STATE HEALTH PROGRAMS PROVIDE ONLY
FRAGMENTED SOLUTIONS TO THE PROBLEMS OF

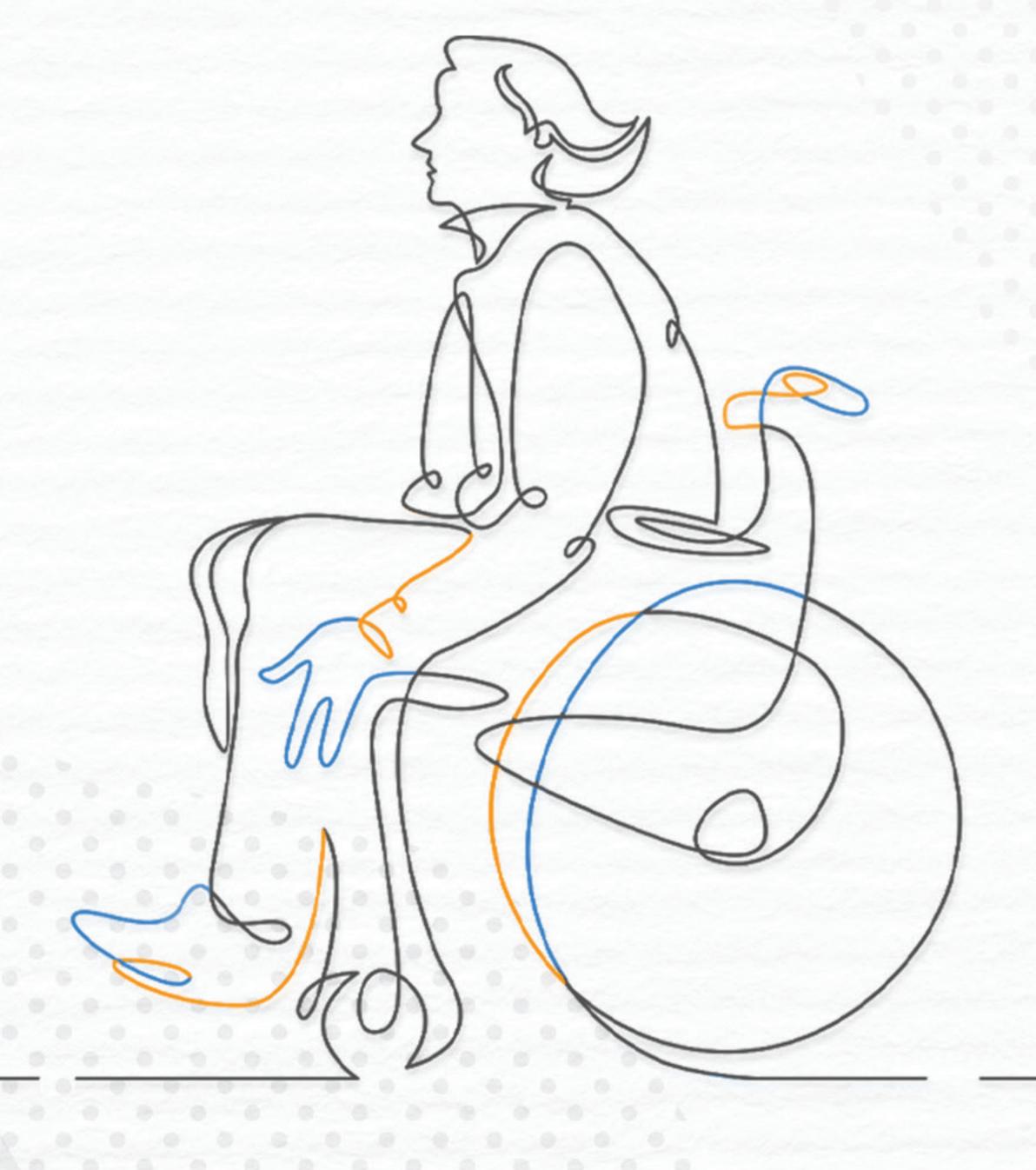
WOMEN AND GIRLS

WITH DISABILITIES. THIS IS WHY THEY

CANOTPROPERLY

PROGRAMS.

FROM THESE







THE UNIVERSAL HEALTHCARE PROGRAM

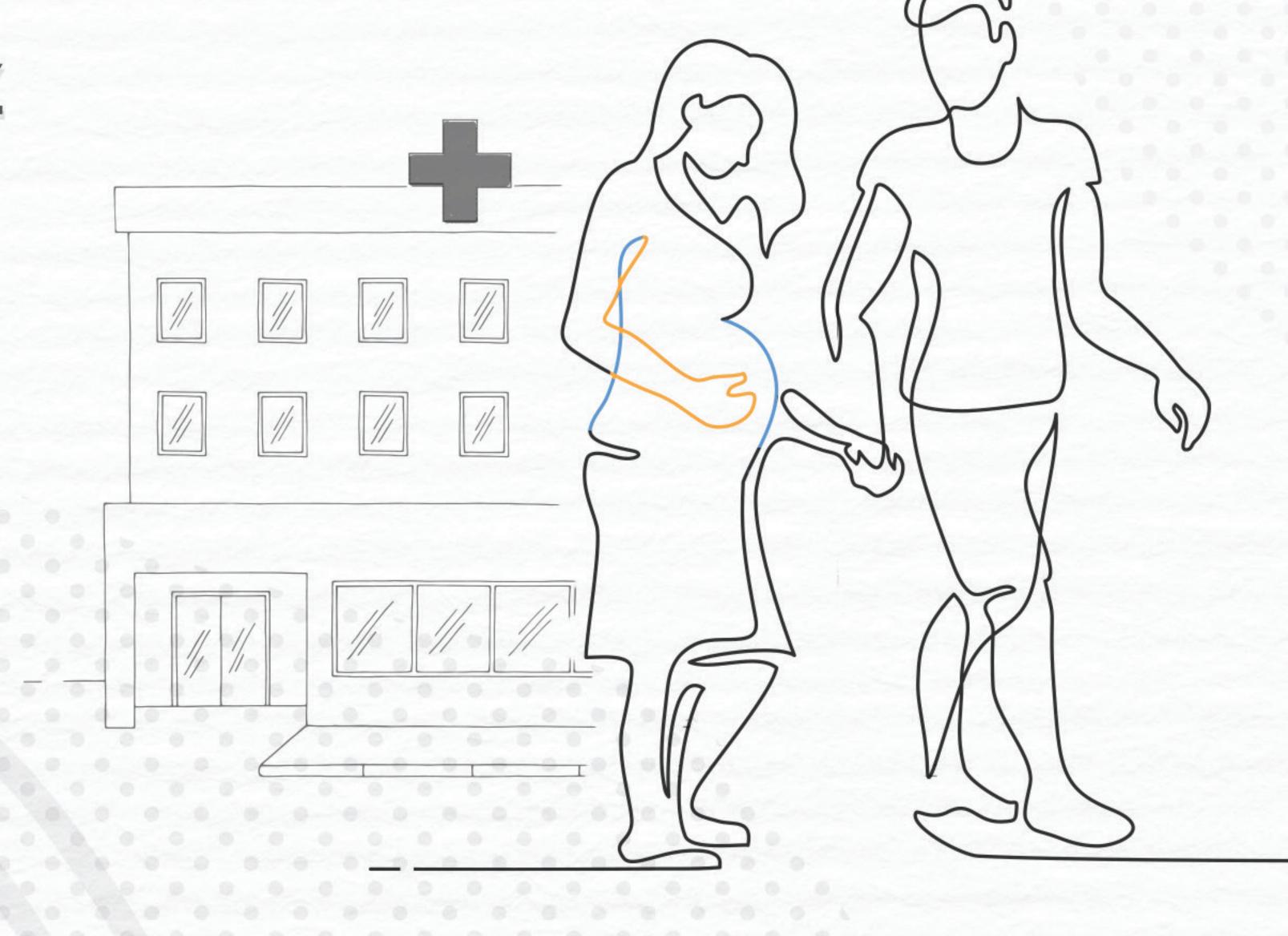
DOES NOT COVER FAMILY PLANNING

SERVICES THERE ARE NO FUNDS

ALLOCATED FROM THE STATE

BUDGET FOR CONSULTATION

OR SERVICE DELIVERY.







MEDICAL PERSONNEL DO NOT HAVE

A STATUTORY OBLIGATION TO INFORM
WOMEN AND GIRLS WITH DISABILITIES ABOUT
SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS.
CONSEQUENTLY, THE HEALTH WORKERS

LACKROWLEDGEAND

SERSITIVITY

TO THEIR NEEDS.







STATE PROGRAMS DONOT

ENCOMPASS PROVISION OF

ADEQUATE INFORMATION

ON SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS TO THE PERSON

WITH DISABILITIES.







THE PRINCIPLE OF REASONABLE

ACCOMMODATION IS NOT PROPERLY

REFLECTED IN HEALTHCARE LEGISLATION.

THIS PREVENTS WOMEN

WITH DISABILITIES FROM

RECEIVING ADEQUATE

SEXUAL AND REPRODUCTIVE

HEALTH SERVICES.







WOMEN WITH DISABILITIES

FACE BARRIERS WHEN MAKING DECISIONS

ABOUT THEIR SEXUAL AND

REPRODUCTIVE HEALTH. DECISIONS

ON THESE ISSUES ARE OFTEN

MADE BY OTHERS

FOR THEM.







THE HEALTH LEGISLATION
OF GEORGIA STILL USES

DISCRIMINATORY LANGUAGE

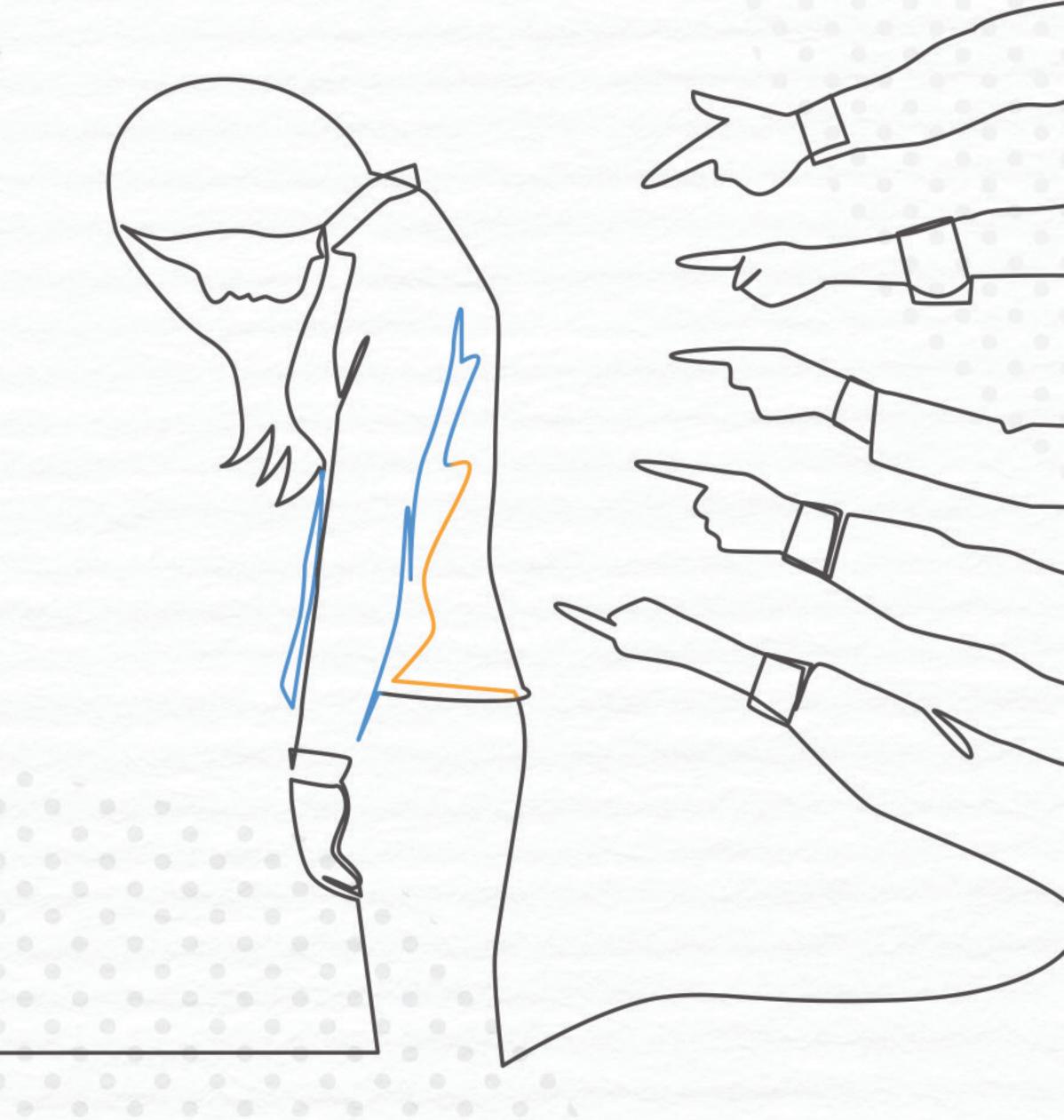
AGAINST THE PERSONS WITH DISABILITIES.

THE ABSENCE OF AN ENVIRONMENT FREE

OF STIGMA AND DISCRIMINATORY

ATTUDES REMAINS

A CHALLENGE FOR WOMEN WITH DISABILITIES.







THE DEFINITION OF "RAPE"
IN THE GEORGIAN LEGISLATION

DOES NOT MEET THE INTERNATIONAL

STANDARD. ITS IMPROVEMENT IS ESSENTIAL

FOR PROTECTION OF WOMEN AND GIRLS

WITH DISABILITIES WHO

ARE FACING A HIGH RISK OF

SEXUAL ABUSE, EXPLOITATION

AND RAPE.





