a result of the pandemic, according to National Health Agency and Social Service Agency data. The participation rate is highly gendered; women have participation rates that are between 21.3 and 28.5 percentage points lower than men.
- According to the National Health Agency data, the share of children with disabilities using outpatient services equalled approximately 56 per cent.
- Households containing one or more persons with official disability status are characterized by a higher poverty incidence, according to HIES data. For example, in 2020, 25.8 per cent of households with a person with a disability lived below the poverty line, while 21.3 per cent of households without a person with a disability did. Households with one or more disabled members have relatively higher expenditures on health care and lower expenditures on education, transport and recreation.
- Households in the poorest income decile that have a member with a disability spend more on health care as a share of their income (16.1 per cent) than households in the highest income decile who have no members with disabilities (15.4 per cent), according to HIES data.
- The social package and Targeted Social Assistance programmes are two of the primary sources of social security for persons with disabilities.
- According to Social Service Agency data, 4,510 children with disability (38 per cent) received TSA.
- Approximately 12,000 children with disabilities and 33,000 persons with severe disabilities received additional assistance during the pandemic, according to Social Service Agency data.
- COVID-19-specific aid tended to benefit men and boys more than women and girls, according to Social Service Agency data. Approximately 7,000 boys and 5,000 girls benefited from assistance. Approximately 20,000 men and 13,000 women received COVID-19-related assistance during 2020 and 2021.

Health, welfare and social security indicators for people with disabilities are critical to understanding the challenges people with disabilities face. Yet, for health, the data are relatively limited, with no data on life expectancy. Otherwise, data on family planning and UHP usage are the main sources of data on the health of people with disabilities. When it comes to welfare and social security, more data are available, showing that people with disabilities and their families are significantly more likely to live in poverty.

6.1. Health, welfare and social security variables

This chapter includes a wide range of data. Because life expectancy data are not specifically available, the study uses health-adjusted life expectancy (HALE). HALE was calculated using the Sullivan method. The Sullivan HALE indicator provides the number of remaining years, at any age, "which an individual can expect to live in a healthy state (however health may be defined)."[1] The calculations are conducted for people with functional disabilities, as measured in the Population Census in combination with data from Geostat on mortality.

Need and demand for family planning is calculated using a set of questions on this subject within the MICS. Data are also available on the use of modern methods of family planning versus all methods.

Informed decision-making on reproductive health is measured again using a set of questions on the subject in the MICS. The indicator for whether a woman can make an informed decision is based on whether she can say no to having sexual intercourse to her husband/partner; can make decisions about health care herself or jointly with her husband/partner; and can make decisions about contraception herself or jointly with her husband/partner.

The poverty rate data are based on a standard method of calculating poverty, which focuses on household consumption. This method of calculating poverty does not take into account medical expenditures, which are a key expense for people with disabilities. The poverty rate is calculated using the HIES.

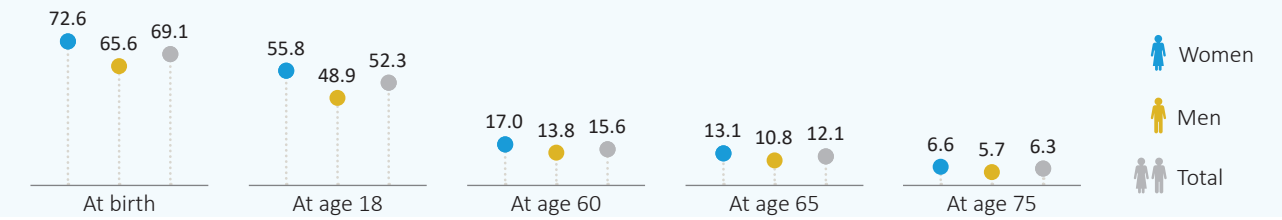
In contrast to the poverty rate, the data on consumption broken down by category enable an understanding of the medical expenditures that people with disabilities face. Consumption data also come from the HIES.

6.2. Health outcomes

Measuring health outcomes for the population with disabilities is essential to understanding how well the healthcare system serves this population. The indicator most commonly used for doing so is life expectancy. However, data for life expectancy disaggregated by disability status are not available in Georgia. Therefore, health-adjusted life expectancy is calculated using the functional disability data in the 2014 census.

The data suggest that the HALE indicator was 69.1 for the population with functional disabilities, 65.6 for men with functional disabilities and 72.6 for women with functional disabilities. The gender gap in healthy life expectancy decreases with age and stands at 6.9 years at age 18, 3.2 years at age 60 and 0.9 years at age 75, according to census data.

FIGURE 6.1:
Healthy life expectancy using age-specific functional disability ('a lot of difficulty' or 'cannot do at all') prevalence rates, by sex



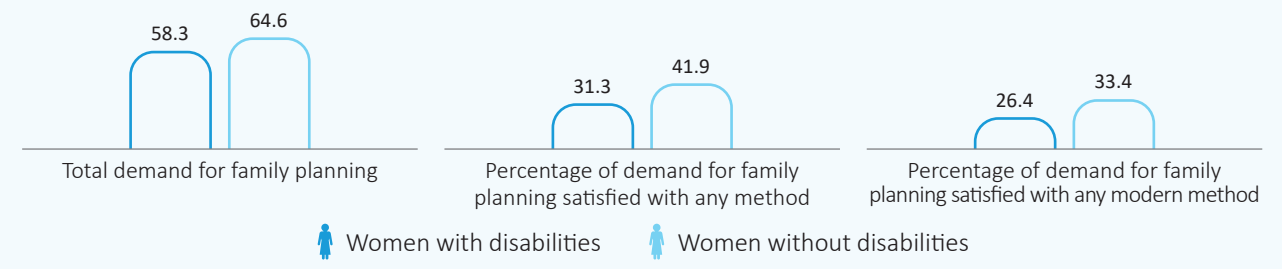
Source: 2014 Population Census dataset; Geostat's mortality data.

6.3. Family planning

The 2018 MICS asked women currently married or in a union questions on family planning and their access to sexual and reproductive health services. The data show that women with functional disabilities have a lower level of demand for family planning (58.3 per cent) than women without disabilities (64.6 per cent). Among women with a demand for family planning, however, women with disabilities are less

likely than women without disabilities to have their demand satisfied by any method (31.3 per cent versus 41.9 per cent) or modern methods (26.4 per cent versus 33.4 per cent).

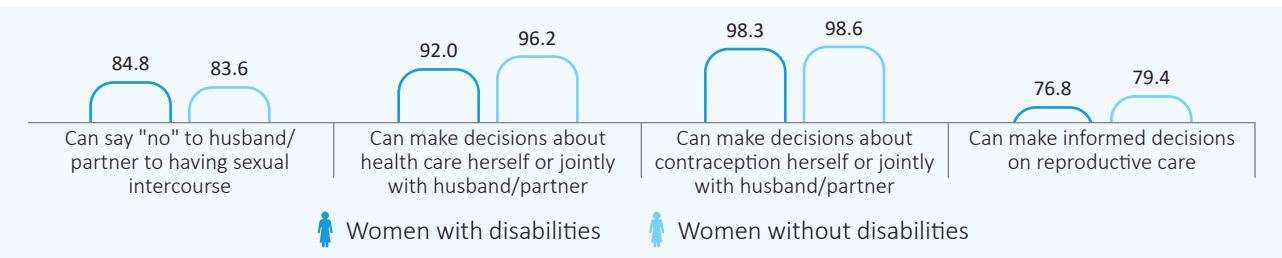
FIGURE 6.2:
Need and demand for family planning among women currently married or in a union, by functional disability status ('a lot of difficulty' or 'cannot do at all') (%)



Source: 2018 MICS dataset.

Women with disabilities (76.8 per cent) report roughly similar levels of being able to make informed decisions on accessing sexual and reproductive health services as women without disabilities (79.4 per cent), according to the 2018 MICS data. This indicator was constructed from the three other indicators presented in Figure 6.3 below. Overall, the data do not suggest substantively large differences in the three separate indicators either.

FIGURE 6.3:
Percentage of women aged 15–49 currently married or in a union who make informed decisions on reproductive health care, by functional disability status ('a lot of difficulty' or 'cannot do at all')



Source: 2018 MICS dataset.

6.4. Government-supported medical services

The UHP represents the largest government programme providing medical services to the population. In 2019, the UHP provided funding for almost 1.5 million medical cases with the total financing exceeding GEL 800 million, according to National Health Agency data.

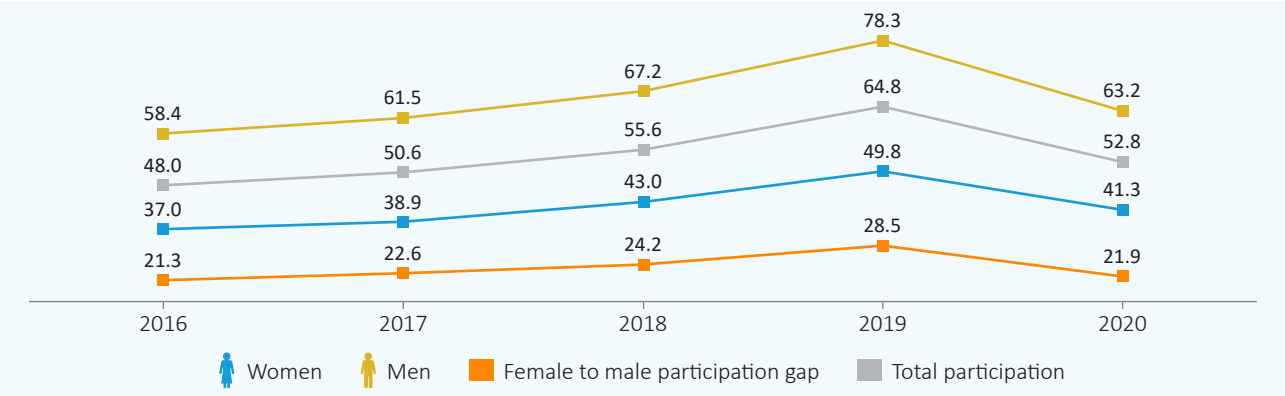
The data show that the highest number of persons with disabilities who used the UHP-supported medical services was reached in 2019, equalling approximately 26,700 men and 15,200 women, according to National Health Agency data. The share of children with disabilities using outpatient services equalled approximately 56 per cent. The number of the UHP beneficiaries with disabilities was the lowest in 2020, reflecting the overall decline in the use of general medical services due to the COVID-19 pandemic.

Comparing the data from the Social Service Agency on people with disabilities to data on who benefited from the UHP suggests that there is a substantial share of people with disabilities that are not using the programme. This share of people with disabilities using the programme increased from 48 per cent in 2016 to 64.8 per cent in 2019. In 2020, the participation rate declined to 52.8 per cent, in line with declines in general usage of the UHP due to COVID-19.

The data also indicate a large gendered usage gap. Between 37 and 49.8 per cent of women with official disability status used the UHP during the time period for which data are available from the National Health Agency. This suggests a gap of between 21.3 and 28.5 percentage points between men and women with disabilities using the UHP. Importantly, while male and female UHP usage increased during the period

under consideration, it did so more slowly for women than for men. As a result, the gap in UHP usage for women and men with disabilities increased between 2016 and 2019. In 2020, it returned to approximately 2016 levels, reflecting the large decline in usage that is likely associated with COVID-19. Indeed, other studies suggest that access to health care for women with disabilities has deteriorated during the pandemic.[2] The picture is likely similar for children. Indeed, past data analysis has shown that as many as half of all children with disabilities did not have access to the State Programme for Social Rehabilitation and Childcare, an important government programme for children with disabilities.[3]

FIGURE 6.4:
UHP participation rates among people with official disability status, by sex (%)



Source: 2016–2020 National Health Agency data; 2016–2020 Social Service Agency data.

The use of emergency outpatient and hospital services accounted for almost 80 per cent of men and 60 per cent of women with disability status using the UHP, according to National Health Agency data. Similarly, 83 per cent of boys and girls with disability status used emergency outpatient and hospital services.

TABLE 6.1:
Number of UHP beneficiaries with official disability status, by sex and type of medical service, 2016–2020

Type of medical service	2016		2017		2018		2019		2020	
	♀	♂	♀	♂	♀	♂	♀	♂	♀	♂
Emergency outpatient services	6,704	11,735	5,487	9,926	5,556	10,115	5,948	11,003	4,933	9,154
Emergency hospital services	3,367	8,116	3,401	8,435	3,701	9,031	4,048	10,183	3,693	8,992
Cardiac surgeries/ interventional cardiology	39	269	44	212	35	244	54	260	42	198
Chemotherapy and hormone therapy	1,575	1,164	1,593	1,209	1,684	1,196	1,726	1,148	1,791	1,237
General outpatient services	43	65	58	75	42	93	61	135	90	118
General surgery services (excl. cardiac surgeries)	2,176	2,800	2,003	2,643	1,973	2,454	2,095	2,783	1,631	2,221
High-risk pregnancy hospital services	0	0	36	0	47	0	39	0	65	0
Pregnancy and C-sections	405	0	357	0	372	0	339	0	347	0
Treatment of infectious diseases	0	0	0	0	389	762	464	857	292	682
X-ray therapy	421	294	413	304	493	328	492	314	512	320
Total	**14,730**	**24,443**	**13,392**	**22,804**	**14,292**	**24,223**	**15,266**	**26,683**	**13,396**	**22,922**

Source: 2016–2020 National Health Agency data.

TABLE 6.2: Number of children with disabilities who received medical services under the UHP, by sex and type of medical service, 2016–2020

Type of medical service	2016		2017		2018		2019		2020	
Emergency outpatient services	910	1,386	772	1,272	853	1,375	881	1,545	727	1,254
Emergency hospital services	469	639	492	653	470	650	505	725	477	683
Cardiac surgeries/ interventional cardiology	0	0	1	0	0	0	0	0	0	1
Chemotherapy and hormone therapy	24	30	19	24	16	21	9	13	13	12
General outpatient services	3	7	7	9	1	6	3	9	1	1
General surgery services (excl. cardiac surgeries)	155	279	125	239	136	261	207	318	109	175
High-risk pregnancy hospital services	0	0	2	0	0	0	0	0	1	0
Pregnancy and C-sections	4	0	3	0	1	0	0	0	1	0
Treatment of infectious diseases	0	0	0	0	136	176	164	231	118	191
X-ray therapy	4	4	1	8	6	10	2	8	7	8
Total	**1,569**	**2,345**	**1,422**	**2,205**	**1,619**	**2,499**	**1,771**	**2,849**	**1,454**	**2,325**

Source: 2016–2020 National Health Agency data.

The data suggest that people with significant disabilities are the largest group of UHP users with disabilities, according to National Health Agency data. Between 2016 and 2020, 36 per cent of men and 23 per cent of women beneficiaries had significant disabilities.

TABLE 6.3: Distribution of the number of medical services provided to persons with official disability status under the UHP, by sex, level of impairment and type of medical service, 2016–2020 (%)

Type of medical service	Severe disabilities		Significant disabilities		Moderate disabilities		Children with disabilities	
Emergency outpatient services	3.06	6.48	8.72	14.81	0.96	2.18	2.16	3.56
Emergency hospital services	2.43	6.67	5.37	13.71	0.42	1.17	1.26	1.74
Cardiac surgeries/ interventional cardiology	0.02	0.12	0.09	0.47	0.00	0.03	0.00	0.00
Chemotherapy and hormone therapy	0.83	1.07	3.46	1.96	0.03	0.02	0.04	0.05
General outpatient services	0.13	0.21	0.01	0.03	0.00	0.00	0.01	0.02
General surgery services (excl. cardiac surgeries)	0.93	1.69	3.53	3.93	0.31	0.42	0.38	0.66
High-risk pregnancy hospital services	0.01	0.00	0.07	0.00	0.01	0.00	0.00	0.00
Pregnancy and C-sections	0.09	0.00	0.65	0.00	0.21	0.00	0.00	0.00
Treatment of infectious diseases	0.13	0.48	0.23	0.36	0.02	0.04	0.22	0.31
X-ray therapy	0.12	0.16	1.08	0.63	0.01	0.01	0.01	0.02
Total	**7.70**	**16.90**	**23.20**	**35.90**	**2.00**	**3.90**	**4.10**	**6.40**

Source: National Health Agency.

Notably, the share of spending on men was also larger than on women.

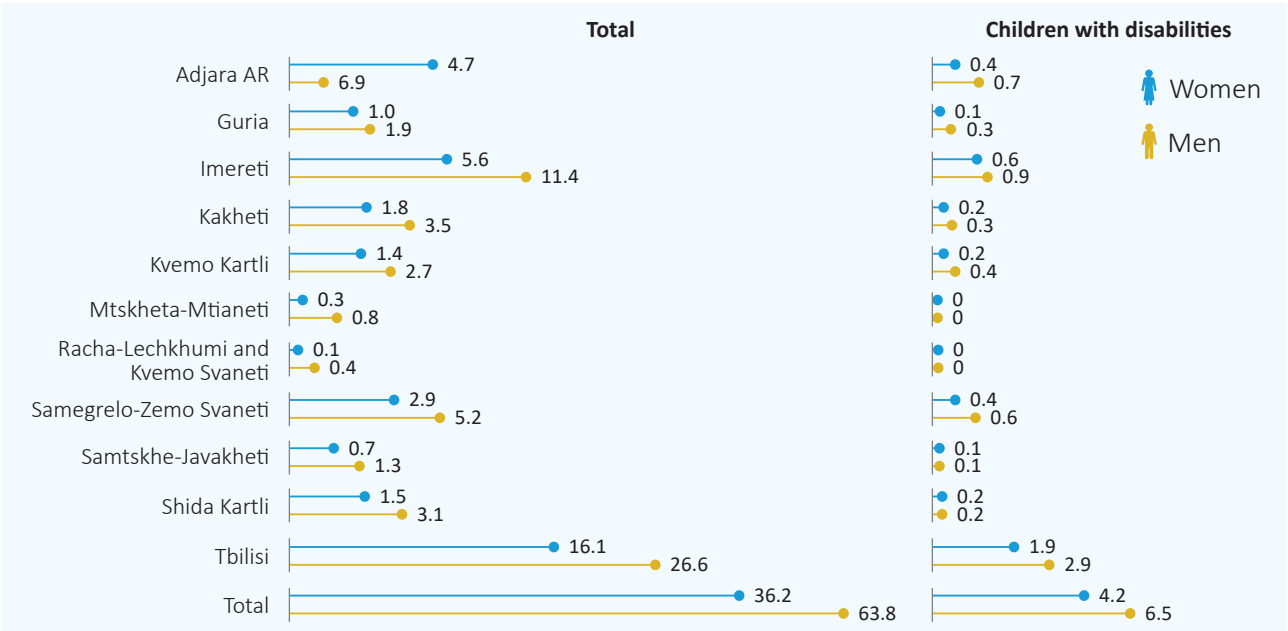
TABLE 6.4: Distribution of financing of medical services provided to persons with official disability status under the UHP, by sex, level of impairment and type of medical service, 2016–2020 (%)

Type of medical service	Severe disabilities		Significant disabilities		Moderate disabilities		Children with disabilities	
	♀	♂	♀	♂	♀	♂	♀	♂
Emergency outpatient services	0.3	0.7	0.7	1.3	0.1	0.2	0.2	0.4
Emergency hospital services	4.8	14.7	6.6	21.9	0.4	1.4	4.2	6.2
Cardiac surgeries/ interventional cardiology	0.1	0.5	0.4	2.0	0.0	0.1	0.0	0.0
Chemotherapy and hormone therapy	0.7	0.9	2.6	1.6	0.0	0.0	0.2	0.2
General outpatient services	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
General surgery services (excl. cardiac surgeries)	1.2	2.4	4.2	5.4	0.4	0.4	0.6	0.9
High-risk pregnancy hospital services	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Pregnancy and C-sections	0.0	0.0	0.3	0.0	0.1	0.0	0.0	0.0
Treatment of infectious diseases	0.2	1.0	0.2	0.3	0.0	0.0	0.2	0.2
X-ray therapy	0.5	0.6	4.7	2.6	0.0	0.0	0.0	0.1
Total	**7.8**	**20.8**	**19.7**	**35.1**	**1.0**	**2.2**	**5.4**	**7.9**

Source: National Health Agency.

UHP beneficiary data from the National Health Agency suggest that men use the service more often than women in every region. Tbilisi had the largest number of people with disabilities using the UHP, accounting for almost 43 per cent of the total number. Imereti and Adjara followed. In total, one out of four beneficiaries of the UHP were persons with significant disabilities from Tbilisi.

FIGURE 6.5:
Distribution of UHP beneficiaries with official disability status, by sex and region, 2016–2020 (%)

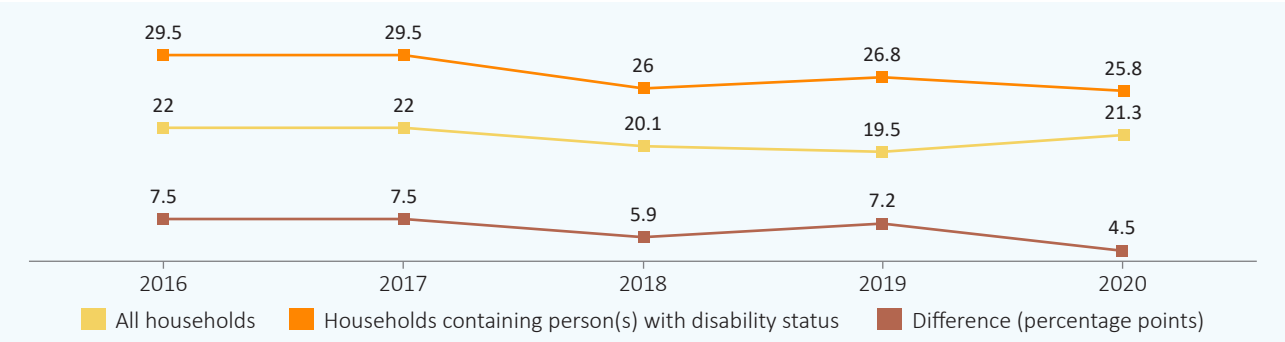


Source: 2016–2020 National Health Agency data.

6.5. Standard of living and social security

Between 2015 and 2020, the national poverty rate oscillated between 19.5 per cent and 22.0 per cent, according to HIES data. However, poverty levels were significantly higher in the households with one or more persons with disability status.

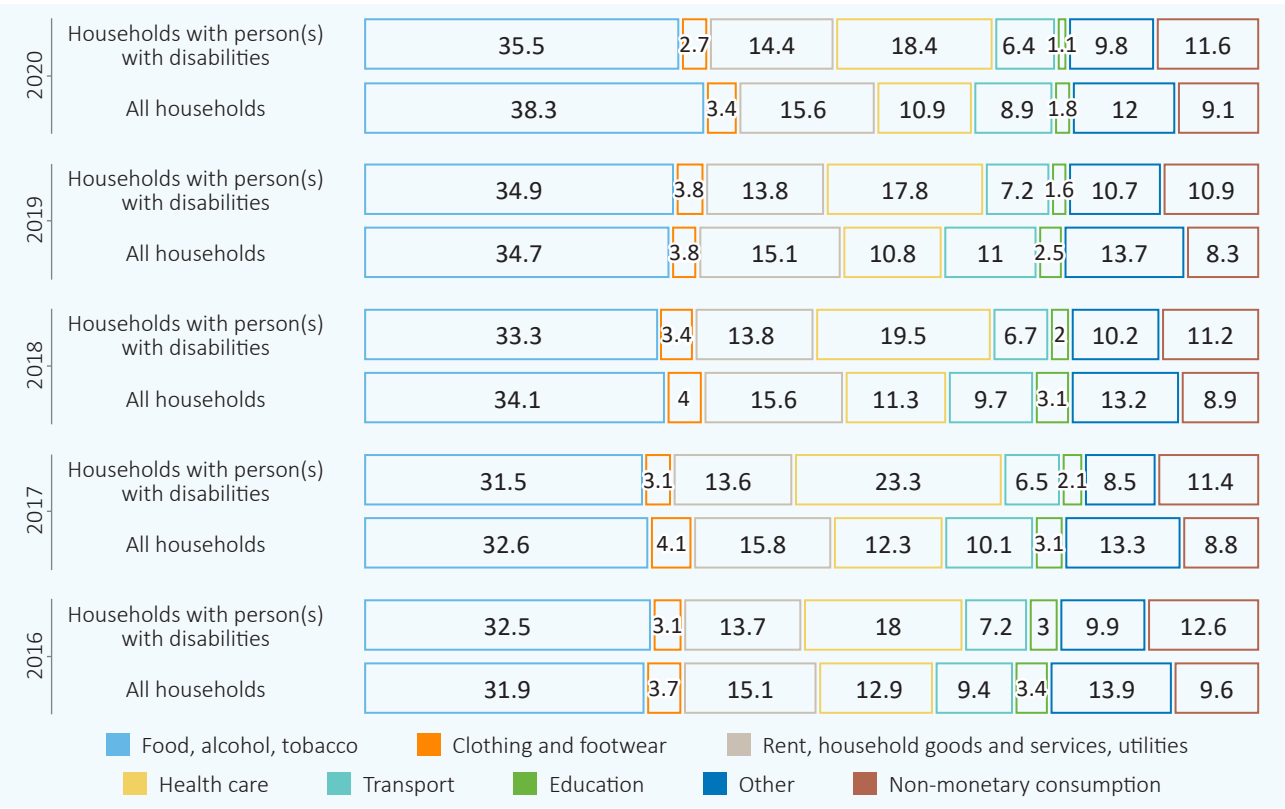
FIGURE 6.6:
National poverty rates for all households and households containing at least one person with official disability status (%)



Source: 2016–2020 HIES datasets.

Notably, though, these measures of poverty do not take into account the higher expenses that people with disabilities incur with respect to medical expenses, which are excluded from the above calculations. The HIES data show that households with people with disabilities in them spend a significantly larger share of their income on health care. This finding has been consistent for the past five years for which data are available. Consumption of food, alcohol and tobacco, clothing and footwear, household goods and services take up similar shares of household income. Households with persons with disabilities had lower expenditures on transport, education and other services (which include expenditures on recreation, entertainment, hotels and restaurants).

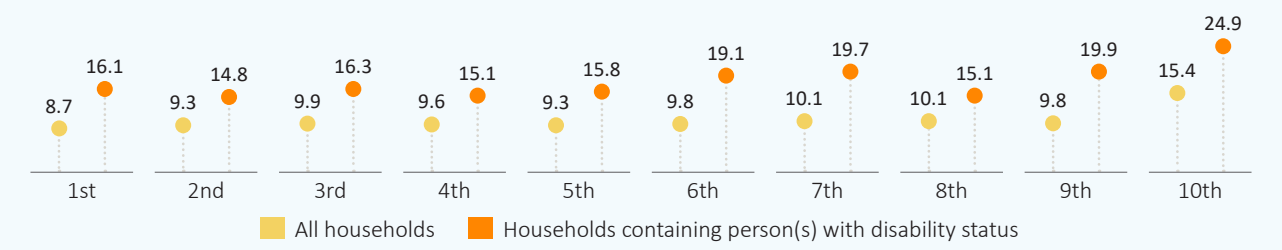
FIGURE 6.7:
Household consumption, by type of goods and services and official disability status, 2016–2020 (%)



Source: 2016–2020 HIES datasets.

In general, almost all types of expenditures rise with income. When the data are broken down by decile, the HIES data show that this pattern holds for households with and without members with disabilities. Nonetheless, households with the lowest level of income and a person with a disability spend more as a share of their income than the highest decile of households without a person with a disability.

FIGURE 6.8:
Share of health expenditures in total expenditure of all households and households containing at least one person with official disability status, by consumption decile (%)



Source: 2020 HIES dataset.

6.6. Social security programmes

The largest social security programmes in the country are administered by the MoIDPOTLHSA through the Social Service Agency. Persons with disabilities are entitled to receive monetary benefits in the form of a social package. The distribution of social package beneficiaries by region is presented below, according to SSA data.

TABLE 6.5:
Distribution of social package beneficiaries, by region and official disability level, 2017 and 2020

Region	2017				2020			
	Children	Group I	Group II	Group III	Children	Group I	Group II	Group III
Adjara AR	1,243	3,255	8,518	1,501	1,429	3,786	8,714	1,394
Guria	357	949	2,984	405	367	1,052	2,955	372
Imereti	1,441	4,992	15,168	2,108	1,603	5,533	14,308	1,853
Kakheti	801	2,112	6,809	1,164	894	2,443	6,781	1,076
Kvemo Kartli	1,064	2,380	5,757	1,064	1,255	2,670	5,718	970
Mtskheta-Mtianeti	193	599	1,637	361	227	640	1,658	316
Racha-Lechkhumi and Kvemo Svaneti	65	313	982	151	62	336	923	127
Samegrelo-Zemo Svaneti	903	2,637	8,028	1,183	909	2,960	7,765	999
Samtskhe-Javakheti	343	1,005	2,862	543	374	1,140	2,694	472
Shida Kartli	646	1,869	5,960	1,488	649	2,057	5,606	1,311
Tbilisi	3,019	6,543	16,570	3,092	3,884	7,307	16,251	2,798
Total	**10,075**	**26,654**	**75,275**	**13,060**	**11,653**	**29,924**	**73,373**	**11,688**

Source: 2017 and 2020 Social Service Agency data.

When the data are broken down by age, sex and level of disability, the results demonstrate that more men receive benefits than women in all age groups, according to SSA data. The distribution reinforces the point that the number of beneficiaries is reduced by the fact that people who are above the pension age (60 years for women and 65 years for men) are required to choose between an old-age pension and a social package. As a result, the number of female social package beneficiaries declines sharply from the age of 60.

TABLE 6.6:
Distribution of social package beneficiaries, by sex, age group and official disability level, 2017 and 2020

Age group	2017							
	Children		Group I		Group II		Group III	
	♂	♀	♂	♀	♂	♀	♂	♀
<18	4,009	6,066	-	-	-	-	-	-
18–39	-	-	2,795	4,138	7,097	10,521	1,579	2,343
40–49	-	-	1,880	3,235	7,898	9,431	1,046	2,018
50–59	-	-	3,259	5,069	15,170	16,668	1,762	2,930
60+	-	-	1,645	4,633	80	8,983	9	1,373

Age group	2020							
	Children		Group I		Group II		Group III	
	♂	♀	♂	♀	♂	♀	♂	♀
<18	4,505	7,148	-	-	-	-	-	-
18–39	-	-	2,794	4,151	7,099	10,009	1,470	2,142
40–49	-	-	1,989	3,313	7,519	9,318	901	1,706
50–59	-	-	3,154	5,204	15,170	14,371	1,514	2,587
60+	-	-	3,003	6,316	98	9,789	7	1,361

Source: 2017 and 2020 Social Service Agency data.

Official disability status holders are eligible to receive Targeted Social Assistance (TSA), a means-tested benefit programme. The SSA data show that most social package beneficiaries also applied to the TSA programme, and around 35,000 people with the official disability status received the TSA subsistence allowance. Overall, in 2020, only 53 per cent of people with disabilities in a household that applied for TSA received it. In 2017, the figure was quite similar at 49 per cent.

6.7. COVID-19-related social assistance for people with disabilities

Aside from the above-mentioned programmes, social assistance expanded significantly as a result of the COVID-19 pandemic in Georgia. Within the anti-crisis government programme, there were two 6-month rounds of COVID-19 relief allowances directed to specific groups of people within the population, including people with disabilities.[4]

The total number of monthly beneficiaries for aid aimed at vulnerable households equalled approximately 380,000 persons between May and October 2020 and approximately 430,000 persons between January and June 2021, according to SSA data. This includes approximately 12,000 children with disabilities and 33,000 persons with severe disabilities.

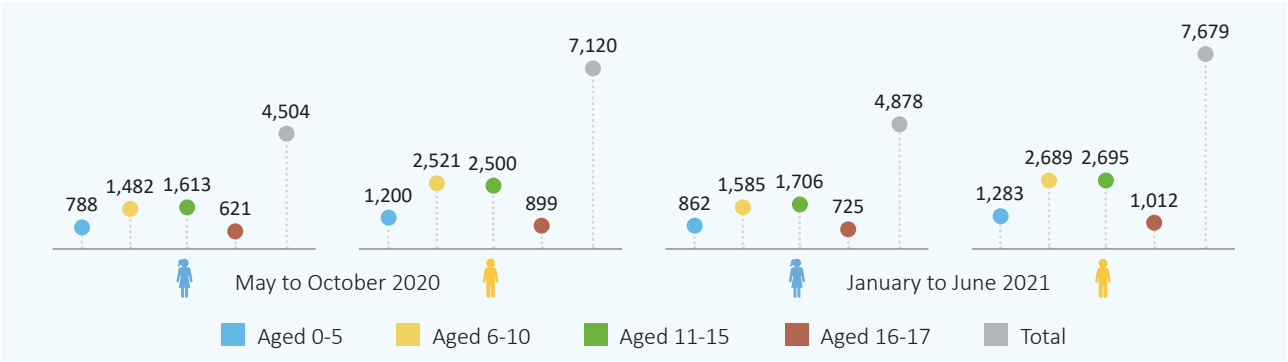
TABLE 6.7:
Beneficiaries of the COVID-19 relief programme, by official disability status and time period

	Children with disabilities		Group I	
	Number of beneficiaries	Amount (GEL)	Number of beneficiaries	Amount (GEL)
May to October 2020	11,624	1,165,900	33,403	3,358,400
January to June 2021	12,557	1,261,100	33,427	3,354,400

Source: 2020–2021 Social Service Agency data.

When broken down by age and sex, the SSA data suggest that more than 7,000 boys and slightly fewer than 5,000 girls received monthly relief allowances. This was most common in Tbilisi, where one third of all child beneficiaries were located. Breaking the data into five-year age groups suggests that the data are roughly proportional to the number of children in each of these age groups.

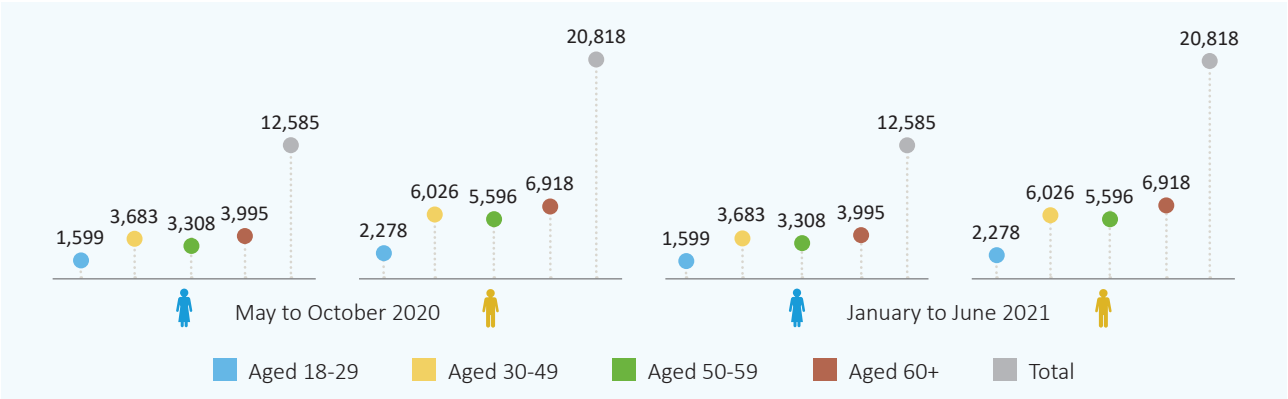
FIGURE 6.9:
Children with official disability status who received COVID-19 relief allowances, by sex, time period and age group



Source: 2020–2021 Social Service Agency data.

The SSA data on adults with disabilities who received a COVID-19-related allowance show that substantially more men than women benefited from the programming. Overall, more than 20,000 of the 33,000 beneficiaries were men. Tbilisi accounted for one fourth of all allowance recipients with severe disabilities, followed by Imereti and Adjara. Male beneficiaries outnumbered female beneficiaries in every age category, including the 60-and-above age group. This outcome stems from the fact that women with disabilities often select the old-age pension instead of the severe disability allowance because the latter is significantly smaller.

FIGURE 6.10:
COVID-19 relief allowance beneficiaries with severe disabilities, by sex, time period and age group



Source: 2020–2021 Social Service Agency data.

7. SAFETY AND CRIME

Key findings

- Persons with functional disabilities were more likely to be the victims of crime, reporting a higher incidence of assaults and robberies, according to the 2018 MICS data. Overall, 2.6 per cent of men and 5.7 per cent of women with functional disabilities were the victims of robbery or assault in the past three years, compared to 1.6 per cent of women and 0.8 per cent of men without disabilities.
- The 2017 VAW survey showed that women with disabilities experienced higher rates of sexual, physical and psychological violence. Specifically:
  - 2.8 per cent of women with disabilities experienced sexual violence, compared with 2.3 per cent of women without disabilities
  - 8.9 per cent of women with disabilities experienced physical violence, compared with 5.5 per cent of women without disabilities
  - 19.8 per cent of women with disabilities experienced psychological violence, compared with 13 per cent of women without disabilities
  - 3.7 per cent of women with disabilities experienced attempted rape or sexual assault violence, compared with 2.6 per cent of women without disabilities
- Some data on persons with disabilities started to be collected by the Prosecutor's Office and the Supreme Court. Available data from the Prosecutor's Office include basic statistical information on both victims and prosecuted persons with disabilities.
- According to the 2018 MICS, children with disabilities were more likely to experience any form of violent discipline method. Within one month prior to the survey, 77.4 per cent of children with disabilities experienced some form of violent discipline, compared with 70.3 per cent of children without functional disabilities.
- Children with disabilities were subjected to severe punishment four times more frequently than children without disabilities, according to the 2018 MICS data.
- Mothers with functional difficulties use violent discipline methods (78.4 per cent) more frequently than mothers without functional difficulties (68.2 per cent), according to the 2018 MICS data. They also have more positive attitudes towards physical punishment of children.

Persons with disabilities experience a number of issues at greater rates than people without. The data suggest that people with disabilities have weaker senses of safety and are more likely to be the victims of crime. The data also show that women with disabilities are more likely to be exposed to violence than women in general. Children with disabilities are more likely to experience more violent discipline. In turn, women with disabilities are also more likely to discipline their children using violence.

7.1. Safety and crime variables

This section looks into a number of variables on safety and crime, including perceptions of safety, the prevalence of robbery and assault, violence against women, methods of disciplining children, and criminal victimization and prosecution.

Perceptions of safety data come from the MICS. The data specifically look at whether people feel safe

walking alone at night.

The data on robbery and assault also come from the MICS. These data look at the single-year and three-year prevalence of being robbed or assaulted, as reported by the respondents.

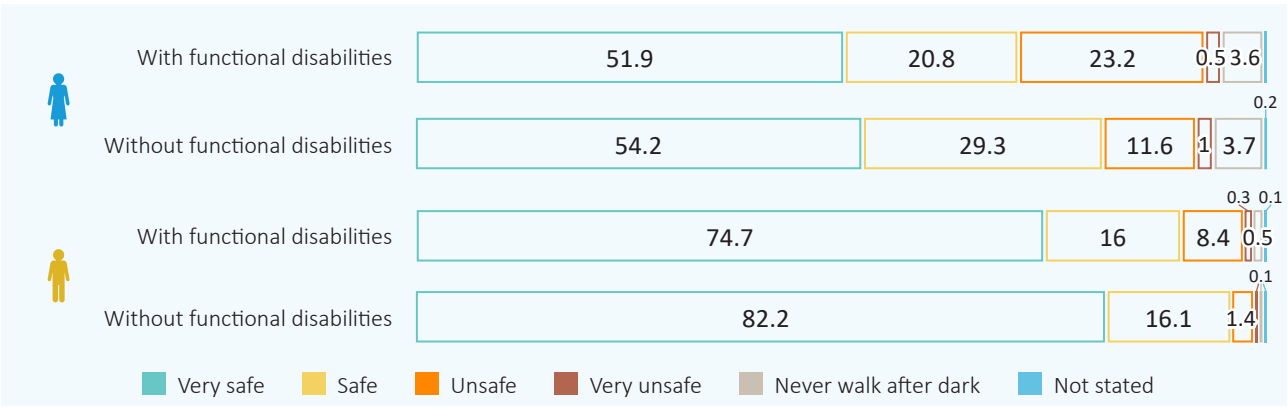
The data on violence against women come from UN Women and Geostat's VAW survey. The data provide an indication of the prevalence of different forms of sexual and non-sexual violence.

Data on how parents discipline their children come from the MICS. The data enable an understanding of both how parents with disabilities discipline their children and how children with disabilities are disciplined.

7.2. Perceptions and experiences of crime

The 2018 MICS suggests that women and men with disabilities are more likely to feel unsafe walking alone at night than people without disabilities. Women overall felt less safe than men. While 23.2 per cent of women and 8.4 per cent of men with functional disabilities felt it was unsafe to walk alone after dark, 11.6 per cent of women and 1.4 per cent of men without disabilities reported the same.

FIGURE 7.1:
Sense of safety walking alone after dark, by sex and functional disability status ('a lot of difficulty' or 'cannot do at all') (%)



Source: 2018 MICS dataset.

People with disabilities' lower sense of safety after dark is also reflected in data on crime victimization in the MICS. According to the MICS data, 2.6 per cent of men and 5.7 per cent of women with functional disabilities were the victims of robbery or assault in the preceding three years, compared to 1.6 per cent of women and 0.8 per cent of men without disabilities.

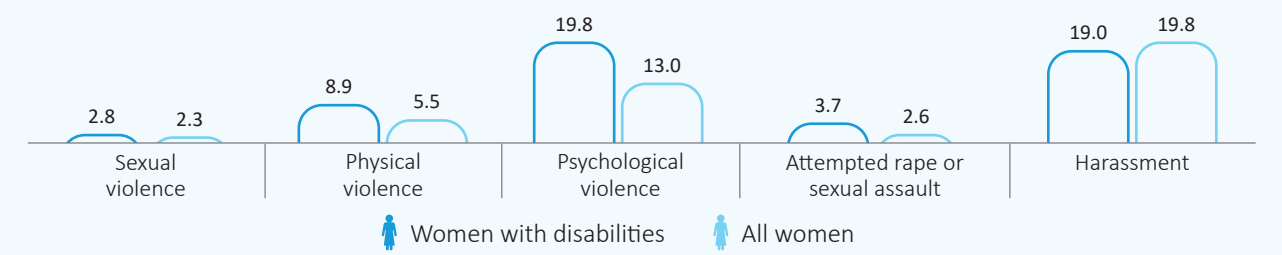
TABLE 7.1:
Distribution of persons aged 15–49 who were victims of robbery or assault, by sex and functional disability status ('a lot of difficulty' or 'cannot do at all') (%)

Population aged 15–49 years		Persons who were victims of robbery		Persons who were victims of assault		Persons who experienced physical violence including robbery or assault	
		In the past 3 years	In the past 1 year	In the past 3 years	In the past 1 year	In the past 3 years	In the past 1 year
	without functional limitations	1.2	0.5	0.5	0.3	1.6	0.7
	with functional limitations	2.6	0.7	3.3	1.1	5.7	1.6
	without functional limitations	0.4	0.3	0.6	0.4	0.8	0.5
	with functional limitations	2.6	2.6	0	0	2.6	2.6

Source: 2018 MICS dataset.

The 2017 nationwide VAW survey supports the aforementioned finding and expands it, showing that women with functional disabilities are more frequently exposed to sexual violence, physical violence, psychological violence and attempted rape and/or sexual assault. The only category in which women in general experienced more violence than women with disabilities was in the category of harassment.

FIGURE 7.2:
Key incidence indicators of violence against women (%)



Source: 2017 VAW survey dataset.

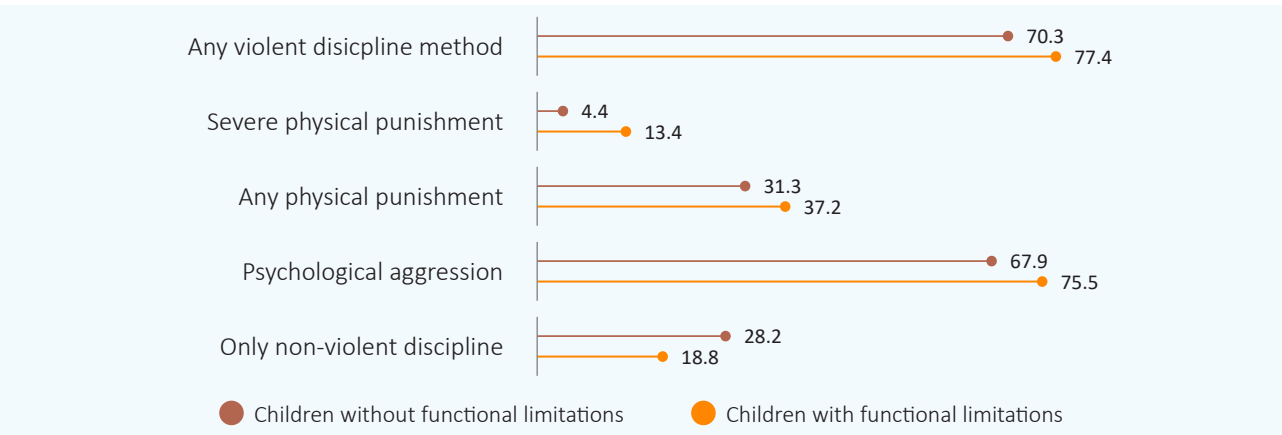
There are relatively limited administrative data on crime experienced by people with disabilities. However, the Prosecutor's Office began collecting data on this subject in July 2020. From then to May 2021, 217 persons with disabilities were registered as victims of crime, including 106 women and 111 men.

7.3. Disciplining children with disabilities

The MICS also collected information about parental disciplining practices. It shows that children with disabilities are more likely to experience violent discipline, while women with disabilities are also more likely to use violence in disciplining their children.

Children with functional difficulties were more likely to experience all forms of violent discipline compared to children without functional difficulties, according to the 2018 MICS. Overall, 77.4 per cent of children with functional difficulties were subjected to at least some form of violent discipline, compared to 70.3 per cent of children without functional limitations. Similarly, children without functional limitations were 10 percentage points more likely to experience only non-violent discipline. The share of children with functional limitations who were subjected to severe physical punishment stood at 13.1 per cent, more than three times the rate for children without functional limitations.

FIGURE 7.3:
Children aged 2–14 who experienced different forms of parental discipline, by functional disability status ('a lot of difficulty' or 'cannot do at all') (%)

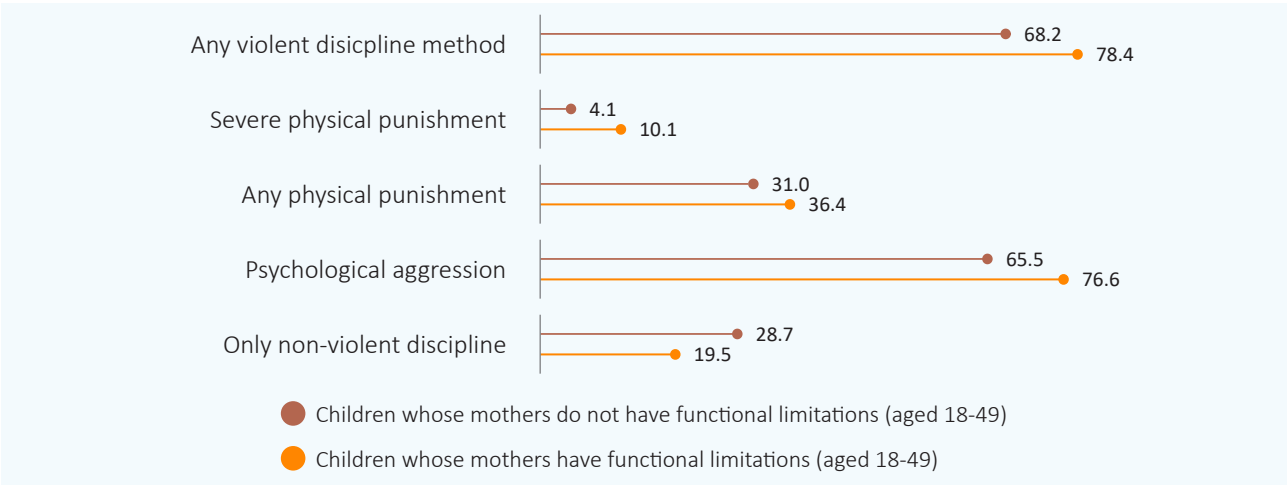


Source: 2018 MICS dataset.

The 2018 MICS data also suggest that children whose mothers have functional limitations are more likely to experience violent discipline methods. Mothers with functional limitations are 10 percentage points more likely to use at least one violent method. They are approximately 2.5 times as likely to use severe physical punishment, and they are 11 percentage points more likely to use psychological aggression.

FIGURE 7.4:

Children aged 2–14 who experienced discipline, by mother's functional disability status ('a lot of difficulty' or 'cannot do at all') (%)



Source: 2018 MICS dataset.

Apart from identifying the incidence of violent discipline methods, the MICS also studied mothers' attitudes towards physical punishment. Mothers aged 18–49 with children aged 1–14 were asked whether they believed a child needs to be physically punished. The responses were consistent with the above-mentioned results on the incidence of child discipline methods. Positive views of physical punishment were given by 16.3 per cent of mothers with functional difficulties, compared with 7.3 per cent of mothers without functional difficulties.

8. CONCLUSIONS AND RECOMMENDATIONS

The aforementioned data and analysis suggest a range of conclusions about both the challenges that women and girls with disabilities face as well as the issues within Georgia's data ecosystem with respect to data on people with disabilities. This chapter of the report provides an overview of the key conclusions for each of the main themes covered in the report above as well as recommendations on improving data collection moving forward.

Data on and demographics of people with disabilities

- The census data on people with disabilities suggest that as of 2014, there were 184,948 people with functional disabilities in Georgia (5.0 per cent of the population). This included 76,019 men (4.3 per cent of the male population) and 108,939 women (5.6 per cent of the female population). The population with official disability status is substantially smaller, at 100,113 people, which includes 2.9 per cent of the male population (52,170 men) and 2.5 per cent of the female population (47,943 women).

- All available data sources suggest that there are significantly fewer people with official disability status than people with functional disabilities. Census data suggest that most people (57.9 per cent) with a disability have a functional disability but do not have official disability status. Similar shares of the population with disabilities have official status but no functional disability (22.6 per cent) and both official status and functional disability (19.5 per cent).

- This pattern is gendered. Census data show that more women (64.2 per cent) have a functional disability and no official status than men (49.8 per cent). This likely stems from the fact that people tend to register for official disability status in order to receive a social package. Women with disabilities are often retired, and they retire five years earlier than men. Therefore, they qualify for the old-age pension. An individual cannot receive both forms of support. As a result, women with disabilities above the age of retirement are likely not registering as a person with a disability. In addition, women live longer than men, further contributing to this pattern.

- Disability incidence increases with age, according to census data. For example, 0.3 per cent of girls have two or more disabilities, while 14.6 per cent of women aged 75+ do. In line with this, the Racha-Lechkhumi and Kvemo Svaneti region has the highest share of people with disabilities (9.8 per cent of men and 14.1 per cent of women had functional disabilities), which is explained by the fact that the population's median age is 14 years higher than the national average.

- Impaired vision was the most common form of functional disability recorded on the census. The census suggests that 0.94 per cent of boys and 0.78 per cent of girls had functional disabilities. Boys were more likely to experience **any level of difficulty** (including only some difficulty, which is slightly more expansive than the definition of having a functional disability) for all domains of disability, with the exception of vision, where girls (1.58 per cent) were slightly more likely to experience challenges than boys (1.39 per cent).

Education

- People with disabilities are significantly less likely than people without disabilities to complete most education levels, according to the census. The completion rate for primary school is 15.5 percentage points lower for girls with disabilities than for girls without. Girls with disabilities are 20.6 percentage points less likely to complete secondary education than girls without disabilities. For boys with disabilities, the completion rates are 17.2 percentage points and 20 percentage points lower than for boys without disabilities with regard to completing primary and lower secondary education, respectively. Girls with disabilities are

30.9 percentage points less likely to complete upper secondary education and 23.7 percentage points less likely to complete higher education than girls without disabilities. For boys with disabilities, the corresponding figures are 26.3 percentage points less likely and 17.2 percentage points less likely, respectively, than boys without disabilities.

- Educational completion data from the census show that there are gender differences at the upper secondary and tertiary education levels for people with disabilities. Boys are more likely to finish upper secondary school (a 55.8 per cent completion rate for girls versus 60.3 per cent for boys). In contrast, women with disabilities are more likely to finish higher education (a 16.4 per cent completion rate for women versus 13.3 per cent for men).

- While near 100 per cent of the 14- to 24-year-old population is literate, the corresponding shares for people with disabilities are 86.2 per cent for men and 87 per cent for women, according to the census.

- The Ministry of Education and Science has identified approximately 10,000 students with special educational needs, among whom were more boys (6,550) than girls (4,450) as of 2020, according to EMIS data. Boys with special educational needs are more likely than girls with special needs to drop out of school (10 per cent of boys versus 5 per cent of girls in 2020/21). Notably, the Ministry recently started to collect data on students who have official disability status. However, the data suggest significant underreporting of disability status. In this regard, there appears to be an important gender gap, with twice as many boys (817) identified as girls (434) as of 2020/21.

Employment

- People with disabilities are significantly less likely to participate in the labour market and are significantly less likely to be employed. Census data suggests that labour market participation and employment rates for women with disabilities are around 20 percentage points lower than for men with disabilities, reproducing the pattern in the labour market in general.

- At the same time, the gap in labour force participation and employment for people with disabilities is relatively similar for men and women, according to the census. Women with disabilities are 22.6 percentage points less likely to be in the labour force than women without disabilities, while men with disabilities are 21.9 percentage points less likely to be in the labour force than men without disabilities. With regard to employment, the rate is 15.8 percentage points lower for men with disabilities than those without, as well as 14.8 percentage points lower for women with disabilities than those without.

- People with disabilities in urban areas have substantially lower labour force participation rates on the census than those in rural areas. For women with disabilities in urban areas, 18.1 per cent were in the labour force. For men, the same figure stood at 31.1 per cent. In contrast, 73.5 per cent of men with disabilities and 50.8 per cent of women with disabilities participated in the labour force in rural areas. This is likely explained by the prevalence of agriculture in rural areas. Since these figures come from the 2014 census, larger shares of people were at least nominally in the labour market because the census counted people engaged in subsistence agriculture as employed. Even though the definition of employment has changed, most people with disabilities who are working (85 per cent) work in agriculture. Notably, people with disabilities earn substantially less than people without disabilities on average, with a nominal wage gap of 25 per cent. However, this may at least partially be explained by the high rate of engagement in agriculture, a sector with relatively low wages in Georgia.

- Data on unemployment in the census for people with disabilities appear to be positive at first glance, being half the national rate for the adult population. However, the methodological change in 2020 that no longer counts people in subsistence agriculture as employed has likely changed this. Data from the 2020 LFS suggest that men and women with disabilities have similar unemployment rates to men and women without disabilities (19.3 per cent and 20.2 per cent for men with and without disabilities, respectively; and 16.4 per cent and

16.2 per cent for women with and without disabilities, respectively). These data reflect the methodological changes. As a result, it is likely that people with disabilities have similar unemployment rates as people without disabilities, under the new definition.

- The youth unemployment rate for persons with disabilities aged 15–29, however, is extremely high, standing at 42 per cent for men and 49 per cent for women. For young people without disabilities, the corresponding shares were 26 per cent for men and 35 per cent for women, according to the census.

- While a number of indicators are available for people with disabilities on labour market participation, most data sources only contain a variable for official disability status. This limits the value of the data due to the challenges described in the previous section with regard to official disability status.

Health, welfare and social security

- Health care is a key issue for people with disabilities. Census data combined with other Geostat statistics indicate that people with functional disabilities have a health-adjusted life expectancy of 69.1 years, with a seven-year gender gap in favour of women, in line with the general pattern that women live longer. More than 40,000 people with disabilities, including 26,000 men and 15,000 women with official disability status, have used the Universal Healthcare Programme, according to National Health Agency data. The aforementioned figures include approximately 6,600 children who have used outpatient medical services. In the population with disabilities generally, emergency outpatient and hospital services are the most commonly used and account for the largest share of UHP reimbursements.

- Although the UHP has served a substantial number of beneficiaries, the data indicate that the participation rate stood at 52.8 per cent for people with disabilities in 2020, according to National Health Agency and Social Service Agency data. Women were 21 percentage points less likely to be participating than men. In this regard, previous analyses have indicated that children are also unlikely to be fully participating in the UHP.[1] This may be partially explained by infrastructural barriers to physically accessing healthcare providers, the lack of equipment and discriminatory practices.[2] Notably, the low participation rate is in line with other analyses that have shown low participation rates in the State Programme for Social Rehabilitation and Childcare, an important programme for children with disabilities.[3]

- With regard to sexual and reproductive health, the data suggest that women with disabilities have significantly lower demand for family planning-related services (58.3 per cent) than women without disabilities (64.6 per cent), according to the 2018 MICS. At the same time, they are significantly less likely to be supplied with contraception. Around a third of women with disabilities (31.3 per cent) had their demand for contraception met by any method, and around a quarter (26.4 per cent) had it met by modern methods. For women without disabilities, the same figures stood at 41.9 per cent and 33.4 per cent, respectively.

- Households with members who have disabilities face significantly higher poverty rates (by 4.8 percentage points in 2020) than households without disability, even before accounting for the higher healthcare costs that households with members with disabilities face, which are significant, according to HIES data. Indeed, the share of income spent on health care in the poorest households with disabilities are higher (16.1 per cent) than the share of income that the richest households without members with disabilities spent on health care (15.4 per cent). In general, households with members with disabilities spend less on education, transport and recreation.

- The primary forms of support for people with disabilities are the social package and the Targeted Social Assistance programme. These were supplemented during the COVID-19 pandemic by additional assistance programming, which provided benefits to approximately 12,000 children and 33,000 adults with severe disabilities, according to Social Service Agency data. Likely due to the relatively low share of women with official disability status, however,

these benefits were more likely to be given to men than women.

Safety and crime

- People with disabilities are more likely to be the victims of crime, according to the 2018 MICS data. While 2.6 per cent of men with functional disabilities were the victims of assault or robbery in the past three years, 0.8 per cent of men without disabilities experienced the same. More than 1 in 20 (5.7 per cent) women with functional disabilities were the victims of robbery or assault in the past three years, compared with less than 1 in 60 (1.6 per cent) women without disabilities.

- Women with disabilities are significantly more likely to experience sexual, physical and psychological violence than women without disabilities. While 2.8 per cent of women with disabilities reported experiencing sexual violence in the 2017 VAW survey, 2.3 per cent of women without disabilities reported the same. Overall, 8.9 per cent of women with disabilities reported experiencing physical violence, compared with 5.5 per cent of women without disabilities in the same survey. One in five (19.8 per cent) women with disabilities experienced psychological violence, compared with one in eight (13 per cent) women without disabilities. While 3.7 per cent of women with disabilities experienced attempted rape or sexual assault, 2.6 per cent of women without disabilities reported the same.

- Children with disabilities are significantly more likely to face violent discipline from parents, according to MICS data. Overall, 77.4 per cent experience some form of violent discipline, compared with 70.3 per cent of children without disabilities. Mothers with disabilities are significantly more likely (78.4 per cent) to use and favour violent forms of discipline than mothers without disabilities (68.2 per cent).

- Data from administrative sources have emerged in recent years from the Prosecutor's Office as well as the Supreme Court of Georgia with respect to people with disabilities. However, the Ministry of Internal Affairs, which is the largest administrative source of crime data, has yet to start producing data disaggregated by disability status, a clear gap in the production of administrative data.

Recommendations for Geostat

- Geostat should retain the WG-SS questions on functional disabilities in the upcoming Population Census, with due consideration of lessons learned from data collection in the 2014 census.

- Geostat should consider inclusion of the WG-SS in current surveys, including the Labour Force Survey (LFS), the Household Incomes and Expenditures Survey (HIES) and the Agricultural Statistics Survey, taking into account the issues of data representativeness and respondent burden. Adding this module to the existing questions about official disability status would allow for data disaggregation, including an understanding of the well-being of persons with functional limitations who do not have the official status.

- A key gap in the data on disability is mental health and disability issues related to the workplace. In this regard, it is recommended that Geostat consider inclusion of the WG/ILO Disability Module in the LFS and/or HIES every few years.[4]

- Another important step that would support the generation of accurate, reliable and useful statistical information on people with disabilities would be increasing inter-agency coordination on the production of data on people with disabilities. In this regard, Geostat is well positioned to fulfil this role as a coordinating body for the generation of statistical information as it already serves this role in other domains.

- Geostat should conduct regular consultations with different administrative bodies with the view of identifying opportunities for the production of disability statistics and providing methodological guidance on the issues concerned.

- Geostat should regularly analyse data on people with disabilities, in line with article 34 of

the Law on the Rights of Persons with Disabilities.[5]

- Geostat should support other government institutions in the process of designing the structure of the databases, modes of data collection and the exchange of data with regard to data on people with disabilities.

Recommendations for administrative data producers

- Administrative data producers tend to face a number of challenges. The creation of a single electronic register of persons with disabilities will help resolve this issue, as is currently being conducted by the Government. Once this process is complete, it is recommended that agencies within the MoIDPOTLHSA, including the Social Service Agency, the National Health Agency, the State Regulation Agency for Medical Activities, the National Center for Disease Control and Public Health, and the Agency for State Care and Assistance for the (Statutory) Victims of Human Trafficking (State Care Agency), use the single register of persons with disability status for producing disability-disaggregated statistical data.
- The Education Management Information System (EMIS) of the Ministry of Education and Science works with the Social Service Agency to verify disability data to ensure their accuracy and coverage.
- In general, disability arises from the interaction of functional limitations and barriers in the environment. As a result, having more data, particularly on the built environment, learning materials and teacher capacities to work with students with disability, could support the improvement of policy on related issues. Therefore, it is recommended that EMIS collect additional data on students, teachers and the environment they study in, including the accessibility of infrastructure, learning materials and teacher training.
- The Ministry of Internal Affairs should start to produce disability-related statistical data.
- The Ministry of Internal Affairs, the Prosecutor's Office and the Supreme Court should coordinate with Geostat to develop data-collection protocols and ensure that appropriate and accurate statistical methodologies are used in the generation and dissemination of data.

ENDNOTES

Executive summary

[1] UN Women 2021.

[2] See http://dpo.ge/laravel-filemanager/photos/1/ჯანდაცვის%20სერვისების%20ხელმისაწვდომობა.pdf

[3] Ibid.

[4] Government of Georgia 2020.

[5] Parliament of Georgia 2020.

Chapter 1

[1] WHO and World Bank 2011.

[2] Sharma, Chakrabarti and Grover 2016.

[3] Parliament of Georgia 2010.

[4] Parliament of Georgia 2019.

[5] Parliament of Georgia 2020.

[6] UN Women 2021.

[7] Ibid.

[8] Parliament of Georgia 2020.

[9] Ibid.

[10] Ibid.

[11] Ibid.

[12] United Nations General Assembly 2017.

[13] UN Women 2021.

Chapter 3

[1] Mont and Goodman 2021, pp. 3–4.

[2] Currently the pension age is set at 60 years for women and 65 years for men.

Chapter 4

[1] For general population data, see UN Women 2018.

[2] Parliament of Georgia 2005, art. 2, para. z2.

Chapter 5

[1] See UNDP 2020.

[2] Starting from 2020, Geostat implemented the latest ILO methodology on the basis of a resolution of the 19th International Conference of Labour Statistic-ians (see https://ilostat.ilo.org/about/standards/icls/icls-documents/#icls19). As the share of subsistence farmers in the employment structure of Georgia has been traditionally high, the fact that they no longer are classified as self-employed resulted in higher unemployment rates and lower labour participation rates compared to the calculations in line with the old methodology used.

[3] Given the structure of the 2014 Population Census questionnaire, it was possible to calculate the indicator only for women.

Chapter 6

[1] EHEMU 2007.

[2] See UN Women 2020.

[3] Open Society Georgia Foundation 2017.

[4] The allowances were administered on a monthly basis, during the periods May–October 2020 and January–June 2021.

Chapter 8

[1] See http://dpo.ge/laravel-filemanager/photos/1/ჯანდაცვის%20სერვისების%20ხელმისაწვდომობა.pdf

[2] Ibid.

[3] See Open Society Georgia Foundation 2017.

[4] The module contains WG-SS plus questions.
See https://www.washingtongroup-disability.com/question-sets/wg-ilo-labor-force-survey-disability-module-lfs-dm/.

[5] Parliament of Georgia 2020.

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