



European Social Charter
Charte Sociale Européenne



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EUROPEAN SOCIAL CHARTER

6th National Report on the implementation of the
European Social Charter

submitted by

**THE GOVERNMENT OF
GEORGIA**

(Articles 11, 12 and 14)
for the period 01/01/2008 – 31/12/2011)

Report registered by the Secretariat on 29 August 2013

CYCLE 2013

For the period 1 January 2008 to 31 December 2011 made by the Government of Georgia in accordance with Article C of the Revised European Social Charter and Article 21 of the European Social Charter, on the measures taken to give effect to the accepted provisions of the Revised European Social Charter, the instrument of ratification or approval of which was deposited on 01 July 2005.

In accordance with Article C of the Revised European Social Charter copies of this report have been communicated to the:

- Georgian Trade Unions Confederation
- Georgian Employers Association

Article 11 – The right to protection of health

With a view to ensuring the effective exercise of the right to protection of health, the Contracting Parties undertake, either directly or in co-operation with public or private organisations, to take appropriate measures designed inter alia:

1. to remove as far as possible the causes of ill-health;
2. to provide advisory and educational facilities for the promotion of health and the encouragement of individual responsibility in matters of health;
3. to prevent as far as possible epidemic, endemic and other diseases.

Information to be submitted

Article 11§1

Georgia general public health policy and legal framework include:

1. Law on Public Health of Georgia of June 27, 2007 provides a policy basis for supporting population health and healthy lifestyle, ensuring of safe environment, supporting of family reproductive health, prevention of communicable and non-communicable diseases.
2. National healthcare strategy 2011- 2015 - Under the current strategy, the government intends to improve population health through a reduction of disease burden and mortality by 2015. As a result, between 2011-2015:
 - Population's life expectancy will rise because of reduced mortality resulting from averted premature death, primarily among children, as well as other age groups.
 - The quality of life will improve because of reductions in morbidity and associated disability rates.

In order to achieve these goals, the government of Georgia has drawn up five strategic objectives and defined 26 strategic initiatives.

Strategic Objective #4 - Prevent Diseases and Assure Preparedness and Response to Health Threats For the prevention and control of existing and newly emerging communicable diseases, the country should have a well-functioning disease surveillance system, coordinated response plan and mechanisms in which health care, veterinary, local government and other sections of the government are engaged. The government aims to develop an integrated disease surveillance system, which will be equipped in accordance with modern standards, including the necessary information infrastructure, upgraded laboratory network and highly qualified personnel. The public health laboratory network will meet international quality requirements, in order to serve public health needs and provide needed services to the reformed hospital sector. At the regional level, the disease surveillance function, laboratory services and public health care will be integrated into one entity and brought under unified management, which will provide Georgia with the opportunity to efficiently utilize available resources (human, infrastructural and financial). Existence of strong public health units at the regional level will contribute to the creation of a safe health environment.

In 2011 in Georgia the life expectancy upon birth was 74.5 years (in women – 78.6, and in men – 70.2). According to the calculations of the National Service of Statistics, before 2050 in the country the life expectancy will be increased, though still will be less compared with the current standing of the European developed countries.

In 2011 in Georgia decrease of the deceased by 7% was traced compared with the data of 2010. In total 58 014 cases of death have been registered (indicator 1000 per capita – 11.1).

According to the data as of 2010 years among five general reasons of decease – 55% is the class of unknown symptoms and reasons of death, diseases – 30%, tumors – 6%, traumas, intoxications and some other result of the external reasons 2.2%, and the diseases of the digestive system – 1.6%.

Death rate of mothers, children up to 5 years and infants represents the indicator for assessment of achievement of the purposes of the decade development and defines the development quality of the healthcare system and of the country in general. In Georgia during the last 20 years as the result of the reforms implemented in the sector of economic development of the country as well as in the healthcare sector, the death rate of the infants, the children up to 5 and mothers decreased significantly. In 2010 the death rate of the infants was 12, and the children up to 5 - 13.4 for 1000 newborns. The death rate of mothers was 19.4 for 100000 newborns. The indicators have been even more decreased as the result of the medical insurance coverage of the children 0-5 age range and of the children with disabilities of 0-18 age range, and improvement of the function of the mothers and children healthcare program acting in the country.

In 2011 the state strategy of the public health services of Georgia have been developed for the years 2011-2015 “available high-quality healthcare”, one of the directions of which was development of the services destined for mothers and children.

With the purpose to improve supervision of mothers and children healthcare as well as of the reproduction health services in 2011 at the national center for disease control and public health the special group has been established, which will regularly study and analyze health status of mothers and children and develops recommendations for effective reacting on behalf of the state.

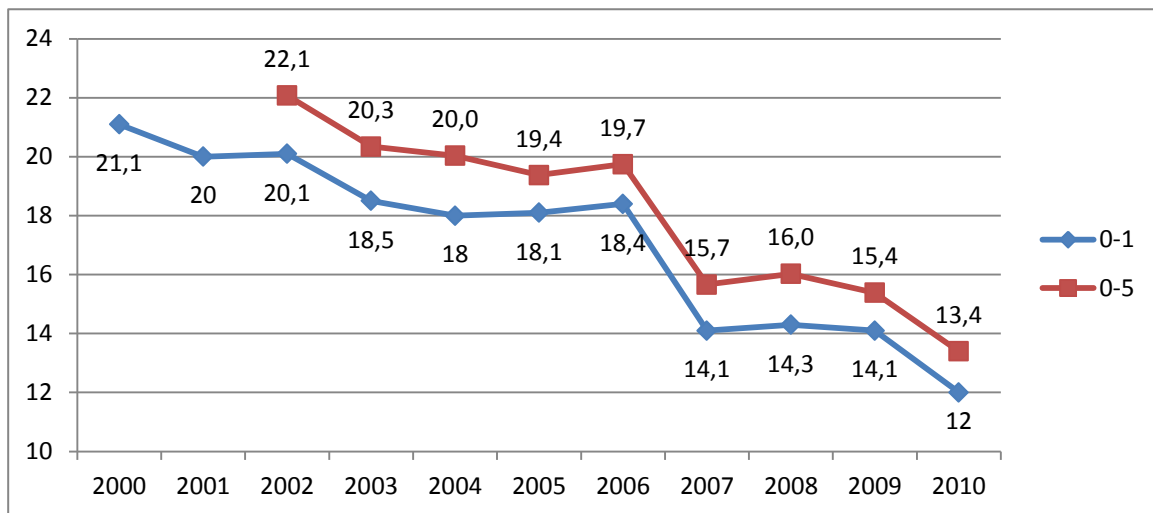
Besides all the healthcare state programs, the beneficiaries of which are the citizens of Georgia, the aimed programs for decrease of the children death rate and improvement of the health conditions among the children are being implemented:

- Immunization;
- Emergency and inpatient assistance for the children up to 3 years;
- General outpatient service;
- Treatment of rare diseases and with the permanent replacement;
- Administration of the oncology diseases (diagnostics and treatment of the children with oncology and hematooncology diseases);
- Psychical health;
- Administration of diabetes;
- Early revealing of the diseases and screening (screening of the development delay in children and early revealing of the diseases).

Additionally, in the country the program for mother and children healthcare exists, the purpose of which is to decrease the death rate of mothers and newborns by means of effective patronage of the pregnant women and increase of geographical and financial availability of the high quality medical assistance. In the framework of the program the medical services are provided, which secure safe pregnancy and birth-giving, decrease transfer of infection from mother to child and therefore decrease the death rate among the children.

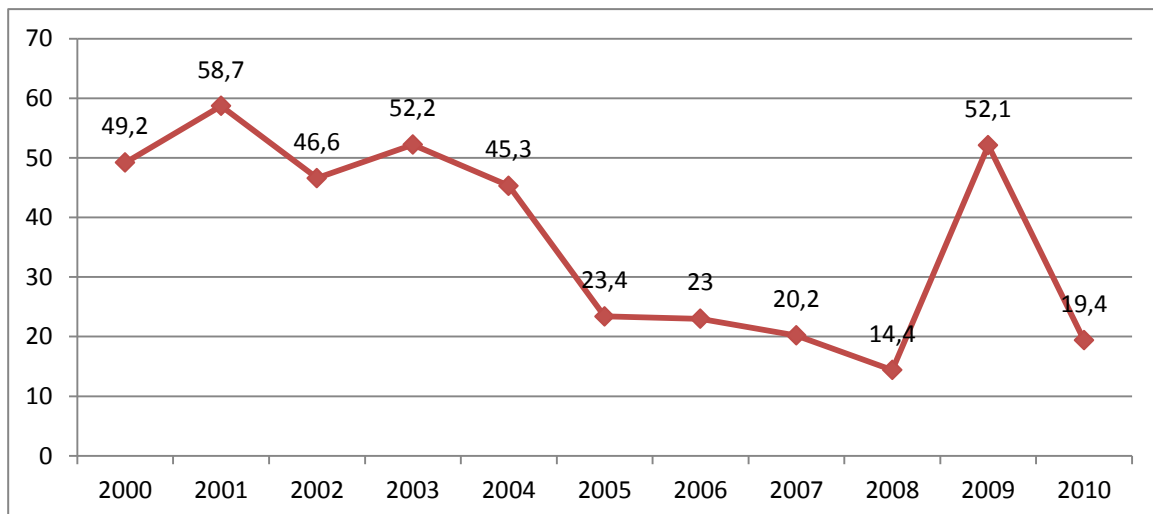
Beneficiaries of state insurance programs are the children of 0-5 years, the children with limited capabilities, the children registered in the general database of the socially unprotected families, the rating points of which does not exceed 70 000, the children residing at the boarding school (among them homeless children and those with disabilities), the children being in reintegration or in foster care, because of whom the families get the reintegration allowance or foster care remuneration.

The death rates of the children 0-1 and 1-5 for 1000 newborns



NCDCPH

The death rates of mothers for 100000 newborns



NCDCPH

Healthcare settlement programs in 2008-2011:

According to the data of the healthcare national reports in 2010 the state expenses on healthcare was 6.5% of the total budget, and 2.4% of the total internal product. Starting from 2008 the state expenses per capita have been increased approximately with 40%, and in 2010 made 109 GEL (drawing 14). Notwithstanding

increase of the state expenses for the healthcare in the absolute figures, the total value of the indicated expenses was quite low into the total expenses of the healthcare (23%).

In 2008-2011 the medical assistance arrangements undertaken by the state according to the service type have been grouped into the programs of service types in accordance with the general directions:

- State programs for the medical insurance of the populations;
- Other state programs of the medical services;
- State program for providing population with the specific medications;
- State program of medical service for the veterans;
- State program of the medical examination for the citizens recalled into the military forces;
- State program for prevention of the diseases;
- Program for securing of epidemiological safety.

In order to provide financial accessibility for the medical service and to protect from the financial risks starting from September, 2007 as the pilot in Tbilisi and Imereti, and in 2008 in the overall country, the state assignments required for the health insurance of the definite groups of the population in the overall country (population under the poverty threshold, teachers, employees of the law enforcement bodies and the military servants) have been transferred for administration to the private insurance companies, which became the purchasers of the medical services for the indicated group of the population, and the beneficiaries were given the free choice for the desired insurance company.

Starting from 2010 the changes have been introduced into the state insurance programs. The beneficiaries of the programs draw the agreement with the insurance company – winner into the bidding in the appropriate medical region. The insurance pack was also changed, and the costs for the medications have been introduced (yearly insurance limit – 50 GEL).

The state insurance programs for providing population with the medical insurance are regulated by the Resolution # 218 as of December 9, 2009 on “Defining of the arrangements to be implemented and the terms for the insurance voucher with the purpose to provide the population with the health insurance”.

In the end of 2011 in the framework of medical insurance programs destined for the population 749964 of people have been insured, among them 13390 internally displaced people being in compact settlements, 1867 homeless children, 169 merited artists and Rustaveli prize award winners, 243 beneficiaries of the houses for the persons with disabilities and those of the elderly, 461 beneficiaries of the boarding schools, 82806 teachers, 778 inhabitants residing on the territory adjacent to those occupied of Abkhazia Autonomous Republic, 46 beneficiaries of the community organization, in total – 849724.

Medical insurance conditions foresee remuneration of the expenses for the following medical services:

- Emergency medical services and the medical transportation;
- Outpatient service:
 - ✓ Outpatient service provided by family or village or district physician and nurse,
 - ✓ Outpatient service provided by the doctor specialists,
 - ✓ Instrumental examination on the outpatient level according to the doctor’s prescription,
 - ✓ Examinations required for the social expertise of the persons with the limited capabilities, except for the high technological examinations,
 - ✓ Issuing of the medical certificates, conclusions and prescriptions on the outpatient level,

- ✓ Emergency outpatient service.
- Compensation of the outpatient service costs:
- ✓ Emergency outpatient service,
- ✓ Planned surgeries (insurance annual limit – 15 000 GEL),
- ✓ Treatment and diagnostics of the oncological patients (annual insurance limit – 12 000 GEL),
- ✓ Birth-giving (insurance limit – 500 GEL, Caesarian section: insurance limit – 800 GEL).
- Costs of the treatment agents - according to the list of the treatment means (the insurer will remunerate the annual insurance limit for the police in amount of 50 GEL with 50% copayment).

Other state programs of the medical services: psychic health, administration of the infectious diseases, tuberculosis, AIV infection AIDS, mothers and children healthcare, administration of the oncological diseases, administration of the diabetes with children and adolescents, drug-addiction, dialyses and kidney transplantation, cardiosurgery, palliate care of the incurable patients, treatment of patients with the rare diseases and those subject to the treatment with the permanent replacement, emergency assistance and medical transportation, specialized outpatient assistance, general outpatient service, village doctor, referral service, emergency and outpatient service for the children up to 3 years, providing urgent services to the population – generally destined for the target groups of the population in order to establish the warranties for accessibility for the medical service and to improve the health standing.

For the early revealing, prevention and control of the diseases the state programs for prevention of drug-addiction, professional diseases, early revealing and screening of the diseases, immunization, safe blood and epidemiology safety providing function in the country.

NCD mortality (age-standardized death rate per 100 000), NCDC, 2010

	Males	Females	Total
Total NCD deaths	1158.8	989.9	1070.3
NCD deaths under age 60	401.5	151.0	275.0
Cancers	73.6	55.4	64.1
CVD and diabetes	331.9	316.8	324.0
Injuries	39.7	8.4	23.3

Behavioral and metabolic risk factors (prevalence in %), STEPS, 2010

	Males	Females	Total
Current tobacco smoking	51.1	4	27.7
Physical inactivity (less than 150 minutes of moderate-intensity activity per week)	20.9	22.3	21.6
Population consuming less than five total servings (400 grams) of fruit and vegetables per day	69.6	70.7	68.6
Heavy drinking occasions among adults	49.8	10.3	ND
Overweight (BMI greater than 25 kg/m ²)	58.6	54.2	56.4
Obesity (BMI greater than 30 kg/m ²)	21.8	28.5	25.1

Raised blood pressure (systolic ≥ 140 and/or diastolic ≥ 90 or on medication)	37.1	29.8	33.4
Raised blood glucose (fasting plasma glucose ≥ 7 mmol/L (126 mg/dl) or on medication)	19.7	13.0	16.3
Raised total cholesterol (≥ 5.0 mmol/L or 190 mg/dl)	14.9	20.9%	18.1

Alcohol and salt intake

	Males	Females	Total
Adult per capita consumption of alcohol in litres of pure alcohol (STEPS, 2010)	≥ 60 g per day - 4.4 40-59.9g per day - 3.6 <40g per day - 92.0	≥ 40 g per day - 0.3 20-39.9g per day - 2.0 <20 per day - 97.7	
Mean adult population intake of salt per day	ND	ND	ND
Injuries			Inc-1062.3

Other relevant information on health statistics of Georgia is available on www.ncdc.ge

Statistics about capacities of healthcare and professionals (2008-2011); also description of their education, training and raising of qualification system

Hospital sector indicators:

	Number of hospitals	Number of beds	Providing with beds for 100000 inhabitants	Loading for bed	Delay	Turnover	Hospitalization for 100000 inhabitants
2008	265	14069	320.9	156.1	6.8	22.9	7322.3
2009	266	13666	309.1	148.2	6.3	23.4	7229.2
2010	276	13378	300.4	160.0	6.4	25.2	7531.7

NCDCPH

Number of reference to the outpatient-polyclinic institutions per capita, Georgia

	2008	2009	2010
Reference	2.1	2.0	2.1

NCDCPH

Providing with the medical personnel

	Doctors, natural person	Providing for 100000 inhabitants	Low-grade medical workers/paramedical personnel	Providing for 100000 inhabitants	Minor medical personnel	Providing for 100000 inhabitants
2008	20253	462.0	19593	446.9	5843	133.1
2009	20609	467.2	18627	424.9	5915	134.1
2010	21162	475.3	19321	433.9	5583	125.4

NCDCPH

Healthcare system medical personnel

	2008	2009	2010
Doctors (natural person)	20253	20609	21162
Therapist	1885	1403	1263
Surgeons (including children surgeons)	972	1034	1082
Anesthesiologist – emergency physician	850	942	941
Traumatologist - orthopedist	276	301	299
Cardiologist	623	705	702
Urologist	231	235	239
Oncologist	255	181	217
Pediatrician	1907	1653	1594
Infection disease doctor	258	237	242
Otolaryngologist	326	327	359
Neuropathologist	634	610	615
Ophthalmologist	350	364	405
Dentist	1197	1115	1236
Obstetrician-gynecologist	1417	1444	1505
Phtisiologist	145	153	154
Dermatovenerologist	240	206	245
Psychiatrist	215	239	235
Endocrinologist	307	319	344
Family doctor	459	1386	1537
Social healthcare specialist	301	378	455
Other specialties	7404	7367	7493

Issues of the healthcare professionals' education and continuing professional development are regulated with the legislative acts:

- Georgian Law on Public Health Care;
- Georgian Law on Medical Activities;
- Georgian Law on Higher Education.

Issues of the healthcare professionals' education and continuing professional development are regulated with the bylaws:

- Order #120/N on “Approval of the national qualification framework” by the Minister of Education and Science as of December 10, 2010;
- Order #136/N on “Defining of the list of the physician specialties, adjacent physician specialties and the specialties compliant with the subspecialties” by the Minister of Labor, Health and Social Affairs as of April 18, 2007;
- Order #135/N by the Minister of Labor, Health and Social Affairs on “Approving of the Rule of participation into the postgraduate education alternatives for the residency (professional training) and of the criteria and the rule for accreditation of those medical institutions and/or colleges, at which the post-graduate course (professional training) might be undergone” as of April 8, 2009;
- Order #122/N by the Minister of Labor, Health and Social Affairs on “Creation of the professional development board at the Ministry of Labor, Health and Social Affairs of Georgia and approving of its provision” as of May 16, 2008;
- Order #295/N by the Minister of Labor, Health and Social Affairs on “Approval of the rule and the conditions for holding of the general post-graduate qualification examination and enrollment to the residency” as of November 3, 2006;
- Order #36/N by the Minister of Labor, Health and Social Affairs on “Rule of admitting of the low-grade medical workers to the certification examination” as of June, 2012;
- Order #244/N by the Minister of Labor, Health and Social Affairs on “Approval of the right of employment at the medical institution and of the list of the medical personnel of appropriate education.

The all the types of qualification by the Ministry of Education and Science for mastering of which it is required to obtain professional or higher education are united into the total qualification framework. The direction – healthcare covers the following field: medicine, stomatology, pharmacy, social healthcare, nursery (nurse/obstetrician), physical medicine and rehabilitation, occupational therapy. Each field on its own covers the specialties, in the framework of which training is carried out in the form of academic and professional education. For example, the field medicine unites educational program of the certified medical worker (doctor), upon completion of which the awarded academic degree is equal to the master's academic degree, professional (V stage) educational program of the medical and pharmaceutical facilities and professional (III stage) educational program of the optician. The field nursery/obstetrics unites Bachelor programs of the nurse/obstetrician, as well as professional educational programs of practitioner nurse/obstetrician (V stage) and nurse assistant (III stage). At the same time for each educational program the employment area is defined by the Ministry of Labor, Health and Social Affairs of Georgia.

In Georgia among the healthcare professions only physician/dentist's education belongs to the regulated profession, and accordingly, in the physician/dentist's specialties (stomatology is introduced into the list of the physician specialties, which covers 21 main and 78 adjacent specialties) in order to obtain the right of independent activities it is required to accomplish the course of the postgraduate education (residency) and to obtain the state certificate. Enrollment to the nurse obstetrician programs was first carried out in 2011.

As for the uninterrupted professional education, according to the active legislation only the system of uninterrupted professional education of the physicians is regulated, the components of which are the following:

- a) Uninterrupted medical education;
- b) Uninterrupted practical medical activities;
- c) Professional rehabilitation;
- d) Uninterrupted improvement of medical service quality.

Though in the mentioned system starting from 2008 participation is voluntary.

Higher and professional educational programs are chargeable, in the framework of the state grant only the successful graduates are financed as well as the representatives of particular social strata. At the same time, though the post-graduate/residency training for the doctors is totally chargeable, the residents by the state financing have not been enrolled since 2006.

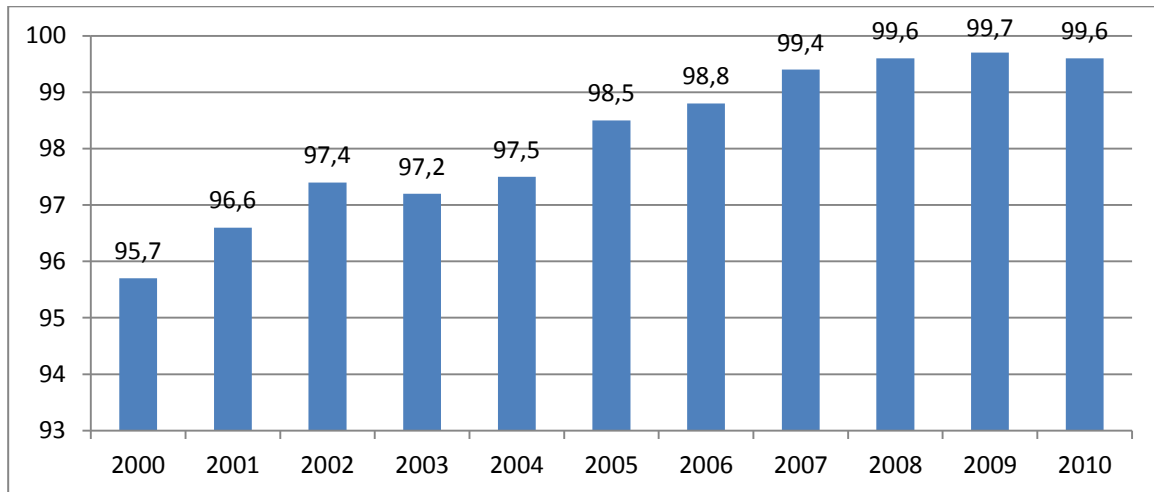
In the framework of the program of mothers and children the pregnant women antenatal screening is being implemented for AIV-infection, B hepatitis and syphilis, and the confirmatory researches have been implemented among the pregnant women revealed due to the screening.

The state program for the early revealing of the diseases foresees the early revealing and diagnostics of breast, uterine cervix, colorectal and prostate cancer screening, development delay in children, diagnostics and supervising of epilepsy, in the framework of the indicated program in 2011 up to 24888 mammography screenings and 30820 Pap-tests were held.

The program for prevention of the professional diseases acting in the country aims to provide healthcare of the employed population by means of prevention of the diseases preconditioned by the professional peculiarities, and providing safe work environment.

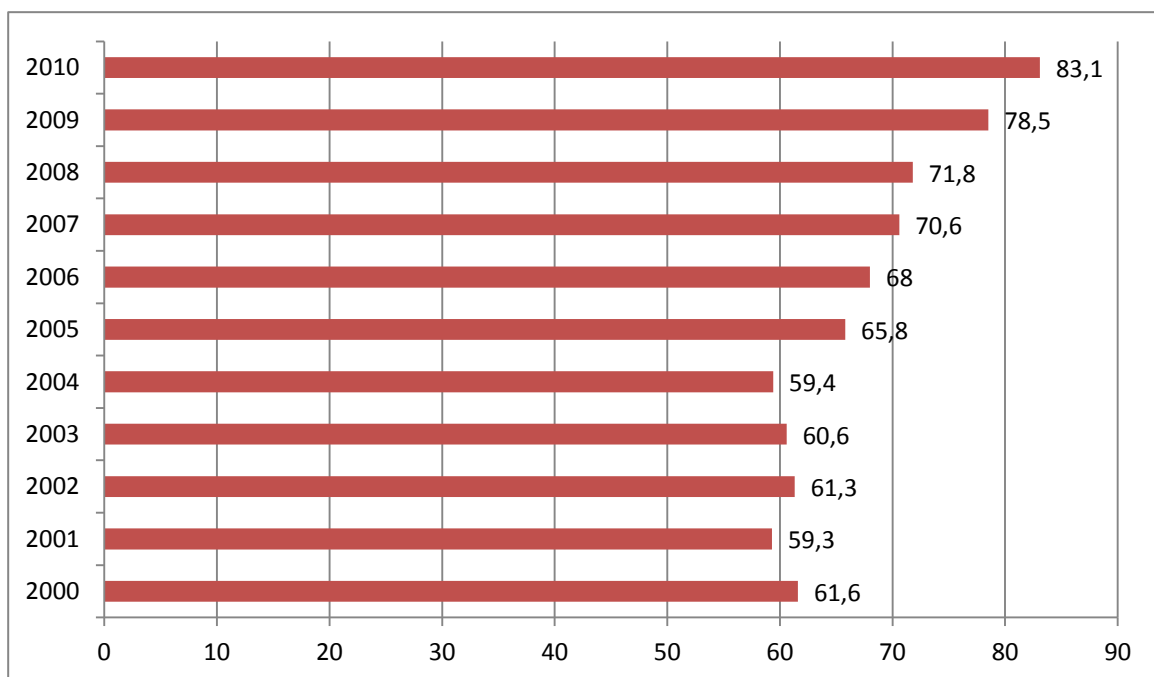
With the purpose to decrease the death rate of mothers and newborns and to increase the effective patronage of the pregnant women and the geographical and the financial availability of the medical assistance the state program for facilitation of mothers and children health is under way in the country. In the framework of the program, universally available is antenatal supervising, and the medical care services for pregnant and birth-givingwomen. According to the same program the pregnant women antenatal screening for AIV- infection, B-hepatitis and syphilis, and the confirmatory research among the pregnant women revealed through the screening is carried out. Additionally, in the country significant infrastructural changes have been implemented, which substantially improved availability of the high quality healthcare services, among them availability of the reproduction and mothers and children health oriented services.

Contents share of the received birth-giving by the qualified medical personnel



NCDCPH

Coverage with the antenatal service – 4 complete visit



NCDCPH

Article 11§2

According to the national education plan (standard) for 2011-2016, the issues related to the health and the safety of the school, are foreseen with the program of several subjects. These subjects are the following:

1. Nature study (I-VI classes, including),
2. Biology (on basic and intermediate levels),
3. Chemistry (intermediate level)
4. Social sciences (on basic and intermediate levels),

5. Sports (I-XII classes, including), and

6. Supervising teacher's program.

Nature study

One of the directions of the natural sciences standard from 1st to 6th class, including is "Human being and environment", which is related to implementation of the elementary rules of the personal hygiene and safe behavior of the student.

According to the subject program in every subsequent class in this direction subsequent rise of knowledge and skills is foreseen. In II and III classes the students study how to live up to the general rules of personal hygiene, and in IV class they start to acquire skills of eating hygiene, to study how the social catering and sales points/trade objects shall comply with the hygiene norms in order to define where the food might be bought. In V class the students are taught the negative factors adversely influencing health state (e.g. polluted environment, unhealthy food, and noise).

Biology

In the contents of the biology program of VIII class the health problems related to the system of all the organs are involved and the related hygiene issues.

IX class standard foresees study of global and local changes of the environment related to the human health, and also some significant issues of genetics from the point of view of the medicine.

By the program of X class the drugs adverse action on the central nervous system as well as the diseases caused by the tobacco. The student receives the information on nutrition value and energy contents of various alimentary products, significance of balanced ration for various age groups.

According to the program of biology for XI class the topics related to the infectious diseases are foreseen (their spreading, the ways of protection) and immunization issues. The recommendation contents of the manual of this class cover the following issues: health and disease; pathogens –bacteria, fungi, worms; prevention of diseases – safe water and food; individual and total protection from diseases; fight against infections; antibodies and immune reaction; utilization of immunology; serious infectious diseases (AIDS, tuberculosis) and their prevention; spreading of AIDS in the world and in Georgia.

In X-XII classes (except for the obligatory subjects) the student may select and study among many other optional subjects the subject "Medical biology". According to the standard of this subject the fundamental issues of the modern medicine and biology are foreseen together with their healthcare potential, which needs not only development of treatment and hygiene effective methods but overcoming of the behavioral stereotypes.

Chemistry

Chemistry according to the program of X class the student shall relate to the cleanness of the environment and the alimentary products quality – to the human health: a) description of the expected results of chemical agents acting on human organism, and b) on basis of the inscriptions made on labels, searching for the proper sources

and analysis to draw conclusion about contents of the substances in the various alimentary harmful for the human health.

Social Sciences

According to the program of the social sciences for IX class the problems related to the healthy lifestyle are foreseen (e.g. risks related to unhealthy food, tobacco, drug facilities and alcohol consuming), and also providing healthy safe environment and significance for the human/society wellbeing.

According standard of the social sciences for X class, the results to be achieved at the end of the year are evident if, e.g. the student analyzes the reasons causing crime of various types (e.g.: robbery, distribution of drugs, murder, corruption, discrimination, fraud, violence, trafficking).

According to the program for X class the personal safety issues are foreseen related to the following: a) in emergency situations to utilization of the appropriate collective and individual protection means, and b) to before-doctor assistance (e.g. first aid while bleeding; limb fixing in case of breakage, vertebrae trauma, and polytrauma, bandaging technique, extraneous antibody in wound).

Sport

I-XII classes including physical education and sports standard includes the following directions: health and security.

I-V classes foresee study of the elementary rules of the personal hygiene and security. VI class – the student develops the skill for self-protection and providing of other security and avoiding/getting rid of the critical situations. In VII-IX classes the student shall be able to realize the healthy lifestyle as one of the most as one of the most significant condition for achieving of physical and mental health and succeed in the society. In X-XII classes the student may realize the necessity of sports and the healthy lifestyle, as the necessary condition for physical and mental health and therefore successful integration into the society.

Supervising teacher's program

In 2010 the Supervising teacher's program was established, according to which "supervising meetings with the students cover the following: healthy lifestyle – personal hygiene, disease spreading sources, healthy food, time organizing, day regime, sports significance, danger of bad habits.

Article 11§3

Health Promotion Strategy for Georgia (not adopted yet) – The Health Promotion Strategy for Georgia identifies the key health problems nationally and key evidence-based policies, intervention, services and actions that are needed to improve the health of the population. Strategic priorities are:

- controlling tobacco use
- promoting healthier eating including childhood/maternal nutrition
- promoting physical activity
- reducing alcohol and drug misuse

- promoting mental health
- reducing injuries
- reducing infections including sexually-transmitted diseases and HIV
- Law on Food safety and quality of Georgia
- RH Policy Framework and Strategic Plan; etc.

Tobacco control law was adopted in June 2003 and readopted in December 2010 with important and comprehensive changes in. The WHO Framework Convention on Tobacco Control (WHO FCTC) was signed in 2006.

Georgia is attempting the strategies to strengthen national capacity for tobacco control: analyzing the national tobacco control situation; developing consensus and political commitment for tobacco control; outlining national tobacco control strategies based on priorities that consider the characteristics of the national tobacco epidemic and the socio-political environment; establishing national co-ordination; building a comprehensive national plan of action; establishing through national regulation/legislation sustained funding mechanisms for tobacco control programs; incorporating national tobacco control efforts into existing national, state and district level health structures to ensure sustainability; developing strategies for monitoring and counteraction of tobacco industry activities; establishing a system of monitoring and evaluation of tobacco control policies development and implementation.

NCD Strategic Highlights - was prepared for UN High Level Meeting of 19-20 September 2011 on prevention and control of non-communicable diseases. Document is a review of situation regarding non-communicable diseases and their main risk factors in Georgia and outlines some strategic objectives. It serves as a baseline document for the NCD prevention and control strategic action plan which is in the process of elaboration with the support of WHO European Regional Office.

With the purpose to provide treatment, rehabilitation, replacement therapy of the drug addicted persons and providing them with the replacement drugs the drugs state program is functioning in the country (in Georgia there are 40 000 drug consumers now).

Interactions related to turnover of drugs, psychotropic substances and precursors, legal basis for the state policy of the legal turnover of substances subject to special control and of fighting against the illicit turnover of such substances, as well as the principles of detoxification assistance are defined and regulated by the Georgian Law on "Drugs, psychotropic substances and precursors, and detoxification assistance".

The short review "Drug Addiction Standing in Georgia" was prepared in 2010 by the Diseases Control and Social Healthcare National Center supported by the foundation "Global Initiative in Psychiatry – Tbilisi".

As the result of the Research of the risk-factors of noncontagious diseases held by the Diseases Control and Social Healthcare National Center, consuming of any tobacco product (smoking and smoke-free) was revealed with 30.3% of the population. Among the Georgian men spread of tobacco consuming was high – 55.5%, and in women – 4.8%. According to the age groups indicator of tobacco consuming was the highest with the population of 25-44 (36.1%), and the lowest with the age group of 55-64. It shall be indicated that in men 18-24 45.2% are smokers, and in women – only 5%. Presumably development of the smoker status in the majority of representatives of both sexes takes place in the age-group 15-24.

According to the data of the Research of the risk-factors of noncontagious diseases, spread of the alcohol consuming was quite high making 78.5% in Georgia. Especially high indicators were detected in men (90.3%). Correlation between alcohol consuming women and men is 1:3. Compared with the other age groups, 18-24 aged persons the alcohol consuming was quite high.

Behavioral and metabolic risk factors (prevalence in %), STEPS, 2010

	Males	Females	Total
Current tobacco smoking	51.1	4	27.7
Physical inactivity (less than 150 minutes of moderate-intensity activity per week)	20.9	22.3	21.6
Population consuming less than five total servings (400 grams) of fruit and vegetables per day	69.6	70.7	68.6
Heavy drinking occasions among adults	49.8	10.3	ND
Overweight (BMI greater than 25 kg/m ²)	58.6	54.2	56.4
Obesity (BMI greater than 30 kg/m ²)	21.8	28.5	25.1
Raised blood pressure (systolic \geq 140 and/or diastolic \geq 90 or on medication)	37.1	29.8	33.4
Raised blood glucose (fasting plasma glucose \geq 7 mmol/L (126 mg/dl) or on medication)	19.7	13.0	16.3
Raised total cholesterol (\geq 5.0 mmol/L or 190 mg/dl)	14.9	20.9%	18.1

In the framework of the drug-addiction state program in 2010 service was rendered to 1459 beneficiaries. In Georgia in 2010 at the detoxification clinics detoxification provided to 332 and 956 are registered at the replacement therapy.

In the framework of providing of the population with the specific medicaments purchase of the replacement drugs for those drug-addicted.

With the purpose to decrease the diseases and the death rate caused by the tobacco consuming in the population of Georgia the Law on "Tobacco control in Georgia" is applicable, which defines and regulated the legal relations in the tobacco control field.

Issues for protection of minors while producing, allocation and spread of alcohol drinks and tobacco products, medical products (service), nutritional support for the infants, and also producing, allocation and spread of the advertisement thereto are regulated in accordance with the Georgian Law on "Advertising".

According to the Law, advertising of the alcohol drinks and tobacco products shall not include information about their positive treatment characteristics.

It is forbidden to spread the advertisements of strong alcohol drinks and tobacco products in any form at the avenues, bridges, squares and transportation means of cities and other populated settlements. It is also forbidden to direct advertisements of alcohol drinks and tobacco products towards the minors directly and also to spread the advertisements in any form in movies and video services foreseen for the minors, in radio and television programs, published medical, children, education and medical institutions.

At sports organizations spread of the alcohol drinks is allowed only in the event if the sports organization is hosting to the sports arrangements of local (or international) significance (except for the junior sportive competition). In such case with the purpose of advertising of the alcohol drinks utilization of the trademark and the logo and of the alcohol products or the firm manufacturing of such products shall be allowed along with applying onto the sportive outfit and other attributes.

The tobacco products advertisement shall not include the pack and the box in open position and demonstrating of its consuming, calling for its utilization. Tobacco product advertisement spread (except by means of the radio and the television) shall be accompanied with the warning about adverse effect of smoking, the text of which together with the computer shrift and size is set by the Ministry of Labor, Health and Social Affairs. Such information shall fill in at least 20% of the advertisement.

Alcohol drinks advertisement, which includes demonstration of the opened tare of such drink or its consuming process, and recalling for its utilization, shall be accompanied with the warning: "Alcohol consuming in huge amount is harmful for your health".

It is forbidden to spread the advertisement on strong alcohol drinks and tobacco products by means of radio and television, on newspaper and magazine covers.

Protection of the minors from the adverse effect, which is related to consuming and spreading of alcohol drinks and tobacco products and participation into gambling, is regulated by the Law on "Protection of the minors from the adverse effect". The Law defines the mechanisms for protection of the minors from alcohol drinks, beer and tobacco realization in educational, boarding institutions and at their territories. And also it is forbidden to implement realization of alcohol drinks, beer and tobacco by the minors.

Via broadcasting the issues of protection from the adverse effect of the minors is regulated in accordance with the Georgian Law in "Broadcasting".

In 2009 the Diseases Control and Social Healthcare National Center carried out the Research on Consuming of alcohol and drugs among the students, and in 2010 – Research of the risk-factors of noncontagious diseases.

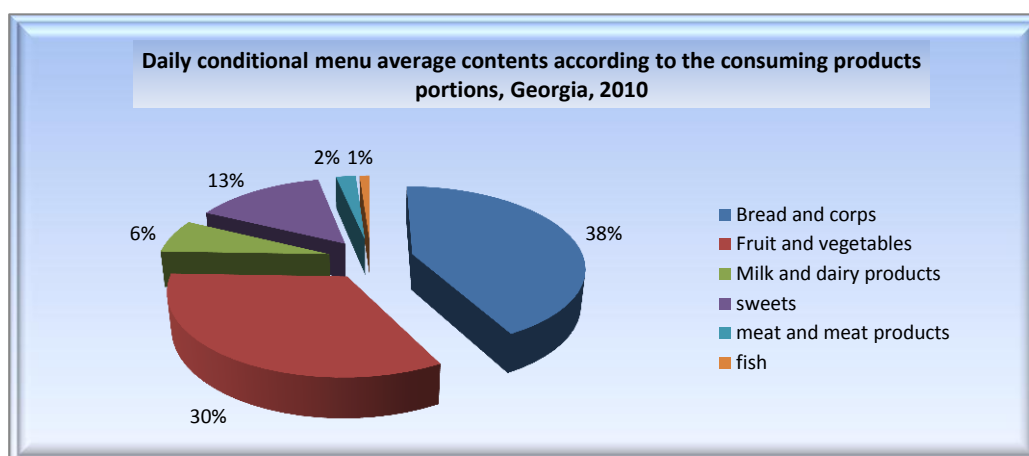
The goal of the Georgian Law on "Food and tobacco" is to provide consumers with safe and high quality food, and also facilitation to providing of the high quality tobacco, protection of their health safety and consumers market from the harmful and falsified products. According to this law the qualitative indicators of the general demands and the restrictions towards the food and the tobacco products are defined and the characteristics verified.

In Georgia in order to provide health safety to the population, with the purpose to facilitate creation of the scientific database for producing and utilization of the alimentary products and holding of the social protection arrangements the Order #111/N was developed by the Minister of Labor, Health and Social Affairs as of 2003 on "Approval of the norms and normative acts of the contents of the grocery cart required for the organism's physiological need for the alimentary products and energy and for defining of the minimum wage" by the Minister of Labor, Health and Social Affairs".

In the world one of the significant parts of disease and death is unhealthy food, diseases related to food and problems of harmlessness of the alimentary products.

As the result of the Research held by the Diseases Control and Social Healthcare National Center on the risk-factors of noncontagious diseases in 2010, among the products types the bread products hold the leading place in the researched population, and the times and the quality of the consumed fish and meat was significantly low. The great majority of the respondents on average got less than 5 portions of fruit and vegetables. The research showed that in Georgia dairy products are highly consumable. The respondents consume dairy products on average 5.5 times a week, which significantly differed according to the gender and the age.

Drawing 97 - Daily conditional menu average contents according to the consuming products portions, Georgia, 2010.



Article 11§3

The basic human right stipulated by the Constitution of Georgia is to live in safe healthy environment and to apply for the natural and the cultural environments. In order to provide the healthy environment to the human health with the purpose to avoid the adverse effect of the anthropogenic factors in 1996 the Law was adopted on "Environment protection", which regulates the legal relations by and between the state administration/government agencies and natural bodies and legal entities in the field of the environment protection and utilization of the nature on the whole territory of Georgia, including territory waters, air space, continent shelf and especially economical zone.

Contamination of the atmospheric air is one of the main risk-factors harmful for health, related to the adverse effect of the environment. On the territory of Georgia, with the purpose to provide protection of the atmospheric air and the air in the buildings and the constructions from the adverse anthropogenic effect the Law on "Protection of Atmospheric Air" has been developed. The general goal of the Law is to provide protection of one of the general components of the environment - protection of the atmospheric air in accordance with the public ecological and economical interests and taking into account the interests of the current and future generations.

Assessment of the atmospheric air standing requires special attention in Georgia, as the relief conditions of the country, absence of the parallel transportation highway, heavy traffic of the motor vehicle transportation at the settlement points, preconditions the high level of contamination with the harmful substances.

According to the data of the National Service of Statistics in 2010 in the country 372.8 thousand tons of harmful substances have been emitted into atmospheric air. The main source of the emission was the motor vehicle transportation – 342.7 thousand tons, which compared with the previous year was 2% less. The contents share of contamination of the atmospheric air by the enterprising sector was 8% and that of the motor vehicle transportation – 92%.

Indicators of the contents share of the enterprising objects (emission stationary sources) and the motor vehicle transportation in the total emissions of the harmful substances into the atmospheric air					
Types of emission	Number	Shares			
		2007	2008	2009	2010
Stationary sources	Thousand tones	27.5	25.5	21.1	30.1
	%	8.5	7.6	5.7	8.07
Motor vehicle transportation means	Thousand tons	295.0	310.7	348.9	342.7
	%	91.4	92.4	94.3	91.93
sum	Thousand tons	322.5	336.2	370.0	372.8

Source: National Service of Statistics of Georgia. Natural Resources of Georgia and Protection of the Environment, 2010

Water is unique and the primary resources of the utmost vital importance for human beings, animals and plants, necessary and significant for development of the Georgian economy. According to the Constitution of Georgia, the State provides protection of environment and therefore of its general component – water.

With the purpose to protect the water objects and to use the water resources rationally, to satisfy the demand of the population for the potable water, in order to avoid the adverse affect of the water and for effective liquidation of the results the Georgian Law on “Water”. In 2001 the Order #297/N by the Minister of Labor, Health and Social Affairs was approved on “Approval of the Normative Regulations of the Qualitative Conditions of the Environment” and in 2007 the Order #349/N the Minister of Labor, Health and Social Affairs was approved on “Approval of the Technical Regulations of the Potable Water”.

According to the data by the National Center of Statistics, in 2010 throughout the whole country out of the natural water object totally was extracted 33517.3 million m³ water, and out of the underground water objects 3120.2 million m³, in total 33415.1 million m³ was used. In the superficial water reservoirs 29162 million m³ of

waste water was thrown, among them normatively pure 99%, normatively cleaned 0.14%, and contaminated – 0.43%.

Table 31. Wastewater inflow into the natural superficial water object (million m3)					
	2006	2007	2008	2009	2010
Wastewater inflow in the superficial water reservoirs in total	25120	30800	29090	32829	29162
Among them:					
Contaminated	606	452	614	469	126
Normatively pure	24507	30333	28462	32205	28868
Normatively cleaned	7	15	14	155	41

Source: National Service of Statistics of Georgia. Natural Resources of Georgia and Protection of the Environment, 2010

According to the data of 2010, availability of the potable water 19% of the rural population still named as the problem of the high priority, among them 7% - as the first priority. Especially acute was the problem in Kartli and Kakheti regions (Diseases Control and Social Healthcare National Center).

According to the data of the Diseases Control and Social Healthcare National Center during 2010 explosions caused by water and food intake were registered, 1 and 6 cases accordingly (number of the diseased – 19 and 109 people), regarding all those cases the appropriate measures have been made.

In the various field of the manufacturing – in the field of communications, medicine, in household conditions due to the extensive utilization of the electromagnetic sources people suffer from the artificial electromagnetic influence, which might affect negatively on the human health. Georgian Law on “Nuclear and Radiation Security” regulates the legal relations in the country among the state government bodies and natural persons and legal entities, which carry out the activities related to the nuclear and radioactive materials and other sources of the ionizing radiation other sources security (protective) arrangements.

The issues related to the health care ionizing and non-ionizing radiation are regulated according to the orders by the Minister of Labor, Health and Social Affairs:

- Order #41/N as of March 4, 2003 on “Approval of the sanitary norms of the medical X-ray diagnostic procedures and providing of the radiation protection while treatment – regulates the medical X-ray radiological diagnostic procedures and while treatment the provisioning arrangements of the health protection of the population and the employees, and also the control of the individual dose of radiation and the regulation of the accounting.
- Order #42/N as of March 4, 2003 on “General sanitary norms of working with the radioactive substances and the other sources of the ionizing radiation” in order to avoid the diseases caused by

non-implementation of the sanitary rules and normative regulations while working with the radioactive substances and the other sources of the ionizing radiation.

- Order #10/N as of January 15, 2004 on “Approval of the sanitary rules and normative regulations for arranging of the radioisotope laboratories and utilization of the open radiopharmaceutical preparations in the medicine” sets the requirements and the criteria for providing of the radiation protection of the medical personnel, the patients and the population while implementation of the radionuclide diagnostic and therapeutic procedures.
- Order #76/N as of April 14 on “Approval of the hygiene requirements towards working with the sources of radiation, the manufacturing materials and the instruments of various types of institutions”. According to that order the following was approved: a) “Hygienic requirements towards working with asbestos and asbestos containing materials”, the aim of which is to protect the health of those working at the asbestos containing materials and items producing and utilization enterprises and also of the population residing in the zone being under influence of the manufacturing emissions; b) “Hygienic requirements towards working with the manufacturing, medical and household air and contact ultrasound sources” sets the ultrasound classification, normative parameters, normative significances at the working places and in non-enterprising conditions, and also requirements towards measuring and prophylactics of the ultrasound; c) “Hygienic requirements towards working with the manual instruments” sets the working site organization, allocation of the facilities and the processed materials in order to provide approximately optimal convenient pose while implementation of the technological operation with the minimal physical workload.

During 2010 the observances took place on the radiation background of the earth at 14 meteorological stations. According to the stations in the atmospheric air γ – is the average annual significance was high in Akhaltsikhe, Tbilisi and Gori.

Table 32. γ – radiation expositional dose capacity average annual significances		
N Point	γ - radiation expositional dose capacity, mcr./h	
1.	Poti	8.7
2.	Kutaisi	12.2
3.	Sachkhere	11.7
4.	Zestafoni	11.1
5.	Pasanauri	11.6
6.	Batumi	13.2
7.	Akhaltzikhe	17.7
8.	Gori	13.0

9.	Tbilisi	13.1
10.	Telavi	11.7
11.	Lagodekhi	10.0
12.	Akhalkalaki	13.3
13.	Dedoplistskaro	10.6

Source: Ministry of Environment Protection and Natural Resources, 2010

In 2010 resilience of the electromagnetic field energy flows in the particular regions (Tbilisi, Chiatura, Kobuleti, Abasha, Martvili, Batumi, and Akhaltsikhe) were measured 19 times and in neither case the indicator higher than 10 mcr. /cm² was verified.

On basis of the reference of the natural persons and legal entities electromagnetic radiation measurements have been made: In Tbilisi (Zemo Verdzisi Settlement, Gujareti, Rustaveli, Vazha-Pshavela, D. Aghmashenebeli, Ketevan Tsamebuli Avenues, village of Tskneti), in the village of Tabakhmela, Kobuleti Region village of Sakhalvasho, Chiatura Region village of DidiKatskhi, village of Perevisi and town of Telavi. In all the cases the value of the electromagnetic energy does not exceed the admitted norm (10 microwatt/ cm²).

- **The arrangements directed towards ionizing radiation (41/N, 42/N – 2003) and asbestos (76/N2004).**

In various fields of manufacturing – in the field of telecommunications, medicine, household conditions, due to the extensive utilization of the electromagnetic sources people also suffer from the artificial electromagnetic influence, which might have adverse affect onto the human health. The Georgian Law on “Nuclear and Radiation Security” regulates the legal relations by and between the state government agencies and natural persons and legal entities in the country, which carry out the activities related to the nuclear and radioactive materials and ionizing radiation other sources security (protective) arrangements.

The issues related to ionizing and non-ionizing radiation regarding the health are regulated by the orders by the Minister of Labor, Health and Social Affairs of Georgia:

- Order #41/N as of March 4, 2003 on “Approval of the sanitary norms of the medical X-ray diagnostic procedures and providing of the radiation protection while treatment – regulates the medical X-ray radiological diagnostic procedures and while treatment the provisioning arrangements of the health protection of the population and the employees, and also the control of the individual dose of radiation and the regulation of the accounting.
- Order #42/N as of March 4, 2003 on “General sanitary norms of working with the radioactive substances and the other sources of the ionizing radiation” in order to avoid the diseases caused by non-implementation of the sanitary rules and normative regulations while working with the radioactive substances and the other sources of the ionizing radiation.
- Order #10/N as of January 15, 2004 on “Approval of the sanitary rules and normative regulations for arranging of the radioisotope laboratories and utilization of the open radiopharmaceutical preparations in the medicine” sets the requirements and the criteria for providing of the radiation protection of the medical personnel, the patients and the population while implementation of the radionuclide diagnostic and therapeutic procedures.

- Order #76/N as of April 14 on “Approval of the hygiene requirements towards working with the sources of radiation, the manufacturing materials and the instruments of various types of institutions”. According to that order the following was approved:
 - a) “Hygienic requirements towards working with asbestos and asbestos containing materials”, the aim of which is to protect the health of those working at the asbestos containing materials and items producing and utilization enterprises and also of the population residing in the zone being under influence of the manufacturing emissions;
 - b) “Hygienic requirements towards working with the manufacturing, medical and household air and contact ultrasound sources” sets the ultrasound classification, normative parameters, normative significances at the working places and in non-enterprising conditions, and also requirements towards measuring and prophylactics of the ultrasound;
 - c) “Hygienic requirements towards working with the manual instruments” sets the working site organization, allocation of the facilities and the processed materials in order to provide approximately optimal convenient pose while implementation of the technological operation with the minimal physical workload.

- With the purpose of providing of security of the environment and the water protection, and also of the alimentary products during the years 2008-2011 the following normative acts were prepared:
 - ✓ The Order #01-2/N as of January 17, 2012 by the Minister of Labor, Health and Social Affairs on introduction of the changes into the Order #10/N as of January 15, 2004 by the Minister of Labor, Health and Social Affairs on “Approval of the sanitary rules and normative regulations for arranging of the radioisotope laboratories and utilization of the open radiopharmaceutical preparations in the medicine”.
 - ✓ The Order #01-3/N as of January 17, 2012 by the Minister of Labor, Health and Social Affairs on introduction of the changes into the Order #132/N as of March 2, 2001 by the Minister of Labor, Health and Social Affairs on “Approval of the radiation security norms at the territory of Georgia”.
 - ✓ The Order #01-24/N as of May 17, 2012 by the Minister of Labor, Health and Social Affairs on introduction of the changes into the Order #297/N as of August 16, 2001 by the Minister of Labor, Health and Social Affairs on “Approval of the normative regulations of the qualitative standing of the environment”.
 - ✓ The Order #350/N as of October 25, 2010 by the Minister of Labor, Health and Social Affairs on introduction of the changes into the Order #297/N as of August 16, 2001 by the Minister of Labor, Health and Social Affairs on “Approval of the normative regulations of the qualitative standing of the environment”.
 - ✓ The Order #304/N as of September 18, 2009 by the Minister of Labor, Health and Social Affairs on introduction of the changes into the Order #297/N as of August 16, 2001 by the Minister of Labor, Health and Social Affairs on “Approval of the normative regulations of the qualitative standing of the environment”.
 - ✓ The Order #183/N as of June 25, 2010 by the Minister of Labor, Health and Social Affairs of Georgia was developed and approved on “Approval of the management rules of the prophylactic vaccination national calendar, and also of the immunization, and the necessary accounting forms”. Since 1995 in the country the immunization state program is functioning, and as the result the indicators of the immunization coverage are quite high.

According to the program of epidemiological supervising acting in the country the following is provided: timely revealing of the non-contagious diseases by means of the proper work of the epidemiological supervising and laboratory services. With that program prophylactics and control of malaria and other parasite diseases are carried out, as well as study of the hepatitis spreading and epidemiological supervising of the sexually contagious diseases.

With the purpose to stabilize and prevent the AIV-infection in the framework of the state program of AIV-infection/AIDS the voluntary consulting and screening of the high risks groups (drug-addicted, persons with the sexually contagious diseases, persons with B and C hepatitis, persons with the suspicious clinical signs and contacts, etc.) are carried out together with the timely revealing of AIV-infection/AIDS new cases. In the country the safe blood program is active, in the framework of which the donor blood research is carried out on B and C hepatitis.

Georgian Law on "Traffic Security" defines the legal basis for the security providing of the traffic on the territory of Georgia. With the purpose to prevent and manage the traffic accidents the state program for providing of the traffic security is acting in the country.

In Georgia annually the number of the traffic accidents and according those insured and deceased increases. According to the data of the Ministry of Internal Affairs in 2010 5099 cases of violation of the security of the traffic and the breach of the operational rules were detected (which exceeds the data of 2009 by 1072), as the result of which 658 people died (133 more compared with the previous year) and 7560 people injured.

At the preschool and the general educational institutions with the purpose to direct optimally the teaching process of the students, and also for protection of the adolescents from influence of the malicious physical factors the Order #308 as of 2001 by the Minister of Labor, Health and Social Affairs is acting on "Approval of the sanitary rules and normative regulations of arrangement, equipment and working regime of the preschool and the general educational institutions". According to the indicated Order the sanitary rules and the norms – "Hygiene requirements for arrangement and operation of the preschool institutions" have been approved together with the sanitary rules and the norms – "Hygienic requirements towards the organization of teaching of the 6 years old children", the sanitary rules and the norms – "Hygienic requirements towards the teaching conditions at the various type modern general education institutions", the sanitary rules and the norms – "Hygienic requirements towards arrangement, equipment, storing and working regime of the video-display terminals of the personal electric calculating machines at all the types of modern general educational institutions", and the sanitary rules and the norms – "Hygienic requirements towards arrangement and operation of the children sanatoria".

Article 12 – The right to social security

With a view to ensuring the effective exercise of the right to social security, the Parties undertake:

1. to establish or maintain a system of social security;
2. to maintain the social security system at a satisfactory level at least equal to that necessary for the ratification of the European Code of Social Security;
3. to endeavour to raise progressively the system of social security to a higher level;
4. to take steps, by the conclusion of appropriate bilateral and multilateral agreements or by other

means, and subject to the conditions laid down in such agreements, in order to ensure:

- a. equal treatment with their own nationals of the nationals of other Parties in respect of social security rights, including the retention of benefits arising out of social security legislation, whatever movements the persons protected may undertake between the territories of the Parties;
- b. the granting, maintenance and resumption of social security rights by such means as the accumulation of insurance or employment periods completed under the legislation of each of the Parties.

Information to be submitted

Article 12§1

The social security system of Georgia consists of the following components:

- 1) Pension for elderly;
- 2) State compensation and Academic scholarship;
- 3) Disability pension;
- 4) Sickness benefit (medical bulletin);
- 5) Maternity leave;
- 6) Subsistence allowance;
- 7) Insurance for households living under poverty line;
- 8) Family benefit;
- 9) Employment injuries;
- 10) Survivor's benefit.
- 11) Social Services

Number of beneficiaries

	2008	2011
Pension for elderly;	611,879	666,367
State compensation and Academic scholarship;	31,258	19,128
Disability pension;	160,638	129,599
Maternity leave;		8578
Subsistence allowance;	320,344	394,819
Insurance for households who are under poverty lines;	750,838	849,724
Family benefit;	121,880 (families)	132,505(families)
Survivor's benefit.	55,862	28,469

Subsistence minimum (GEL) at the end of the year

	2008	2009	2010	2011
Subsistence minimum of the working/employable man	130.7	126.1	149.6	156.9
Subsistence minimum of the average consumer	115.8	111.7	132.5	139.0
Subsistence minimum of the average family	219.3	211.5	250.9	263.3

Calculation of the Subsistence minimum is carried out in accordance with the Georgian Law on the “Rule of calculation of the Subsistence minimum”. According to this Law, the Subsistence minimum per capita is the value expression of the consuming goods, which in accordance with the social-economical development level of the country provides the human minimum physiological and social requirements of the human.” National Center of Statistics of Georgia calculates the Subsistence minimum value on basis of which the correspondence between the Subsistence minimum and the minimum income is verified.

The Subsistence minimum is being calculated on basis of the normative statistical method according to the current (purchase) average prices. By means of utilization of the normative method the alimentary products basket is formed, which corresponds minimal norms of the alimentary products utilization, and by means of the statistical method the expenses are defined for non-alimentary goods and services, considering the consuming factual level.

Formation of the Subsistence minimum is based upon the working/employable man alimentary products basket.

Subsistence minimum (GEL) per month	December, 2008	December, 2009	December, 2010	December, 2011
Subsistence minimum of the working/employable man	130.7	126.1	149.6	156.9
Subsistence minimum of average consumer	115.8	111.7	132.5	139.0
Subsistence minimum of average family	219.3	211.5	250.9	263.3
Family type				
One member	115.8	111.7	132.5	139.0
two members	185.2	178.7	212.0	222.4
three members	208.4	201.0	238.5	250.2
four members	231.6	223.4	265.0	278.0
five members	260.5	251.3	298.1	312.8
six and more members	308.0	297.1	352.4	369.8

Source: Official web-page of the National Service of Statistics: www.geostat.ge

It shall be indicated that the Georgian Law on “Social Assistance” is spread over the “persons with special needs, the poor families and homeless people living in Georgia on the legal basis.”

Therefore, the foreigners living in Georgia on permanent basis bear the right of assistance, pension and other social benefits, just like the Georgian citizens.

The issue of social benefits to the foreign citizens living on temporal basis in Georgia and the persons without citizenship is solved according to the Georgian Legislation and the international agreement.

Georgia protects the life of the foreigners being on the territory of the country, their personal inviolability, rights and liberties in accordance with the Georgian law on “Legal standing of the foreigners and the persons without citizenship”, and in Georgia the foreigners bear the same rights and liabilities as the citizens of Georgia. At the same time, in Georgia the foreigners are equal before the Law notwithstanding the origin, the social and the proprietary standing, race, national belonging, sex, education, language, religion, political and other views, fields of activity and other circumstances.

Household Incomes

	2008	2009	2010	2011
Average monthly income of population (million GEL)	544.7	575.4	649.2	711.1
Average monthly income for one household (GEL)	540.3	569.2	651.2	705.9
Average monthly income per capita (GEL)	147.2	154.5	178.6	195.2

The social security system of Georgia is mainly regulated by the following legal acts:

- 1) Law on State Pension (23.12.2005);
- 2) Law on State compensation and Academic scholarship (27.12 2005);
- 3) Decree of Minister of Labour, Health and Social Affairs on Sickness benefit for employees (2009)
- 4) Labour Code (25.05.2006)
- 5) Governmental Regulation #145 on Social Assistance (28.07.2006)

In Georgia all benefits are financed directly from the State budget (except sickness benefit and employment injuries) and taxes (20%) are paid by employees and employers from wages.

Law on State pension regulates pension for elderly. Elderly pension can be received by men from 65 and women from 60. Only criteria to receive elderly pension is age. On August 29, 2007 Georgian Government adopted new regulations.

In 2008 Georgian government increased the pension from 28 GEL up to 65 GEL. Afterwards, several times was increased the amount of the pension rates: starting from April, 2008 the pension assigned on basis of the age was defined as 70 GEL; starting from January 1, 2009 – 75 GEL, starting from November 1, 2009 – 80 GEL; since 2010 the state pension defined on basis of age was defined as 80 GEL, and starting from September 1, 2011 in amount of 100 GEL.

defining additional benefits for elderly pensions in connection with servant (length of service) years.

Servant years

up to 5 years 2 GEL

5-15 years 4 GEL

15-25 years 7 GEL

over 25 years 10 GEL

By the law on state compensation and academic scholarship - benefits can be received by following categories of beneficiaries:

1. Members of Georgian Parliament
2. Members of Constitutional Court of Georgia
3. Judges
4. Persons who are retired from Military and Interior services, Prosecutor's office
5. The members of family of Former High level Politicians
6. High level Diplomats
7. Staff of Georgian Parliament
8. Scientists
9. Servants of Civil Aviation

The amount of compensations and scholarships are calculated separately for each group based on wages over the years, age and servant years. The law also limits amount of compensations/ scholarships per person per month, which is equal to 560 GEL. Number of the state compensation and the academy scholarship receivers in 2008 made 31 258, and in 2011 – 19 128 persons.

Law on State pension regulates disability pensions. Disability by Georgian legislation is divided in 4 categories based on health conditions, from which 1st and 2nd categories receive pensions and additionally to all categories state provides various social services.

The pension assigned on basis of the status of disability since October 1, 2008 was defined in amount of 65 GEL; starting from January 1, 2009 the state pension assigned for the severe disability the pension was defined in amount of 75 GEL, and since November 1, 2009 – as 80 GEL; for the persons with moderate disabilities the state pension was defined as 65 GEL since January 1, 2009, and starting from November 1, 2009 – in amount of 70 GEL; starting from September 1, 2011 the state pension for the persons with the expressed limited capabilities was defined in amount of 100 GEL.

Categories of the pension receivers	Amount of beneficiaries	
	01-01-08	31-12-11
Pension for age	611,879	666,367
Persons with the limited capabilities	160.638	129.599
Persons without breadwinners	55,862	28,469
Others	8,523	2,315
Total	836,902	826,750

Further staged increase of the pension rates and minimum wage assistance is planned in the framework of the social/pension system reform.

Sickness benefit is regulated by the Decree of Minister of Labour, Health and Social Affairs of Georgia. Sickness benefits for their employees provide Employer organizations.

The disputes regarding repayment of the sickness benefit by and between the employer and the employee are tried at the court.

In accordance with the Article 42 of the Administration Offences of Georgia, “violation of the Labor Legislation and the rules of the labor protection, and also violation of the Labor Legislation and the rules of the labor protection by the enterprise, agency/institution, organization (notwithstanding its property and organizational legal form) official, - will cause imposing the penalty up to two hundred minimal amount of the labor compensation”. Therefore, in the event of non-implementation of the liabilities by the employer the employee is entitled to refer to the court.

Maternity leave is regulated by Labour Code and Public service Law. Article 27 of Labour Code defines length of paid Maternity leaves:

Article 27. Pregnancy and Maternity Leave

1. An employee, upon request, is entitled to a total maternity leave of 477 calendar days to cover pregnancy, delivery and child care.
2. Of pregnancy, maternity and child care leave, 126 calendar days will be paid, while in case of a complicated delivery or if mother gives a birth to two or more children – 140 calendar days of paid leave will be granted.

Article 29. Compensation of Pregnancy, Maternity or Adoption Leaves

Compensation of pregnancy, maternity or adoption leaves is paid from the State Budget according to the rule set by the legislation. An employer and an employee can reach an agreement regarding an additional compensation paid by an employer.

The basis for issuing of the benefits due to pregnancy, birth-giving and child care, and also adoption of the newborn child is the sick leave sheet filled in for the employee/servant or in case of adoption of the newborn child, the judgment entered into legal force.

The assistance will be issued by the LEPL Social Service Agency, and the compensation – by the appropriate institution, from the assignments issued according to the Law out of the budget.

The indicated issuance is one-time.

The basis for issuing of the benefits to the employee/servant is the salary of the previous month before taking the leave due to pregnancy, birth-giving and child care or adoption of the newborn child.

If according to the labor contract the amount of the labor compensation is not defined, in such case the basis for calculation of the benefits to the employee/servant is the average monthly labor compensation of the previous 3 months before taking the leave due to pregnancy, birth-giving and child care or adoption of the newborn child.

In the event of the labor remuneration depending onto the work-out the basis for calculation of the benefits to the employee/servant is the average monthly labor compensation calculated according to the labor compensation of the previous 3 months before taking the leave due to pregnancy, birth-giving and child care or adoption of the newborn child.

If the employee has no working experience of three months with the given employer, the average monthly labor remuneration will be calculated on basis of the average monthly labor compensation repaid for the appropriate profession and qualification employee.

The general amount of the benefits is defined in the summarized form for the month indicated in the sick leave sheet (for each month separately) by multiplying of the average daily salary (wage/labor compensation) for the business days of absence in the given month due to pregnancy and child care or adoption of the newborn child.

Calculation of the average daily salary (wage/labor compensation) is calculated by dividing of the average monthly labor remuneration (wage/labor compensation) for the business days of absence in the given month due to pregnancy and child care or adoption of the newborn child.

In case of working with the several employers at a time the due benefits will be issued by the agency by summarizing of the amounts indicated in the financing statement of each employer, in the framework foreseen by the active legislation.

Transfer of the benefits amount is provided in the centralized manner by the Agency to the personal bank account indicated in the financing statement of the employee/servant indicated by the appropriate employer/institution, and is issued as the one time repayment.

Insurance for households who are below the Poverty Line was launched in July 2006 as a part of State Stationary Treatment Program and continued as a separate program in January 2007. In 2007 (Governmental decree # 166, 31.07.2007) program covered just 2 regions. The problem description of the program pointed out that “at the current stage of economic development a significant part of the population experience severe economic hardships and consequently do not have access to elementary health care services” (MoLHSA 2006). Thus increasing financial access to health care for population below the poverty line was asserted as the objective of the program.

In the past period the system of the means tested assistance based upon the needs had been developed. For the families beyond the poverty line according to the legislation the amount of the defined subsistence minimum for the one member family was 30 GEL, and for each following member starting from January 1, 2009 was defined as 24 GEL (instead of 12 GEL).

The line point to receive the minimum wage was also spread over those families, which as the result of the military actions of August, 2008 were forced to leave their dwelling places and had to settle at the rehabilitation dwelling places.

	2008	2009	2010	2011
Amount of Subsistence benefit beneficiaries	320 344	420 802	435484	394 819

In accordance with the Resolution #218 as of December 9, 2009 by the Government of Georgia on “Defining of the arrangements to be carried out with the purpose of insurance of the health of the population and the terms and the conditions of the insurance voucher in the framework of the state programs”, the right to receive the insurance voucher together with the other categories is born with the families registered at the “General Database of the Socially Unprotected Families” and are assigned with the rating points not exceeding 70 000.

Category	2008	2009	2010	2011
Families beyond the poverty line, the rating points of are less than 70 000	750838	904897	885325	749964

It shall be indicated that in the framework of the state programs, except for the families being beyond the poverty line were also insured the refugees dwelling at the compact settlements, homeless children, state artists and state painters, and the nominees of the Rustaveli award, as well as the beneficiaries of the boarding schools, the teachers, etc.

The insurance voucher is the financial instrument aimed for financing of the health insurance. The conditions of the of providing of the appropriate medical service for the insured persons are regulated by the legal act of the Georgian Government, in the framework of the state insurance programs the rules for providing of the medical and the insurance services, which regulate the relations incurred by and between the subjects – participants into the relevant health insurance state programs, financed by the state budget, and in the framework of the these programs, the standards of the medical, the pharmaceutical and the insurance service to be provided. By the same act the rights and the liabilities of the provider are defined, as well as the accounting and the settlement conditions, the rule of issuing of the medications, and the rule of rendering of the planned inpatient service. In particular, in the case of the planned outpatient and the planned inpatient services the provider is liable to render the medical service only upon the insured person submits to the provider the insurance policy/agreement, the personal identity card and the guaranty letter. Submitting of the latter is not obligatory in the event of financing according to the capital rule and the global budget. In the event of the emergency medical service the notification is equal for the above indicted documents. The provider is liable to render the planned medical service to the insured person in amount and volume indicated in the guaranty latter. If the insured person due to the health conditions needs additional medical service rendering, the provider is liable to render that service to the only upon agreement with the insurer. At that time on basis of the agreement by the parties, the insurer issues the new guaranty letter.

Family benefit was regulated by the Governmental decree on Social assistance #145, 28.07.2006. By that time, the so called “family aid” was divided in 5 main categories as follows: the families of one or more persons of unemployed single pensioners; the orphan children; the disabled and unemployed blind persons of the first group; the disabled children under the age of 18; and the families of dependent children, which got 7 or more children under the age of 18.

For the end of 2007 still 29 000 families received family benefits. Once the means tested assistance/benefits to the families living beyond the poverty line was launched, since 2007 the family benefits for the above indicated categories are not implemented any more, though all the persons will retain the right for receipt of those benefits gained before 2007. According to the standing of December, 2011 the number of receivers of the family benefits is 17.626 beneficiaries.

Employment injuries are regulated by Labour Code. By the Article 35 of Labour Code: “ An employer shall fully reimburse to an employee the damage resulted from the worsening of the employee’s health due to his/her official duties, as well as the expenses of necessary medical treatment”. As for issuance of the compensation to unemployed, thee benefits were issued to the person with minimum 1 year working experience and which was registered as unemployed during 3 months. The amount of the assistance was 14-20 GEL. Issuing of the indicated assistance was useless and actually did not provide the perspective for employment, not being a real assistance to the unemployed. At the same time, the number of those registered as unemployed was actually much less compared with the real standing. Therefore, compensation of the unemployment in the country is not issued since 2006 and the professional training has been preferred together with facilitation of employment, etc.

Law on State pension regulates survivor's benefit. Children under 18 can apply to get survivor's benefit in case of death of one or both parents (Article 5, Law on State Pension). Amount of survivor benefit according to the law (article 19) equals to 55 GEL. According to the standing as of 2011 the number of receivers of the pension due to decease of the breadwinner was 28 469.

Assigning of the social assistance as the particular benefits for the only parents is not foreseen by the legislation as assigning of the monetary social assistance – subsistence allowance for various households is carried out on basis of the rating points verified while assessing of the social and economical conditions of the family, and not for the various social categories. Hereby it shall be underlined that according to the Tax Code of Georgia, the income tax is not imposed onto the single mother and disability persons, in case of annual chargeable income up to 3000 GEL.

As for the benefits aims to the specific purposes for purchasing of construction or pledge of the house, in the framework of the assignments defined by the central budget their issuance is not foreseen.

It shall be underlined hereby also that due to the circumstances happened in Georgia during the last years as well as the armed assaults and intensive military actions many families was forced to leave the places of the permanent residence and now these families live in various regions of Georgia in the newly built or rehabilitated houses, compact or private settlements. It is the priority of the Georgian Government to arrange for the appropriate dwelling conditions for them.

According to the Labour Code, ground for suspending the labour relations can be termination of the agreement. Termination of the labour agreement is possible with the initiative of one of the parties of the agreement, or the reasons of termination of labour agreement can be stipulated by the agreement. In case of termination of the agreement with the initiative of the employer, the employee should be paid at least one month remuneration.

To meet the needs of persons with disabilities, elders and children without parental care, through state programs, in 2008-2011 government have financed wide range of social services:

Financial Support Program for Functioning of Guardianship and Care Agency implies returning the children being under the State care to their biological families and further supervision of their upbringing conditions; implementing functions of guardianship and care of central and local agencies, legally defined to the LEPL-Social Services Agency; providing expertise for determining health conditions, for adopting children from Georgia to foreign countries.

year	2008	2009	2010	2011
Budget	----	4 969 500	4 050 935	1 678 600

Program for providing food to children under the risk of abandonment implies reducing the risk of abandonment. The activities of a sub-program include: Providing children under age of one year and 6 months inclusive with food products, defined by the Georgian Law on "Protecting and supporting natural nutrition of children, terms of use of artificial food". . .

year	2008	2009	2010	2011
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Budget	----	----	----	250 000
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Day care centers program implies support of the families vulnerable children and prevention of their abandonment, support social rehabilitation of persons with disabilities. Activities of the sub-program are as follows: Feeding, Identifying and satisfying academic needs of beneficiaries; Supporting developing personal and vocational skills; Supporting the involvement of beneficiaries in various cultural and sports activities; In case of need, organizing ambulatory medical and psychological services; For persons with disabilities (including children with PWD status) the Day Centers service additionally implies: Creating and implementing individual habilitation and/or rehabilitation programs; Preparing beneficiaries for inclusive education.

year	2008	2009	2010	2011
Budget	1 309 000	1 668 950	2 035 940	2 050 824

Family Type Service program for children without parental care implies: Placement of children in a small group homes and creation the environment close to the family atmosphere; Placement of children in foster families (Foster Care).

The activities of the sub-group are as follows:

In case of foster care service: Providing children with the environment as much as possible close to the family atmosphere, supervised by periodic visits of social workers of conditions and developing process of a child; (including urgent foster care service).

In the case of small groups homes services activities are as follows:

Providing 24-hour service in a small group homes, in accordance to the requirements for the service; Feeding At least three-times a day, out of which one should be a three-component dinner; Providing items of personal need and clothes appropriate for age, gender and season; Development of a individual service plan of a child and providing permanent control over implementation and re-considering of the service plan; Teaching basic skills (self-care, involvement in family activities etc.); Supporting in developing professional and vocational skills, considering abilities, preferences and interests of children; Support to improving academic performance of a child and planning of their free time; Involving a child in cultural and educational as well as sports activities; In case of need, providing psychologist service; Providing a dynamic supervision over child in the primary healthcare center and, in case of need, providing a primary medical service; organizing ambulatory and hospital medical service; Providing children with the environment as much as possible close to the family atmosphere by periodic visits of social workers and by properly supervising of conditions and developing process of a child.

The target groups of the program are: Children from 6 to 18 years of age residing or to be resided in the children raising facilities, also school/public educational center students over the age of 18 residing in a children raising facilities whose adoption, returning back home or foster care is not attainable.

year	2008	2009	2010	2011
Budget	Not available	340 000	554 300	3 542 365

Program for providing a shelter to homeless children implies providing a temporary, 24-hour shelter or a day service for homeless (street) children under the age of 18.

The activities of a sub-program are as follows: Providing a shelter or a day service; Feeding; Providing with clothes and items of basic individual need appropriate to age, gender and the season; Identifying the primary

medical needs of a child and in case of need involving them in the state healthcare programs; Identifying psychological condition and coordinating efforts to stabilize it. Creating an individual rehabilitation service plan, implementing and periodically re-considering it for possible alterations; Creating and implementing educational and vocational programs. Involving in cultural, educational and sports activities; Teaching of vital and social skills; Obtaining various skills of daily life. The target group of the sub- program is the homeless children under the age of 18.

year	2008	2009	2010	2011
Budget	----	190 800	258 120	99 000

Child Rehabilitation program includes specific rehabilitation for target group of children, improvement of their physical health, increase of their adaptation ability and social integration. The program activities include:

a) composition by the interdisciplinary group of specialists the annual plan of individual habilitation/rehabilitation, where the recommended number of courses of habilitation (rehabilitation), their length and provision periods will be pointed out;

b) physical therapy, which implies the development of motor skills (concentrated on large motor functions), teaching of the use of adaptation means, development of oral-motor abilities, sitting and standing pose development, walking training and analysis, motion amplitude increase (basically lower limbs), sensor integration, pain management;

c) occupational therapy, which implies the development of motor skills (with concentration on delicate motor functions), teaching of usage of adaptation means, sitting and standing pose development, feeding skills development, self-care skills development, enlargement of the amplitude of motion (basically – upper limbs), sensor integration, communication, vision-motor awareness;

d) speaking and language therapy, which implies communication (including, language) skills development, gesture and sign language (articulation) teaching, feeding skills development, oral-motor skills development, sensor integration, correct breathing skills development;

e) doctor's supervision, which implies neurological testing (check) of a child, medical documentation and record keeping, coordination of the work of the interdisciplinary group;

e) in the case of need, psychological assistance of a child, which includes psychological testing, cognitive skills and mental development evaluation and psychological correction;

f) in the case of need, psychological assistance to the parent or legal representative of the child;

g) rehabilitation activities, which include relevant specialists' consultation, medical massage, physiotherapy manipulation, physical therapy for children under 18 who have osteoarticular diseases.

target groups of the program are:

a) Child cerebral palsy, spinal muscle atrophies and syndromes, muscle dystrophy, congenital myopathy, muscles other primary injures (including non-defined), hemi-, para- and tetraplegy, central nervous system inflammatory and blood vessels disease results, inflammatory poly-neuropathy results, children 3 years and older with peripheral nervous system injury at birth, also children under 3 years with similar conditions;

b) Children under 18 years with osteoarticular diseases.

year	2008	2009	2010	2011
Budget	720 000	868 200	807 400	656 700

Child early development program's goal is mental and physical development of the children with mental and physical development retardation (including, Down's syndrome, cerebral palsy and etc.) and their early rehabilitation and abandonment prevention. Activities of the program includes: moral and physical support of the parents' of the children with mental and physical development retardation at birth and from the first days of birth, inclusion in the early development program; identification of the children with mental and physical development retardation, their social, motor, cognitive, self-care and communication skills, development and support in social integration support; According to the individual necessity the service can be provided at home, in medical facility or at kindergarten; child stimulation, social and self-care skills, cognitive, motor and communication skills development using relevant evaluation system and methodology; creation of the child individual development plan, perform and monthly update of this plan; Training of parents in order to fulfill the plan (including, development of appropriate skills and special care education).

year	2008	2009	2010	2011
Budget	----	64 800	85 400	86 400

Program for providing a shelter to persons with mental disorders implies providing a specialized 24-hour service for the target group.

The activities of the sub-program are as follows: Everyday service, at least three-time feeding; Creating and implementing programs of individual rehabilitation and care; Teaching vital skills; Providing proper medical help and psychologist services; Considering capabilities of beneficiaries, involving them in cultural activities, also outside the specialized institution.

year	2008	2009	2010	2011
Budget	----	579 100	541 300	540 000

Community organizations program for PWDs implies creating conditions close to the family environment and promoting social rehabilitation for people with disabilities.

Activities of the sub-program are as follows: Creating and implementing individual development program for beneficiaries; Provide housing, everyday service and three-times feeding; Providing proper medical help and psychologist service; Developing vocational skills (considering individual capabilities and interests of beneficiaries – selecting vocation, training and promoting practical application thereof)

Providing personal hygiene items and other items of personal use; implementing activities aimed at integrating beneficiaries in the society.

year	2008	2009	2010	2011
Budget	185 500	240 285	254 550	261 105

War Veterans Rehabilitation program includes provision of medical-prophylactic and rehabilitation services to the registered in the informational database of the Veterans Affairs Department of Armed Forces of Georgia war veterans. Program activities are the followings: consultation of the doctor-specialists; physiotherapy and instrumental-laboratory diagnostics; balneology procedures; remedial exercises and manual therapy

procedures.

year	2008	2009	2010	2011
Budget	----	----	39 745	40 000

Deaf person's communication support program considers assistance in social integration of deaf persons. The program activities include: Service provision of the sign language interpreters in minimum of 8 regions of Georgia (one interpreter in one region); placing of information about services of sign languages interpreters in general public institutions (local self-government organs, Georgian Courts, Georgian Ministry of Internal Affairs Police Department, active public law entities in the sphere of the Ministry of Justice of Georgia – Civil Register Agency and Public Register Agency, also LEPL – Social Service Agency's territorial organs of the Ministry of Labour, Health and Social Affairs of Georgia); Informing of deaf persons about state provision different services by the help of sign languages interpreters.

year	2008	2009	2010	2011
Budget	20 000	16 000	19 200	16 000

Program of provision supportive devices implies provision of assistive aids:

- a) wheelchairs;
- b) prosthesis –orthopedic devices;
- c) hearing devices;
- d) cochlear implant.

year	2008	2009	2010	2011
Budget	1 154 660	974 470	1 723 700	2 728 600

Article 12§3

During the reporting period in the system of social assistance for various target groups (among them for the children) with the purpose to provide availability of the necessary services the network of the existing service was extended and several types new services have been introduced, the programs have been developed, which are oriented towards realization of the rights of the socially vulnerable groups and the persons with disabilities (among them children).

In 2008-2011 in the system of social protection the large residency institutions for the children were presented (among them for the children with disabilities), the boarding schools, small family type houses, children crisis centers, homeless children shelters, boarding houses for the elderly and the persons with disabilities, day care centers, community organizations of the persons with disabilities.

The beneficiaries of these services are the homeless children, the disabled children and those with the special educational needs, so-called "street children", and the persons with disabilities. The criteria for allocation of the

person into each service differ according to their needs and are defined with the appropriate program and normative acts issued by the Government or by the Minister of Labour, Health and Social affairs. In the most services allocation of the beneficiaries is carried out on basis of assessment by the social worker and by the decision by the regional board of the guardianship and care agency. In the process of including into the service the health condition of the beneficiary is foreseen, as well as the need for the benefit of the particular service to the person. As for the financing, from the part of receiver of the service the co-financing share depends on the assessed rating point indicating the social and economical conditions of the family.

In order to ensuring of quality of provided services, in August 26, 2009 by the order N281 of the Minister of Labour, Health and Social Affairs has been approved "Child Care Standards." It is important to note that the document development process began in 2005, it participated in the creation of child care for Georgian and foreign specialists, as a state and non-governmental sector. The first version of the standards approved by the Minister of Education and Science and Minister of Health, Labour and Social Affairs on January 18, 2007 Joint N42-16 / n order. According to the order the standards were point of reference for child care services. It should be noted that "child care and Deinstitutionalization Governmental Commission Technical Secretariat standards in order to pilot (test) carried out, of which the European Union," Child Welfare Reform Project and the UN Children's Fund has helped. Aim was to pilot the final package acceptable standards for the implementation of a realistic and have been for service providers.

"The day care centers service standards for persons with disabilities" were approved by the Order N 01-13/N of 8th April, 2011 of the Minister of Labour, Health and Social Affairs of Georgia. The aim of this order is to determine the quality assurance mechanisms of such type service provider organizations'. It is important to mention that UNICEF organized the creation process of the mentioned document. The representatives of the day care provider organization and public defender's office, also experts were involved in the working group.

In the field of the child care with the purpose of regulation of the organizational activities the license for the upbringing activities is functioning in the state, holding of which is obligatory for all the persons implementing upbringing activities. The ministry of Labor, Health and Social Affairs by means of its structural unit and the LEPL Social Services Agency carries out registration of the service providers. Providers should meet to conditions defined in order to be in accordance with the purpose of the service.

In the process of selection of the service provider from the part of the state the following conditions are foreseen: the right to hold or use the material and the technical base by the organization, in the field of guardianship/care experience of implementation of the programs/project of various types (among them the ongoing ones); providing compliance with the service regulation standards, the mechanisms for providing implementation of the undertaken liabilities, etc. With the provider of the state program the accounting system exists, according to which the report to the financing bodies are submitted on the periodical basis.

In the framework of the state programs, with the purpose to reveal the achieved results and the faults/defects by means of implementing of the components defined by these programs, in 2011 ordered by the Ministry of Labor, Health and Social Affairs, the organization winner into the bidding - the Union "BCG Research" implemented the monitoring of the state programs for social rehabilitation and the child care in 2009-2010-2011. Based upon the results of the monitoring the Ministry reflected the appropriate changes into the state programs for the subsequent years.

The general body for administration of the social services is the LEPL-Social Service Agency, which administers several tens of social and health protection state programs. The Agency is the service disposing multimillion

expenses, which is directed towards the provision of various contingents – the beneficiaries – in need with service or assistance social disbursements, health and social programs. The state pension, the social assistance, the health insurance, the proper servicing of the persons with disabilities, the guardianship and care of the homeless/abandoned children and other are the issues, in the framework of which more than 2000 employees work at the Agency servicing approximately 2.5 million Georgian citizens (approximately 60 percent of the Georgian population). The territorial branches of the Social Service Agency are located at 68 raion. The Agency renders the appropriate service to almost one third part of the population of Georgia. The Agency provides for then 25% of the Georgian citizens with the free medical insurance, which means the complete medical service for the beneficiaries financed by the state. The Social Service Agency is also the guardianship and care body, offering to the homeless/abandoned children and the persons with disabilities various necessary services for their complete integration into the society.

It is of utmost importance to develop the effective system for preparing and training of the personnel resources. The Agency on yearly basis serves to 60% of the population. Due to the indicated the great attention is paid to holding of the skills and the capacities by the employees, which secure serving of people in accordance with the modern standards. In 2010 with the assistance of the invited specialists the group of the trainers was prepared, which provide the trainings for those employed at the Agency, so-called “Client Serving Skills” (“Service+”). They have already trained 586 employees. In 2008-2011 one of the general instruments of the administration system for the social protection – purposed social assistance system, methods and administration scheme were reviewed and improved. In particular, starting from June 1, the methods and the administration scheme of the assessment criteria for the socially unprotected population have been substantially modified. In the declaration strict criterias (the items of the long-term use, received from the state or other legal entities), are not considered in declaration anymore. In case of extracting (decease, leaving the family) or adding (child born, adoption) of the member of the family receiver of the subsistance allowance is not stoped to the family and is automatically calculated in accordance with the numbers of members of the family; the role of the representatives of the local municipality bodies is reinforced in the process of evaluation of the families.

The work is being carried out over the project for development of the informational system of the social budget administration, and the expected results are the following:

- High quality of the Service: “Principle of One Window”, fast response to the references;
- Improved quality of the data, minimization of the errors;
- Optimization of the administration – “Automatic decisions”;
- Fast reaction to regulation of the business-processes;
- Optimization of the administrative resources;
- Integration with the other state information systems – “E-Government”;
- Presence of the easily available, reliable and transparent mechanism of the social budget monitoring;
- Planning of the social protection policy based upon the proofs;
- Strong instrument for management and development of the system.

From 2007 a voucher-based model of funding social services was introduced in Georgia. According to the scheme, identified beneficiary receives a voucher. A voucher-holder had the right to make a free choice among registered private providers. Voucher based financing promotes competitiveness and consequently influences on quality of provided services.

During the reporting period the legislative changes have been implemented. First of all, it is worth to mention, that according to the law on "Social Assistance" in January 1, 2009 functions of central guardianship and care body was delegated to the Ministry of Labour, Health and Social Affairs' LELP "Social Service Agency". Mentioned changes were based on the unified administration of the social system that means flexible management of the united child welfare and social welfare systems.

In general the integration of the Child sector into the social system is very important, as the state can easily establish common vision and approach that would contribute the prospects of its development.

The Ministry of Labour, Health and Social Affairs of Georgia elaborated 2011-2012 Plan of Action "Major Areas of Child Care System Reform", correspondingly, by the Georgian Government Decree N 373 of 8th December, 2010 about "the support of the development of the Child care alternative form" were approved the actions, which ensures the determination and procurement of the objects (houses) identified by the proposed plan for the functioning of the small group homes (SGH)

During this period, in December 10, 2008 the Government of Georgia has adopted ordinance N869 on "2008-2011 government action plan of Child welfare", which fully reflects the priorities of the state at reforming child welfare system and in terms of enforcement of commitments undertaken the United Nations Convention on the Rights of Child. The State agencies under the process of the realization of the measures working closely with international partners and local non-governmental organizations, which includes close ties and consultations with the civil society. It is worth to mention that in the plan development process children were actively involved (orphanage children, reintegrated children, homeless and disabled children and as well as children who are the members of Tbilisi city council.), parents (biological, foster parents) and representatives of NGOs. Accordingly, this fact means that the state attach the great sense to the principle of child participation in the decision-making process. That process created the precondition of the plan objectives as well as activities which are directed to the children's priority needs and satisfaction.

This plan is comprehensive, and therefore, focuses on all categories of child's rights that will facilitate their development and superior necessity/ rehabilitation Activities aimed at the implementation. The Action plan foresees measures from the Government, which will help every child to have positive and individual opportunity for psychosocial development. Within this framework, Orphan child's interests are mainly considered to help this category of children to be adopted in a stable and harmonious family environment and upbringing.

Is important to note, that the legislative changes, which are made for vulnerable parents of children in a family environment and upbringing of adoption of flexible procedures for the creation of systems. In particular, on 18 December 2007 the Parliament received the "Adoption" and "foster care" on the laws.

The legislative changes are very important to be mentioned, they were made for the flexible adoption system to provide family environment for children. In particular, in 2007, December 18 the parliament of Georgia has implemented laws on "Adoption" and "Foster Care".

The main benefit of the previous law on "Adoption" was to reduce the terms for award the adopting status for children. In addition this circumstance allowed the child to be moved in institution in time, which was conditioned to prevent institutionalization of children and provide them their rights to be upbringing in family environment.

As for the law on “Foster Care” it was promoting the improvement and systematization of the foster care procedures. According to the mentioned law’s 31 article the order N921 was approved by the Minister of Education and Science in 31 October of 2008 “Local and Central Register for adopting children and adopting families’ biographic data which is related to the rules of information storage and issuance, also the criterions for adopting children.

In 18 December of 2009 Parliament of Georgia adopted new law on Adoption and Foster upbringing. The aim of the law was simplification of Adoption and foster upbringing procedures and promotion of preferential right of rising up children in family circumstances and processes. New legal frames simplify terms and procedures of conferring careless children the adopting Status. The aim of adopting the law was as well eradication of the precedent of corruption and to make transparent legal system. In addition, the special commission for adopting child’s health condition establishment has been abolished and fro foreign adoptive parents the child’s offering period has decreased from 18 month by 6 months.

Prevention of the child abandonment and deinstitutionalization, which covers their reintegration into the biological family or for the protection of the right to be upbringing in the family-like environment the placement in foster care or transfer into the small group homes; provision of the day care centers services; provision of shelter to the homeless children; supporting of the early development of the disabled children; rehabilitation/vacation for disabled children under the state care (patronage); assistance of the orphans and children deprived of parental care; protection from the violence of children; psycho-social and physical rehabilitation of disabled child

The carrying out of successive policy in respect of PWD-s by the state, the State Coordination Council on disability issues was established in 2010. The council is the main permanent body in charge of disability policy in Georgia. The Prime Minister of Georgia is in charge of the council. Representatives of seven Ministries, members of Healthcare and Social issues Committee of the Georgian Parliament and representatives of seven elected non-governmental organizations are members of the abovementioned body.

The main instrument for the social security policy for the disabled persons became 2010-2012 State Action Plan on Social Integration of People with Disabilities adopted by government 15 December 2009, which is in conformability with theses of „World Programme of Action concerning Disabled Persons” and other international regulatory acts.

Article 14 – The right to benefit from social welfare services

With a view to ensuring the effective exercise of the right to benefit from social welfare services, the Parties undertake:

1. to promote or provide services which, by using methods of social work, would contribute to the welfare and development of both individuals and groups in the community, and to their adjustment to the social environment;
2. to encourage the participation of individuals and voluntary or other organisations in establishment and maintenance of such services.

Information to be submitted

The Great emphasis in process of social welfare reform was made on expertise and developing of human resources. In this respect, the bigger share of trainings is focused on increasing skills and knowledge of service providers and representatives of custody and care body.

In this period, various projects or planned activities were to provide different trainings. For example, during the piloting of childcare standards of EU child welfare assistance project, trainings were held for personnel of state and non-governmental service providers (48 care givers and administration) that helped in implementation and operation of childcare standards.

It is important to mark trainings in child protection system - implementation of child protection referral procedures which was organized by following organizations "Save the Children", EU child welfare assistance project, „Terre des homes", Public Health and Medicine Development fund of Georgia, Charity fund "Apkhazeti" about violence and child protection issues for the parties involved in the child protection system. The trainings covered 8 towns: Tbilisi, Gori, Rustavi, Bolnisi, Marneuli, Telavi, Kutaisi, Batumi. Experimental Stage, Pilot district of the city was involved in the project, in accordance with the target group of the project were teachers, doctors, care-givers, pedagogues of day care centers, policemen and social workers of this district.

In 2008 The UNICEF support made possible to organize trainings in order to raise awareness about trafficking for personnel and beneficiaries of childcare institutions.

In 2010 The UNICEF organized trainings for personnel of childcare institutions (caregivers, psychologist, doctors, nurses, pedagogues) in methods of individual care. The project consisted of four phases: Selection, Trainings, Training of trainers (ToT) and Supervision/Consulting. This project was aimed at implementation of the requirements of the childcare standards in the childcare institutions. In particular, trained personnel would help manage the care process based on individual needs of children.

In 2007-2008 EU child welfare assistance project provided trainings for state social workers, the project has been prepared and encouraged the practice of social workers.

The number of retrained social workers with the tendency of increase:

2007	96 social worker
2008	170 social worker
2009	197 social worker, including: 15 senior social worker
2010	197 social worker, including: 15 senior social worker
2011	193 social worker, including: 15 senior social worker

It is important to mention here, that in addition 50 social workers will be employed in the guardianship and curatorship organ by the end of 2011.

Allocation of the beneficiaries in the most services is carried out on basis of the assessment by the social worker and the decision made by the regional board of the guardianship and care body.

In the framework of the reform starting from 2007 up to 2010 the developed alternative services (proxy upbringing, small family type house, day center, community organizations) enabled the sharp rise of the scales

of the deinstitutionalization process, which, caused decrease of the beneficiaries at the residential institutions. Number of children in residential institutions in 2008-2011 decreased from 3000 to 780. 15 large children orphanages were closed.

It shall be indicated that in the process of development and implementation of the social policy active participation of the non-governmental organizations and the interest groups is ensured. Neither action plan, standard or state program indicated in this document has been planned without their participation.

Inclusion into the social services is carried out by the social worker on basis of the prepared conclusion and the decisions are made by the regional boards of the LEPL Social Service Agency. In the regional boards the following specialists are included: lawyer, doctor, local government representative, non-governmental organization representative, representative of the resources center at the Ministry of Education and Sciences, etc. For the defining share of co-financing of services, the rating point, reflecting the socio-economical conditions of the family foreseen. 100% financing get those living in the poor families. Members of families living above defined poverty line are getting co-financing for services. In order to receive the services the person shall refer to the local department of the LEPL Social Service Agency. The decision for refusal of the social service the citizen might appeal at the court.

In accordance with the Georgian Law „On social assistance” the Law covers the persons, who on the legal basis have permanent residency in Georgia. The providers of the social service need the registration. And the terms and the conditions of the registration differ for the various types of the services. E.g. information about the material and the technical base of the organization and the personnel, the bank account number, and also in particular cases the documents confirming the right of use of the building, where the service is implemented. The organizations implementing the upbringing activities are required to hold the relevant license.

For implementation of the monitoring of the services assessment of the volume and the quality of the services foreseen by the appropriate state program is used. With the purpose of the day care centers service monitoring, the appropriate standards are developed. Besides, all the organizations working with the children shall meet the child care standards. Now the general system and the procedures for monitoring of the services are being carried out.

Allocated financial resources for implementation of the social services (including residential care):

year	2008	2009	2010	2011
Budget	15 394 400	19 872 791	19 203 535	22 278 790

With the purpose to implement monitoring of the services rendered by the end of 2011 the research of the services implemented in the framework of the state programs in 2009, 2010 and 2011 was carried out. The research was implemented due to the order by the Ministry of Labor, Health and Social Affairs by the independent organization “BCG Research”, the results of the research were foreseen while planning of the services for 2012.

Registering for the social service provision is possible for any organization, which meets the requirements foreseen by the registration terms and conditions. Thus, as most of the services are financed by the voucher

principle, the beneficiaries select themselves the serving organizations, and therefore, indirectly determine participation of the providers into the service implementation.

The civil society takes active part in the service planning and implementation process. From this point of view participation of the interested society into the development of any action plan or program, as well as reviewing and consideration of their proposals and recommendations is secured.