



THE PREVALENCE OF DISABILITY IN EUROPE AND EURASIA

Final Report

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Executive Summary

Introduction

This report was commissioned by the Social Transition Team in the USAID Bureau for Europe and Eurasia to raise awareness of the situation of people with disabilities and present information on the prevalence of disability in the transitional countries of Europe and Eurasia. The study presents social constructs of disability across Europe and Eurasia¹ and provides data on the region's prevalence of disability, issues of institutionalization of people with disabilities, and a description of how people with disabilities have been and are treated today. The social, political, and institutional systems left behind after the Soviet era and the ensuing economic difficulties that affected the region, which further marginalized people with disabilities are addressed. This report offers a cursory view of the diverse and complex issue of disability in Europe and Eurasia, rather than presenting country-specific analyses on precise topics, such as those detailing specific populations of people with disabilities, discrimination, abuse and neglect, as well as economic analyses of pension and social insurance systems in relation to disability.²

Methodology

In preparing this report, the author consulted international statistical databases, conducted internet searches, and engaged several disabled people's organizations (DPOs) across the region to locate national disability statistics, when available, and provide background information on the current situation of people with disabilities in Europe and Eurasia.

Geographic and Data Limitations

Presenting comprehensive information on the prevalence of disability across the region is complicated by a number of factors, among them the geographic span of the region; the types and usability of the data available; the social, economic and cultural differences between countries; differences among the rights and opportunities afforded to people with disabilities in each country; and the organizational development and experience of DPOs. Internationally-recognized, standardized data on the prevalence of disability for the Europe and Eurasia region are limited. Existing national data are primarily concerned with a narrow set of beneficiaries of the social welfare and pension systems. Furthermore, differing definitions of disability add to the complexity, while widely varying classifications and methodologies used to collect disability data and problems with conceptual frameworks restrict and potentially flaw the information. It is no surprise that DPOs across the region refute their national data and welcome the World Health Organization's (WHO) estimate that people with disabilities comprise 10 percent of any given population (WHO, 2003). Despite challenges in identifying the prevalence of disability, there is persuasive information to guide development agencies and organizations in their response to the development needs of people with disabilities.

¹ For the purposes of this report, the countries included in the Europe and Eurasia region include: Albania, Armenia, Azerbaijan, Belarus, Bosnia, Bulgaria, Croatia, Georgia, Kazakhstan, Kosovo, Kyrgyzstan, Macedonia, Moldova, Romania, Russia, Serbia, Montenegro, Tajikistan, Turkmenistan, Ukraine, and Uzbekistan.

² Several country-specific reports addressing disability within different sectors and topics have been conducted by international organizations such as the Center for International Rehabilitation's publication of the International Disability Rights Monitor, the EU Monitoring and Advocacy Program (EUMAP) of the Open Society Mental Health Initiative, the World Bank, the World Health Organization, the UNICEF Innocenti Research Centre, Handicap International and the Share-SEE initiative, Mental Disability Rights International, and Mobility International USA, as well as the national governments and local DPOs and advocacy groups.

Country Summaries: Official Disability Statistics for Europe & Eurasia

This report provides a basic overview of country-level statistical data. Efforts have been made to systematize the data and include information on the nationally-recognized population of people with disabilities, as well as information on the institutionalization of both children and adults with disabilities. Where national data are nonexistent or limited, the author presents internationally collected data. An overall estimation of the prevalence of disability throughout the region is presented in Table I. It should be noted that the compilation of these estimates do not infer comparability.

Country	Current Population ³ (millions)	GDP 2008 ⁴ (US\$) (billions)	Population in Year of Most Recent Disability Data ⁵ (millions)	Estimated Disabled Population	Estimated Disability Prevalence ⁶
Albania	3.14	12.29	3.13 (2007)	94,804	3.0%
Armenia	3.08	11.92	3.07 (2006)	148,656	4.9%
Azerbaijan	8.68	46.26	8.58 (2007)	281,000	3.3%
Belarus	9.68	60.30	9.70 (2007)	512,500	5.3%
Bosnia-Herzegovina	3.77	18.45	n/a	n/a	n/a
Bulgaria	7.62	49.90	7.91 (2001)	263,143	3.3%
Croatia	4.43	69.33	4.44 (2001)	429,421	9.6%
Georgia	4.36	12.79	4.36 (2008)	137,806	3.2%
Kazakhstan	15.68	132.23	15.15 (2005)	403,400	2.7%
Kyrgyzstan	5.28	4.42	n/a	n/a	n/a
Macedonia	2.04	9.52	2.04 (2006)	26,781	1.3%
Moldova	3.63 ⁷	6.05	3.76 (2005)	164,891	4.4%
Montenegro	0.62	4.52	0.62 (2008)	67,000	10.8%
Romania	21.51	200.071	21.55 (2007)	539,241	2.5%
Russia	141.80	1,607.82	142.10 (2007)	13,014,000	9.2%
Serbia	7.35	50.06	n/a	n/a	n/a
Tajikistan	6.84	5.19	6.17 (2000)	104,272	1.7%
Turkmenistan	5.03	18.27	n/a	n/a	n/a
Ukraine	46.26	180.36	47.45 (2004)	2,500,000	5.3%
Uzbekistan	27.31	22.3	26.49 (2006)	n/a	n/a

³ *Population 2008*. World Development Indicators database, World Bank, 15 September 2009.

⁴ *Gross Domestic Product 2008*. World Development Indicators database, World Bank, 15 September 2009.

⁵ World Development Indicators database, World Bank.

⁶ Prevalence is based on the population estimate for the year in which the data was collected

⁷ Includes Transdniestr.

The data in Table 1 above are based on figures calculated using disability data reported by national governments and World Bank population data. Household survey data such as the Multiple Indicator Cluster Survey (MICS) disability module provides a valuable alternate source of information. The MICS disability module is particularly useful because it takes a biopsychosocial approach to disability, and rather than asking whether individuals in the household have been registered as disabled, it probes on how members of the household function and interact with their environment. That being the case, the results are quite different from the disability prevalence rates reported by national governments. Table 2 below illustrates the differences in the data and the lack of participation among a number of countries in the region.

Country	Prevalence in MICS study
Albania	11.1%
Armenia	Did not participate
Azerbaijan	Did not participate
Belarus	Excluded disability module
Bosnia-Herzegovina	6.5%
Bulgaria	Did not participate
Croatia	Did not participate
Georgia	14.4%
Kazakhstan	Excluded disability module
Kyrgyzstan	Excluded disability module
Macedonia	10.0%
Moldova	Did not participate
Romania	Did not participate
Russia	Did not participate
Serbia & Montenegro	11.3%
Tajikistan	Excluded disability module
Turkmenistan	Restricted access
Ukraine	Excluded disability module
Uzbekistan	2.0%

The countries with the largest variance between official reported data and household MICS data are Georgia and Albania. Further, some countries that do not have official data available, such as Bosnia-Herzegovina, Serbia, and Uzbekistan, have MICS data. These figures help shape the picture of the region.

Regional Challenges in Disability Data

Disability data collection in Belarus and throughout Central Asia is more problematic than in the rest of the former Soviet Union. Many DPOs and nongovernmental organizations (NGOs) working in Central Asia and Belarus share the common experience of an entangled bureaucratic system. National disability data for this region is particularly limited and practically no data were found on adults with disabilities in national statistical databases. The sheer lack of information is intriguing, as the 1986 Chernobyl nuclear reactor explosion in Ukraine had a significant impact on the health of citizens in Belarus, Ukraine, and Moldova, as well as the service men and their families from Central Asia, the Caucasus, and Russia who were sent to join the clean-up and liquidation efforts at the site. One would expect to find in-depth information about people with disabilities in Belarus and throughout Central Asia due to the attention Chernobyl brought to the region, but unfortunately it is absent.

Although disability statistics in Central Asia are currently lacking, the United Nations Economic Commission for Europe (UNECE) Statistical Division has recently been focusing attention on improving disability data collection in the region. Workshops and training events have been held with

representatives of the statistical community from Uzbekistan and Kyrgyzstan. In addition to the work of UNECE, the Japan International Cooperation Agency has generated disability reports for Uzbekistan and Tajikistan, verifying the difficulties encountered with the actual data as well as challenges in obtaining data. Civil unrest and conflict in the Abkhazia and South Ossetia regions, as well as in the Transdnestr area, have formed significant reporting challenges for disability in both Georgia and Moldova. Furthermore, migration and conflict in the Balkans have presented many challenges to disability data collection and service provision.

Conclusions

The biggest challenge in developing this report was the lack of consistent and comparable data across countries. Even within countries, definitions changed slightly over time, limiting their ability to be used to produce effective analyses for policy making.

In spite of those challenges, however, there were two findings from this effort:

1. The challenges in collecting the data and the questions about the validity of the data (given the differences in the definitions and models used) indicate that more rigorous data collection and reporting practices would improve the knowledge about disability in the region and increase the likelihood that effective services can be delivered.
2. In many countries, a disproportionate percentage of the individuals in institutional care are those with disabilities. Institutionalization remains a challenge in the region, and recent studies produced by USAID and others indicate that individual outcomes improve with community-based services.

Future Research

The ability to pinpoint and contrast the needs of one country versus another is complicated by the geographic scope of this report, the diversity of disability, and the differing legislative environments. Additional factors include the variations in effectiveness of DPOs in the region and lack of sound statistical studies of the people throughout this region. Data are too sparse and fraught with limitations to place greater priority on one country or group as compared to another. Even so, there is no contention over whether there is a need for disability-based programming; the question lies in how to meet the needs of this large and predominately excluded part of society. When designing a project, interested parties should ask questions such as, “Are people with disabilities involved in all stages of the project cycle, not simply as beneficiaries, but as participants and decision makers?”, “Can the project provide appropriate training and support for DPOs and cross-disability networks in the region?”, and “Is appropriate anti-discriminatory legislation in place to validate and justify host-country buy-in and ownership of the project?”

The information, including the gaps in information, identified in this study give rise to the question of whether donors should engage in further disability data collection efforts. Indeed, data collection efforts are integral to understanding the needs of a population and how to design program services. Given the severe shortage of comparable and consistent disability data observed during the course of this study, it is recommended that donors pursue opportunities to support improvement of data collection mechanisms and standardization of reporting. Studies should be designed within the context of programs or priority areas such as education; employment; micro-finance and access to credit; rule of law and the exercise of individual rights; gender; and maternal and child health. Research should be practical and include best practices and recommendations to assist currently-funded programs to become inclusive and inform new program development in this area.

Priority Program Areas

Priority areas for programming include labor and employment, education and training, and community and social integration. The ST team has produced separate analyses that provide lessons learned and effective practices in these areas for USAID Mission staff and others who might be responsible for meeting the needs of people with disabilities. Notably, readers interested in further programmatic recommendations in these areas should refer to the following documents:

- *The Job That Remains: An Overview of USAID Child Welfare Reform Efforts in Europe & Eurasia* (June 2009, DEC Doc ID: PN-ADO-922);
- *Best Practices in Vocational Training for People with Disabilities in Europe & Eurasia* (October 2009);
- *Best Practices in Inclusive Education for Children with Disabilities: Applications for Program Design in the E&E Region* (forthcoming in October 2009);
- *Emerging Practices in Community-based Services for Vulnerable Groups: A Study of Social Services Delivery Systems in Europe and Eurasia* (June 2006, DEC Doc ID:PN-ADG-301); and
- *Promising Practices in Community-based Social Services in CEE/CIS/Baltics* (October 2005, DEC Doc ID:PN-ADF-930).

Introduction

The purpose of this study is to raise awareness of the situation of people with disabilities and present information on the prevalence of disability in the transitional countries of Europe and Eurasia. Herein we discuss the social, political, and institutional systems left behind after the Soviet era and the ensuing economic difficulties that affected the region, which further marginalized people with disabilities. This report has been prepared for the Social Transition Team in the USAID Bureau for Europe and Eurasia.

This study presents social constructs of disability across Europe and Eurasia⁸ and provides informational and analytical data on the region's prevalence of disability, issues of institutionalization of people with disabilities, and a description of how people with disabilities have been and are treated today. While this report offers a cursory view of the diverse and complex issue of disability in Europe and Eurasia, many country-specific analyses have been conducted on precise topics, including specific populations of people with disabilities, discrimination, abuse and neglect, as well as economic analyses of pension and social insurance systems in relation to disability.⁹

Methodology

In preparing this report, the author consulted international statistical databases, conducted internet searches, and engaged several disabled people's organizations (DPOs) across the region to locate national disability statistics, when available, and provide background information on the current situation of people with disabilities in Europe and Eurasia.

Geographic and Data Limitations

Several factors heighten the difficulty of presenting comprehensive information on the prevalence of disability across the region. These factors include the geographic span of the region; the types and usability of the data available; the social, economic and cultural differences between countries; differences among the rights and opportunities afforded to people with disabilities in each country; and the organizational development and experience of DPOs. Despite these gaps and limitations, information is presented to identify where barriers exist and where development efforts are needed.

Internationally-recognized, standardized data on the prevalence of disability for the Europe and Eurasia region are limited. Existing national data are primarily concerned with a narrow set of beneficiaries of the social welfare and pension systems. Furthermore, differing definitions of disability add to the complexity, while widely varying classifications and methodologies used to collect disability data and problems with conceptual frameworks restrict and potentially flaw the information. It is no surprise that DPOs across the region refute their national data and welcome the World Health Organization's (WHO) estimate that people with disabilities comprise 10 percent of any given population (WHO, 2003). While other estimates place this number lower, it remains clear that people with disabilities constitute a large and growing population. Despite challenges in identifying the prevalence of disability,

⁸ For the purposes of this report, the countries included in the Europe and Eurasia region include: Albania, Armenia, Azerbaijan, Belarus, Bosnia, Bulgaria, Croatia, Georgia, Kazakhstan, Kosovo, Kyrgyzstan, Macedonia, Moldova, Romania, Russia, Serbia, Montenegro, Tajikistan, Turkmenistan, Ukraine, and Uzbekistan.

⁹ Several country-specific reports addressing disability within different sectors and topics have been conducted by international organizations such as the Center for International Rehabilitation's publication of the International Disability Rights Monitor, the EU Monitoring and Advocacy Program (EUMAP) of the Open Society Mental Health Initiative, the World Bank, the World Health Organization, the UNICEF Innocenti Research Centre, Handicap International and the Share-SEE initiative, Mental Disability Rights International, and Mobility International USA, as well as the national governments and local DPOs and advocacy groups.

there is persuasive information to guide development agencies and organizations in their response to the development needs of people with disabilities.

While it is often stated that the development needs of people with disabilities are the same as people without disabilities, development agencies are obliged to understand the factors that marginalize people with disabilities. For this to happen, a critical shift in the work of development agencies needs to occur. International relief and development efforts need to go directly to people with disabilities through real, on-the-ground activities that identify strategies, remove barriers, and increase skills and capacity in order to sustain culturally-appropriate disability rights-based development initiatives. In doing so, development organizations and DPOs will share a common philosophy that guides efforts. The shared philosophies need to be based in the facts that:

- 1) Disability and poverty are inextricably linked, and;
- 2) Persons with disabilities are entitled to exercise their civil, political, social and cultural rights on an equal basis with nondisabled persons as affirmed by the United Nations International Convention on the Rights of Persons with Disabilities.

By working together using a shared philosophy, development organizations can model and support the motto of DPOs: “Nothing for us without us.”

How This Report Is Organized

This report is organized into five chapters and 16 appendices.

- **Introduction:** Presents the objectives and methodology utilized in writing this report, and presents the geographic and data limitations encountered.
- **Historical Perspective on Disability in Europe and Eurasia:** Describes basic definitions of important terms and models within the context of disability and reveals the mindset that governed the policies and practices of exclusion inherited from Soviet times and the resulting treatment of people with disabilities.
- **Defining and Statistically Measuring Disability in Europe and Eurasia:** Presents information on disability-data collection systems, methodology, and limitations, including distinctions between nationally- and internationally-collected data.
- **Issues Affecting People with Disabilities in Europe and Eurasia:** Elaborates on the dynamics of disability within certain contexts.
- **Country Summaries:** Brings to light the existing statistical information on disability in the Europe and Eurasia region.
- **Recommendations:** Provides a summary of key problems and offers recommendations for existing and new programming in this area.
- **Appendices:** In addition to the country specific data presented, the appendices include a guide to international disability statistical sources, a guide to government agencies responsible for collecting national information, and a guide to locating DPOs in the region, including those DPOs that provided country-specific information for this report.

Historical Perspectives of Disability in Europe and Eurasia

Disability in Europe and Eurasia

People with disabilities in the E&E region experience many similarities as a result of their countries' shared Soviet past, including economic hardship and political instability, exacerbated in many cases by a declining public health system, conflict and civil unrest, natural disasters, and an increase in environmental hazards. People with disabilities also experience similar instances of discrimination, as this discrimination has been embedded in the legislative frameworks, healthcare and pension systems, economic and job sectors, and the educational systems of the region for decades. People with disabilities face restriction of movement, have fewer opportunities to participate in civic life or lead full, productive, independent lives.

This chapter addresses commonalities in public policies resulting from the Soviet era. These common policies contribute significantly to current social attitudes and have formed the legislative and administrative behaviors that continue to undermine the equalization of opportunities for people with disabilities throughout the region.

Understanding historical approaches to disability and social models of disability helps to shed light on the concepts that formed the Soviet and post-Soviet concepts of “disability” and the resulting legislation, policies, and societal mindsets that generated a reliance on institutionalization and inadequate provision of pensions in place of inclusive systems and opportunities (World Bank, 2000). Due to a shared communist past, many of the current systems designed to address disability in Europe and Eurasia are similar and have only been slightly modified, even today. Understanding these models is vital to recognizing the roots of oppression and the inequity experienced by people with disabilities across the region.

Understanding Disability and Disability-Based Discrimination

Disability is a complex, multi-dimensional, and evolving concept. Understanding the discourse on disability, disability rights, and disability statistics is vital to understanding the complexities of assessing the prevalence of disability, as well as to planning and facilitating disability-inclusive development activities.

The most systematic and prevalent forms of disability discrimination are **exclusion, isolation, and separation**. Scholars and disability policy experts have studied and systematized cultural and social constructs that falsely justify the exclusion and isolation of people with disabilities and the segregation of services of people with disabilities from people without disabilities. Models have been developed based on different general views of disability that society carries. These models often govern behavior, policies, and attitudes towards disability and people with disabilities.

Social Constructs and Models of Disability

Societal attitudes toward disability are generally influenced by official policies and definitions. Therefore, the model of disability that a government uses is an important factor in determining the level of participation of people with disabilities in the social and economic life of the country. An overview of six models of disability is presented below.¹⁰ Soviet-era policies and practices were representative of

¹⁰ There are many descriptions of the models of disability. The information presented here is adapted from multiple sources, including Kaplan, Deborah, *The Definition of Disability*

the medical and rehabilitative models. Today, the medical model remains the most common model in the region, but individual perceptions regarding disability represent a more nuanced mixture of the medical, social, and biopsychosocial models.

A **moral model** of disability historically regards “disability” as connected with some sort of moral breach on the part of the family. While this model is not overtly based in religious doctrine, in many cultures people may associate disability with sin or individual, family, or community transgressions. Themes regarding disability under the moral model are of impurity, sin, undesirability, weakness, healing, and burden.

A **charity model** cultivates images of people with disabilities as victims, suffering as a result of disability, incapable of helping themselves and necessitating pity.

A **medical model** defines disability as a defect or condition requiring a cure. In this model, disability is seen solely in terms of an individual’s inability to function. The goal of this model is to “fix” the person and return him/her to a state of “normalcy.” If a cure is not possible, the individual is typically banished from society and placed in an institution. Frequently used terms within this model are “unhealthy” “sick,” “insufficient,” “defective,” or “abnormal.”

Like the medical model, the **rehabilitation model** centers on the need for the services of a medical-rehabilitative specialist. The rehabilitation model is particularly prevalent in post-conflict countries. While the rehabilitation model focuses more on inclusiveness and participation in civil society than the previously mentioned models, it is typically limiting due to its focus on the notion that people with disabilities must be cured.

The moral, charity, medical and rehabilitation models not only contribute to a negative mindset regarding disability and people with disabilities, these models also invariably lead to stigmatization of people with disabilities. Additionally, in many places the rehabilitation model has led to greater stigma and social division among people with disabilities. For example, across the region today, the rehabilitative and pension systems provide greater benefits and privileges for disabled war veterans and people whose disability is the result of a work-related injury than those acquiring a disability through other life experiences or at birth.

In contrast to the models above, the **social model** embodies a dynamic shift. Under the social model, disability is no longer a description of the physical characteristics of a person, but a social construct evolving from the interaction of the person and their surroundings. The social model reflects an attempt to shift focus, not only of the government institutions and agencies that address the needs of people with disabilities, but of society as a whole. Lastly, the social model is intended to foster a positive self-image and sense of empowerment for people with disabilities.

In the same way that the social model focuses on a person’s interaction with their surroundings, the **biopsychosocial model** defines specific contexts within which a person may be placed at a disadvantage. The biopsychosocial model goes beyond the medical and social models to measure disability in relation to activities, participation, environmental factors, and personal factors, thereby validating the idea that disability is an outcome of a host of barriers that lead to disabling circumstances rather than strictly an individual attribute.

(www.accessiblesociety.org/topics/demographics-identity/dpa:lanpaper.htm) and *Making PRSP Inclusive*, (http://www.handicap-international.de/images/pdfs_multimedia/prsp_manual_eng_1.pdf) World Bank (2006).

These models provide the most recognizable differentiating aspects within a continuum of attitudes toward disability.

Barriers and Discrimination

Barriers, which result in disability-based discrimination, are organized into three subsets: **attitudinal**, **environmental**, and **institutional**. Many of these barriers are rooted in the social constructs of disability outlined in the models of disability above.

Attitudinal barriers, which include low levels of expectations, fear, ignorance, misdirected charity, and pity, can result in restriction of opportunity and, therefore, discrimination. Attitudinal barriers are often influenced by cultural, religious, and social beliefs. For example, special education and standard education teachers may have low expectations for the social inclusion of their students with disabilities and as a result exclude benchmarks, standardized tests, and plans for transition from school to a work setting or higher education.

Environmental barriers limit a person's access to participation in civic life. They are found in the physical and non-physical constructs of public buildings (schools, banks, government offices, etc.) and systems of transportation, as well as access to shops and services. For example, lack of physical access to a school may restrict disabled students' freedom of movement, ability to socialize with peers, and use of the restroom, cafeteria, computer lounge, library, gymnasium, and their own classroom. Non-physical barriers, such as those found in electronic and information technology,¹¹ include lack of access to and restricted usability of electronically produced information such as websites, multimedia products, software applications, and office machines. Charts, websites, databases, bank kiosks, and voting machines are a few other examples.

Institutional barriers are forms of discrimination based in laws and policies. Common examples include infringements on the right of people with disabilities to marry or have children. Other institutional barriers include the exclusion of people with disabilities from schools or the workforce.

The Determination of Disability Status in Europe and Eurasia

In the E&E region, the determination of disability status is important for gaining access to education and benefits provided through social protection systems. There are two specific committees, the medical-labor examination review and the medical pedagogical commission, which have defined disability for the region and contributed to a harmful, costly and intractable legacy of the command economies of Central and Eastern Europe. They describe this legacy as "reliance upon residential institutions for the care of children, the elderly, and people with disabilities." To this day, this "harmful" system of institutionalization is reflected in policies and is still deeply entrenched in society. As a result, a powerful and systemic policy of segregation and socio-economic discrimination has been forged. This system continues to undermine equalization of opportunity, particularly in education and employment.

The medical-labor examination review was established to assess limitations in people with disabilities' ability to work in order to determine eligibility for the system of social benefits, including pensions (Vasin, Malevoi Golodets, and Besfamil'naya, 1999). The medical-pedagogical commission was

¹¹ Electronic and information technology is often misinterpreted as assistive technology. Assistive technology can include mobility devices such as wheelchairs and canes, as well as hardware, software, and peripherals that people with disabilities use to access computers or other information technologies. The software program JAWS is screen reading software that converts a standard PC into a talking computer. While users of JAWS can, for example, access a website, it does not necessarily guarantee that a website has been designed to meet accessibility standards necessary to ensure its usability.

Table I. Basic Framework of the Medical Commission for the Assessment of Ability to Work¹³			
Three-Tiered Classification System introduced in 1932, revised in 1954-56 ¹⁴	Level I	Persons who have lost ability to work entirely	Differentiation between the levels: Level I requires constant care. Level II does not require constant care.
	Level II		
	Level III	Persons whose ability to work has decreased significantly	Level III does not require constant care.
Examples of currently-used medical-labor evaluation systems			
Romania (adapted from Zabieta, 2007)	Disability classification is determined by “the degree of vitality limitation, conditioned by the reduction or loss of capacity to study, communicate, move, orient in space, control the behavior, help himself/herself and work” (Zabieta, 2007) .		Level I: Severe disability (over 75%)
			Level II: Pronounced disability (50-74%)
			Level III: Moderate (25-49%)
			Level IV: Light (up to 24%)
Tajikistan (excerpted from JICA, 2002)	Level I The most severe disability resulting in the highest loss of ability to work. “Group I persons with disabilities require care and control by others working in special conditions at their homes, in cooperatives, associations of disabled workers or in enterprises established for persons with visual impairment” (JICA, 2002).	Level I and Level II are differentiated by level of required care. Group III do not require the control or care of others.	
	Level II: Persons with disability suffer from a significant loss of functional abilities and a full loss of working ability.		
	Level III Persons characterized by a partial loss of the ability to work. People in this category are able to work and must work.		

Problems with the Medical-Labor Examination

Economic costs. The classification system for the determination of pension eligibility is a complicated and economically burdensome system. The disability pension and social welfare programs for people with disabilities in Europe and Eurasia constitute extremely heavy costs. The social welfare system is based upon no expectation for an economically productive contribution by citizens with disabilities (Mont, 2007). This is economically unsound and also perpetuates low societal expectations of persons with disabilities.

¹³ The author designed this chart based on information available from multiple sources including *Disability in Kazakhstan: An Evaluation of Official Data* by Seitenova and Becker (2008); *Disability in Russia: Reasons and Dynamics of Disability – Contradictions and Social Policy Perspectives* by Vasin et al. (1999).

¹⁴ It is reasonable to presume that the changes to the disability classification system brought into effect by the USSR Ministry of Health’s Instructions for the Determination of Disability Category, as ratified by the Ministry of Health and the All-Union Central Soviet of Trade and Professional Unions, was utilized in all the Soviet states and throughout the communist Eastern block.

Potential for fraud. Allegations of fraud and corruption are cited across the region by DPOs and, more specifically, in Ukraine by representatives from the World Bank.¹⁵ Few doctors are interested in working for the labor-evaluation commissions and many of those who do engage in corrupt behaviors. Corrupt behaviors include taking bribes and assessing disability status at a higher economically-remunerated pension.

Lack of access to the system. Across the region, with the exception of Georgia,¹⁶ access to the medical-labor review commission is limited to major cities. For some people, pension eligibility requires reevaluation of disability status on a yearly basis. Travel costs, application costs (fraudulent or real), and time away from work, as well as social stigma, present barriers for the persons with disabilities who are poor, people with mental or psychiatric disabilities, minorities, women with disabilities, and internally displaced persons with disabilities.

Stigmatization of Disability. The medical-evaluation commission perpetuates myths and misinformation about disability and people with disabilities. Terms utilized by the commission, such as “incapable of work” or “not of full value” have become standard lexicon to describe a person with a disability.

Unemployment and Underemployment: A Ramification of the Medical-Labor Evaluation System

Across the E&E region, employment of people with disabilities remains significantly restricted and, therefore, low. Typically, data on employment stem from the information collected by the social welfare pension funds and are based on how many people receive a pension. This method of data collection, however, does not capture the number of unemployed who are not recipients of welfare or the numbers of underemployed. The distinction between employment and underemployment can best be understood by reviewing the opportunities afforded Level I and Level II categories of people with disabilities as illustrated by Table I (p. 8) for the case of Tajikistan. People with disabilities categorized in Level I are provided work opportunities in cooperatives, associations of disabled workers, or enterprises established for persons with visual impairment. During the Soviet era, organizations for persons with hearing impairments and persons with sight impairments received preferential government treatment over those representing other categories of disability. Today, while the benefits are not as economically powerful as they once were, organizations for the persons with hearing and sight impairments continue to receive tax subsidies and support for the state-sponsored sheltered-employment factories. To support these segregated factories, the government established entire disability-specific communities for persons with sight or hearing impairments. Factory workers lived in specialized, isolated communities, worked in state-sponsored factories, and received community services from state-sponsored disability organizations.

State-Subsidized Factories

While there may be some question as to whether these factories were ever profitable during the communist era, the economic crises of the transitional period following the dissolution of the Soviet Union in 1991 broke these institutions and factories. Today, the factories remain an economic burden on the government and are not competitive in the real market. Even so, these factories continue to operate under the provision that employment be reserved for people with hearing or sight impairments.

¹⁵ Fraud and the disability pension systems have been explored in pension reform processes across the region, and is discussed in: *Ukraine Disability Country Study Mission-Back-to Office Report* (Beal, 2004) and *The Kosovo Pension Reform: Achievements and Lessons* Gubbels, J., Snelbecker, D. Z. (2007).

¹⁶ In 2007, Georgia changed the process of obtaining disability status from the medical commissions to any standardized medical facility (PA Consulting, 2007).

In 2004, the average income of a hearing impaired factory worker in Ukraine was 600 to 800 USD a year, a rate of \$0.38 per hour (Beal, 2004). In Ukraine in 2004, the organization for the sight impaired owned and operated 76 state-subsidized factories and the organization for the hearing impaired owned and operated 40 state-subsidized factories (Beal, 2004).

Mainstream Employment

A quota system has been established across the region for businesses regarding the employment of people with disabilities. This quota system remains in effect today and is fraught with corruption: fictitious hiring to skirt hiring quota rules is standard practice. Regardless of a potential employee's qualifications, it is often easier for employers to ignore employment quotas and continue workplace discrimination. Paying a person with a disability to remain on a businesses' employment roster, without actually working, costs the company less than paying the fine for not employing people with disabilities, and also secures tax breaks. Employers widely practice this fictitious hiring to reduce taxes and reportedly avoid "employee discomfort" of a worker with a disability being on the premises.

The Legacy of the Medical-Pedagogical Commission

A person's capacity for education is reviewed by a medical-pedagogical commission and is based on criteria established by the theory and practice of "defectology." Defectology theory is used in pedagogical settings to separate treatment for "normal," or nondisabled, individuals from treatment for so-called "abnormal," or disabled, people. This policy has manifested itself in the societal mindset of countries in the E&E region, laying the groundwork for segregation, abuse, and neglect of people with disabilities.

The medical-pedagogical commission reviews a child's eligibility for specialized education and social benefits when the child is approximately four years old. These benefits may include institutionalization in a boarding or long-term residential educational facility and the possibility of disability social welfare payments to cover the costs of care that is provided by a family member or guardian.¹⁷

Access to Educational Systems

Much legislation regarding the education of students with disabilities in the E&E region is merely declarative in nature. As a result, the legislation has limited, if any, budgetary support or commitment for implementation. Officially, children with disabilities throughout the region have opportunities to be educated in a standard school setting, at home, through distance-learning, or in specialized schools, including long-term residential or boarding schools. The problem of access to education, however, remains great. Although information is limited on the actual number of students with disabilities receiving an equal education to their peers without disabilities, the available data are striking. For example, among registered disabled children in Serbia, 85 percent are outside of the educational system and receive no formal education; of the children with disabilities enrolled in school, 39 percent of elementary-aged students do not finish elementary school (Toritsy and Calovska, 2007). This information supports Ringold's assertion that students in segregated school systems receive a considerably lower quality of education and have fewer opportunities for post-basic education (2000).

During the Soviet era, children with disabilities, particularly those with intellectual disabilities, were traditionally labeled "uneducable" and afforded no educational opportunities. Across the region today, there are isolated cities and towns where this is no longer the case. Disabled people's organizations and

¹⁷ This system perpetuates family provision of services and renders one family member, typically the mother, economically non-productive.

some international groups are fostering local, potentially replicable systems of inclusive education.¹⁸ Despite newly recognized opportunities, the educational situation for children and adults with disabilities is steeped in old policies of seclusion and isolation. As a result, children and adults with disabilities continue to be systematically excluded from education and society in general.

¹⁸ Many DPOs across the region are working at the local, regional, and national level to create inclusive educational settings. Some of the organizations working in this sphere are: Perspektiva in Russia, Hayot in Uzbekistan, Bridge of Hope in Armenia, Phab in Ukraine, and Save the Children in Georgia.

Defining and Statistically Measuring Disability in Europe and Eurasia

People with disabilities in the countries of the E&E region experience extreme poverty, isolation and institutionalization, and multiple forms of discrimination. On the whole, the governments of these countries have been unable to adequately transform the old systems. This, in turn, has led to the denial of social and economic opportunities for people with disabilities, which undermines the collective well-being and public health of countries and adds to the further vulnerability of people with disabilities in the region (Marmot, 2004).

Humanitarian assistance and international development organizations are increasingly interested in disability rights and empowerment, as well as their relationship to public health, post-conflict and transitional economies, poverty reduction, gender and gender-based violence, natural disasters, and the natural effects of an aging society. It is common to seek statistical data to help understand the prevalence of disability in any society or region. Statistics on the prevalence of disability in the region are often considered under- or misrepresentative and reliable data are elusive.¹⁹

Disability data collection in the E&E region has been routinely conducted in order to ascertain the cost and number of recipients of disability pension funds. It also assesses the cost associated with and number of beneficiaries of state-subsidized educational and medical institutions. Existing national data meet this purpose well. However, these data do not provide enough information to guide development agencies or local disability organizations²⁰ in provision of services. It is not possible to extrapolate an overall picture of the disabled population from the limited criteria utilized to form a pension and welfare system.

This problem is not unique to Europe and Eurasia. An international coalition of disability statistics organizations and professionals formed the Washington Group, which works to guide and develop statistical data collection in the field of disability. This group, together with WHO, aims to advance the use and acceptance of the International Classification of Functioning, Disability, and Health (ICF) model to assess disability.

According to Mont, there are three primary reasons for policy makers and development actors to measure the population of people with disabilities: “1) to understand the functioning of their population, 2) to design service provision and, 3) to assess equalization of opportunity” (2007).

The ICF approaches disability as a relationship between function, contextual factors, and environment. This is dramatically different from the system utilized in the majority of the E&E region in which disability remains a medial relationship to one’s body function. The ICF can be an instrumental tool in ensuring that disability research and statistical data will yield useful information for on-the-ground programs and activities that serve the needs of people with disabilities.

Definitions of disability can influence reported rates of disability prevalence. Recently, the World Bank tested disability prevalence rates using different definitions of disability in Uzbekistan. Among the

¹⁹ Disability data can be affected by many factors, including the definition of disability, cultural beliefs and approaches towards disability, the methodology utilized to collect the information, and the initial purpose of the study (Mont, 2007).

²⁰ Disabled people’s organizations across the region cite the lack of accurate and useable statistical information on disability as a perpetuating factor to the exclusion of disability from the social and political agenda in their countries.

population of people seven years and older, using two different disability definitions, the statistics differed by 8.8 percent. The broader, more inclusive, definition that incorporates barriers in civic and community participation resulted in a 12 percent rate of disability in Uzbekistan, while the definition limited to disability categories, such as blindness, deafness, etc., indicated a prevalence rate of 3.2 percent. Even so, official data for Uzbekistan reports that 3.8 percent of the population has a disability (Mete, 2008).

The countries of Europe and Eurasia, particularly those that have joined or are joining the European Union, have modeled disability definitions for new disability rights legislation and their respective National Disability Strategies on the biopsychosocial model. Despite new definitions, working definitions based on the older medical and functional limitation models are still utilized in legislative frameworks and in the implementation of policies. Definitions of disability depend on the purpose for which the definitions are used. They are generally specific to a program or service; therefore, the definition for purposes of nondiscrimination laws would vary greatly from the definition for the purposes of pension and social benefit eligibility. Below are a few examples of definitions currently active in several countries in the region:

Armenia:

- A person who needs social care and protection because of limitations of vital activities as a consequence of his/her health disorder. (*Law on Social Protection for Persons with Disabilities in the Republic of Armenia.*)
- A person who needs health care and protection in connection with restriction of vital activity, in consequence of physical or medical deterioration. (*Statistical Yearbook of Armenia, 2006.*)

Bulgaria:

- [A person with] loss of or damage to physiological and anatomical structures, resulting in a loss of their physical and mental, and psychological functions. (*Law on Integration of People with Disabilities, entering into force, January 1, 2005.*)

Serbia:

- Persons with disabilities are persons with physical, sensory, intellectual or emotional impairment²¹ acquired at birth or a later stage of life, which, due to social and other barriers cannot fully participate, or are limited in their participations in social activities at the same level as others. (*National Strategy for the Enhancement of Status of Persons with Disabilities, Law on Prevention of Discrimination against Persons with Disabilities, Official Gazette of Serbia, no. 33/2006.*)
- [Disability is the] total lack of capacity to work due to the change of health conditions caused by an accident at work, professional disease, or injury or disease contracted outside of work that cannot be improved by medical care or rehabilitation. (*The Law on Retirement and Disability Insurance, 2003. Official Gazette of Serbia, no. 34/2003.*)

Russia:

- “A disabled person has impaired health with steady disorder of body functions caused by diseases, consequences of trauma or defects, leading to limited vital activities and bringing the necessity of social protection” (The Federal Law on Social Protection of Persons with Disabilities in the Russian Federation, Article, I, November 24, 1995, N. 181-FZ).

²¹ In Serbia, “persons with psychosocial and psychiatric conditions traditionally aren’t viewed as part of the disability population” (IDRM, 2007).

Distinctions among National and International Disability Data for the Region

Official national data about people with disabilities in the E&E region are based on data collected for the social benefits and welfare pension system. The statistics available do not provide a comprehensive picture of the circumstances of people with disabilities in the region.²² Generally, data collected by international organizations and donors across the region are either issue-specific or comparative in nature, but are often based on the available national data. For example, the UNICEF Innocenti Research Center and the WHO European Health for All databases serve an important function by collecting national data and presenting multi-national comparative collections of data from national sources. Other projects, such as the EU Monitoring and Advocacy Program of the Open Society Mental Health Initiative, have identified intellectual disability as a primary project topic and have incorporated disability into their standard topics in monitoring human rights and rule of law in Europe.

International statistical information is typically available in online searchable databases. Data for the E&E region are extremely limited, however, as statistical methodology is underdeveloped. As a result, most countries do not regularly participate in population surveys nor conduct their own on an annual or biennial basis, nor do they contribute population data to these databases. See *Appendix A: International Disability Statistics Sources* for information on methodology, data collection, and links to international statistical databases.

National (and sub-national) data can be difficult to obtain, and disability experts often question its validity. National disability data are generally collected by the representative ministry of the office responsible for the service provision. For example, the Ministry of Labor and Social Protection will have data regarding pension recipients and the economic cost of providing pensions, while the Ministry of Education will keep data on recipients of special education and pupils at segregated boarding facilities and institutions. See *Appendix B: In-country Sources for National Disability Statistics* to locate responsible ministries or agencies in E&E countries and *Appendix C: Additional Disability Statistics for the E&E Region*.

Limitations of Disability Statistics in Europe and Eurasia

The primary reason disability statistics are incomplete is because of the reliance on social welfare and pension systems' official registration of people with disabilities. As noted above, extrapolating disability prevalence statistics from criteria designed to form a disability pension and welfare system is unsound and leads to chronic under-reporting of disability.

In general, disproportionately low reporting of disability is common and caused by a host of interconnected reasons, including the following:

- 1) *Narrow definitions of disability:* Definitions of disability are often narrowly defined, restrictive, and exclusionary (Handicap International SEE, 2006).
- 2) *Restructuring of pension funds:* Attempts to reduce costs of disability pensions have resulted in greater restrictions in the disability classification system, causing many people who were once eligible for disability welfare to be excluded (Gubbels et al., 2007).
- 3) *Fraud within the medical evaluation and social welfare system:* The restructuring of the pension funds and the ensuing exclusion, coupled with continued economic hardship, have resulted in the practice of paying the medical evaluation committee to award a higher level of

²² This view is espoused in several different sources, including the United Nations' *Circumstances of Persons with Disabilities in Serbia: Rapid Assessment Project Report for UN System in Serbia*, World Bank Ukraine report, Share-See.

- disability status in order to receive the most economically remunerating pension. This system has also contributed to under-reporting as review panels may underestimate the disability compensation due to those with fewer financial resources.²³
- 4) *Lack of access and information*: People with disabilities, particularly people with mental or psychiatric disabilities and those living in rural areas, have limited access to the medical evaluation process that determines eligibility for disability welfare services (Handicap International SEE, 2006).
 - 5) *Prohibitive costs and low returns*: Actual²⁴ and presumed costs associated with travel to the medical evaluation site, lost time at work, and associated bribes are, for many, prohibitive. Additionally, parents of children with disabilities consider that the costs and social stigma that accompany the disability determination outweigh the potential benefits. As a result, they avoid the registration process (Seelman, 2007).
 - 6) *Inaccurate unemployment statistics*: Unemployment statistics for people with disabilities are limited to those who are registered with the medical assessment commission and therefore, the resultant data are often inaccurate and problematic.²⁵
 - 7) *Underrepresentation of children*: Children are often missing from data sets; such sets often include only the number of children living in institutions or who receive benefits through the social protection system.²⁶
 - 8) *Lack of data on workplace injuries*: Employers are reluctant to disclose workplace injuries, as there is a substantial fine for unsafe working conditions.
 - 9) *Underrepresentation of mental and psychiatric disability*: People with mental or psychiatric disabilities are often not included in data sets or, if included, are limited to those living in institutions under the social protections of the state.
 - 10) *Skepticism towards census and population surveys*: Few people across the region are trained in population and census survey methodology and there remains cultural skepticism about revealing family and personal data to the state (Handicap International SEE, 2006).

²³ Many DPOs in the region recount instances of fraud and corruption at the medical commission. This has been documented in Ukraine and Bulgaria, but is believed to occur throughout the region.

²⁴ In 2006, the cost of obtaining a medical evaluation review to assign official disability status in Georgia required payment of 25-50 GEL (approximately \$14-28 USD). This is a recurring, annual fee (World Bank, 2006).

²⁵ Unemployment statistics reflect only the portion of unemployed who are officially registered. Furthermore, many people are fictitiously employed.

²⁶ Parents are reluctant to register their children as the costs and social stigma outweighs the potential benefits.

Issues Affecting People with Disabilities in Europe and Eurasia

Institutionalization of Children and Adults with Disabilities across Europe and Eurasia²⁷

During the post-Soviet era, as the economy worsened and financial strains affected the family unit, more and more parents of disabled children orphaned their children in boarding homes and institutions. People with disabilities, and particularly people with mental or psychiatric disability in the region, have a long history of being sent to long-term residential facilities, orphanages, or institutions for people with disabilities where conditions are shocking and frequently violate basic human rights.²⁸ Today, family members and guardians are still encouraged to abandon infants, children, and adults with disabilities to institutions. This social trend remains strong throughout the region.

Different types of institutions exist, including institutions for adults with disabilities; institutions for persons with mental disability; boarding and residential schools and orphanages for children with disabilities.

National ministries and statistical bureaus maintain information on the maximum capacity of these educational and medical institutions. Many institutions across the region are operating at maximum or, in some instances, over-load capacity. Disability statistics on the number of people institutionalized often only represent the maximum capacity of these institutions, rather than the actual number of people with disabilities residing there. While there is no consolidated place to find multiple country cross-referenced information on the institutionalization of adults with disabilities, Mental Disability Rights International and the EU-MAP project supported by the Open Society Institute offer several country-specific reports that examine the human rights of institutionalized people with mental or psychiatric disability. The UNICEF Innocenti Research Center collects and disseminates multiple country cross-referenced information on the numbers of children with disabilities in institutions. The UNICEF Innocenti Research Center's database is updated annually through collaborations with National Statistical Offices throughout the region. See Table 2 for a sampling from this database.

Institutionalization of Children with Disabilities in Europe and Eurasia

Increased attention to children with disabilities from groups like UNICEF, coupled with the availability of more community-based options for families and scrutiny from the European Union and human rights organizations, has spurred many countries across SEE to make efforts to reduce institutionalization of disabled children and to promote community-based services. Much of the initial effort toward deinstitutionalization has been spurred by pension policy reform and post-conflict humanitarian assistance. The deinstitutionalization process is slow and fraught with challenges, but over the years, the number of disabled children in institutions has decreased. According to Table 2, in 1989 the TransMONEE database recorded 332,923 children with disabilities in institutions across ten countries. By 2005, although 16 countries were providing information, the number of institutionalized disabled children decreased to a total of 239,108. It is not known, however, if the reduction in the number of children with disabilities in institutions is due to specific strategies toward deinstitutionalization. Despite

²⁷ According to data based on officially registered people with disability.

²⁸ Amnesty International, UNHCHR, UNICEF, and the WHO have documented conditions that violate basic human rights in mental institutions and residential care facilities for people with mental or physical disability (Rechel and McKee, 2003). Many studies document torture, abuse, and mistreatment of people with mental or psychiatric disabilities in institutions. For a more thorough review, access country reports by Mental Disability Rights International at www.mdri.org and studies coordinated through the EU-MAP project supported by the Open Society Institute at: www.eumap.org.

the decrease in institutionalized children with disabilities, a staggering 239,108 children with disabilities continue to live in isolated, deteriorating institutions and care facilities across the region. Belarus, Bulgaria, Moldova, and Russia indicate the greatest reduction in the numbers of institutionalized children with disabilities. Uzbekistan, however, is the only country that has reported an increase in institutionalization of children with disabilities. In 1995, Uzbekistan reported 12,948 children with disabilities in institutions, whereas the number had risen to 17,246 by 2005. Institutionalization may only decrease as much as community-based services and the school systems are able to meet the increased demand for services that is produced by deinstitutionalization. Significant increases in community services, legal protections, removal of barriers, and positive changes in societal attitude must occur to support deinstitutionalization and community integration for people with disabilities.

		1990	1993	1996	1998	2000	2002	2004	2006	2007
Albania	a	- n/a	- n/a	n/a	277	288	354	331	345	316
Armenia		4,145	3,498	3,445	5,124	4,875	3,456	2,043	1,935	1,707
Azerbaijan		3,326	2,464	2,166	2,661	2,979	3,219	3,705	3,051	4,290
Belarus		18,849	14,606	13,792	14,327	13,880	12,934	10,792	9,408	8,451
Bosnia-Herzegovina		-	-	n/a	n/a	1,238	1,318	1,451	1,553	1,511
Bulgaria		15,493	11,730	11,086	10,685	4,144	3,019	2,998	3,025	n/a
Croatia		3,348	-	3,047	2,455	2,777	3,266	3,090	3,283	n/a
Georgia	b	2,293	2,306	1,912	2,111	2,245	2,295	2,016	2,600	2,824
Kazakhstan		-	-	n/a	n/a	16,010	15,562	17,406	15,477	15,282
Kyrgyzstan		-	4,087	3,419	2,945	3,536	2,993	3,050	3,088	3,084
Macedonia		1,132	842	849	826	649	592	566	521	502
Moldova	c	11,381	5,550	5,400	5,340	4,788	4,770	5,506	5,003	4,674
Montenegro				n/a	n/a	390	388	342	366	n/a
Romania		-	-	n/a	n/a	n/a	n/a	5,909	n/a	10,108
Russia		255,484	206,744	202,305	194,785	183,976	174,432	162,221	149,409	141,848
Serbia	d	4,154	-	n/a	n/a	3,362	3,395	3,296	3,612	n/a
Tajikistan		3,877	2,392	1,400	2,246	1,537	1,892	1,937	2,140	1,774
Turkmenistan		197	299	247	240	2,775	2,721	2,732	2,568	n/a
Ukraine		10,458	8,716	8,276	8,024	7,977	7,781	7,716	7,304	7,158
Uzbekistan		15,645	14,142	13,612	14,956	16,961	18,079	16,133	16,694	n/a
a. Included disabled children 0-16 years residing in child homes, orphanages, boarding schools.										
b. Data for 2005-2006 are UNICEF IRC estimates.										
c. Data for 1992-2007 exclude Transdniestr.										
d. Data for 1998 and 2000 exclude Kosovo.										

Source: TransMONEE 2009 Database, UNICEF Regional Office for CEE/CIS, Geneva.

Institutionalization of Adults with Disabilities Across Europe and Eurasia²⁹

Information about the number of adults with disabilities in the E&E region is more elusive than that for children with disabilities. Statistics on the overall numbers of disabled pensioners and recipients of the disability social-welfare system are published according to the individual's status within the benefit structure. Comparable statistical information on institutionalized adults in the region is not available. Limited data which is available is presented in the country-specific section that follows.

Disability in the Community

Social Orphans

A large segment of social orphans are children with disabilities. The term "social orphan" is given to children whose parents have, for any number of different reasons, decided to abandon their child to the care of the state. In so doing, they relinquish their parental rights. The phenomenon of "social orphans" is created by severe poverty, alcoholism, neglect, and often mental or physical disabilities. To this day, parents continue to be encouraged to institutionalize infants and children born with disabilities, and people with mental or psychiatric disability are routinely deemed unfit to raise children, resulting in their children being removed from the family unit and brought up in orphanages.

Refugees and Internally Displaced People with Disabilities

People with disabilities are often considered a "hidden population," particularly those people exiled in institutions and those living with mental or psychiatric disabilities. Refugees and internally displaced people with disabilities also constitute a "hidden population" in that their numbers are not often reported. After having fled situations of extreme poverty, natural disasters, armed conflict, or conditions of poor health and nutrition, refugees and internally displaced persons with disabilities often become further marginalized when agencies fail to meet their needs due to a lack of sufficient disability-specific skills and knowledge to assist them.

Across the Balkans in the late 1990s, Handicap International estimates that there were over three million people displaced persons, hundreds of thousands injured, and 10,000 victims of landmines in the region, resulting in an undocumented increase in the prevalence of disability due to conflict (http://www.handicap-international.org.uk/page_366.php). Furthermore, Rechel and McKee note that psychiatric disorders, psycho-social trauma, and disability are high among refugees (2003).

Disability Among the Roma

The situation of Roma with disabilities in the E&E region is particularly severe. Low levels of education and high rates of disability are cited as characteristics that increase the risk of long-term unemployment and impoverishment among the Roma population (Radicova and Vasecka, 2001). Roma children are often misdiagnosed based on language barriers and sent to special educational institutions for children with intellectual or mental disabilities (Radicova and Vasecka, 2001).

Victims of Trafficking with Disabilities

Across the E&E region much anecdotal evidence is presented regarding the exploitation of children with disabilities in organized street-begging. Data suggest that Roma children and children with disabilities are trafficked from Moldova to destinations within the E&E region for exploitation in street-begging rackets (<http://www.protectionproject.org/moldova.doc>).

²⁹ According to officially registered people with disabilities and institutionalization of children with disabilities.

Country Summaries: Official Disability Statistics for Europe and Eurasia³⁰

Country summaries are included to provide a basic overview of the available statistical data. Efforts have been made to systematize the data and include information on the nationally-recognized population of people with disabilities, as well as information on the institutionalization of both children and adults with disabilities. Where national data are nonexistent or limited, the author presents internationally collected data. An overall estimation of the prevalence of disability throughout the region is presented in Table 3. It should be noted that the compilation of these estimates do not infer comparability.

Country	Current Population ³¹ (millions)	GDP 2008 ³² (US\$) (billions)	Population in Year of Most Recent Disability Data ³³ (millions)	Estimated Disabled Population	Estimated Disability Prevalence ³⁴
Albania	3.14	12.29	3.13 (2007)	94,804	3.0%
Armenia	3.08	11.92	3.07 (2006)	148,656	4.9%
Azerbaijan	8.68	46.26	8.58 (2007)	281,000	3.3%
Belarus	9.68	60.30	9.70 (2007)	512,500	5.3%
Bosnia-Herzegovina	3.77	18.45	n/a	n/a	n/a
Bulgaria	7.62	49.90	7.91 (2001)	263,143	3.3%
Croatia	4.43	69.33	4.44 (2001)	429,421	9.6%
Georgia	4.36	12.79	4.36 (2008)	137,806	3.2%
Kazakhstan	15.68	132.23	15.15 (2005)	403,400	2.7%
Kyrgyzstan	5.28	4.42	n/a	n/a	n/a
Macedonia	2.04	9.52	2.04 (2006)	26,781	1.3%
Moldova	3.63 ³⁵	6.05	3.76 (2005)	164,891	4.4%
Montenegro	0.62	4.52	0.62 (2008)	67,000	10.8%
Romania	21.51	200.071	21.55 (2007)	539,241	2.5%
Russia	141.80	1,607.82	142.10 (2007)	13,014,000	9.2%
Serbia	7.35	50.06	n/a	n/a	n/a

³⁰ Official data are limited due to many reasons elaborated upon earlier in this document. The official data presented here offer a glimpse into what is known statistically about disability in the region. Based on Metts, estimates for disability prevalence in medium human development countries put a more accurate figure for disability prevalence in the region at 4-10% of the population.

³¹ *Population 2008*. World Development Indicators database, World Bank, 15 September 2009.

³² *Gross Domestic Product 2008*. World Development Indicators database, World Bank, 15 September 2009.

³³ World Development Indicators database, World Bank.

³⁴ Prevalence is based on the population estimate for the year in which the data was collected

³⁵ Includes Transdnistr.

Tajikistan	6.84	5.19	6.17 (2000)	104,272	1.7%
Turkmenistan	5.03	18.27	n/a	n/a	n/a
Ukraine	46.26	180.36	47.45 (2004)	2,500,000	5.3%
Uzbekistan	27.31	22.3	26.49 (2006)	n/a	n/a

The data in Table 3 above are based on disability figures reported by national governments and World Bank population data. There are many other sources of data, including household survey data such as the Multiple Indicator Cluster Survey (MICS) disability module. The MICS disability module is particularly useful because it takes a biopsychosocial approach to disability, and rather than asking whether individuals in the household have been registered as disabled, it probes on how members of the household function and interact with their environment. That being the case, the results are quite different from the disability prevalence rates reported by national governments. Table 4 below illustrates the differences in the data and the lack of participation among a number of countries in the region.

Country	Prevalence in MICS study
Albania	11.1%
Armenia	Did not participate
Azerbaijan	Did not participate
Belarus	Excluded disability module
Bosnia-Herzegovina	6.5%
Bulgaria	Did not participate
Croatia	Did not participate
Georgia	14.4%
Kazakhstan	Excluded disability module
Kyrgyzstan	Excluded disability module
Macedonia	10.0%
Moldova	Did not participate
Romania	Did not participate
Russia	Did not participate
Serbia & Montenegro	11.3%
Tajikistan	Excluded disability module
Turkmenistan	Restricted access
Ukraine	Excluded disability module
Uzbekistan	2.0%

The countries with the largest variance between official reported data and household MICS data are Georgia and Albania. Further, some countries that do not have official data available, such as Bosnia-Herzegovina, Serbia, and Uzbekistan, have MICS data. These figures help shape the picture of the region.

Regional Challenges in Disability Data

Disability data collection in Belarus and the countries of Central Asia is more problematic than in other countries of the former Soviet Union. Many DPOs and nongovernmental organizations (NGOs) working in Central Asia and Belarus shared common experiences of an entangled bureaucratic system. National disability data for this region is particularly limited and practically no data were found on adults with disabilities in national statistical databases. The sheer lack of information is intriguing, as the 1986 Chernobyl nuclear reactor explosion in Ukraine prompted much international aid to victims and families.

The Chernobyl disaster impacted much of the region, but it has had significant impact on the health of citizens in Belarus, Ukraine, and Moldova, as well as the service men and their families from Central Asia, the Caucasus, and Russia who were sent to join the clean-up and liquidation efforts at the site. Due to the attention brought to the region by Chernobyl, one would expect to find in-depth information about this subset of people with disabilities in Belarus and throughout Central Asia, but it is absent.

Although available disability statistics in Central Asia are currently lacking, the United Nations Economic Commission for Europe (UNECE) Statistical Division has recently been focusing attention on improving disability data collection in the region. Many workshops and training events have been held with representatives of the statistical community from Uzbekistan and Kyrgyzstan. In addition to the work of UNECE, the Japan International Cooperation Agency has generated disability reports for Uzbekistan and Tajikistan, verifying the difficulties encountered with the actual data as well as challenges in obtaining data.

Civil unrest and conflict in the Abkhazia and South Ossetia regions, as well as in the Transdnistr area, have formed significant reporting challenges for disability in both Georgia and Moldova. Furthermore, migration and conflict in the Balkans have presented many challenges to disability data collection and service provision.

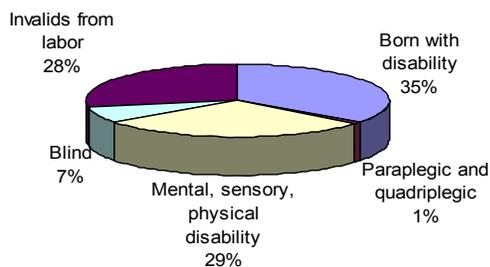
Albania

Disability statistics collected by the government of Albania represent the number of people registered to receive disability pensions and also those registered as recipients through the social welfare system. In June 2007, 94,804 people with disabilities, or approximately three percent of the population, were officially reported in Albania. Figure 2 shows the proportion of disability differentiated by category. This estimate seems remarkably low, but may be explained through examination of cultural attitudes toward disability. Rural poverty and restricted access to health care could be significant contributing factors to underrepresentation of disability in Albania. A survey conducted in 2000 showed that 50 percent of rural respondents had a family doctor and only 45 percent had registered at a health center (Rechel and McKee, 2003). These data support the idea that limited access to the medical evaluation commission is a significant cause of the data limitations for the country.

The family tradition in Albania remains strong today and may account for the availability, albeit limited, of community-based day centers and a low institutionalization rate in comparison with other SEE countries (National Albanian Center for Social Studies, 2005). According to data from 2006, 18,423 people with disabilities were beneficiaries of community-based services³⁶ and 604 people made use of day centers, while 542 people with disabilities resided in full-care institutions (MLSAEO, June 2007).

Figure 2. Percentage of People with Disabilities According to Category

(Source: Albanian MLSAEO, June 2007)



³⁶ These community-based services include assistance with daily living activities.

Data from 2000 indicate that, on average, 17 percent of the general population of institutionalized children had disabilities (Rowlands, 2000). Furthermore, parental mental disability is a contributing factor to the abandonment of children up to three years of age (National Albanian Center for Social Studies, 2005).

Appendix E: Additional Disability Statistics for Albania provides data on the number of people with disabilities accessing services of the social welfare system, special education, and different pension and payment systems. Unfortunately, the data are not disaggregated by gender, age, or cause of disability. Additionally, no disaggregated data were found on the number of adults with disabilities, including mental disabilities, living in institutions.

The disability rights movement in Albania is placing an emphasis on community-based services and inclusion, as opposed to reliance on the old policies inherited from previous regimes. Despite this positive emphasis on inclusion, people with disabilities in Albania are “likely to be excluded from the labor market, the health and education systems, and are more prone to falling into poverty,” according to a report on exclusion and vulnerability in SEE (Groves, 2006).

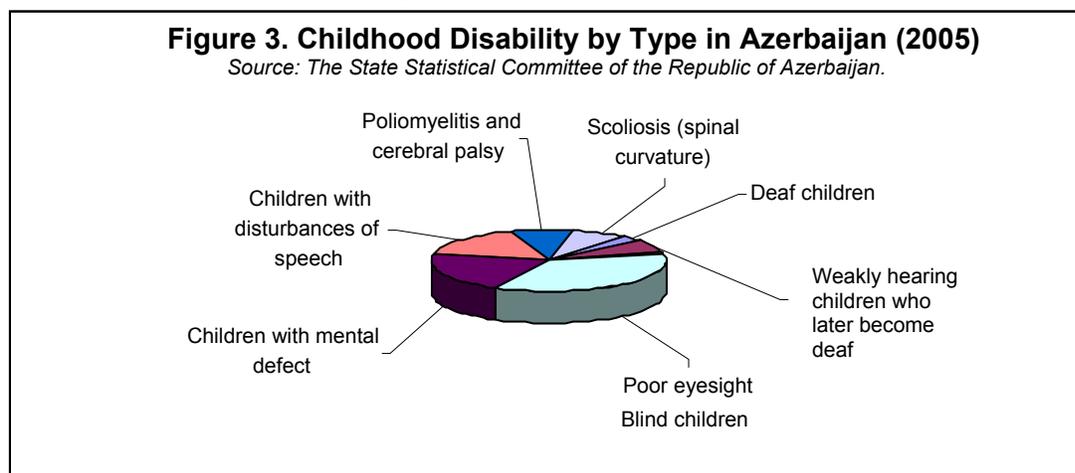
Armenia

In 2006, the government of Armenia reported 148,656 people (approximately 4.9 percent of the total population) with disabilities, of which 62,542 were women (42.1%), 8,449 were children (5.7%), and 95,975 people (64.6%) experienced temporary forms of disability (Ministry of Labor and Social Issues, 2006). Additional charts illustrating the distribution of disability by category, age, gender, and city of residence are available in *Appendix F: Additional Disability Statistics for Armenia*.

In 2006, 387 children with disabilities resided in children’s homes; 355 of these children were in state-run institutions and 32 in homes run by NGOs. Of the 387 disabled children in these homes, 181 were girls. There were 626 reported adults with disabilities in homes under state care, 14 of them in homes run by NGOs. Detailed information on the ages and gender distribution of children and adults with disabilities in residential institutions can be found in Appendix F, Tables F.3. and F.4.

Azerbaijan

According to the State Statistical Committee of the Republic of Azerbaijan, the total number of registered disabled pension recipients at the beginning of 2007 was 281,000. Data for 2005 indicate there were 30,274 children with disabilities in Azerbaijan. The category of children with “poor eyesight” constitutes the largest group of disabled children at 10,861 (see Appendix G, Table G.5). Figure 3 illustrates the distribution by category of childhood disability.



Children with disabilities in Azerbaijan may be placed in residential care facilities, boarding schools, children's homes, or nurseries. Information on services for adults with disabilities in residential care homes is more difficult to access. Data on adults with disabilities and the general elderly population are included in numbers of elderly in institutions (see Appendix G, Table G.1). Furthermore, no national data were found by this author on adults with mental disabilities.

Belarus

In Belarus, statistical information on people with disabilities is unpublished. In 2007, the government of Belarus reported a population of 512,500 people with disabilities, of which 28,300 are under the age of 18 (see <http://sharkovshchina.vitebsk-region.gov.by/ru/news/republic?id=120>).

The TransMONEE Database 2009 reports that in 2007 8,451 children with disabilities were in residential institutions. No further data are available from in-country sources.

Bosnia-Herzegovina

The government of Bosnia-Herzegovina has not published data on disability prevalence or social welfare recipients in Bosnia-Herzegovina. Furthermore, few international statistical organizations have had access to statistical data for Bosnia-Herzegovina since the dissolution of Yugoslavia, with the exception of the UNICEF Innocenti Research Center, which estimates that as of 2007, 1,511 children were in residential care centers.

War, Conflict, and Landmines

Despite the lack of reliable statistics regarding disability in Bosnia, regional conflicts, use of landmines, and large refugee and internally displaced populations have undoubtedly led to an increased disabled population.

Landmines constitute a major contributor to the number of people with disabilities in Bosnia-Herzegovina. It is estimated that Bosnia-Herzegovina is "one of the five most heavily-mined countries in the world" (see <http://meds.queensu.ca/icacbr/Albkobih.php>). In addition, the Landmine Survivors Rehabilitation Database estimates one out of every 173 people in Bosnia-Herzegovina was disabled because of injuries sustained during the civil war; the Database also estimates that 15 percent of the population suffers from psychological trauma, specifically post-traumatic stress disorder (http://www.lsndatabase.org/country_rehab.php?country=bosnia).

Furthermore, migrants, internally displaced persons, and refugees are at a heightened risk of poverty and reduced mental and physical health (Rechel and McKee, 2003). An estimated 1.2 million people fled Bosnia-Herzegovina during and after the recent wars. Refugees, migrants, and internally displaced people, as well as people with mental or psychiatric disabilities constitute a hidden population and may not be statistically recognized at accurate prevalence rates.

The post-war reconstruction and humanitarian assistance effort in Bosnia-Herzegovina alleviated a tiny portion of barriers in the environment, yet people with disabilities still face significant stigma, discrimination, and isolation.

Bulgaria

In 2006, 9,210 people with disabilities received benefits and services through residential institutions (see Appendix H, table H.1 and table H.2). During that same time, the Bulgarian National Statistical Institute reported that 1,716 mentally and physically disabled adults accessed community-based services.

In 2001, the Bulgarian census included for the first time a question regarding respondents' disability status. The definition utilized was based on the medical model of disability. According to the census, 263,143 Bulgarians have a medically-identified disability, representing approximately 3.3 percent of the population (National Statistical Institute, 2005). While data is somewhat limited, the National Statistical Institute maintains statistical data on people in residential and community-based facilities, as well as records of those accessing social services in the community.

Bulgaria's inclusion of disability information in the census is a step forward. However, DPOs across Bulgaria repudiate these statistics based on differences in data collection techniques, classification, and representation. Some examples Bulgarian DPOs cite include:

- Despite the source of the data purportedly being the same, the National Statistical Institute data for 2005 show 1,860 disabled children in residential facilities, while for the same time period, the UNICEF Innocenti Research Center documents 3,052 disabled children in residential care; and
- The 2001 national census reported 263,143 people with a medically identified disability, but during the same year twice as many disabled pensioners received the disability pension.³⁷

Croatia

In 2001, the Croatian national census, much like the one in Bulgaria, included a question on disability. According to that census, there were 429,421 Croatians with disabilities. Interestingly, women only represented 42 percent of the total population of people with disabilities.

While the 2001 census contained questions to assess the prevalence of disability, the earlier outlined limitations in the data persist and population-specific limitations also arise. For example, the Roma population is highly vulnerable and experiences significant social exclusion. Estimates place more than 30,000 Roma living in Croatia and yet, according to the Ministry of Labor and Social Welfare, only 73 Roma receive the personal disability allowance and only 265 Roma families receive the disability assistance and care supplement.³⁸

In 2006, there were 84 residential institutions for children and 192 residential institutions for adults.³⁹ These figures included state- and privately-run institutions or homes whose residents received state welfare funding. Table 5 shows the numbers of children and adults with disabilities in these state-and privately-run institutions or homes. Of the 192 adult homes, nine were specialized for physically and mentally disabled adults and 28 for mentally ill adults. The majority of the remaining homes were for the elderly (CBS, 2007).

³⁷ For a more detailed description of disability data and implementation of rights of people with disabilities in Bulgaria, see the Bulgaria Country Report published the IDRM Regional Report of Europe 2007 (<http://www.idrmnet.org/reports.cfm>).

³⁸ National Programme for Roma, <http://www.vlada.hr/nacionalniprogramromi/EnpzzUVOD.htm>. Dates for the data collection were not identified.

³⁹ Detailed information on the recipients of social welfare institutions for children and adults is available online at: http://www.dzs.hr/default_e.htm.

Table 5. Disabled Children and Adults in State- and Publicly-run Institutions or Homes		
Children	Homes for children with behavioral disorders	1,246
	Homes for physically and mentally challenged children	3,283
Adults	Homes for physically and mentally disabled adults	840
	Homes for mentally ill adults	3,740
<i>Source: Social Welfare Institutions for Children, Youth and Adults, 2006, CBS</i>		

A total of 5,990 children were served in residential homes in 2006, 4,528 (75.6%) of whom were children with disabilities. The remaining group represented children with inadequate family care (which may have included children with disabilities or children from families where one or both parents had a disability, as shown in Table 3.

See *Appendix I: Additional Disability Statistics for Croatia* for more information.

Georgia

In 2008, the Ministry of Labour, Health, and Social Affairs of Georgia reported 137,806 recipients of the disability pension and in 2007, 34,200 children and families benefiting from the social disability pension. People with a disability as a result of general disease constitute the largest group in Georgia, according to the Ministry of Labor, Health, and Social Affairs (see Appendix J, Table J.1). Civil unrest and armed conflict in the in the Abkhazia and South Ossetia regions have had a significant effect on disability in Georgia, but the latest statistics do not reflect a large increase in the number of persons with disabilities. In fact, in 2006, the number of disability pensions reached a high of 213,000, which decreased to 124,200 in 2007 and increased slightly in 2008 to 137,806.

Issues of employment, education, and freedom of movement remain central for people with disabilities in Georgia. Continued efforts need to be directed towards strengthening existing programs and addressing disability as a cross-cutting issue in all development activities in the region. In 1999, Georgia joined the Education for All Program and, according to Agranovitch (2006), “is making significant progress towards integration of disabled children in education.” While the Education for All Program provides an internationally recognized framework for inclusive education based on groundwork by the World Institute on Disability, recent collaboration among Georgian and Abkhazian DPOs resulted in an alliance that focused on fostering promising practices in inclusive education and forming a cadre of disabled leaders in Armenia, Azerbaijan, Russia, Uzbekistan, Georgia proper, and Abkhazia. USAID provided additional training and capacity-building to equip DPOs with strong organizational development, community organizing skills, and disability rights and advocacy abilities through a program that ended September 2009.

Kazakhstan

Official data indicate that 403,400 people receive a disability pension in Kazakhstan. No data were found that identified adults with disabilities independently from elderly in institutions. Furthermore, no data were found on adults with mental or psychiatric disabilities. According to 2005 data, 12,100 elderly citizens and adults with disabilities were in residential institutions (Statistical Collection, Republic of Kazakhstan). In 2005, 5,400 children with disabilities were in residential institutions and 16,600 were in specialized boarding schools for children with disabilities (Statistical Collection, Republic of Kazakhstan). See Appendix K, tables K.1 and K.2, for further information on children and adults in institutions and boarding schools.

Kosovo

Data from Kosovo are extremely limited. Some information, however, regarding recipients of the disability pension, disability social welfare system, and educational services is available (see Appendix L, tables L.1-L.5).

A brief summary of the information for January 2008 shows that 17,476 people received disability pensions and an additional 1,936 families (2,080 people with disabilities) received support through the social assistance disability system.⁴⁰

As with all data from Kosovo, data regarding educational opportunities are scarce. The Ministry of Education, however, tracks students with disabilities in specialized, separate educational settings and in specialized “attached” classrooms in standard educational facilities. As of January 2008, the number of students with disabilities in the Kosovo educational system was 1,436 (298 in special boarding schools, 213 in special schools, and 925 in attached classes). Students with disabilities encounter extreme challenges in transitioning from grade level to grade level and, later, transitioning from the school environment to employment. Based on data from six schools in which there were 64 attached classrooms, 21 disabled students were enrolled in preschool, 825 in primary school, 89 in secondary school, and zero at the university level. The high number of students in primary school and the extremely low number in secondary school indicate a lack of transition from primary school to secondary school. This extreme disparity may reflect the reality of low educational standards in the specialized schools and the practice of letting disabled students “finish” standard primary school, but not graduate with a diploma or certification that would allow them to enter secondary or higher education.

Kyrgyzstan

No published national statistics were found on disability for Kyrgyzstan. Children with developmental and learning disabilities predominate in the category of school-age children who do not attend school. In 1997, 1,575 people in this category did not attend any form of schooling and in 2002 this number grew to 2,273 (UNICEF (b) 2002).

Development organizations began the process of creating community-based alternatives to institutionalization in Kyrgyzstan in 1999, when day-care centers for disabled children were first funded with support from several international organizations such as Mercy Corps USA and Save the Children, Denmark.

Macedonia

Data are limited to recipients of the disability social welfare system, including those officially registered through the medical evaluation committees. Macedonia’s State Statistical Office reports 10,384 children with disabilities receiving disability social welfare and 16,397 adults (see Table 6 below). According to the State Statistical Office, “ten percent (10%) of children 2 to 9 years of age have at least one reported disability. This percentage is higher in the poorest quintile at 12 percent compared to eight percent in the richest quintile” (State Statistical Office, 2005-2006).

⁴⁰ Source: The Kosovo Ministry of Labor and Social Welfare. The monthly disability pension is 40 Euro, while benefits through the social assistance disability program range from 35-70 Euro per month (MLSW, 2008).

Table 6. Recipients of Social Welfare					
	Children			Adults	
	Exhibiting antisocial behavior	Mentally handicapped	Physically handicapped	Physically and mentally handicapped	Exhibiting anti-social behavior
Total Numbers	3,591	4,014	2,779	15,042	1,355

Recipients of social welfare by type of service				
	Children		Adults	
	Mentally handicapped	Physically handicapped	Physically and Mentally handicapped	Exhibiting anti-social behavior
Foster Care, Foster Families	60	23	395	61
Social Welfare Institutions, "other" institutions	119	59	181	28

Source: Republic of Macedonia, State Statistical Office, Social Welfare, 2006.

Like Albania, Macedonia has a relatively low number of people with disabilities living in residential facilities. Data on social welfare institutions in 2006 identify three institutions, in which 521 people with disabilities resided. Macedonia has had early success in addressing the problem of institutionalization by utilizing foster care and foster families as community-based alternatives to institutions. See Appendix M, Table M.3, for a geographic representation of the distribution of disabled welfare recipients in Macedonia.

Similar to other countries in the region, multiple sources cite widely varying information regarding aspects of disability. For example, the UNICEF Innocenti Research Center reported 552 disabled children in institutions during 2005, whereas in 2006 the State Statistical Office showed only 178 disabled children in institutions, a downward shift of 374 in a one-year period. It is unlikely that the actual population changed to such a large extent; it is more likely that these figures are capturing different groups of institutionalized people.

Moldova

In 2005, 164,891 people with disabilities received disability pensions. The Ministry of Social Protection, Family, and Children reported that, of the 164,891 people with disability, the largest group, constituting 122,189 people (74.1%), were disabled as a result of ordinary illness, while the second largest group, constituting 23,112 (14.0%), were disabled children (Zabieta, 2007).

Like the countries of SEE, Moldova has a recent history of conflict and, as a result, must cope with the traumatic effects of the Transdnestr conflict, including physical and mental disability. These issues will have lasting consequences for the entire country (Rechel and McKee, 2003).

Little attention is directed to minority groups with disabilities in Moldova, including the Roma and those affected by conflict.

Moldova provides some institutional and community-based services for children and adults with disabilities. State and private organizations provide services in the community that include home care services, day-care centers, and social inclusion services (Zabieta, 2007), whereas institutions for children and adults provide psycho-neurological assistance, nursing homes for people with disabilities, and rehabilitation centers. According to data from 2005, 731 children and youth with disabilities attended day-care centers and 610 children and youth were in residential institutions. Data from the same time period reported by the UNICEF Innocenti Research Center show 5,316 disabled children in residential institutions. Among the adult population, 2,038 utilize day-care centers and 1,495 remained in residential institutions (see Table 7 below).

Number of Day-care Centers for Children, Youth and Adults with Disabilities			Beneficiaries from Institutions			
	Centers	Beneficiaries	staff		2004	2005
Children and youth with disabilities	18	731	205.5	Children with deficiencies	610	640
Adults with disabilities	8	2,038	80	Psycho-chronic patients	1,495	1,554
<i>Source: Annual Social Report, 2003, 2005. (Excerpted from Zabieta, 2007)</i>				<i>Source: Ministry of Social Protection, Family and Child Moldova (Excerpted from Zabieta, 2007)</i>		

For additional information about institutionalization, geographic distribution and gender breakdown, see Appendix N, Tables N.1-N.7.

Montenegro

Statistics regarding the situation in Montenegro are extremely limited. DPOs and reports issued by Share-See (<http://www.share-see.org/>) reference WHO's estimate of 10 percent disability within any population. Based on that estimate, there would be approximately 67,000 people with disabilities in Montenegro.

Correspondence with leaders of DPOs in Montenegro affirms that there is a strong national family tradition and people with disabilities usually do not live in institutions, but instead with their families. This has not been confirmed statistically, however.

Limited information on the existence and capacity of four institutions in Montenegro is provided here. Unfortunately, disaggregated data capturing gender and age structure and cause of disability is not available. The four centers, which serve different populations and age groups, have a total capacity for 540 people. In January 2008, there were 325 disabled adults and children living in these institutions.

- The Center for Education and Training, named "June the 1st," located in Podgorica has a capacity of 100 beds; as of January 2008, 63 people were living there.
- The Institute for Education and Professional Rehabilitation of the Disabled Youth and Children in Podgorica has a capacity of 60 people. In January of 2008 there were 49 people with disabilities residing in this institution.
- The public institution called "Komanski Most" located in Podgorica has a capacity of 220. As of January 2008, 133 people with disabilities were living there.

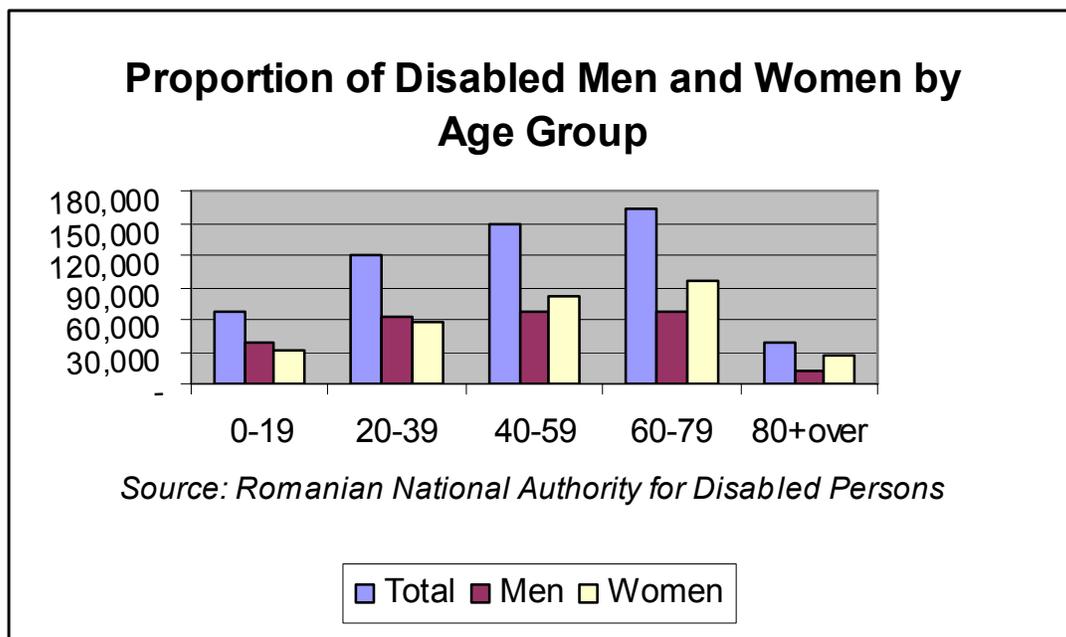
- The Institution for Hearing and Speech Rehabilitation, named “Kotor,” has a capacity of 160 and as of January 2008 there were 80 people residing there (Association of Youth with Disabilities of Montenegro, 2008).

Romania

Romania has repeatedly been criticized by human rights groups around the world for its treatment of people with disabilities.⁴¹ In an effort to demonstrate progress on this front, as well as meet standards required for accession to the EU, the National Authority for Disabled Persons was established in 2003. It serves as a regulatory authority and is responsible for policy formulation and national standards. The National Authority collects and publishes a wide collection of disability data disaggregated by age, gender, type of disability, and beneficiaries of residential and day care institutions (see Appendix O, Tables O.1, O.3, and O.4).

The government of Romania collects and publishes disability data on a quarterly basis. According to this information, 2.5 percent of the population of Romania is comprised of people with disabilities.⁴² Based on this data, women and girls comprise 54 percent of the disabled population (see Figure 4). A high rate of institutionalization in Romania remains a serious problem. According to the data, there are 242 institutions with 17,424 recipients of services. Of these 242 institutions, 214 are residential institutions that house 16,508 people with disabilities. The remaining 916 people attend 28 day-care facilities supported by the state (see Table 8).

Figure 4. Proportion of Disabled Men and Women by Age Group in Romania



⁴¹ Institutionalized adults and children with disabilities living in inhumane, squalid conditions have been the focus of reports, studies, and newscasts by many international organizations, including Mental Disability Rights International and the Open Society Institute.

⁴² The 2007 total population of Romania according to United National Population Fund is 21,570,000. The official number of people with disabilities reported in Romania is 539,241, as represented by the National Authority for Disabled Persons, comprising 2.5% of the population.

Type of Disability	Non-Institutionalized			Institutionalized		
	Total	Children	Adults	Total	Children	Adults
Physical, visual, auditory, deaf-blindness, associated and rare diseases	226,505	20,284	206,221	2,802	54	2,748
Somatic	109,578	10,700	98,878	631	-	631
Mental and psychic (a)	182,367	24,236	158,131	13,064	40	13,024
HIV/AIDS	4,283	982	3,301	11	3	8
Total	522,733	56,202	466,531	16,508	97	16,411

(a) The data collected for the institutionalized population contains an additional category of disability---Social. In this chart, "social" disability is included in Mental and Psychic disability for Institutionalized population

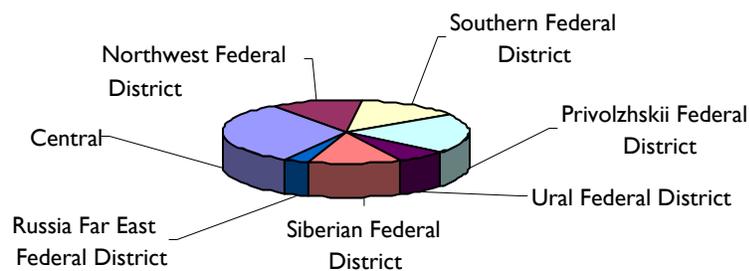
Source: Romanian National Authority for Disabled Persons, 9/30/07

Russia

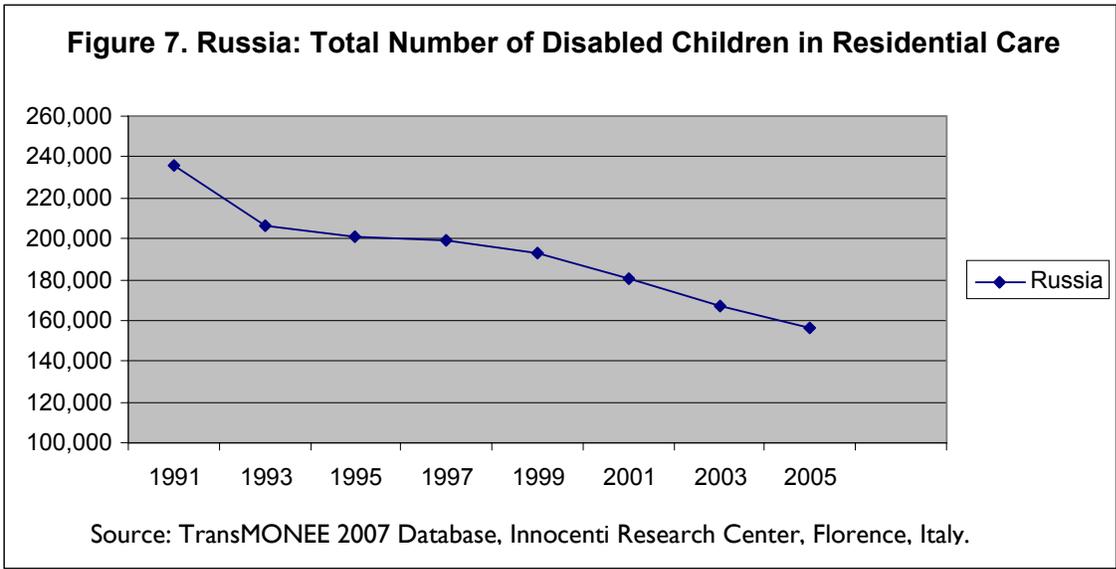
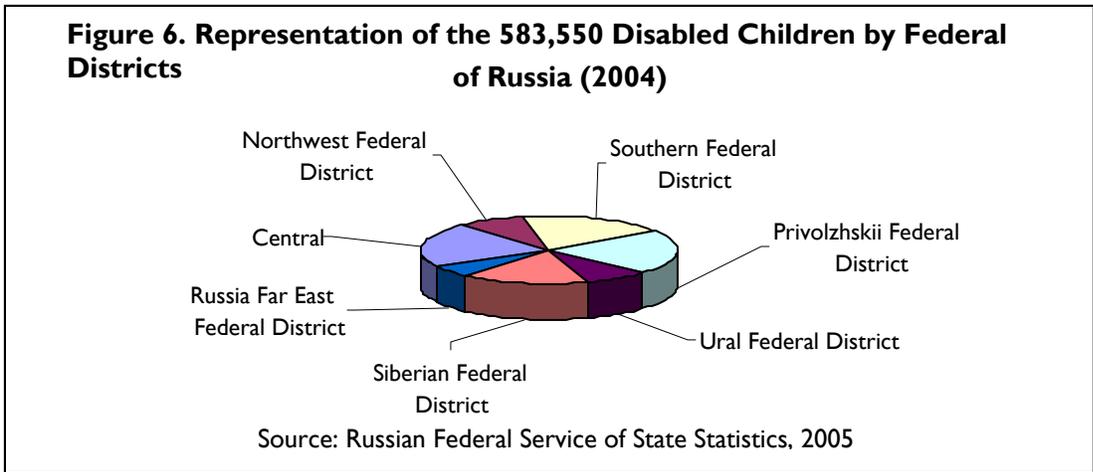
In January 2007, according to the Federal Service of State Statistics, there were 13,014,000 people with disabilities officially registered in Russia. The statistical service keeps information by region, gender, urban and rural residence, and type of disease of the population of adults and children with disabilities.

According to the data presented, in 2005 there were 11,484,308 adults with disabilities, while in 2004 there were 583,550 children with disabilities (of which 156,479, or 26.8%, were in residential institutions). Figures 5 through 7 below indicate the geographic distribution of the adult and child population of disabled people across Russia and, farther below, a chart tracks the trends in institutionalization of children with disabilities over the past 14 years. For a detailed chart showing the geographic distribution of disabled adults and children in Russia, see Appendix P, Tables P.1-P.3.

Figure 5. Representation of the 11,484,308 Disabled People by Federal Districts of Russia in 2005



Source: Russian Federal Service of State Statistics, 2005



Serbia

There is no agreed-upon statistic regarding the actual number of people with disabilities in Serbia. Some sources cite the disabled population as 350,000, while others give estimates as high as 800,000 (Toritsy and Calovska, 2007). Statistical information to identify the number of people with disabilities in Serbia does not exist; rather, data were collected to identify the numbers of disabled beneficiaries of certain services. Because of this system, double counting and underrepresentation become serious issues. For example, the Fund for Disability Retirement Insurance pays pensions to 375,000 people; the National Employment Services shows 23,000 people with disabilities officially registered as unemployed and an additional 55,000 nondisabled people receive a social disability allowance to provide personal assistance services and care to disabled individuals (Toritsy and Calovska, 2007).

Serbia is emerging as a regional leader in disability legislation,⁴³ yet at the same time, Toritsy and Calovska note that “people [in Serbia] with neurological, mental or development deficiencies often find themselves confined to a bed, a home or an institution where they sometimes become victims of physical, psychological and sexual abuse” (2007). Institutionalization is so heavily relied upon that there are cases where people with physical disabilities have been placed in homes for the elderly and intellectually disabled people were placed in mental health institutions for persons with psycho-social impairments (Toritsy and Calovska, 2007). During 2005, 2,470 children and youth with disabilities were placed in nine residential institutions across Serbia and 2,895 adults with disabilities resided in eleven institutions (Toritsy, Calovska, 2007).

Tajikistan

The Ministry of Labor and Social Welfare reported 104,272 registered people with disabilities in the year 2000. This number increased from 67,832 in 1990. Poverty, malnutrition, conflict, and economic crises may have attributed to this increase.

No specific data were found for children or adults with disabilities or indicating numbers of persons with mental or psychiatric disability.

Turkmenistan

No national data on disability in Turkmenistan were found. According to the WHO report *Highlights on Health in Turkmenistan*, “the incidence of disability is lower in Turkmenistan than in most of the CAR and NIS. In 1997 there were 159 registered people with disabilities per 100,000 population” (2000).

Ukraine

There are no consistent and reliable statistical figures on disability in Ukraine. In 2004, the Ukrainian government recognized about 2.5 million people with disabilities, or approximately 5.3 percent of the population (Prywes and Rybalchenko, 2005).

Disability as a result of the Chernobyl disaster remains a national concern. Of the 2,676,018 adults and 42,886 children receiving disability pensions, 3.5 percent were identified as having acquired their disabilities as a result of the Chernobyl nuclear accident (Beal, 2004).

To this day, many parents are encouraged to give up infants and children with disabilities as social orphans. Infants and children with disabilities are dispatched to spend their lives in institutions where basic conditions are lacking, education is nonexistent, and neglect and abuse are common.

In 2005, Menahem Prywes and Katerina Rybalchenko of The World Bank reviewed institutionalization data and undertook the difficult task of creating an accurate summary and account of children and adults with disability in institutions. The process generated a series of questions, concerns, and issues of accountability, as well as substantial information on people with disabilities in institutions. Prywes and Rybalchenko estimate that 180,000 infants and children and 45,000 adults with disabilities are in state residential institutions (2005). Table 9 has been excerpted from their work.

⁴³ In 2006, the Ministry of Labour, Employment and Social Policy adopted three major documents to promote the equalization of opportunity of people with disabilities: the UN Convention on the Rights of Persons with Disability, Disability Discrimination Law, and Disability Strategy of the Republic of Serbia.

Table 9. Ukraine: Official Statistics on Number of People in Residential Institutions in 2004

	Type of Institution	Ministry	AI	Of which		Notes
				Orphans	Disabled	
1	Infants Children's homes	Ministry of Health	15,387	3,475	N/A	There are no data on number of disabled children in these institutions
2	Children's homes	Ministry of Education	6,690	5,282	N/A	There is no data on number of disabled children in these institutions
3	Sanatoriums schools internats	Ministry of Education	15,138	1,471	15,138	Not all children have status as invalids; however classified as having dysfunctions. Not all children live there permanently
4	Children Special schools (schools-internats)	Ministry of Education	56,815	11,325	56,815	Not all children have status as invalids; however classified as having dysfunctions. Not all children live there permanently
5	General schools - internats	All ministries (mainly Ministry of Education)	87,687	17,810	N/A	Not all children live there permanently. There are no data on number of disabled children in these institutions
6	Internats	Ministry of Labor & Social Policy	7,716	3,257	7,716	These are all disabled children. The children do not receive education.
7	Adults and Elderly people Internats / residential	Ministry of Labor & Social Policy	45,626	N/A	27,416	There are 27,416 people with mental disabilities in these institutions, there may be additional people with disabilities, and there are elderly people with disabilities that are not officially recognized.
TOTAL			225,059	42,620	107,085	

Source: State Statistics Committee of Ukraine

Adults with mental disabilities and families in which a member has a mental disability are most likely in a situation of poverty. Of the 283,000 people with mental disabilities in Ukraine, only 29 percent receive disability benefits as determined by the Medical Sanitary Expert Commission (Beal, 2004).

DPOs and disability service providers, with assistance from international donor organizations, have piloted integration programs in Ukraine. However, for most of these organizations, restructuring the educational system and real-life inclusive settings remain unrealized goals.

Uzbekistan

In Uzbekistan, the number of children registered as disabled increased from 70,000 in 1996 to 125,000 in 2005; nearly 20,000 children with disabilities are in institutions (http://www.unicef.org/uzbekistan/media_4421.html).

No statistical data were available on adults with disabilities in Uzbekistan.

Conclusions

The biggest challenge in developing this paper was the lack of consistent and comparable data across countries. Even within countries, definitions changed slightly over time, limiting its ability to be used to produce effective analyses for policy making.

In spite of those challenges, however, there were two findings from this effort:

1. The challenges in collecting the data and the questions about the validity of the data (given the differences in the definitions and models used) indicate that more rigorous data collection and reporting practices would improve the knowledge about disability in the region and increase the likelihood that effective services can be delivered.
2. In many countries, a disproportionate percentage of the individuals in institutional care are those with disabilities. Institutionalization remains a challenge in the region, and recent studies produced by USAID and others indicate that individual outcomes improve with community-based services.

Future Research

The ability to pinpoint and contrast the needs of one country versus another is complicated by the geographic scope of this report, the diversity of disability, and the differing legislative environments. Additional factors include the variations in effectiveness of DPOs in the region and lack of sound statistical studies of the people throughout this region. Data are too sparse and fraught with limitations to place greater priority on one country or group as compared to another. Even so, there is no contention over whether there is a need for disability-based programming; the question lies in how to meet the needs of this large and predominately excluded part of society. When designing a project, interested parties should ask questions such as, “Are people with disabilities involved in all stages of the project cycle, not simply as beneficiaries, but as participants and decision makers?”, “Can the project provide appropriate training and support for DPOs and cross-disability networks in the region?”, and “Is appropriate anti-discriminatory legislation in place to validate and justify host-country buy-in and ownership of the project?”

The information, including the gaps in information, identified in this study give rise to the question of whether donors should engage in further disability data collection efforts. Indeed, data collection efforts are integral to understanding the needs of a population and how to design program services. Given the severe shortage of comparable and consistent disability data observed during the course of this study, it is recommended that donors pursue opportunities to support improvement of data collection mechanisms and standardization of reporting. Studies should be designed within the context of programs or priority areas such as education; employment; micro-finance and access to credit; rule of law and the exercise of individual rights; gender; and maternal and child health. Research should be practical and include best practices and recommendations to assist currently-funded programs to become inclusive and inform new program development in this area.

Priority Program Areas

Priority areas for programming include labor and employment, education and training, and community and social integration. The ST team has produced separate analyses that provide lessons learned and effective practices in these areas for USAID Mission staff and others who might be responsible for meeting the needs of people with disabilities. Notably, readers interested in further programmatic recommendations in these areas should refer to the following documents:

- The Job That Remains: An Overview of USAID Child Welfare Reform Efforts in Europe & Eurasia (June 2009, DEC Doc ID: PN-ADO-922);
- Best Practices in Vocational Training for People with Disabilities in Europe & Eurasia (October 2009);
- Best Practices in Inclusive Education for Children with Disabilities: Applications for Program Design in the E&E Region (forthcoming in October 2009);
- Emerging Practices in Community-based Services for Vulnerable Groups: A Study of Social Services Delivery Systems in Europe and Eurasia (June 2006, DEC Doc ID:PN-ADG-301); and
- Promising Practices in Community-based Social Services in CEE/CIS/Baltics (October 2005, DEC Doc ID:PN-ADF-930).

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APPENDIX A. International Disability Statistics Sources

Methodology and Data Collection

World Health Organization's International Classification of Functioning, Disability and Health
<http://www.who.int/classifications/icf/en/>

Washington Group on Disability Statistics
<http://www.cdc.gov/nchs/citygroup.htm> or
<http://unstats.un.org/unsd/methods/citygroup/washington.htm>

Publications:

Barbara M. Altman, Sharon N. Barnartt (eds). *International Views on Disability Measures: Moving Towards a Comparative Measurement*. Research in Social Science and Disability, Volume 4, Elsevier, 2006.

Daniel Mont, *Measuring Disability Prevalence*. Disability and Development Team, HDNSP The World Bank, 2007.

Searchable Databases

World Bank: Data and Statistics on Disability
<http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTSOCIALPROTECTION/EXTDISABILITY/0,,contentMDK:21249181~menuPK:282717~pagePK:148956~piPK:216618~theSitePK:282699,00.html>

UNICEF: TRANSMONEE Database
<http://www.unicef-irc.org/databases/transmonee/>

European Health For All Database (HFA-DB)
<http://www.euro.who.int/hfadb>

The United Nation's Disability Statistics Database (DISTAT).
<http://unstats.un.org/unsd/demographic/sconcerns/disability/disab2.asp>

International Labour Organization Social Security Database:
http://www.ilo.org/dyn/sesame/SESHelp.socialsec_desc#result

European Commission EUROSTAT
http://epp.eurostat.ec.europa.eu/portal/page?_pageid=1090.30070682.1090_33076576&_dad=portal&_schema=PORTAL

Measure DHS Project. Demographic and Health Surveys
<http://www.measuredhs.com/countries/start.cfm>

Listing of national statistical offices worldwide available at:
http://unstats.un.org/unsd/methods/inter-natlinks/sd_natstat.as

APPENDIX B.

In-Country Sources for National Disability Statistics

Country	Responsible Government Agencies			
Albania	Ministry of Labour, Social Affairs and Equal Opportunities Albania	Statistical Institute http://www.instat.gov.al	Social Insurance Institute http://www.iss.gov.al	Ministry of Education and Science http://www.mash.gov.al
	http://www.mpcs.gov.al		State Social Service http://www.shssh.gov.al	
Armenia	National Statistics Service http://www.armstat.am/		Ministry of Health http://www.moh.am	
Azerbaijan	State Statistical Committee of the Republic of Azerbaijan http://www.azstat.org	Ministry of Health http://www.mednet.az		Ministry of Labor and Social Protection http://www.azerin.com/members/mlspp/
	http://www.azstat.org/statinfo/index.en.php	Medical statistics http://www.mednet.az/index|en.htm		
Belarus	Ministry of Statistics http://belstat.gov.by/	Ministry of Health http://www.minzdrav.by		Belarus Ministry of Labor and Social Protection http://www.mintrud.gov.by
	Statistical office within Ministry of health http://www.minzdrav.by/med/article/stat.php			
Bosnia and Herzegovina*	Federal Office of Statistics http://www.fzs.ba/	Ministry of Health and Social Welfare of Republika Srpska http://www.vladars.net/en/min/mzsz.html		Federal Ministry of Social Affairs http://www.fmsa.gov.ba/
Bulgaria	National Statistical Institute http://www.nsi.bg/	Ministry of Health http://www.mh.government.bg		Ministry of Labor of Social Policy http://www.mlsp.government.bg/bg/index.asp

Croatia	Republic of Croatia Central Bureau of Statistics http://www.dzs.hr/	Ministry of Health and Social Welfare http://www.mzss.hr	Ministry of Labor and Social Protection http://www.mrss.hr/
Georgia	Statistics Georgia http://www.statistics.ge/		Ministry of Labour, Health and Social Affairs http://www.molhsa.ge/eng/index.php
Kazakhstan	Agency of Statistics of the Republic of Kazakhstan http://www.stat.kz/	Ministry of Health http://www.mz.gov.kz	Ministry of Labor and Social Protection of the Republic of Kazakhstan http://www.enbek.kz/eng/index.php
Kosovo	Statistical Office of Kosovo e-mail: social@ks-gov.net http://www.ks-gov.net	Ministry of Education, Science and Technology http://www.ks-gov.net/masht	Ministry of Labor and Social Welfare http://www.mpms-ks.org
Kyrgyzstan	National Statistical Committee of Kyrgyz Republic http://www.stat.kg/	Ministry of Health of Kyrgyzstan http://www.med.kg	Ministry of Labor and Social Protection http://www.mlsp.bishkek.gov.kg/
Macedonia	Republic of Macedonia State Statistical Office Email: publikum@stat.gov.mk http://www.stat.gov.mk	The former Yugoslav Republic of Macedonia Ministry of Health http://www.zdravstvo.gov.mk	Ministry of Labor and Social Policy http://www.mtsp.gov.mk/
Moldova	National Bureau of Statistics http://www.statistica.md/?lang=en	Ministry of Health, Republic of Moldova http://www.ms.gov.md/	Ministry of Social Protection, Family and Child http://www.mpsfc.gov.md/ Individual links for each institution http://www.mpsfc.gov.md/md/institut/
Montenegro	Statistical Office of Montenegro http://www.monstat.cg.yu/EngPrva.htm	Ministry of Health, Labour and Social Welfare http://www.vlada.cg.yu/eng/minzdr/	Ministry of Labor and Social Welfare http://www.vlada.cg.yu/eng/minrada/kabinet.php

Romania	National Institute of Statistics http://www.insse.ro/cms/rw/pages/index.ro.do	Ministry of Labour, the Family and Equal Opportunities http://www.mmssf.ro	Ministry of Education, Research and Youth http://www.edu.ro/
Federal State Statistics Services			
Russia	Email: stat@gks.ru http://www.gks.ru/wps/portal/russian (health Здравоохранение в России, 2005г. (2,0 Мб) .)		
Serbia	Statistical Office of the Republic of Serbia http://webrzs.statserb.sr.gov.yu/axd/en/index.php	Ministry of Health of Serbia http://www.zdravlje.sr.gov.yu	Ministry of Social Protection http://www.minrzs.sr.gov.yu/cir/index.php?iduser=1&path=homepage
Tajikistan	State Statistical Committee of Tajikistan http://www.stat.tj/		
Turkmenistan	State Committee of Turkmenistan on Statistics Phone(993-12) 39 43 49 Fax(993-12) 35 43 79 Email: office@natstat.gov.tm	Ministry of Health and Medical Industry http://www.tacistm.org/Governm/Govstruct.htm	
Ukraine	Center for Medical Statistics http://www.moz.gov.ua/ua/main/min/minstruct/?docID=1926	Ministry of Health of Ukraine http://www.moz.gov.ua	Ministry of Labor and Social Policy http://www.mlsp.gov.ua/control/uk/index
Uzbekistan	State Committee of the Republic of Uzbekistan on Statistics http://www.stat.uz/STAT/INDEX.PHP	Ministry of Health Statistical office http://www.med.uz/eng/minzdrav.html	Ministry of Labor and Social Security http://www.gov.uz/en/section.scm?sectionId=2332

APPENDIX C:

Additional Disability Statistics for the Europe and Eurasia Region

Countries	Number of newly recognized disability cases				Mental disorders, prevalence in %				All cases of mental disorders at year's end	
	First available		Last available		First available		Last available			2006
	Number	Year	Number	Year	%	Year	%	Year		
Albania	-	-	-	-	-	-	-	-	-	
Bosnia and Herzegovina	6,452	1990	6,452	1990	4.73	1980	1.97	2005	-	
Bulgaria	29,593	1990	83,089	2006	2.10	1980	2.29	2006	175,680	
Croatia	8,477	1990	42,084	2006	-	-	-	-	-	
Montenegro	-	-	-	-	-	-	-	-	-	
Romania	-	-	-	-	0.33	1989	1.09	2006	235,276	
Serbia	-	-	-	-	-	-	-	-	-	
TFYR Macedonia	2,986	1990	2,153	2005	0.02	1986	0.02	1995	-	
Belarus	86,612	1993	52,602	2006	1.37	1993	1.18	2006	114,792	
Republic of Moldova	19,293	1990	13,700	2006	3.01	1980	4.12	2006	147,641	
Ukraine	256,312	1992	213,764	2006	2.23	1980	4.59	2006	2,138,909	
Armenia	6,821	1980	17,496	2006	0.86	1980	1.26	2006	40,461	
Azerbaijan	11,345	1997	28,678	2006	1.13	1990	1.35	2006	114,880	
Georgia	11,678	2001	22,823	2006	0.17	1980	2.03	2006	89,417	
Kazakhstan	39,000	2002	43,800	2006	3.69	1988	3.99	2005	-	
Kyrgyzstan	10,255	1991	10,317	2006	-	-	-	-	65,763	
Tajikistan	12,450	1991	11,458	2006	1.31	1990	0.64	2006	41,867	
Turkmenistan	9,668	1991	7,383	1997	0.93	1991	1.93	2006	94,486	
Uzbekistan	251,071	1995	53,693	2005	1.12	1993	1.35	2005	-	
Russian Federation	765000	1990	1199761	2001	2.15	1990	2.69	2006	3,831,089	

Source: WHO European Health for All Database (<http://www.euro.who.int/hfad>)

APPENDIX D.

Disabled People's Organizations in Europe and Eurasia

There are many disabled people's organizations (DPOs) in Europe and Eurasia and many US and International Disability Organizations operating projects and activities in Europe and Eurasia.

The following Disabled People's Organizations assisted the author in different ways, oftentimes, providing useful and valuable support in obtaining statistical data and representing the situation for people with disabilities. Coordinated and planned collaboration with Disabled People's Organizations is essential to disability and development.

Armenia

Bridge of Hope
Susanna Tadevosyan – President
Koriuni 19-a
375009 Yerevan, Republic of Armenia
Tel: +374 (1) 58 91 86; +374 (1) 56 01 43
e-mail: bridge@arminco.com

Albania

Albanian Disability Rights Foundation
Blerta Cani Director, Florida Kalemi PC
Rr. Andon Zako Cajupi, Pall 15, katite,
Tirana, Albania
Tel: +355 4 269426
e-mail: adrf@albmail.com
www.adrf.org.al

Bosnia

Information Center, Lotos, Tuzla
Suad Zahirovic, Director
Sr. M.I. Crnogorcevica 3
Tuzla, Bosnia and Hercegovina
Tel: +387 (35) 251245
e-mail: ic.lotos@bih.net.ba
www.ic-lotos.org

Bugaria

Center for Independent Living , Sofia
Kapka, Ivanaova Panayotova, Director
37, 6th September Street
Sofia 1000, Bulgaria
Tel: + 359 (2) 9833117
e-mail: cil@cil-bg.org
www.cil-bg.org

Croatia

SOIH – Organization of Associations of People
with Disabilities of Croatia
Savska 3
10000 Zagreb Hrvatska, Croatia
Tel: + 385 148 29394
e-mail: soih@zg.t-com.hr, soih@zg.htnet.hr,
www.soih.hr

Kosovo

Handikos, Pristina
Halit Ferizi, President
Dardania 4/7, Lam D2
38000 Pristina
UN Admintered province of Kosovo
Tel: +381 (38) 548 326/550 834
e-mail: handikos@ipko.org handikos@eunet.yu

Macedonia

Polio plus, Movement against disability
Zvonko Savreski, President
Sr. Palata Unija 3Kat
1000 Skopje
Republic of Macedonia
Tel: +389 (0) 224 00 544
e-mail: polioplus@polioplus.org.mk,
zvonko@polioplus.org.mk
www.polioplus.org.mk

Moldova

MOTIVATION Moldova Association
transforming disability into ability
Traian 23/1, MD-2060, Chisinau
Republic of Moldova
Tel/fax: + 373 (22) 66 13 93
Tel: + 373 (22) 76 35 97
e-mail: motivationmd@yahoo.com

Serbia

Center for Independent Living
Gordana Rajkov/ Mimica
Sr Radomira Vujovica 3
11000 Belgrade
or
Milenka Vesnica 3
11000 Belgrade
Serbia
tel: + 381 (11) 360 55 09
e-mail: cilsrbija@digit.co.yu

Montenegro

Association of Youth with Disabilities of
Montenegro
Milan Saranovic, Executive Director
PO Box 413
81000 Podgorica,
Montenegro
Tel: +381 (81) 266 039
Cel: +381 (67) 801 761
e-mail: office@umhcg.org, umhcg@cg.yu
e-mail: milansh@umhcg.org
www.umhcg.org

Russia

Regional Society of Disabled People
"Perspektiva"
Denise Roza
8, 2-Frunzenskaya str.,
Moscow, 119146, Russia
Tel-fax: +8 (495) 245-68-79, +8 (495) 363-08-39, +8 (499) 242-50-94
e-mail: office@perspektiva-inva.ru

Ukraine

Simferopol Phab Club, Heidelberg House
12, Dybenko str.,
Simferopol 95000
Crimea, Ukraine
Phone: +380 (652) 250497, +380 (652) 512458
Fax: +380 (652) 600105
e-mail: club@phab.org.ua
<http://phab.smtp.ru>

Uzbekistan

Assistance Center for Disabled People "Hayot"
Contact: Meliya Asanova
Firdavsi 15 A
Samarkand, 703004 Uzbekistan
Fax: +998 (662) 33-53-00, 24-98-36
e-mail: daris66@mail.ru
meliya_asanova@mail.ru

The above listed organizations represent the few that corresponded with the author during the research and writing stages of this document. There are many more disabled peoples organizations throughout the region. To access information about DPOs, search **Mobility International USA's** database of disabled people's organization at www.miusa.org.

Short-listing of US and International Disability Organizations:

Mental Disability Rights International: www.mdri.org
Mobility International USA: www.miusa.org
Handicap International: www.handicap-international.org.uk/
Christian Blind Mission: www.cbm.org/
Inclusion International www.inclusion-international.org/en/index.html
World Institute on Disability: www.wid.org
Disabled People's International. www.dpi.org
SHARE-SEE www.share-see.org
Disability Rights Education and Defense Fund (DREDF): www.dredf.org
Global Partnership for Disability and Development:
<http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTSOCIALPROTECTION/EXTDISABILITY/0,menuPK:282704~pagePK:149018~piPK:149093~theSitePK:282699,00.html>

APPENDIX E.

Additional Disability Statistics for Albania

Table E. 1. Number of People with Disabilities According to Category

Type of Disability	Total	People with disabilities	Caregivers
Born with disability or becoming disabled from causes other than labor	61,141	53,000	8,141
Mental, sensory, physical disability	47,631	42,322	5,309
Blind	13,045	9,907	3,138
Paraplegic and quadriplegic	1,465	771	694
Invalids from labor	41,804	41,804	0
Total	102,945	94,804	8,141

Source: Ministry of Labor, Social Affairs and Equal Opportunity (MLSAEO), June 2007, <http://www.mpcs.gov.al>

Table E.2. Number of people with disability benefiting from the state payment scheme

	Year 2005		Year 2006	
	The number of beneficiaries	Payment per person	The number of beneficiaries	Payment per person
Disability payment (disability allowance- Social State Service)	50292	6800	53000	8000
Caretakers	8241	6800	9141	8000
Disability scheme (invalidity pension Social Insurance Institute Scheme)	35000	3000 lek per month 2000 lek per month	44500	3000 lek per month 2000 lek per month

Source: Ministry of Labor, Social Affairs and Equal Opportunity (MLSAEO), June 2007, <http://www.mpcs.gov.al>

Table E.3. Number of beneficiaries of social welfare institutions

Kind of service	Number of centers in 2005	Number beneficiaries in 2005	Budget (in million leks) allocated by MLSIEO for disabled people in 2005	Number of centers in 2006	Number of beneficiaries in 2006	Budget (in million leks) allocated by MLSIEO for disabled people in 2005
Complete residential service	6	305	109	6	355	120
Day care centers	2	60	10	2	66	12
Community services in collaboration w/ World Bank	-	-	-	8	240	560 000\$

Source: Ministry of Labor, Social Affairs and Equal Opportunity (MLSAEO), June 2007, <http://www.mpcs.gov.al>

Table E.4. Number of Beneficiaries' from payment schemes during the years 2005/2006

	Disability allowance		Invalidity pension	
	Beneficiaries in 2005	Beneficiaries in 2006	Beneficiaries in 2005	Beneficiaries in 2006
Korce	4012	4323	3170	3607
Tirane	7523	8199	7962	9557
Shkodër	5588	5846	3110	3263
On average	5707	6122	4747	5475

Source: Ministry of Labor, Social Affairs and Equal Opportunity (MLSAEO), June 2007, <http://www.mpcs.gov.al>

Table E.5. Number of beneficiaries from services during the years 2005/2006

	Complete residential service		Day centers		Community services	
	Beneficiaries 2005	Beneficiaries 2006	Beneficiaries 2005	Beneficiaries in 2006	Beneficiaries in 2005	Number of beneficiaries in 2006
Korce	64	65	69	71	98	98
Tirane	46	48	170	204	17 800	18 150
Shkodër	261	263	15	15	0	0
Durrës	136	166	190	314	165	165
Total	507	542	444	604	18 063	18 423

Source: Ministry of Labor, Social Affairs and Equal Opportunity (MLSAEO), June 2007, <http://www.mpcs.gov.al>

Table E. 6. Enrollment of Students in Special Education Schools

School name	City	Disability Category	Females	Males	Total
The School for Students with Mild Mental Retardation	Vlorë	Intellectual and physical	20	71	91
“Zëra Jete” (“Voice of Life”)	Elbasan	Intellectual and physical	23	47	70
“Liri Gero”	Fier	Intellectual and physical	10	17	27
“Luigi Gurakuqi”	Tiranë	Intellectual and physical	36	50	86
Institute For Children with Visual Impairments	Tiranë	Vision impairments	17	41	58
Institute for Children with Hearing Impairments	Tiranë	Hearing impairments	50	89	139
“3 Dhjetori” (“The 3 rd of December”)	Shkodra	Intellectual and physical	48	36	84
The School for Students with Mental Retardation	Korçë	Intellectual and physical	5	25	30
The School for Students with Mild Mental Retardation	Durrës	Intellectual and physical	29	62	91
Total			238	438	676

Source: Ministry of Education, 2007

Table E.7. The Degree of Intellectual Disability

Schools	Mild	Moderate	Severe	Total
L.Gurakuqi" (Tiranë)	30	39	17	86
The School for Students with Mild Mental Retardation (Durrës)	31	32	28	91
"Zëra Jete" (Elbasan)	15	33	22	70
The School for Students with Mild Mental Retardation (Vlorë)	30	35	26	91
The School for Students with Mental Retardation (Korçë)	11	10	21	42
"3 Dhjetori" (Shkodra)	40	24	20	84
Total	157	173	134	464

Source: Ministry of Education, 2007

Table E.8. Personnel Working in the Special Education Schools

Special Education Schools	Teachers	Educators	Other administrative staff	Percentage of administrative staff
L.Gurakuqi" (Tiranë)	12	9	11	52.4 %
The School for Students with Mild Mental Retardation (Durrës)	10	10	5	25%
"Zëra Jete" (Elbasan)	12	8	3	15%
The School for Students with Mild Mental Retardation (Vlorë)	13	8	6	28.6%
The School for Students with Mental Retardation (Korçë)	7	-	-	0%
"3 Dhjetori" (Shkodra)	25	-	10	40%
Institute for Children with Visual Impairments*	14	7	20	95.2%
Institute for Children with Hearing Impairments*	19	13	40	125%
Total	112	55	95	56.9%

Source: Ministry of Education, 2007

APPENDIX F. Additional Disability Statistics for Armenia

Table F.1. Disability by age and gender for 2006

	Всего Total	из них: женщин of these, women
Численность инвалидов Number of disabled	148656	62542
из них: бессрочно Of these: permanent [disability]	95975	39411
до 18 лет under 18	8449	2615
от 18 до 40 лет 18-40	24755	7223
из них: бессрочно of these, permanent [disability]	13826	4008
от 40 лет до пенсионного возраста from 40 to pensioners age	63601	30079
из них: бессрочно of these, permanent [disability]	30298	12778
пенсионный возраст и старше Age of pensioners and older	51851	22625
из них: бессрочно of these, permanent [disability]	51851	22625

Источник: Министерство труда и социальных вопросов РА.

*Source: Ministry of Labor and Social questions, Republic of Armenia, 2006
English Translation, Author.*

Table F.2. Gender distribution among disabled people, by city and group of disability, 2006
(человек)

	Численность инвалидов Number of Disabled		из них: по группам инвалидности Distribution by group categorization of disability							
	Всего Total	из них: женщин of the total, women	I		II		III		ребенок-инвалид	
			Всего Total	из них: женщин of the total, women	Всего Total	из них: женщин of the total, women	Всего Total	из них: женщин of the total, women	Всего Total	из них: девочки и of the total, girls
г.Ереван Yerevan	52508	22932	6478	2660	31187	13559	12614	6002	2229	711
Арагацотн Aratashen	6359	2517	435	166	3818	1492	1641	726	465	133
Арарат Ararat	11075	4658	813	311	5912	2371	3486	1685	864	291
Армавир Armavir	9414	3399	752	294	5365	1940	2563	951	734	214
Гегаркуник Gegharkunki	11181	4437	976	313	6048	2460	3445	1489	712	175
Лори /Lori	15604	6660	1240	537	8886	3873	4677	2015	801	235
Котайк Kotaiк	8587	3518	578	225	4417	1718	2905	1376	687	199
Ширак Shirak	13990	5756	1041	386	8773	3503	3316	1602	860	265
Сюник Syunik	9103	3989	661	266	5304	2276	2635	1273	503	174
Вайоц дзор Vayots dzor	3256	1487	182	68	1670	718	1224	632	180	69
Тавуш Tavush	7579	3189	745	277	4713	2040	1707	723	414	149
Всего РА Total Armenia	148656	62542	13901	5503	86093	35950	40213	18474	8449	2615

Источник: Министерство труда и социальных вопросов РА.

Source: Ministry of Labor and Social questions, Republic of Armenia, 2006

English Translation, Author.

Table F.3. Gender and age distribution of children living in child homes, 2006*(человек / people)*

		Численность детей Number of children		в том числе: по возрасту и полу According to age and gender											
				до 1 года 0-1		1-6 лет 1-6		7-9 лет 7-9		10-15 лет 10-15		16-18 лет 16-18		19 лет и старше 19 +older	
		Всего total	из них: де- воч- ки girls	Всего total	из них: де- воч- ки girls	Всего total	из них: де- воч- ки girls	Всего total	из них: де- воч- ки girls	Всего total	из них: де- воч- ки girls	Всего total	из них: де- воч- ки girls	Всего total	из них: де- воч- ки girls
Численность детей на конец года Children at end of year	государственные governmental	908	446	66	38	207	86	135	62	313	165	187	95	-	-
	негосударственные nongovernmental	234	132	-	-	38	20	61	31	107	60	14	12	14	9
из них of them															
инвалиды Disabled	государственные governmental	355	160	18	8	75	32	37	19	105	50	120	51	-	-
	негосударственные nongovernmental	32	21	-	-	12	8	-	-	2	2	4	2	14	9

Источник: НСС РА.

Source: National Statistics Servicer, Republic of Armenia
English Translation, Author.

Table F.4. Gender and age distribution of people under state care

(человек / people)

		Численность подопечных Number of people in care		в том числе: по возрасту и полу According to age and gender							
		Всего total	из них: жен- щин women	до 30 лет Up to 30		31-50 лет 31-50		51-70 лет 51-70		71 лет и старше 70+older	
				Всего total	из них: жен- щин wome n	Всего total	из них: жен- щин wome n	Всего total	из них: жен- щин wome n	Всего total	из них: жен- щин wome n
Численнос ть подопечны х на конец года Number of people in care at end of year	Государственны е Governmental	989	572	85	47	236	126	325	170	343	229
	Негосударствен ные Non- governmental	86	53	-	-	2	2	16	6	68	45
из них: of them:											
Инвалиды Disabled	Государственны е Governmental	612	340	85	46	218	118	184	106	125	70
	Негосударствен ные Non- governmental	14	8	-	-	1	1	1	1	12	6

Источник: НСС РА.

Source: National Statistical Service, Republic of Armenia

English Translation, Author.

APPENDIX G.

Additional Disability Statistics for Azerbaijan

Table G.1. Nursing and care houses for disabled and aged people

	2000	2001	2002	2003	2004	2005	2006
Number of nursing and care houses for aged people and disabled persons	7	7	7	7	7	7	7
in them:							
number of places	1012	1012	1012	1012	1012	1012	1012
number of residents, person	677	712	731	774	767	797	776
Number of boarding schools for mentally retarded children	2	2	2	2	2	2	2
in them:							
number of places	605	605	605	605	605	605	605
number of residents, person	300	348	359	366	381	298	300

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Table G.2. Number of invalid persons under 16 years old receiving social pensions

	2001	2002	2003	2004	2005	2006
Total, person	26243	31460	36901	43342	49135	51925
age of 16 years till per 1 000 children	10	12.3	14.9	18.1	21	22.7
Average amount of fixed monthly pensions (compensation), manat	12.4	12.5	13.6	20	20	22

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Table G.3. Boarding institutions for children

	1996	2001	2003	2004	2005	2006	2007
Number of nurseries	4	4	4	4	4	4	4
number of children in them, person	166	197	173	152	144	156	142
Number of children's homes	4	6	6	6	6	6	6
number of children in them, person	395	684	749	750	719	734	648
Number of boarding schools for orphans and children deprived of parental care	2	2	2	2	2	2	2
number of children in them, person	548	554	516	500	494	480	450
Number of special boarding schools for children with limited health	13	13	12	12	14	12	11
number of children in them, person	1607	2679	2860	2933	3324	2915	2751
Number of boarding schools for mentally retarded children	2	2	2	2	2	2	2
number of children in them, person	271	300	359	366	381	298	300
General type of boarding schools	38	38	39	39	38	39	34
number of children in them, person	15239	17638	18859	18832	18060	18664	12625

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Table G.4. Accommodation of children deprived of parental care

	1996	2001	2003	2004	2005	2006	2007
Number of children deprived of parental care - total	903	1027	1047	1060	961	898	932
of which accommodated:							
nurseries, children's homes and boarding schools for orphans and children deprived of parental care	18	127	107	93	159	113	120
by guardianship (charge), adoption	885	900	940	967	799	784	812
vocational schools and vocational lyceums, specialized secondary schools, higher educational institutions and other educational institutions fully supplied by state	-	-	-	-	3	1	-
Number of orphans and children deprived of parental care - total	23668	26977	28055	26494	25547	23780	20136
including:							
children breeding up in families on the base of guardianship (charge)	7976	9036	9295	9215	8842	7716	6670
children breeding up in families on the base of adoption	14560	15089	14962	14749	14228	13923	11746
breeding up orphans and children deprived of parental care in boarding schools	1132	2852	3798	2530	2477	2771	1720
of which:							
nurseries ¹⁾	96	107	85	57	55	59	61
children's home	101	139	266	249	232	438	209
boarding schools for orphans	293	368	342	348	341	330	289
general type of boarding schools	502	1755	2692	1586	1416	1603	909
special boarding-schools for children with limited health	105	280	228	136	321	280	184
in boarding schools for mentally retarded children ²⁾	35	203	185	154	112	61	68

¹⁾Information of the Ministry of Health Care

²⁾Information of the Ministry of Labour and Social Protection

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Table G.5. Number of mentally or physically retarded children in 2005

	Total	of which by age:					
		under 1,5 year	1,5-3 years	4-6 years	7 years	8-10 years	11-14 years
Deaf children	920	7	50	166	100	262	335
Weakly hearing children and who later had become deaf	1,977	20	118	337	260	603	639
Blind children	289	4	22	46	29	67	121
Poor eyesight	10,861	38	314	901	984	2771	5853
Children with mental defect	6,187	57	261	824	947	1971	2127
Children with disturbances of speech	5,040	46	457	1375	881	1184	1097
Poliomyelitis and cerebral palsy	2,659	62	234	551	327	655	830
Scoliosis (spinal curvature)	2,341	9	39	176	253	701	1163
	30,274						

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Table G.6. Occupational Injuries

	2000	2001	2002	2003	2004	2005	2006
Number of persons losing workability or dead in the result of occupational injuries - total, person	177	115	179	188	240	189	273
per 1 000 employee	0.2	0.1	0.2	0.2	0.3	0.2	0.3
Number of persons dead in the result of occupational injuries total, person	37	27	59	52	72	54	81
per 1 000 employee	0.04	0.03	0.06	0.06	0.08	0.08	0.08
Expenditures for protection of labour, thsd. manat	8958.7	9148.3	7601.3	14428.7	12662.5	24265.2	27928.4

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Table G.7. Number of children under 16 years old newly recognized as disabled

	2000	2001	2002	2003	2004	2005	2006
Total, thsd. person	7.6	7.5	8.6	9.5	8.4	6	6.5
per 10 000 children	29	29.5	34.8	39.6	36	26.1	29.1

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Table G.8. Number of persons aged 16 years old and over recognized as disabled for the first time

	2000	2001	2002	2003	2004	2005	2006
Total, thsd. person	29.4	29.3	33.5	36.9	26.7	19.1	28.7
per 1 000 population aged 16 years old and over	5.4	5.3	5.9	6.3	4.6	3.1	4.6
As percent to total number of disabled:							
disabled persons of group I	8.5	6.9	6.5	5.7	5.2	6.7	11.6
disabled persons of group II	68	69.2	68.5	70.1	74.5	74.1	70.5
disabled persons of group III	23.5	23.9	25	24.2	20.3	19.2	17.9
In total number of disabled:							
disabled persons at working age - total, thsd. person	26.6	27.2	31.2	34.4	25.5	18.2	26.5
as percent to total number of disabled	90.5	92.9	93	93.2	95.5	95.3	92.3
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Table G.9. Distribution of persons newly recognized as disabled by main diseases and age groups in 2005

	Total invalids, person	of which by age		Per 1 000 person of able-bodied population
		16-23	24-35	
2005				
Total	19074	2011	3937	3.5
of which on main diseases:				
tuberculosis	1215	167	377	0.2
malignant neoplasms	1328	37	172	0.2
mental diseases	2130	393	606	0.4
diseases of the nervous system	2036	298	455	0.4
diseases of the eye and adnexa	1608	246	331	0.3
diseases of the ear and mastoid process	182	60	51	0.03
diseases of the circulatory system	3130	153	417	0.6
injuries, poisoning and some other results of impact of external reasons	1320	175	325	0.2
occupational injuries	19	-	4	0.003
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Table G.9. Distribution of persons newly recognized as disabled by main diseases and age groups in 2006

	Total invalids, person	of which by age			Per 1 000 person of able- bodied population
		16-23	24-35	36-62	
2006					
Total	28678	4864	6599	15027	5.1
of which on main diseases:					
tuberculosis	1702	349	561	789	0.3
malignant neoplasms	1964	165	312	1252	0.3
mental diseases	3216	937	906	1286	0.6
diseases of the nervous system	2602	538	617	1258	0.5
diseases of the eye and adnexa	3724	529	668	1463	0.7
diseases of the ear and mastoid process	275	119	61	89	0.1
diseases of the circulatory system	4274	456	670	2896	0.8
injuries, poisoning and some other results of impact of external reasons	2622	519	767	1278	0.5
occupational injuries	12	-	1	7	0.002

¹⁾ Data are indicated on the base of International Diseases Classification - X revision

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APPENDIX H.

Additional Disability Statistics for Bulgaria

Table H.1. Specialized Establishments for Social Services Provided in the Community in 2006

Source: National Statistical Institute, www.nsi.bg. Published on 15.06.2007

	Establishments		Persons in specialized establishments			
	number	places as of 31.12.	Persons who used the social services	as of 31.12.		
				total	male	female
Social services, provided in the community – total	312	50 295	81 506	55 300	25 417	29 883
Home care patronage ²⁾	-	38 204	47 055	38 758	18 360	20 398
Day centres for old age persons	30	1 063	2 241	1 109	355	754
Day centres for mentally retarded adults	14	215	430	415	204	211
Day centres for physically disabled adults	9	502	1 286	502	202	300
Centres for social rehabilitation and integration	110	5 461	16 218	8 160	3 166	4 994
Day Centres for children or youth	55	1 693	7 154	2 102	1 293	809
Centres for temporary accommodation	2	20	136	22	5	17
Crisis centres	9	34	983	258	45	213
Accommodation centres of family type	6	207	231	222	123	99
Protected dwellings	42	272	340	269	134	135
Asylums	8	93	455	92	52	40
Units "Mother and baby"	7	34	103	68	16	52
Public support centres	15	2 433	4 678	3 259	1 433	1 826
Centres for work with street children	5	64	196	64	29	35

Table H.2. Specialized Establishments for Social Services, Provided Outside of the Community in 2006

	Establishments		Persons in specialized establishments				at the end of the year
	number	places as of 31.12.	at the start of the year	admitted	dis-charged	deceased	
Social services, provided outside of the community - total	213	13 991	14 062	4 004	2 415	1 691	13 960
Homes for the elderly	73	4 760	4 691	1 884	962	863	4 750
Homes for physically retarded children or youth	2	85	72	24	9	2	85
Homes for mentally retarded children or youth	28	1 677	1 731	125	134	41	1 681
Homes for physically disabled adults	26	1 469	1 511	472	252	287	1 444
Homes for mentally retarded adults	56	4 484	4 540	582	164	461	4 497
Homes for persons with sensory disabilities	5	130	136	76	50	32	130
Social-educational professional establishments	9	868	916	299	360	-	855
Homes for temporary accommodation	14	518	465	542	484	5	518

¹⁾ Incl. services, done by providers of social services, which are included in the Register of the providers of social services at the Agency for Social Support.

Source: National Statistical Institute, www.nsi.bg. Published on 15.06.2007

APPENDIX I.

Additional Disability Statistics for Croatia

Table I.1 Social Care Homes for Children (by Age and Sex, 2006)

		Total	Age						
			Up to 3 years	3 – 6	7 – 10	11 – 14	15 – 17	18 – 21	21 and over
Total	All	5 990	183	334	739	1 445	1 384	727	1 178
	Male	3 591	97	193	425	921	840	441	674
	Female	2 399	86	141	314	524	544	286	504
Homes for children without adequate family care	All	1 461	145	130	279	404	384	115	4
	Male	748	75	74	140	227	182	49	1
	Female	713	70	56	139	177	202	66	3
Homes for children with behavioral disorders	All	1 246	-	-	65	592	459	127	3
	Male	925	-	-	42	420	346	114	3
	Female	321	-	-	23	172	113	13	-
Homes for physically and mentally challenged children	All	3 283	38	204	395	449	541	485	1 171
	Male	1 918	22	119	243	274	312	278	670
	Female	1 365	16	85	152	175	229	207	501

Source: Croatian Bureau of Statistics, http://www.dzs.hr/default_e.htm**Table I.2. Social Care Homes for Adults (by Age and Sex, 2006)**

		Total	Age							
			Under 40	40 – 49	50 – 59	60 – 69	70 – 74	70 – 74	75 – 79	80 and over
Total	All	18 609	858	920	1 547	980	1 527	2 418	3 332	7 027
	Male	6 247	537	528	836	470	607	821	963	1 485
	Female	12 362	321	392	711	510	920	1 597	2 369	5 542
Homes for the elderly and infirm	All	13 903	48	152	468	481	1 040	2 002	3 000	6 712
	Male	3 883	31	87	234	212	387	655	853	1 424
	Female	10 020	17	65	234	269	653	1 347	2 147	5 288
Homes for physically and mentally disabled adults	All	840	417	175	166	31	23	19	4	5
	Male	497	256	103	93	19	13	12	1	-
	Female	343	161	72	73	12	10	7	3	5
Homes for mentally ill adults	All	3 740	271	589	913	468	464	397	328	310
	Male	1 764	151	334	509	239	207	154	109	61
	Female	1 976	120	255	404	229	257	243	219	249
Homes for persons addicted to alcohol, drugs or other narcotic substances	All	126	122	4	-	-	-	-	-	-
	Male	103	99	4	-	-	-	-	-	-
	Female	23	23	-	-	-	-	-	-	-

Source: Croatian Bureau of Statistics, http://www.dzs.hr/default_e.htm

Table I.3. Beneficiaries by Reason for Home Placement, 2006

		Total	Reason for placement							
			Age	Serious chronic disease	Mental disorders	Physical disability	Bad housing conditions	Disturbed family relations	Physical or mental disorders	Other
Total	All	18 609	4 402	5 003	3 557	1 553	926	695	1 938	535
	Male	6 247	1 049	1 356	1 530	609	332	236	934	201
	Female	12 362	3 353	3 647	2 027	944	594	459	1 004	334
Homes for the elderly and infirm	All	13 903	4 343	4 805	777	1 382	879	666	598	453
	Male	3 883	1 028	1 236	225	525	308	224	198	139
	Female	10 020	3 315	3 569	552	857	571	442	400	314
Homes for physically and mentally disabled adults	All	840	-	-	26	79	-	-	735	-
	Male	497	-	-	15	38	-	-	444	-
	Female	343	-	-	11	41	-	-	291	-
Homes for mentally ill adults	All	3 740	59	94	2 754	92	47	29	605	60
	Male	1 764	21	39	1 290	46	24	12	292	40
	Female	1 976	38	55	1 464	46	23	17	313	20
Homes for persons addicted to alcohol, drugs or other narcotic substances	All	126	-	104	-	-	-	-	-	22
	Male	103	-	81	-	-	-	-	-	22
	Female	23	-	23	-	-	-	-	-	-

Source: Croatian Bureau of Statistics, http://www.dzs.hr/default_e.htm**Table I.4. Minor Beneficiaries of Social Care, by Categories, Situation and Change During Year, 2006**

Category of beneficiaries	Situation at the beginning of year (1 January 2006)	Newly registered and reactivated	Inactive	Situation at the end of year (31 December 2006)		
				All	Men	Women
Total	73 296	25 535	23 900	74 931	44 500	30 431
Children and youth under family and legal protection	28 728	7 038	6 820	28 946	15 376	13 570
Parents dead, missing, unknown or of unknown residence	954	235	290	899	507	392
Parental right-deprived parents	438	165	116	487	286	201
Parents declared unaccountable (temporarily insane)	298	63	161	200	102	98
Severely and chronically ill parents	682	165	206	641	326	315
Neglecting and abusive parents	8 954	3 232	2 951	9 235	4 856	4 379
Parents with insufficient earnings for upkeep	17 402	3 178	3 096	17 484	9 299	8 185
Children and youth with behavioural	10 117	6 152	4 900	11 369	9 726	1 643

disorders						
Vagrancy-prone youth	756	568	331	993	786	207
Adolescents with proneness to begging	131	29	50	110	70	40
Prostitution-prone adolescents	13	13	15	11	-	11
Offence-prone adolescents	3 722	2 416	1 841	4 297	3 615	682
Adolescents with criminal propensity	5 495	3 126	2 663	5 958	5 255	703
children and youth physically and mentally disabled	16 474	3 943	3 483	16 934	9 261	7 673
Adolescents with impairment of vision	415	93	122	386	214	172
Adolescents with hearing impairment	556	110	140	526	294	232
Adolescents with speech and voice disturbances	639	146	148	637	416	221
Malformations, motor or functional impairments of individual organs and organ systems	5 260	1 559	951	5 868	3 143	2 725
Mentally retarded	2 415	510	570	2 355	1 316	1 039
Personality disorders	277	106	132	251	153	98
Mental disorders due to organic causes	174	88	49	213	117	96
Psychoses	88	49	26	111	66	45
Multiple disturbances	6 650	1 282	1 345	6 587	3 542	3 045
Mentally ill and drug- or alcohol-addicted children and youth	1 286	632	453	1 465	1 169	296
Mentally ill children and youth	279	73	63	289	201	88
Addicted to alcohol	113	57	53	117	96	21
Addicted to drugs and other opiates	894	502	337	1 059	872	187
Other children and youth in need of social care services	16 691	7 770	8 244	16 217	8 968	7 249
Youth with poor housing conditions	2 372	658	792	2 238	1 182	1 056
Individuals with a completed jail sentence	20	14	14	20	16	4
Victims of natural disasters	18	2	18	2	2	-
Other	14 281	7 096	7 420	13 957	7 768	6 189

Source: Croatian Bureau of Statistics, http://www.dzs.hr/default_e.htm

Table I.5. Minor Beneficiaries of Social Care Services, by Categories, Gender and Age, 2006

	Total	Category of beneficiaries				
		Children and youth included in legal protection of family	Children and youth with behavioral disorders	Physically and mentally disabled children and youth	Mentally ill and drug- or alcohol-addicted children and youth	Other children and youth in need of social care services
Total	74 931	28 946	11 369	16 934	1 465	16 217
Male	44 500	15 376	9 726	9 261	1 169	8 968
Female	30 431	13 570	1 643	7 673	296	7 249
Up to 7 years	19 544	8 956	47	6 362	-	4 179
7 -15 years	30 291	13 746	2 962	6 512	280	6 791
15-18 years	25 096	6 244	8 360	4 060	1 185	5 247

Source: Croatian Bureau of Statistics, http://www.dzs.hr/default_e.htm**Table I.6. Rights, Measures and Services of Social Care that Apply to Minor Beneficiaries, 2006**

	Total	Category of beneficiaries				
		Children & youth included in legal protection of family	Children and youth with behavioural disorders	Physically and mentally disabled children and youth	Mentally ill and drug- or alcohol-addicted children and youth	Other children and youth in need of social care services
Total	161 494	32 655	23 038	42 638	5 417	57 746
Foster care and adoption	3 034	1 865	71	211	21	866
Accommodation in (assignment to) institutions and families	7 552	2 887	859	2 233	27	1 546
Care and security correctional measures	3 325	158	3 102	9	24	32
Assistance in training	1 812	15	247	1 523	6	21
Financial support	49 000	6 620	888	17 671	1 053	22 768
Other social care and services	96 771	21 110	17 871	20 991	4 286	32 513

Source: Croatian Bureau of Statistics, http://www.dzs.hr/default_e.htm

Table I.7. Adult Beneficiaries of Social Care Services, by Categories, Situation and Activity, 2006

Category of beneficiaries	Situation at the beginning of year (1 January 2006)	Newly registered and reactivated	Inactive	Situation at the end of year (31 December 2006)		
				All	Male	Female
Total	328 278	95 217	105 393	318 102	154 638	163 464
Persons without sufficient means of livelihood	110 226	22 860	23 812	109 274	49 291	59 983
Unemployed parents	20 904	4 932	3 906	21 930	10 287	11 643
Single unemployed parents	3 785	758	809	3 734	593	3 141
Elderly and helpless	24 603	5 216	5 290	24 529	9 750	14 779
Seriously ill	22 266	4 279	4 015	22 530	10 511	12 019
Other	38 668	7 675	9 792	36 551	18 150	18 401
Persons with behavioural disorders	7 626	3 828	3 689	7 765	6 521	1 244
Vagrancy-prone	357	161	211	307	172	135
With proneness to begging	233	97	100	230	69	161
Prostitution-prone	101	29	24	106	-	106
With criminal propensity	6 935	3 541	3 354	7 122	6 280	842
Physically or mentally disabled persons	74 383	16 035	14 642	75 776	35 706	40 070
With impairment of vision	2 500	578	570	2 508	1 260	1 248
With hearing impairment	2 637	425	438	2 624	1 421	1 203
With speech and voice disturbances	489	154	269	374	210	164
Malformations, motor or functional impairments of individual organs and organ systems	21 057	5 191	2 990	23 258	10 565	12 693
Mentally retarded	9 286	1 512	1 883	8 915	4 751	4 164
Personality disorders	1 052	415	235	1 232	705	527
Mental disorders due to organic causes	1 698	431	340	1 789	900	889
Psychoses	3 759	1 041	621	4 179	2 170	2 009
Multiple disturbances	31 905	6 288	7 296	30 897	13 724	17 173
Mentally ill persons and drug- or alcohol-addicted persons	16 182	3 074	3 327	15 929	9 798	6 131
Mentally ill	10 847	1 744	1 331	11 260	6 056	5 204
Addicted to alcohol	3 383	843	1 282	2 944	2 354	590
Addicted to drugs and other opiates	1 952	487	714	1 725	1 388	337
Other persons in need of social care services	119 861	49 420	59 923	109 358	53 322	56 036
With poor housing conditions	4 920	1 289	1 193	5 016	2 391	2 625
Individuals with a completed jail sentence	781	557	583	755	682	73
Victims of natural disasters	47	32	55	24	8	16
Other	114 113	47 542	58 092	103 563	50 241	53 322

Source: Croatian Bureau of Statistics, http://www.dzs.hr/default_e.htm

Table I.8. Adult Beneficiaries of Social Care Services, by Categories, Gender and Age, 2006

	Total	Category of beneficiaries				
		Persons without sufficient means of livelihood	Persons with behaviour disorders	Physically or mentally disabled persons	Mentally ill and drug- or alcohol-addicted persons	Other persons in need of social care services
Total	318 102	109 274	7 765	75 776	15 929	109 358
Male	154 638	49 291	6 521	35 706	9 798	53 322
Female	163 464	59 983	1 244	40 070	6 131	56 036
18-21 years	28 393	6 336	4 176	4 313	1 236	12 332
22-39 years	77 043	26 668	2 225	13 969	4 068	30 113
40-65 years	106 483	36 266	1 215	24 409	7 074	37 519
66-80 years	80 717	30 422	144	25 628	3 051	21 472
80 years and over	25 466	9 582	5	7 457	500	7 922

Source: Croatian Bureau of Statistics, http://www.dzs.hr/default_e.htm**Table I.9. Rights, Measures and Services of Social Care Applied to Adult Beneficiaries, 2006**

	Total	Category of beneficiaries				
		Persons without sufficient means of livelihood	Persons with behavioural disorders	Physically or mentally disabled persons	Mentally ill persons and drug- or alcohol-addicted persons	Other persons in need of social care
Total	568 663	228 810	21 591	132 651	45 654	139 957
Foster care	22 605	302	145	6 764	9 526	5 868
Accommodation in (assignment to) institutions and families	13 607	2 456	281	3 680	3 999	3 191
Care and security correctional measures	1 731	58	1 585	14	28	46
Assistance in training	643	11	4	611	15	2
Financial support	260 169	127 604	1 574	79 536	10 951	40 504
Other social care and services	269 908	98 379	18 002	42 046	21 135	90 346

Source: Croatian Bureau of Statistics, http://www.dzs.hr/default_e.htm

APPENDIX J.

Additional Disability Statistics for Georgia

Table J.1. Distribution of the Persons Recognized as Disabled by Reasons of Disability

	2004	2005	2006
Number of persons recognized as disabled for the first time	20198	24471	22823
of which women	9933	12263	10988
Of total number of persons recognized as disabled – disabled persons of:			
employment injuries, occupational diseases	88	69	47
general disease	18566	23015	20267
disabled persons among servicemen	872	734	231
children recognized as disabled	672	653	8722*
Disability for indefinite term	4256	5746	2603

* 2006 includes children under 18 also.

Source: Ministry of Labour, Health and Social Affairs of Georgia.

Table J.2. Assistance to Vulnerable Household

	2005 (at end of year)		2006 (at end of year)	
	Number of Households	Total Assistance, thousd. GEL	Number of Households	Total Assistance, thousd.GEL
Single pensioner's households	52605	13320	31694	12335.8
Pensioner's households with 2 or more members	9810	4142	5172	3553.4
Households with adopted orphans	1344	488.5	1001	4780
Households with blind members of the 1 st invalidity group	13495	3524.6	9897	3364.5
Households with invalids under 18 years	12060	3315.7	9140	2944.4
Households with 7 or more children under 18 years	162	59.8	91	62.8
Total number of households receiving assistance	89476	24850.6	56995	22738.8

Source: Ministry of Labour, Health and Social Affairs of Georgia.

APPENDIX K.

Additional Disability Statistics for Kazakhstan

Table K.I. Institutions for Elderly and Disabled

Institutions for elderly and disabled								
	1991	1995	2000	2001	2002	2003	2004	2005
# of Institutions for elderly and adult disabled	52	56	53	56	59	61	61	68
In these, there are number of places (in thousands)	13.6	14.7	13.4	13.9	14.9	15.1	15.4	12.7
# of people in institutions (in thousands)	13.6	13.1	12.9	13.6	14.4	14.6	15	12.1
# of institutions for children with disabilities	17	17	17	17	17	18	18	28
# of place in these institutions (in thousands)	3.7	3.3	3.1	3.1	3.1	3.2	3.2	5.5
# of children in institutions (in thousands)	3.4	2.8	2.7	2.9	2.9	2.9	3	5.4
Source: Statistical Collection 2006. Health of the Population and Protection of Health in Kazakhstan								
* Figures from the Ministry of Health and Science, Republic of Kazakhstan								
**Figures from the Statistical Agency of the Republic of Kazakhstan								
Translation by the author.								

Table K.2. Boarding Schools for Children

Boarding schools for children								
	1991	1995	2000	2001	2002	2003	2004	2005
# of Baby Homes	25	25	28	28	28	30	29	29
# of infants/babies in them (in thousands)	1.8	2	2.5	2.4	2.3	2.3	2.3	2.3
# of Child Homes		35	40	43	42	43	45	50
# of children in them (in thousands)		3.7	6.3	6.3	6	6.1	6.4	6.7
Children homes of the family type			32	33	33	34	33	29
# of children in them (in thousands)			0.29	0.29	0.3	0.3	0.3	0.3
School-internat for orphaned children and children without parental rights* (in thousands)		21	26	27	27	27	28	25
# of children in them (in thousands)		3.3	5.4	5.8	6	6.1	6.2	4.8
School-internat for children with insufficient mental or physical development (# of schools)**	115	121	101	99	100	100	101	100
# of children in them (in thousands)	20.4	20.1	16.4	16	17.9	17.9	17.4	16.6
Source: Statistical Collection 2006. Health of the Population and Protection of Health in Kazakhstan								
* Figures from the Ministry of Health and Science, Republic of Kazakhstan								
**Figures from the Statistical Agency of the Republic of Kazakhstan								
Translation by the author.								

APPENDIX L.

Additional Disability Statistics for Kosovo

Table L.1. Number of People with Disabilities Benefiting from Disability Pension

Timeframe	Number of people with disability	Payment per person
January 2008	17476	40 Euro

Source: Ministry of Labor and Social Welfare/Department for Pension

Table L.2. State and Private-Run Residential Institutions and Community Based Service Centers for Adults and Children with Disability

	Type of service	# of institutes	# of clients with disability	Type of disability
Residential Institutions	1. Shtime Special Institute	1	78	Intellectual
	2. Community houses for children	2	19	Intellectual
	3. Community houses in for adults	3	32	Intellectual
	4. Elderly house	1	25	-
	5. Shtime Intergration Center	1	70	Psychiatric
	TOTAL		224	
Community Based Services	6. Mental heath community centers	8	300-500	Psychiatric
	7. SOS kinderdorf	1	6	Intellectual
	8. Community Based Rehabilitation Services / HDK	13	312	Cross disability
	9. Club house "Deshira"	1	150	Psychiatric/ Intellectual
	TOTAL		768-968	

Source: 1,2,3,4 MLSW, Division for Institutional Services; 5,6 Ministry of Health; 7, SOS Kinderdorf Local NGO, 8 Disabled People's Organization, "Handikos"; 9, Club House "Deshira", Local NGO

Table L.3. Number of people with disabilities benefiting from family social assistance scheme

Number of families	Number of members of families of those families	Number of disabled people among members of families	Sum
1936	70327	2080	35-75 Euro

Source: Ministry of Labor and Social Welfare, Division of Social Services.

Note: The beneficiaries of this scheme are families and not people with disabilities as individuals, but people with disabilities have impact on determination of the status of family

Table L.4. Enrollment of Students in Special Education and Attached Classes

Schools	Number	Number of students	Type of disability
			Hearing 147
Special boarding school	4	298	Visual 56
Special schools	3	213	Intellectual 95
Attached classes	64	925	Intellectual Cross disability

Table L.5. Representation of Students with Disability by Schooling Level

Education	Number of students	Male	Female
Preschool	21	12	1
Primary	815	486	347
Secondary	89	57	32
University			

Source: Ministry of Education Science and Technology. Note, this represents 6 schools and 64 attached classes all together.

APPENDIX M.

Additional Disability Statistics for Macedonia

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SOOP[TENIE - REPORT **2.1.7.16**

SOCIJALNA ZA[TITA - SOCIAL WELFARE

Godina/ Year XLV
Skopje, 21.05.2007 godina/Skopje, 21.05.2007

ORGANIZACII, FORMI, MERKI I USLUGI NA SOCIJALNA ZA[TITA, 2006

- PRETHODNI PODATOCI -

INSTITUTIONS, TYPES, MEASURES AND SERVICES OF SOCIAL WELFARE, 2006

- PRELIMINARY DATA -

ORGANIZACII ZA SOCIJALNA ZA[TITA, 2006 INSTITUTIONS FOR SOCIAL WELFARE, 2006

	Brojna organizaci i Number of institutions	Brojna korisnici Number of recipients	
Organizacii za smestuvawe na deca bez roditel i i roditelska gri`a	3	264	Institutions for children lacking parental care
Organizacii za zgr i` uvawe na lica so posebni potrebi	3	521	Institutions for care of persons with disabilities
Zavod - centar za stru-no osposobuvawe i vrabotuvawe na inval idi	1	161	Institutions for professional training and employment of disabled persons
Pretpri jat ija za vrabotuvawe na inval idi			Enterprises for employment of disabled persons
Privatna sopstvenost	236	1312	Private ownership
Druga sopstvenost	20	527	Other ownership
Zavod i - za zgr i` uvawe, vospitanie i obrazovanje na deca i mladi	1	30	Institutions for care, education children and juveniles
Ustanova za zgr i` uvawe na deca i mladi so vospitno socijalni problemi	1	62	Reception centres for children and juveniles with educational and social difficulties
Ustanovi - domovi za vozasni lica	4	481	Institutions for adults

FORMI, MERKI I USLUGI NA SOCIJALNATA ZAŠTITA, 2006
TYPES, MEASURES AND SERVICES OF SOCIAL WELFARE, 2006

	Maloletni korisnici / Underaged recipients						
	vkupno total	so zagro- zeni semejni priliki lacking parental care	so naru- {uvawa vo odne- suvaweto ili- nosta exhibiting antisocial behaviour	popre- -eni vo psihii- kiot raz- vitok mentally handi- capped	popre- -eni vo fizii- kiot raz- vitok physically handi- capped	drugi others	
Formi na socijalna zaštita	4077	2483	307	511	413	363	Types of social welfare
Starateljstvo	816	604	12	43	19	138	Foster care
Usvojuvawe	149	135	-	-	-	14	Adoption
Smestuvawe vo drugo semejstvo	329	303	1	17	4	4	Housing in foster families
Smestuvawe vo organizaciji za socijalna zaštita	453	259	24	113	43	14	Housing for social welfare institutions
Smestuvawe vo drugi organizaciji	106	78	3	6	16	3	Housing in other institutions
Par i-na pomo{	611	416	66	62	7	60	Financial assistance
Postojana i privremena	89	73	-	1	-	15	Permanent and temporary
Ednokratna (povremena)	522	343	66	61	7	45	Single payments (occasional)
Druga pomo{	1104	593	-	218	275	18	Other assistance
Pomo{ za {koluvawe	225	201	-	13	11	-	Assistance for education
Pomo{ vo natura	260	235	-	12	13	-	Assistance in kind
Nega i drugi uslugi vo stan	-	-	-	-	-	-	Home care and assistance
Dodatok za tuja nega	132	-	-	45	87	-	Assistance and care allowance
Dodatok za rehabilitacija	61	-	-	42	19	-	Rehabilitation allowance
Drugi dodatoci	426	157	-	106	145	18	Other supplements
Drugi formi	509	95	201	52	49	112	Other forms
Merki na socijalna zaštita	3737	2003	1400	98	68	168	Measures of social welfare
Pomo{ za smestuvawe na deca vo jasli, gradinki, prodol`en prestojvo u-ili{te	42	17	-	18	7	-	Assistance for housing in preschool institutions
Upatuvawe na {koluvawe i osposobuvawe	118	14	18	43	43	-	Training and vocational assistance
Pomo{ vo vrabotuvawe (i vo za{titni rabotilnici)	24	-	-	16	7	1	Assistance for employment in workshops providing professional protection
Pomo{ vo re{avawe na pra{awa na deca od razvedeni ili roditeli vo brakorazvođen spor	1645	1564	18	11	2	50	Conflict resolution in family disputes
Merki sprema maloletnici	1491	112	1290	9	9	71	Disciplinary measures for the underaged
Ukor (opomena)	235	20	181	1	-	33	Reprimand (warning)
Zasilen nadzor od strana na roditelite ili staratelite	680	35	619	4	1	21	Increased care and supervision by parents or foster parents
Zasilen nadzor vo drugo semejstvo	104	1	103	-	-	-	Increased care and supervision in other family
Zasilen nadzor od organ za starateljstvo	384	40	332	1	-	11	Increased care and supervision by foster care institution
Upatuvawe vo disciplinski centri	-	-	-	-	-	-	Assignment to disciplinary center
Upatuvawe vo vospitna organizacija	30	10	20	-	-	-	Assignment to reformatory organization
Upatuvawe vo vospitno popraven dom	30	3	24	-	-	3	Assignment to reformatory institution
Upatuvawe vo maloletni-ki zatvor	17	3	11	-	-	3	Assignment to juvenile prison
Upatuvawe vo ustanova za defektni maloletnici	11	-	-	3	8	-	Assignment to institutions for the mentally ill underaged
Drugi merki na socijalna zaštita	417	296	74	1	-	46	Other measures of social welfare
Uslugi na socijalna rabota	7182	2095	1248	1995	1226	618	Social welfare service
Pomo{ vo sreduvawe na branine i semejnite odnosi	634	497	85	6	-	46	Marital counselling
Pomo{ vo ostvaruvawe na opredeleni prava	621	270	57	25	181	88	Assistance in achieving certain rights
Kategorizacija (razvrstuvawe)	835	-	6	360	467	2	Categorization (distribution)
Drugi uslugi na socijalna rabota	5092	1328	1100	1604	578	482	Social and professional work

FORMI, MERKI I USLUGI NA SOCIJALNATA ZAŠTITA, 2006
TYPES, MEASURES AND SERVICES OF SOCIAL WELFARE, 2006

	Polnoletni korisnici / Adult recipients						
	vkupno total	so naru- {uvawa vo odnesu- vaweto i li-nosta exhibiting antisocial behaviour	f iz i-ki i psi- hi-ki po- pre-eni physically and men- tally handi- capped	mater i- jalno nebez- beden financi- ally unpro- tected	star i lica mater ijal- no-soci- jalno zagrozeni elderly persons financially unprotected	drugi others	
Formi na socijalna zaštita	55889	1086	22873	14537	6397	10996	Types of social welfare
Starateljstvo	967	56	367	8	180	356	Foster care
Smestuvawe vo drugo semejstvo	55	5	28	5	7	10	Housing in foster families
Smestuvawe vo organizaciji za socijalna zaštita	388	16	150	7	203	12	Housing for social welfare institutions
Smestuvawe vo drugi organizaciji	43	12	31	-	-	-	Housing in other institutions
Pari-na pomo{	26975	694	5812	13103	3979	3387	Financial assistance
Postojana i privremena	8530	64	2679	3754	1700	333	Permanent and temporary
Ednokratna (povremena)	18445	630	3133	9349	2279	3054	Single payments (occasional)
Druga pomo{	23658	168	14364	1068	1557	6501	Other assistance
Pomo{ za {koluvawe	-	-	-	-	-	-	Assistance for education
Pomo{ vo natura	240	14	1	154	71	-	Assistance in kind
Nega i drugi uslugi vo stan	1258	-	1257	1	-	-	Home care and assistance
Dodatok za tuja nega	21733	126	13063	712	1458	6374	Assistance and care allowance
Dodatok za rehabilitacija	-	-	-	-	-	-	Rehabilitation allowance
Drugi dodatoci	427	28	43	201	28	127	Other supplements
Drugi forme	3803	135	2121	346	471	730	Other forms
Merki na socijalna zaštita	701	14	137	164	41	345	Measures of social welfare
Upatuvawe na {koluvawe i osposobuvawe	14	-	13	-	-	1	Training and vocational assistance
Pomo{ vo vrabotuvawe (i vo za{titni rabotilnici)	41	-	41	-	-	-	Assistance for employment in workshops providing professional
Pomo{ vo re{avawe na pra{awa na deca od razvedeni ili roditeli vo brakorazvoden spor	290	2	-	-	-	288	Conflict resolution in family disputes
Drugi merki na socijalna zaštita	356	12	83	164	41	56	Other measures of social welfare
Uslugi na socijalna rabota	47397	2022	4843	24085	2328	14119	Social welfare service
Pomo{ vo sreduvawe na bra-nite i semejnite odnosi	3974	1351	25	191	52	2355	Marital counselling
Pomo{ vo ostvaruvawe na opredeleni prava	2909	60	312	647	576	1314	Assistance in achieving certain rights
Drugi uslugi na socijalna rabota	40514	611	4506	23247	1700	10450	Social and professional work

Vo celokupnata dejnost na socijalnata zaštita, formite na socijalnata zaštita u-estvuvaat so 50,4%. Gledano oddejno, po forme, dodatokot za tuja nega e najmnogu zastapen so 36,5% ili 18,4% od vkupnata socijalna pomo{.

Merките na socijalnata zaštita u-estvuvaat so 3,7%, od {to najgolemo del, odnosno 43,6% otpaja na davawe pomo{ vo re{avaweto na pra{awa na deca od razvedeni roditeli ili roditeli vo brakorazvoden spor i na merki sprema maloletnici, 33,6%, od koi 86,5% se maloletnici so naru{uvawa vo odnesuvaweto na li-nosta.

Od uslugite na socijalna rabota, pomo{ta vo sreduvaweto na bra-nite i semejnite odnosi e zastapena so 8,4%.

Drugite uslugi na socijalnata rabota, kako {to se napi{ani izve{tai, od lukii, predlozi, ostvaruvawa na pravo na zdravstvena zaštita, organizirawe na rabotna iivotna sredina na licata vo sostojba na socijalna potreba i sli-no, se zastapeni so 83,6%.

In total activity of social welfare, types of social welfare participate with 50,4%. Separately seen by types, the assistance and care allowance is mostly present with 36,5% or 18,4% from the total social welfare.

Measures of social welfare participate with 3,7% and the largest amount namely 43,6% belongs to providing assistance to conflict resolution in family disputes and 33,6% to disciplinary measures for the underaged out of which 86,5% are underaged with exhibiting antisocial behaviour.

From other services of the social welfare, the assistance in the marital counselling is present with 8,4%.

Other services of the social welfare, such as written reports, decisions, suggestions, accomplishment of the right to health care, organization of working and life environment to the persons with social welfare and similar are present with 83,6%.

KORISNICI NA SOCIJALNA ZAŠTITA
- sastojba: 31 dekemvri 2006 godina -
RECIPIENTS OF SOCIAL WELFARE
- status: 31 December 2006 -

	Vkupno Total	Maloletni korisnici Underaged recipients						Vkupno Total	Polnoletni korisnici Adult recipients					Total
		so zagrozeni semejni priliki lacking parental care	so naru{uvawa vo odnesuvaweto i li-nosta exhibiting antisocial behaviour	popre-eni vo psihiki-ki razvitok mentally handicapped	popre-eni vo fizi-kiot razvitok physically handicapped	drugi others	so naru{uvawa vo odnesuvaweto i li-nosta exhibiting antisocial behaviour		fizi-ki i psihiki popre-eni physically and mentally handicapped	materija no neobezbedeni financially unprotected	starilica materijalno - socijalno zagrozeni elderly persons financially unprotected	drugi others		
Vkupno	20987	10013	3591	4014	2779	590	53123	1355	15042	22358	9204	5164	Total	
Skopje	3966	1944	984	523	515	-	9471	322	4737	2675	1654	83	Skopje	
Berovo	140	56	34	13	28	9	537	36	114	325	60	2	Berovo	
Bitola	4035	3081	161	225	364	204	7550	332	1466	3538	1261	953	Bitola	
Valandovo	704	570	18	80	36	-	817	18	113	513	43	130	Valandovo	
Veles	833	153	188	329	129	34	1650	9	171	67	1060	343	Veles	
Vinica	200	74	20	33	73	-	451	4	410	15	20	2	Vinitsa	
Gevgelija	157	79	35	30	13	-	808	55	393	7	294	59	Gevgelija	
Gostivar	1206	919	83	78	59	67	1329	51	168	503	206	401	Gostivar	
Debar	363	116	26	46	24	151	259	4	48	88	25	94	Debar	
Delchevo	214	94	10	57	41	12	1059	5	841	50	139	24	Delchevo	
Demir Hisar	34	15	4	10	5	-	171	4	11	112	41	3	Demir Hisar	
Kavadarci	469	248	95	68	58	-	1104	8	781	80	119	116	Kavadartsi	
Kicevo	735	443	56	78	86	72	798	10	265	20	38	465	Kichevo	
Kochani	1337	273	486	305	273	-	2699	241	413	1449	570	26	Kochani	
Kratovo	65	20	24	7	14	-	748	-	267	392	24	65	Kratovo	
Kriva Palanka	76	42	33	-	1	-	747	-	202	5	530	10	Kriva Palanka	
Krushevo	17	7	5	2	3	-	1460	-	-	1442	17	1	Krushevo	
Kumanovo	529	108	159	155	101	6	1230	8	697	113	112	300	Kumanovo	
Makedonski Brod	45	6	12	15	11	1	350	-	273	39	37	1	Makedonski Brod	
Negotino	232	93	86	18	22	13	838	17	327	100	322	72	Negotino	
Ohrid	938	95	315	352	173	3	241	41	165	4	15	16	Ohrid	
Prilep	1227	167	210	598	252	-	690	20	386	59	195	30	Prilep	
Probishtip	556	341	125	71	19	-	2488	29	483	992	54	930	Probishtip	
Radovish	171	67	63	13	23	5	1111	10	150	906	42	3	Radovish	
Resen	131	89	12	8	9	13	909	2	308	213	309	77	Resen	
Sveti Nikole	536	408	44	58	26	-	1448	79	361	538	469	1	Sveti Nikole	
Struga	155	111	42	-	2	-	342	5	83	7	23	224	Struga	
Strumica	352	89	107	74	82	-	1211	-	199	16	976	20	Strumitsa	
Tetovo	926	87	23	608	208	-	9421	23	829	8048	521	-	Tetovo	
Shtip	638	218	131	160	129	-	1186	22	381	42	28	713	Shtip	

METODOLOŠKI OBJASNUVAWA

Podatocite za socijalna zaštitna deca, mladi i vozasni lica se pribiraat so redovni statistički istranuvawa.

Podatocite za maloletni i polnoletni korisnici na formi, merki i uslugi na socijalna zaštitna se pribiraat so redovno godišno istranuvawe.

Definicii

Organizaciiite za smestuvawe i zgrinuvawe na deca i mladi bez roditeli i roditelska grina obezbeduvaat smestuvawe, zgrinuvawe, zdravstvena zaštitna i vospitanie na deca i mladi na koi ime potrebno smestuvawe vo dom. Tuka spaiaat domovite za doeniwa i mali deca i detskite domovi.

Organizaciiite za zgrinuvawe na lica so posebni potrebi gi opfaaat organizaciiite (to obezbeduvaat smestuvawe, ishrana, nega, zdravstvena zaštitna i vospitanie na deca i mladi popreeni vo razvitokot, za vreme na koluvaweto i osposobuvaweto.

Ustanovi za zgrinuvawe na deca i mladi so vospitno socijalni problemi opfaaat ustanovi i zavodi-domovi za vospitno zapuštene deca i mladi. Ovie organizaciii obezbeduvaat smestuvawe, vospitanie, obrazovanie i struno osposobuvawe.

Ustanovi-domovi za vozasni lica obezbeduvaat smestuvawe, ishrana i zdravstvena zaštitna na vozasni lica. Tuka spaiaat domovite za stari i iznemoštene lica.

Organizaciiite za profesionalna rehabilitacija se organizacii za struno osposobuvawe i vrabotuvawe na lica so namalen i rabotni sposobnosti. Ovie organizacii gi opfaaat zaštitnite rabotnici, zavodite-centri i pretprijatijata za struno osposobuvawe i vrabotuvawe na invalidi.

Podatocite za **formite, merkite i uslugite na socijalna zaštitna** se odnesuvaat na brojot na sluaita na oddejni formi, merki i uslugi sprovedeni vo tekot na izveštajniot period, a ne na brojot na licata.

Kako **korisnik na socijalna zaštitna** se smeta sekoe fizičko lice koe vo tekot na izveštajna godina, edna ili povešpati koriste lo nekoj od formite, merkite ili uslugite na centarot za socijalna rabota.

NOTES ON METHODOLOGY

Data on social welfare of children, juveniles and adults are collected from regular statistical surveys.

Data on underage and adult recipients of social welfare (forms, measures and services) are collected from regular annual surveys.

Definitions

Institutions for children lacking parental care provide lodging, care, health care, welfare and education for children and juveniles who need a home. Infant homes and small children's and children's homes are also included here.

Institutions for care of persons with disabilities include institutions that provide lodging, food, care, health care and education for physically and mentally handicapped children and juveniles in the course of schooling and training.

Reception centres for children and juveniles with educational and social difficulties include reception centres, institutions and homes for educationally neglected children and juveniles. These institutions provide housing, education and vocational training.

Institution for adults provide housing, food and health care for adults. Homes for old and sick persons are included here.

Institutions for professional rehabilitation are institutions for vocational training and employment for persons with limited working abilities, and organizations, centres and enterprises for vocational training and employment of disabled persons.

Data on **forms, measures and services of social work** refer to the number of cases of certain forms, measures and services carried out in the course of the reported period and not to the number of persons.

A **beneficiary of social welfare** is considered to be any physical person who makes use of same forms, measures or services provided by social work centres, once or several times in the course of the reported year.

*Soopštenieto e podgotveno vo Oddelenieto za socijalna zaštitna, obrazovanie i nauka
The Report is prepared in the Department of Social welfare, Education and Science*

APPENDIX N.

Additional Disability Statistics for Moldova

Table N.1. Total Number of Disabled Persons that Benefit by Pensions

Type of pension	Number of disabled persons				
	2001	2002	2003	2004	2005
Pensions established in compliance with the Law on pensioning	115,526	115,220	117,085	119,925	123,719
Pensions established based on other laws (total)	6,365	4,620	3,573	3,182	2,741
State social allowances	19,040	21,534	36,035	37,235	38,431
Total disabled persons	140,931	141,374	156,693	160,342	164,891

Source: Ministry of Social Protection, Family and Child, "Analysis of Social Protection of Disabled Persons in the Republic of Moldova." Chisinau, 2007.

Table N.2. Allowances and Social Services in the Republic of Moldova

Social services	Source of financing	Organisation that decides upon the provision of the allowance	Number of beneficiaries	Amount of allowances (thousand lei)
Social assistance provided to aged people and disable persons at home			19,900	
Social canteens			4,925	
Hot lunches at the home of solitary beneficiaries			918	
Rehabilitation centres for children/ beneficiaries			24 to 915 persons	
Nursing homes for aged people/ beneficiaries			14 to 396 persons	
Social assistance provided to children in a difficult situation			-	-

Source: Ministry of Social Protection, Family and Child, "Analysis of Social Protection of Disabled Persons in the Republic of Moldova." Chisinau, 2007.

Table N.3. Dynamics of Care Allowances

	2003		2004		2005	
	Number of persons	Total amount, thousand lei per month	Number of persons	Total amount, thousand lei per month	Number of persons	Total amount, thousand lei per month
Beneficiaries of social pensions						
Allowances for taking care of ht disabled child aged up to 16 with I severity	2 -	0.1 -	- -	- -	- -	- -
Allowances for the persons disabled from childhood with I degree of disability	2	0.1	-	-	-	-
Beneficiaries of social allowance						
Allowances for taking care of the disabled child aged up to 16 years old, with I severity	8,731 4,353	872.4 434.8	9,390 4,640	1,146.7 567.3	13,251 4,806	1,713.5 587.8
Allowance fro persons disabled from childhood	4,378	437.6	4,738	579.4	5,052	617.9
Allowance for taking care of the disabled persons with I degree of disability that participated in the liquidation of the accident from Chernobyl	-	-	12	1.2	22	2.2
Allowance for taking care of the blind disabled persons with I degree of disability	-	-	-	-	3,371	505.6
Total general	8,733	872.5	9,390	1,146.7	13,251	1,713.5

Source: Ministry of Social Protection, Family and Child, "Analysis of Social Protection of Disabled Persons in the Republic of Moldova." Chisinau, 2007.

Table N.4. Dynamics of Beneficiaries from Institutions

Categories	2001	2002	2003	2004	2005
Children with deficiencies, persons	517	536	581	610	640
Aged persons, persons	543	632	659	613	634
Psycho-chronic patients, persons	1,444	1,398	1,446	1,495	1,554
Total, number of persons	2,504	2,566	2,686	2,718	2,828
Increase in persons that are taken care of in proportion to the previous year, %	5.7	2.5	4.7	1.2	4.0
% out of the total					
Children with deficiencies	20.6	20.9	21.6	22.4	22.6
Aged persons	21.7	24.6	24.5	22.6	22.4
Psycho-chronic patients	57.7	54.5	53.9	55.0	55.0
Total	100	100	100	100	100

Source: Ministry of Social Protection, Family and Child, "Analysis of Social Protection of Disabled Persons in the Republic of Moldova." Chisinau, 2007.

Table N.5. Number of Beneficiaries and Personnel from Social Institutions

Type of social institution	2003		2004		2005	
	Number of persons that are taken care of	Personnel, units	Number of persons that are taken care of	Personnel, units	Number of persons that are taken care of	Personnel, units
Psycho-neurological boarding school from the village of Brinzeni, district of Edineț	267	138.5	292	137	288	155.5
Psycho-neurological boarding school from the village of Bădiceni, district of Soroca	438	228	427	218	480	235
Psycho-neurological boarding school from the village of Bălți municipality	549	267.3	549	244.8	582	267.3
Psycho-neurological boarding school from the village of Cocieri, district of Dubăsari	374	161	373	156	363	171
Republican nursing home for disabled persons and pensioners from Chișinău municipality	222	125	220	115	221	140.5
Republican rehabilitation centre for disabled persons, war-disabled persons, industrial veterans and war veterans from the village of Cocieri, district of Dubăsari	255	150	247	146	254	156.5
Boarding school for the children with mental deficiencies from the town of Hincești (girls)	277	135.5	297	127	320	230
Boarding school for the children with mental deficiencies from the town of Orhei (boys)	304	222.5	313	199	320	230.5
Total	2,686	1,427.8	2,718	1,342.8	2,828	1,582.3

Source: Ministry of Social Protection, Family and Child, "Analysis of Social Protection of Disabled Persons in the Republic of Moldova." Chisinau, 2007.

Table N.6. Day Care Centres at Community Level for Children and Youth with Disabilities

District	Title of day care centre	Category of beneficiaries	Number of beneficiaries	Number of staff members	Source of financing
Chişinău	Rehabilitation centre Ascode	Neonates with deficiencies	50	10	NGO
	Centre Atenție	Children with special needs	20	16	LPA
	Re-socialisation and rehabilitation centre Casa speranței	Children with auditory necessities	30	7.5	LPA
	Day care and activity centre Start	young people with mental deficiencies	25	7	LPA
	Day care centre Speranța	Children with deficiencies	29	10	NGO
Anenii Noi, Varnița	Day care centre Asclepio	Children with deficiencies and from socially vulnerable families	75	14	LPA
Strășeni, Scoreni	Day care centre CVIS	Children with deficiencies and from socially vulnerable families	50	11	LPA
Ialoveni, Costești	Day care centre Curaj	Children with disabilities	50	12	LPA
Criuleni	Day care centre Speranța	Children with disabilities	43	11	MHSP
Bălți	Day care centre Somato	Persons with mental disabilities	30	7	LPA
Singerei	Recovery centre Luminița	Children with disabilities	25	8	NGO
Singerei	Recovery and social integration centre Dezdnă	Children with deficiencies	14	8	NGO
Soroca	Day care centre Icar	Children with deficiencies	35	9	LPA
ungheni	Nursing home for everyone	Children with deficiencies and from socially vulnerable families	40	10	LPA
Comrat	Rehabilitation centre for children with functional and mental restrictions	Children with functional and mental restrictions	35	14.5	LPA
Cahul	Day care centre for children with disabilities	Children with disabilities	40	17	LPA
Orhei, Peresecina	Day care centre for children with physical deficiencies	Children with physical deficiencies	20	11	Church
Taraclia	Day care centre Plamkci	Children with deficiencies	120	22.5	MHSP

Total	18		731	205.5	
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Source: Ministry of Social Protection, Family and Child, "Analysis of Social Protection of Disabled Persons in the Republic of Moldova." Chisinau, 2007.

Table N.7. Day Care Centre at Community Level for Adult Disabled Persons

District	Title of the centre	Category of beneficiaries	Number of beneficiaries	Number of staff members	Source of financing
Chişinău	Centre Maica cuvîntului divin (mother of the holly word)	Aged persons and disabled persons	15	8	Caritas, Germany
Bălţi	Rehabilitation centre Respiraţia a doua (Second breath)	Aged persons and disabled persons	1,000 persons per year	10	NGO
	Jewish charity centre Hasad Iacob	Aged persons and disabled persons	500 per year	18	NGO
Singerei, Grigorăuca	Centre for medical and social home care	Aged persons and disabled persons	41	3	Caritas Moldova
Glodeni, Stircea	Medico-social centre for aged persons and disabled persons	Aged persons and disabled persons	420 per year	3	Caritas Moldova
Orhei, Susleni	Centre for temporary placement of aged persons and disabled persons	Aged persons and disabled persons	7	11	LPA
Orhei, Zorile	Centre for integration and rehabilitation of aged persons and disabled persons	Aged persons and disabled persons	30	7	LPA
Rişcani	Centre for socio-medical rehabilitation Renaştere	Aged disabled persons	25	20	LPA
total	8		2,038	80	

Source: Ministry of Social Protection, Family and Child, "Analysis of Social Protection of Disabled Persons in the Republic of Moldova." Chisinau, 2007.

APPENDIX O.

Additional Disability Statistics for Romania

Table O.1. Number of Disabled Persons*, on September 30, 2007

	Total	Fațăde: (To:) (+/-)		
		30 septembrie 2006 (September 30, 2006)	31 decembrie 2006 (December 31, 2006)	30 iunie 2007 (June 30, 2007)
Număr persoane, total (Number of persons, total)	539.241	59.853	51.187	20.786
din care: femei (out of which: women)	291.544	35.593	30.095	11.556
din total: (out of total:)				
- copii I (children) I	56.299	1.482	1.178	51
- adulți (adults)	482.942	58.371	50.009	20.735
În familie - neinstituționalizate (In family - non- institutionalized)	522.733	60.905	52.017	21.121
din care: femei (out of which: women)	283.213	36.107	30.517	11.782
din total: (out of total:)				
- copii I (children) I	56.202	1.635	1.288	63
- adulți (adults)	466.531	59.270	50.729	21.058
Instituționalizate (Institutionalized)	16.508	-1.052	-830	-335
din care: femei (out of which: women)	8.331	-514	-422	-226
din total: (out of total:)				
- copii I (children) I	97	-153	-110	-12
- adulți (adults)	16.411	-899	-720	-323

I The number of children is made up of the number those for which the general directorates for social assistance and child protection pay double allowance and the other entitlements and benefits - non-institutionalized children - and the number of children in the institutions coordinated by the National Authority for Disabled Persons - institutionalized children)

* Revised data

Source: National Authority for Disabled Persons

Table O.2. Number and Rate of Disabled Persons, by Regions/Counties, on September 30, 2007

Regiune/Județ (Region/County)	Total	din care: femei which: women)(out of	din total: (out of total:)		din care (out of which):								Rata I (Rate)%
					În familie - neinstituționalizate (In family - non-institutionalized)				Instituționalizate (Institutionalized)				
			Copii (Children)	Adulți (Adults)	Total	din care: femei (out of which: women)	Copii (Children)	Adulți (Adults)	Total	din care: femei (out of which: women)	Copii (Children)	Adulți (Adults)	
TOTAL	539.241	291.544	56.299	482.942	522.733	283.213	56.202	466.531	16.508	8.331	97	16.411	2,50
Nord-Est	82.094	42.571	10.709	71.385	78.706	40.917	10.667	68.039	3.388	1.654	42	3.346	2,20
Bacău	13.588	6.963	1.629	11.959	12.757	6.578	1.629	11.128	831	385	-	831	1,88
Botoșani	9.880	5.028	1.556	8.324	9.510	4.830	1.556	7.954	370	198	-	370	2,16
Iași	18.199	9.335	2.338	15.861	17.817	9.153	2.338	15.479	382	182	-	382	2,24
Neamț	13.539	7.304	1.301	12.238	12.872	6.953	1.259	11.613	667	351	42	625	2,38
Suceava	16.418	8.873	2.326	14.092	15.699	8.553	2.326	13.373	719	320	-	719	2,32
Vaslui	10.470	5.068	1.559	8.911	10.051	4.850	1.559	8.492	419	218	-	419	2,28
Sud-Est	66.338	35.765	6.364	59.974	64.743	35.024	6.364	58.379	1.595	741	-	1.595	2,34
Brăila	8.268	4.246	998	7.270	8.227	4.224	998	7.229	41	22	-	41	2,25
Buzău	11.258	5.940	1.239	10.019	11.120	5.862	1.239	9.881	138	78	-	138	2,30
Constanța	14.412	8.160	1.425	12.987	13.794	7.900	1.425	12.369	618	260	-	618	2,01
Galați	9.199	4.560	1.295	7.904	9.157	4.546	1.295	7.862	42	14	-	42	1,49
Tulcea	5.658	2.879	475	5.183	5.219	2.676	475	4.744	439	203	-	439	2,25
Vrancea	17.543	9.980	932	16.611	17.226	9.816	932	16.294	317	164	-	317	4,46
Sud-Muntenia	87.305	47.596	7.669	79.636	84.077	45.924	7.669	76.408	3.228	1.672	-	3.228	2,64
Argeș	22.173	12.589	1.595	20.578	21.554	12.160	1.595	19.959	619	429	-	619	3,44
Călărași	7.155	3.754	751	6.404	6.872	3.631	751	6.121	283	123	-	283	2,27
Dâmbovița	13.284	7.006	1.261	12.023	12.537	6.659	1.261	11.276	747	347	-	747	2,49
Giurgiu	7.314	4.009	611	6.703	6.985	3.876	611	6.374	329	133	-	329	2,58
Ialomița	7.641	4.000	910	6.731	7.503	3.931	910	6.593	138	69	-	138	2,63
Prahova	21.462	12.183	1.770	19.692	20.480	11.683	1.770	18.710	982	500	-	982	2,61
Teleorman	8.276	4.055	771	7.505	8.146	3.984	771	7.375	130	71	-	130	2,00
Sud-Vest Oltenia	56.083	29.417	7.117	48.966	54.677	28.644	7.117	47.560	1.406	773	-	1.406	2,45
Dolj	12.134	5.942	2.025	10.109	11.934	5.829	2.025	9.909	200	113	-	200	1,70
Gorj	8.910	4.833	862	8.048	8.602	4.663	862	7.740	308	170	-	308	2,33
Mehedinți	9.060	4.699	853	8.207	8.967	4.651	853	8.114	93	48	-	93	3,02

Olt	10.864	5.680	1.357	9.507	10.571	5.505	1.357	9.214	293	175	-	293	2,28
Vâlcea	15.115	8.263	2.020	13.095	14.603	7.996	2.020	12.583	512	267	-	512	3,67
Vest	51.485	27.903	5.315	46.170	50.341	27.320	5.315	45.026	1.144	583	-	1.144	2,67
Arad	8.718	4.756	839	7.879	8.718	4.756	839	7.879	-	-	-	-	1,90
Caraş-Severin	9.771	5.344	1.281	8.490	9.713	5.304	1.281	8.432	58	40	-	58	2,97
Hunedoara	14.736	7.976	1.322	13.414	14.295	7.741	1.322	12.973	441	235	-	441	3,11
Timiş	18.260	9.827	1.873	16.387	17.615	9.519	1.873	15.742	645	308	-	645	2,74
Nord-Vest	79.971	45.313	8.346	71.625	77.978	44.309	8.344	69.634	1.993	1.004	2	1.991	2,93
Bihor	22.503	13.645	2.533	19.970	22.164	13.468	2.531	19.633	339	177	2	337	3,78
Bistriţa-Năsăud	6.381	3.138	761	5.620	6.154	3.021	761	5.393	227	117	-	227	2,01
Cluj	17.630	9.789	1.543	16.087	17.243	9.565	1.543	15.700	387	224	-	387	2,54
Maramureş	13.398	7.374	1.922	11.476	13.100	7.242	1.922	11.178	298	132	-	298	2,61
Satu Mare	9.769	5.408	973	8.796	9.380	5.203	973	8.407	389	205	-	389	2,67
Sălaj	10.290	5.959	614	9.676	9.937	5.810	614	9.323	353	149	-	353	4,22
Centru	64.172	34.079	7.162	57.010	61.570	32.859	7.112	54.458	2.602	1.220	50	2.552	2,54
Alba	12.349	6.635	1.789	10.560	11.809	6.422	1.782	10.027	540	213	7	533	3,28
Braşov	10.972	5.835	1.075	9.897	10.793	5.744	1.032	9.761	179	91	43	136	1,85
Covasna	3.171	1.682	483	2.688	3.159	1.677	483	2.676	12	5	-	12	1,42
Harghita	6.347	3.206	1.137	5.210	6.172	3.122	1.137	5.035	175	84	-	175	1,95
Mureş	15.751	8.194	1.496	14.255	14.775	7.756	1.496	13.279	976	438	-	976	2,71
Sibiu	15.582	8.527	1.182	14.400	14.862	8.138	1.182	13.680	720	389	-	720	3,68
Bucureşti-Ilfov	51.793	28.900	3.617	48.176	50.641	28.216	3.614	47.027	1.152	684	3	1.149	2,32
Ilfov	5.627	3.040	412	5.215	5.360	2.911	412	4.948	267	129	-	267	1,93
Mun. Bucureşti	46.166	25.860	3.205	42.961	45.281	25.305	3.202	42.079	885	555	3	882	2,38

Calculated to the population of the county on 1 January 2007, published by the National Institute for Statistics

Source: National Authority for Disabled Persons

Table O.3. Number of Disabled Persons, by Age Groups, on September 30, 2007

Grupa de vârstă (Age group)	TOTAL	din care: femei (out of which: women)	Față de 30 iunie 2007 (To June 30, 2007) (+/-)		din total (out of total):			
			TOTAL	din care: femei (out of which: women)	În familie (neinstituționalizate) (In family – non- institutionalized)	din care: femei (out of which: women)	Instituționalizate (Institutionalized)	din care: femei (out of which: women)
TOTAL	539.241	291.544	20.786	11.556	522.733	283.213	16.508	8.331
0-4 ani (0-4 years)	11.152	5.122	623	151	11.152	5.122	-	-
5-9 ani (5-9 years)	14.966	6.458	139	62	14.960	6.455	6	3
10-14 ani (10-14 years)	16.923	7.364	53	-133	16.895	7.348	28	16
15-17 ani (15-17 years)	13.258	5.827	-764	-341	13.195	5.796	63	31
18-19 ani (18-19 years)	11.949	5.561	480	200	11.648	5.417	301	144
20-24 ani (20-24 years)	25.848	11.698	690	262	24.012	10.767	1.836	931
25-29 ani (25-29 years)	29.212	13.156	269	140	27.428	12.261	1.784	895
30-34 ani (30-34 years)	30.828	14.580	193	105	29.359	13.830	1.469	750
35-39 ani (35-39 years)	33.789	17.020	482	196	32.465	16.417	1.324	603
40-44 ani (40-44 years)	24.420	12.528	1.142	465	23.537	12.130	883	398
45-49 ani (45-49 years)	31.251	16.898	664	293	30.309	16.503	942	395
50-54 ani (50-54 years)	45.844	25.812	2.293	1.302	44.625	25.318	1.219	494
55-59 ani (55-59 years)	48.356	27.245	4.904	2.809	47.245	26.762	1.111	483
60-64 ani (60-64 years)	40.210	22.989	2.975	1.709	39.255	22.562	955	427
65-69 ani (65-69 years)	44.012	25.808	2.120	1.383	42.884	25.243	1.128	565
70-74 ani (70-74 years)	42.765	25.398	2.072	1.256	41.703	24.850	1.062	548
75-79 ani (75-79 years)	36.071	22.294	1.430	987	35.043	21.659	1.028	635
80-84 ani (80-84 years)	24.032	15.564	675	396	23.262	15.030	770	534
85 ani și peste (85 years and over)	14.355	10.222	346	314	13.756	9.743	599	479

Source: National Authority for Disabled Persons

Table O.4. Number of Disabled Persons, by Degrees of Deficiencies, on September 30, 2007

Grade de handicap (Degrees of deficiencies)	Total	Față de: (To): (+/-)		În familie (neinstituționalizate) (in family - non-institutionalized)			Instituționalizate (Institutionalized)		
		30 septembrie 2006 (September 30, 2006)	30 iunie 2007 (June 30, 2007)	Total	Față de: (To): (+/-)		Total	Față de: (To): (+/-)	
					30 septembrie 2006 (September 30, 2006)	30 iunie 2007 (June 30, 2007)		30 septembrie 2006 (September 30, 2006)	30 iunie 2007 (June 30, 2007)
Număr persoane, total (Number of persons, total)	539.241	59.853	20.786	522.733	60.905	21.121	16.508	-1.052	-335
din care, pe grade de handicap: (out of which, by degrees of deficiencies:)									
- grav (severe)	194.046	15.920	3.490	187.812	15.666	3.450	6.234	254	40
- accentuat (marked)	300.044	33.158	13.178	291.677	33.972	13.445	8.367	-814	-267
- mediu (medium)	42.959	11.722	3.843	41.370	12.121	3.884	1.589	-399	-41
- ușor (minor)	2.192	-947	275	1.874	-854	342	318	-93	-67
din total: (out of total:)									
- Copii (Children)	56.299	1.482	51	56.202	1.635	63	97	-153	-12
- grav (severe)	27.851	214	-253	27.775	309	-242	76	-95	-11
- accentuat (marked)	12.380	-859	72	12.366	-817	73	14	-42	-1
- mediu (medium)	15.860	2.209	240	15.853	2.224	240	7	-15	-
- ușor (minor)	208	-82	-8	208	-81	-8	-	-1	-
- Adulți (Adults)	482.942	58.371	20.735	466.531	59.270	21.058	16.411	-899	-323
- grav (severe)	166.195	15.706	3.743	160.037	15.357	3.692	6.158	349	51
- accentuat (marked)	287.664	34.017	13.106	279.311	34.789	13.372	8.353	-772	-266
- mediu (medium)	27.099	9.513	3.603	25.517	9.897	3.644	1.582	-384	-41
- ușor (minor)	1.984	-865	283	1.666	-773	350	318	-92	-67

Source: National Authority for Disabled Persons

Table O.5. Number of Disabled Persons, by Degrees of Deficiencies and by Regions/Counties, on September 30, 2007

Regiune/ Județ (Region/ County)	Total					din care: (out of which:)									
						In familie (neinstituționalizate) (in family - non-institutionalized)					Instituționalizate (Institutionalized)				
	Total	Grav (Severe)	Accentuat (Marked)	Mediu (Medium)	Ușor (Minor)	Total	Grav (Severe)	Accentuat (Marked)	Mediu (Medium)	Ușor (Minor)	Total	Grav (Severe)	Accentuat (Marked)	Mediu (Medium)	Ușor (Minor)
TOTAL	539.241	194.046	300.044	42.959	2.192	522.733	187.812	291.677	41.370	1.874	16.508	6.234	8.367	1.589	318
Nord-Est	82.094	31.879	43.585	6.376	254	78.706	30.624	41.742	6.174	166	3.388	1.255	1.843	202	88
Bacău	13.588	5.627	7.262	699	-	12.757	5.230	6.867	660	-	831	397	395	39	-
Botoșani	9.880	3.183	6.061	590	46	9.510	3.136	5.830	544	-	370	47	231	46	46
Iași	18.199	6.164	9.795	2.191	49	17.817	6.009	9.666	2.134	8	382	155	129	57	41
Neamț	13.539	5.664	7.238	634	3	12.872	5.417	6.858	594	3	667	247	380	40	-
Suceava	16.418	7.132	8.224	1.062	-	15.699	6.934	7.705	1.060	-	719	198	519	2	-
Vaslui	10.470	4.109	5.005	1.200	156	10.051	3.898	4.816	1.182	155	419	211	189	18	1
Sud-Est	66.338	21.880	39.078	5.333	47	64.743	21.157	38.368	5.184	34	1.595	723	710	149	13
Brăila	8.268	3.160	4.413	670	25	8.227	3.133	4.401	670	23	41	27	12	-	2
Buzău	11.258	3.692	6.623	941	2	11.120	3.663	6.600	855	2	138	29	23	86	-
Constanța	14.412	4.791	8.411	1.198	12	13.794	4.414	8.180	1.198	2	618	377	231	-	10
Galați	9.199	3.205	4.801	1.187	6	9.157	3.165	4.799	1.187	6	42	40	2	-	-
Tulcea	5.658	2.150	3.189	317	2	5.219	2.016	2.903	299	1	439	134	286	18	1
Vrancea	17.543	4.882	11.641	1.020	-	17.226	4.766	11.485	975	-	317	116	156	45	-
Sud-Muntenia	87.305	31.171	51.333	4.420	381	84.077	30.204	49.334	4.204	335	3.228	967	1.999	216	46
Argeș	22.173	5.046	15.861	1.265	1	21.554	4.924	15.490	1.140	-	619	122	371	125	1
Călărași	7.155	3.524	3.311	320	-	6.872	3.455	3.133	284	-	283	69	178	36	-
Dâmbovița	13.284	5.938	6.664	655	27	12.537	5.641	6.262	634	-	747	297	402	21	27
Giurgiu	7.314	2.516	4.143	521	134	6.985	2.406	3.940	506	133	329	110	203	15	1
Ialomița	7.641	2.989	4.170	480	2	7.503	2.917	4.105	479	2	138	72	65	1	-
Prahova	21.462	8.112	12.529	803	18	20.480	7.851	11.840	788	1	982	261	689	15	17
Teleorman	8.276	3.046	4.655	376	199	8.146	3.010	4.564	373	199	130	36	91	3	-
Sud-Vest Oltenia	56.083	19.426	31.090	4.619	948	54.677	18.913	30.437	4.413	914	1.406	513	653	206	34
Dolj	12.134	4.534	6.254	1.186	160	11.934	4.476	6.195	1.118	145	200	58	59	68	15
Gorj	8.910	3.559	4.911	358	82	8.602	3.399	4.781	344	78	308	160	130	14	4
Mehedinți	9.060	2.741	5.630	689	-	8.967	2.722	5.575	670	-	93	19	55	19	-
Olt	10.864	3.979	6.157	726	2	10.571	3.872	6.030	669	-	293	107	127	57	2

Vâlcea	15.115	4.613	8.138	1.660	704	14.603	4.444	7.856	1.612	691	512	169	282	48	13
Vest	51.485	21.244	27.118	3.092	31	50.341	20.728	26.547	3.036	30	1.144	516	571	56	1
Arad	8.718	4.045	4.188	455	30	8.718	4.045	4.188	455	30	-	-	-	-	-
Caraș-Severin	9.771	3.442	5.724	605	-	9.713	3.437	5.673	603	-	58	5	51	2	-
Hunedoara	14.736	5.992	7.643	1.101	-	14.295	5.832	7.401	1.062	-	441	160	242	39	-
Timiș	18.260	7.765	9.563	931	1	17.615	7.414	9.285	916	-	645	351	278	15	1
Nord-Vest	79.971	28.200	42.652	8.777	342	77.978	27.334	41.973	8.402	269	1.993	866	679	375	73
Bihor	22.503	7.938	11.384	3.007	174	22.164	7.791	11.268	2.932	173	339	147	116	75	1
Bistrița-Năsăud	6.381	2.165	3.516	685	15	6.154	2.018	3.479	656	1	227	147	37	29	14
Cluj	17.630	5.980	9.519	2.112	19	17.243	5.857	9.328	2.055	3	387	123	191	57	16
Maramureș	13.398	4.846	7.349	1.200	3	13.100	4.749	7.171	1.177	3	298	97	178	23	-
Satu Mare	9.769	4.585	4.540	555	89	9.380	4.337	4.446	508	89	389	248	94	47	-
Sălaj	10.290	2.686	6.344	1.218	42	9.937	2.582	6.281	1.074	-	353	104	63	144	42
Centru	64.172	22.045	35.397	6.628	102	61.570	21.000	34.119	6.376	75	2.602	1.045	1.278	252	27
Alba	12.349	3.086	7.736	1.513	14	11.809	2.993	7.345	1.459	12	540	93	391	54	2
Brașov	10.972	3.507	6.646	819	-	10.793	3.415	6.582	796	-	179	92	64	23	-
Covasna	3.171	1.250	1.572	337	12	3.159	1.243	1.571	336	9	12	7	1	1	3
Harghita	6.347	1.924	3.450	920	53	6.172	1.876	3.342	905	49	175	48	108	15	4
Mureș	15.751	6.463	7.535	1.730	23	14.775	6.153	7.045	1.572	5	976	310	490	158	18
Sibiu	15.582	5.815	8.458	1.309	-	14.862	5.320	8.234	1.308	-	720	495	224	1	-
București-Ilfov	51.793	18.201	29.791	3.714	87	50.641	17.852	29.157	3.581	51	1.152	349	634	133	36
Mun. București	46.166	15.794	26.938	3.364	70	45.281	15.455	26.540	3.242	44	885	339	398	122	26
Ilfov	5.627	2.407	2.853	350	17	5.360	2.397	2.617	339	7	267	10	236	11	10

Source: National Authority for Disabled Persons

Table O.6. Number of Disabled Persons, by Types and Degrees of Deficiencies, on September 30, 2007

Tipuri de handicap (Type of deficiencies)	Total - persoane - (Total - persons)	față de 30 iunie 2007 (to June 30, 2007) (+/-)	din total: (out of which:)		din total, pe grade de handicap: (out of total, by degree of deficiencies:)							
					Grav (Severe)		Accentuat (Marked)		Mediu (Medium)		Ușor (Minor)	
			Copii (Children)	Adulți (Adults)	Copii (Children)	Adulți (Adults)	Copii (Children)	Adulți (Adults)	Copii (Children)	Adulți (Adults)	Copii (Children)	Adulți (Adults)
TOTAL	539.241	20.786	56.299	482.942	27.851	166.195	12.380	287.664	15.860	27.099	208	1.984
Fizic (Physical)	79.525	8.100	6.857	72.668	3.224	20.383	1.685	47.451	1.929	4.498	19	336
Vizual (Visual)	98.423	1.571	3.538	94.885	1.355	53.992	802	37.070	1.375	3.597	6	226
Auditiv (Auditive)	20.092	251	1.982	18.110	200	236	490	16.900	1.287	942	5	32
Surdocecitate (Deafness- blindness)	494	343	71	423	54	5	8	410	9	8	-	-
Somatic (Somatic)	110.209	12.265	10.700	99.509	4.113	17.055	2.902	69.370	3.649	12.304	36	780
Mintal (Mental)	108.599	985	13.243	95.356	5.991	30.641	3.045	61.613	4.103	2.921	104	181
Psihic (Psychic)	85.280	487	11.033	74.247	7.377	31.906	1.760	40.272	1.880	1.911	16	158
HIV/SIDA (HIV/AIDS)	4.294	7	985	3.309	961	2.471	22	828	2	9	-	1
Asociat (Associated)	26.717	-2.973	7.213	19.504	4.190	7.564	1.537	11.212	1.464	640	22	88
Boli rare (Rare diseases)	4.056	124	677	3.379	386	1.150	129	2.068	162	159	-	2
Social (Social)	1.552	-374	-	1.552	-	792	-	470	-	110	-	180

Source: National Authority for Disabled Persons

Table O.7. Number of Disabled Persons Residing in Family (Non-institutionalized), by Types and Degrees of Deficiencies, on September 30, 2007

Tipuri de handicap (Type of deficiencies)	Total persoane cu handicap (Total disabled persons)	din care: (out of which:)		din total, pe grade de handicap: (out of total, by degree of deficiencies:)							
				Grav (Severe)		Accentuat (Marked)		Mediu (Medium)		Ușor (Minor)	
		Copii (Children)	Adulți (Adults)	Copii (Children)	Adulți (Adults)	Copii (Children)	Adulți (Adults)	Copii (Children)	Adulți (Adults)	Copii (Children)	Adulți (Adults)
TOTAL	522.733	56.202	466.531	27.775	160.037	12.366	279.311	15.853	25.517	208	1.666
Fizic (Physical)	78.892	6.857	72.035	3.224	20.133	1.685	47.154	1.929	4.421	19	327
Vizual (Visual)	98.009	3.538	94.471	1.355	53.754	802	36.945	1.375	3.548	6	224
Auditiv (Auditive)	19.986	1.982	18.004	200	207	490	16.836	1.287	932	5	29
Surdocecitate (Deafness-blindness)	492	71	421	54	4	8	409	9	8	-	-
Somatic (Somatic)	109.578	10.700	98.878	4.113	16.951	2.902	69.076	3.649	12.105	36	746
Mintal (Mental)	102.284	13.217	89.067	5.973	28.069	3.042	58.457	4.098	2.382	104	159
Psihic (Psychic)	80.083	11.019	69.064	7.367	30.531	1.757	37.022	1.879	1.402	16	109
HIV/SIDA (HIV/AIDS)	4.283	982	3.301	958	2.465	22	826	2	9	-	1
Asociat (Associated)	25.207	7.159	18.048	4.145	6.859	1.529	10.561	1.463	558	22	70
Boli rare (Rare diseases)	3.919	677	3.242	386	1.064	129	2.025	162	152	-	1

Source: National Authority for Disabled Persons

Table O.8. Number of Institutionalized Disabled Persons, by Types and Degrees of Deficiencies, on September 30, 2007

Tipuri de handicap (Type of deficiencies)	Total persoane cu handicap (Total disabled persons)	din care: (out of which:)		din total, pe grade de handicap: (out of total, by degree of deficiencies:)							
				Grav (Severe)		Accentuat (Marked)		Mediu (Medium)		Ușor (Minor)	
		Copii (Children)	Adulți (Adults)	Copii (Children)	Adulți (Adults)	Copii (Children)	Adulți (Adults)	Copii (Children)	Adulți (Adults)	Copii (Children)	Adulți (Adults)
TOTAL	16.508	97	16.411	76	6.158	14	8.353	7	1.582	-	318
Fizic (Physical)	633	-	633	-	250	-	297	-	77	-	9
Vizual (Visual)	414	-	414	-	238	-	125	-	49	-	2
Auditiv (Auditive)	106	-	106	-	29	-	64	-	10	-	3
Surdocecitate (Deafness- blindness)	2	-	2	-	1	-	1	-	-	-	-
Somatic (Somatic)	631	-	631	-	104	-	294	-	199	-	34
Mintal (Mental)	6.315	26	6.289	18	2.572	3	3.156	5	539	-	22
Psihic (Psychic)	5.197	14	5.183	10	1.375	3	3.250	1	509	-	49
HIV/SIDA (HIV/AIDS)	11	3	8	3	6	-	2	-	-	-	-
Asociat (Associated)	1.510	54	1.456	45	705	8	651	1	82	-	18
Boli rare (Rare diseases)	137	-	137	-	86	-	43	-	7	-	1
Social (Social)	1.552	-	1.552	-	792	-	470	-	110	-	180

Source: National Authority for Disabled Persons

Table O.9. Social Assistance Institutions Coordinated by the National Authority for Disabled Persons, on September 30, 2007

Tipul instituției (Type of the institution)	Număr (Number)	Număr de beneficiari (Number of beneficiaries)
TOTAL	242	17.424
Centre rezidențiale (Residential centers)	214	16.508
Centre de îngrijire și asistență (Care and assistance centres)	86	6.698
Centre de integrare prin terapie ocupațională (Integration centres for occupational therapy)	13	1.549
Centre pilot de recuperare și reabilitare persoane cu handicap (Disabled persons recovery and rehabilitation pilot centres)	3	320
Centre de recuperare și reabilitare neuropsihiatrică (Neuropsychiatric recovery and rehabilitation centres)	37	5.616
Centre de recuperare și reabilitare persoane cu handicap (Disabled persons recovery and rehabilitation centres)	29	1.972
Locuințe protejate (Shelter houses)	43	324
Centre respiro (Respite care centre)	2	22
Centre de criză (Crisis centers)	1	7
Centre nerezidențiale (regim de zi) (Day care non-residential centers)	28	916
Centre de zi (Day centres)	6	223
Centre cu profil ocupațional (Centers with occupational character)	1	14
Centre de pregătire pentru o viață independentă (Training centers for living an independent life)	1	37
Centre de servicii de recuperare neuromotorie de tip ambulatoriu (Centers for ambulatory neuromotor rehabilitation services)	20	642

Source: National Authority for Disabled Persons

Table O.10. Number of Institutionalized Disabled Persons, by Types of Deficiencies, on September 30, 2007

Tipuri de handicap (Type of deficiency)	Centre de îngrijire și asistență (Care and assistance centers)		Centre de integrare prin terapie ocupațională (Integration centers by occupational therapy)		Centre de recuperare și reabilitare I (Recovery and rehabilitation centers I)		Centre de criză (Crisis centers)		Locuințe protejate (Shelter houses)		Centre respiro (Respite care centre)	
	Total	Față de 30 iunie 2007 (To June 30, 2007) (+/-)	Total	Față de 30 iunie 2007 (To June 30, 2007) (+/-)	Total	Față de 30 iunie 2007 (To June 30, 2007) (+/-)	Total	Față de 30 iunie 2007 (To June 30, 2007) (+/-)	Total	Față de 30 iunie 2007 (To June 30, 2007) (+/-)	Total	Față de 30 iunie 2007 (To June 30, 2007) (+/-)
TOTAL	6.698	-419	1.549	4	7.908	-16	7	7	324	265	22	10
Fizic (Physical)	462	-10	18	2	141	37	-	-	10	10	2	-
Vizual (Visual)	311	-42	69	-	26	-2	-	-	7	7	1	1
Auditiv (Auditive)	69	4	22	1	12	1	-	-	3	3	-	-
Surdocecitate (Deafness-blindness)	2	-17	-	-	-	-1	-	-	-	-	-	-
Somatic (Somatic)	542	-94	2	-2	60	-59	-	-	27	27	-	-
Mintal (Mental)	1.930	-112	898	17	3.301	-410	6	6	171	138	9	5
Psihic (Psychic)	1.592	156	340	2	3.173	701	-	-	88	71	4	3
HIV/SIDA (HIV/AIDS)	1	-	-	-	10	1	-	-	-	-	-	-
Asociat (Associated)	513	-30	191	-5	784	-282	1	1	15	7	6	1
Boli rare (Rare diseases)	73	63	-	-	63	25	-	-	1	1	-	-
Social (Social)	1.203	-337	9	-11	338	-27	-	-	2	1	-	-

Include: Disabled people recovery and rehabilitation pilot centers; neuropsychiatric recovery and rehabilitation centers; disabled people recovery and rehabilitation centers

Source: National Authority for Disabled Persons

Table O. 11. Payments Made by the National Authority for Disabled Persons (NADP) for the Special Protection of Non-institutionalized Disabled Persons and for Maintaining its Activity, 1 January-30 September, 2007

	Expenditures		Monthly average number of beneficiaries
	lei (RON)	%	
Total, din care: (Total, out of which:)	45.351.103	100,00	-
Alocația de stat pentru copii – cuantum dublu I (State allowance for children – double amount I)	991.848	2,19	36.744
Alocația lunară de hrană pentru copii infectați HIV/bolnavi SIDA I (Monthly food allowance for the children infected with HIV or with AIDS I)	265.390	0,59	1.908
Indemnizații lunare (adulți cu handicap grav și accentuat) I (Monthly allowances – adults with severe and marked deficiency) I	16.004.031	35,29	222.521
Abonamente lunare radio-televizor I (Monthly radio – TV subscription) I	289.306	0,64	39.992
Abonamente și impulsuri telefon I (Phone bills I)	6.670.369	14,71	174.828
Transport interurban – auto și tren (Intercity transportation – bus and train)	11.632.833	25,65	108.957
Abonament energie electrică (adulți nevăzători cu handicap grav) I (Electrical energy subscription – blind adults with severe deficiency I)	99.000	0,22	6.981
Servicii hoteliere I (Hotel services) I	-	-	-
Dobânzi la creditele persoanelor cu handicap (Interests for persons with disability loans)	101.374	0,22	321
Programe (Programs)	1.452.801	3,20	-
Cheltuieli de personal (Staff expenditures)	2.357.640	5,20	-
- din care: comisia superioară de evaluare (out of which: the superior committee of assessment)	78.100	0,17	-
Cheltuieli materiale și servicii (Material expenditures and services)	734.634	1,62	-
Taxe poștale I (Postal fees I)	228.919	0,50	-
Subvenții 2 (Subventions) 2	1.152.958	2,54	-
Cofinanțare Phare (Phare national cofinancing)	3.370.000	7,43	-

1 The expenditures were made for the rights corresponding to December 2006. Starting with 2007, the rights are paid by the General Directorates for Social Assistance and Child Protection from amounts allocated by Labour Directorates from the state budget through the Ministry of Labour, Family and Equal Opportunities budget, excepting the intercity transportation and the interest for the credits contracted by the disabled persons, transferred by NADP, according to the Law no.448/2006. (Revised data).

2 Subventions to Romanian Blinds Association, Romanian Deafs Association, Romanian War Blind Invalids Association, The National League of the Organisations of Disabled Persons in Craftsman Cooperation)

* Less than 0.05

Source: National Authority for Disabled Persons

APPENDIX P.

Additional Disability Statistics for Russia

Table P.1. General Numbers of Disabled People

ПО РЕГИОНАМ РОССИЙСКОЙ ФЕДЕРАЦИИ¹⁾
By Regions of the Russian Federation

(на 1 января) As of January 1

		2001		2004		2005	
		Всего, Total	На 1000 человек населения Per 1000 person population	Всего, Total	На 1000 человек населения Per 1000 person population	Всего, Total	На 1000 человек населения Per 1000 person population
		человек People		человек People		человек Person	
Российская Федерация Russian Federation	Disabled Adults, over the age of 15	10,720,897	73,8	10,933,040	76,4	11,484,308	80,7
Центральный федеральный округ Central Federal District		3,280,847	85,9	3,425,809	90,8	3,656,289	97,4
Северо-Западный North West Federal District		1,384,352	97,5	1,362,439	98,5	1,387,668	101,1
Южный федеральный округ Southern Federal District		1,439,824	66,2	1,511,357	69,5	1,570,880	72,5
Приволжский Privolzhskii Federal District		2,388,754	75,8	2,217,531	71,8	2,364,177	77,0
Уральский федеральный округ Ural Federal District		703,589	56,4	730,269	59,3	723,163	58,9
Сибирский федеральный округ Siberian Federal District		1,210,544	59,5	1,324,893	66,6	1,396,660	70,6
Дальневосточный Russia Far East Federal District		312,987	45,8	360,742	54,4	385,471	58,4
¹⁾ Расчет на основании данных министерств Российской Федерации: Минздравсоцразвития, Министерства обороны, Министерства внутренних дел, Федеральной службы безопасности Российской Федерации и Пенсионного фонда Российской Федерации. Distribution on the basis of information from the Ministries of the Russian Federation: Ministry of Health and Social Development, Ministry of defense, Ministry of internal affairs, Federal Security Service of the Russian Federation and Pension Fund of the Russian Federation. Source: Status of the Health of the Population, Protection of Health in Russia, 2005.							

Table P.2. Number of Disabled Children 0-17 Years Old**ПО РЕГИОНАМ РОССИЙСКОЙ ФЕДЕРАЦИИ¹⁾**
By Regions of the Russian Federation

(на 1 января) As of January 1

		2000 ¹⁾	2001	2002	2003	2004
Российская Федерация Russian Federation	Disabled Children 0-15	554,867	617,096	620,342	604,944	583,550
Центральный федеральный округ Central Federal District		114,282	125,741	131,142	130,061	124,657
Северо-Западный North West Federal District		53,548	58,677	57,066	53,762	50,856
Южный федеральный округ Southern Federal District		98,278	109,259	112,694	111,651	109,026
Приволжский Privolzhskii Federal District		122,807	137,425	136,222	130,627	125,442
Уральский федеральный округ Ural Federal District		45,815	51,341	52,382	51,052	47,666
Сибирский федеральный округ Siberian Federal District		89,732	101,123	97,754	95,898	95,198
Дальневосточный Russia Far East Federal District		30,405	33,530	33,082	31,893	30,705
¹⁾ В возрасте 0 – 15 лет. Age 0-15						
Distribution on the basis of information from the Ministries of the Russian Federation: Ministry of Health and Social Development, Ministry of defense, Ministry of internal affairs, Federal Security Service of the Russian Federation and Pension Fund of the Russian Federation.						

Table P.3. Prevalence of Disability over Time

	1970	1980	1990	1995	2000	2001	2002	2003	2004	2005	2006
Всего:											
тыс. Человек thousand people	346	426	765	1347	1109	1200	1184	1092	1463	1799	1474
на 10 000 человек населения per 10,000 population	26,6	30,8	51,7	91,5	76,2	82,2	81,5	75,5	101,7	125,7	103,4
В процентах от общей численности инвалидов: % of general population of disabled (by category)											
инвалиды I группы Group I Invalids	...	...	...	11,3	12,6	11,9	12,9	12,9	11,3	10,7	9,4
инвалиды II группы Group II Invalids	...	...	...	74,2	63,3	63,9	62,9	61,6	63,9	59,9	54,7
инвалиды III группы Group III Invalids	...	...	...	14,5	24,1	24,2	24,2	25,5	24,8	29,4	35,9
Из общей численности инвалидов - инвалиды в трудоспособном возрасте: From the general population of invalids-of the capable of work age											
всего, тыс. Человек Total, in thousands people	...	...	...	507	553	567	550	537	529	565,9	544,8
в процентах от общей численности инвалидов % of the general population of disabled	...	...	...	37,7	49,8	47,3	46,4	49,1	36,2	31,5	37,0

На 1 января 2007 г. общая численность инвалидов составила 13014 тыс. человек.
On January 1, 2007 the general population of invalids was at 13,014 thousand people.

¹⁾ До 2000 г. - в возрасте 16 лет и старше, с 2000 г. - в возрасте 18 лет и старше.

Data for the years up to 2000 begins at age 16, after 2000 begin at age 18.

Source: http://www.gks.ru/bgd/regl/b07_13/lssWWW.exe/Stg/d02/08-34.htm