

Mid-Term Report on Georgia's Second Cycle of UPR

**Civil Society Participation: Report of the
SRHR Coalition of Georgia**

Information on Civil Society Organizations – members of the SRHR Coalition in Georgia:

Human Rights Education and Monitoring Center (EMC) – is an organization working on working on human rights issues, which aims to promote the protection of the rights of marginalized and discriminated groups, including rights of LGBTQI persons, religious minorities, workers, homeless individuals, people with disabilities, etc., through research, advocacy and strategic litigation.

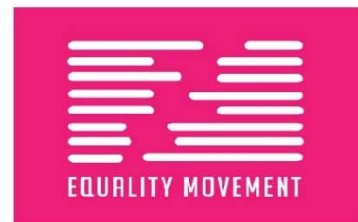
“Center for Information and Counseling on Reproductive Health – Tanadgoma” - is a Georgian NGO established in 2000. The mission of Tanadgoma is to improve the physical and mental health of Georgian population through implementing prevention, educational, diagnostic and rehabilitation programs, as well as advocacy of these programs. Tanadgoma implements two programs on a) SRHR and b) mental health.

Women’s Initiative Supportive Group (WISG) – is a feminist organization working on women's issues. The main goal of the organization is supporting the formation of a harmonious society based on principles of social justice by empowering women, which shall ensure full involvement and equal participation in social, political, cultural and economic life for all women. The organization's special target group includes lesbian and bisexual women, transgender persons, and women representing ethnic and religious minorities, living in rural areas, with disabilities and representing other vulnerable and marginalized groups.

Association “HERA-XXI” – was founded in 1998. Member Association in Georgia of IPPF European Network from 2005 Year. Organization actively works in the field of SRHR. Research, monitoring, local and international advocacy and awareness raising activities are used as main instruments to subsist the implementation of programs. Organization promotes development of volunteers, youth activists, formal and informal education on Sexual and Reproductive Health and Rights; Provides access to High quality sexual and reproductive health services and modern technologies.

Equality Movement – is a non-profit non-governmental organization that aims at creating equal rights and opportunities for lesbian, gay, bisexual, transgender, queer and intersex persons and women in Georgia; fostering their integration into society by the means of empowering LGBTQI community and women, carrying out awareness activities on LGBTQI and women rights issues, and advocating their interests.

IDENTOBA – is an LGBT community organization working in the regions of Georgia, it provides legal, psychological and social services for community members. Identoba is closely workings with community members and above others provides educational activities for empowering queer activists.



Contents:

1. Executive summary	3
2. Consultation process with government.....	3
3. Methodology.....	3
4. Compilation of the Relevant Recommendations on SRHR Covered by the Report	5
5. Detailed Analysis on Execution of Relevant Recommendation Focused on SRHR.....	7
A. Sexual Health and Rights	7
B. Reproductive Health and Rights	17

1. Executive summary

November 2015 Georgia was under review for UN Human Rights Council for its second Cycle of periodic review. Georgia accepted 191 of 203 recommendations issued by the other member states. Georgian government noted 12 recommendations. Specifically, on SRHR Georgia received and accepted around 70 recommendations, which are focused above others on elimination of Violence against Women, on fighting discrimination and violence against LGBTI persons, on the implementation of Gender Equality policies and laws, health related issues, on taking steps to ensure that Sexual and Reproductive Health services including safe abortion and contraception are available, accessible and affordable to all women and girls and on increasing efforts to eliminate early/child and forced marriages.

The report covers implementation of accepted recommendation with regards to equality and SRHR. Report focuses on Sexual health as well as reproductive health and rights for women and vulnerable groups in Georgia. The report also assesses the implementation of the recommendation on enhancing national anti-discrimination institutions functioning in Georgia. The report covers the period of 2015-2018.

According to the content of the presented recommendations, responsible State Agencies for the implementation of the recommendations are the following: Ministry of Justice, Ministry of Internal Affairs, Ministry of Education and Science of Georgia, Ministry of Labor, Health and Social Affairs, The Prosecutor's Office of Georgia, The Parliament of Georgia.

The following report was prepared by the NGO coalition focusing on SRHR issues, which is a non-formal alliance consisting of six organizations working on different SRHR issues in Georgia – Human Rights Education and Monitoring Center (EMC), Center for Information and Counseling on Reproductive Health - Tanadgoma, Hera XXI, Women's Initiative Supportive Group (WISG), Equality Movement and Identoba.

2. Consultation process with government

On 10-11 May 2018 UN OHCHR held a meeting on Implementation of second Cycle UPR Recommendations in Borjomi Georgia. The members of the SRHR coalition were present at the meeting. Different state agencies, including Ministry of Foreign Affairs, shared draft of state's report on implementation of second cycle UPR recommendations. Members of coalition provided suggestions on the draft of the report to the agencies.

3. Methodology

The information presented in this report is based on various sources, including: Public information obtained from different institutions, the official statistical and analytical documents provided by state institutions and CSOs, websites of state institutions, such as Ministry of Labor, Health and Social Affairs; National laws, such as the Law on Elimination of All Forms of Discrimination, the Criminal Code of Georgia, the Law of Georgia on Health care, Law of Georgia on Medical Practice; Research reports conducted on different SRHR issues *inter alia* Societal Attitudes on the SOGI issues, Bio-behavioral research of 2017 conducted among 350 female sex workers in two cities of Georgia – Tbilisi and Batumi; focus group discussions conducted among young representatives of various key

populations, LGBTI individuals, women belonging to vulnerable groups, including young female sex workers; National strategies and action plans: Government's Human Rights Action Plans and National Strategy for 2014-2020 years, National Strategy of Mother and Newborn Health for 2017-2030, as well as an action plan under this strategy for 2017-2019 and other secondary sources.

3.1. Coloured codes

The Implementation status of the UPR recommendations has been coded in the following manner:

- GREEN - Recommendation fully implemented
- YELLOW - Progress perceived (Some progress has been made)
- ORANGE - Technically implemented (Technically Implemented, No perceived progress)
- RED - Not implemented (There is no legal framework or mechanism at national level or Georgia has not signed any international instrument)

4. Compilation of the Relevant Recommendations on SRHR Covered by the Report:

No:	Recommendations
117.6	Take effective and coordinated measures on the issue of violence against women and domestic violence, including ratification of the Istanbul Convention on preventing and combating violence against women and domestic violence (Netherlands)
117.7	Increase respect for the rights of all citizens by strengthening anti-discrimination legislation and enforcement mechanisms and ensuring law enforcement provides universal equal treatment and due process (United States of America)
117.10	Bring into line the Law on Gender Equality with the Law on the Elimination of All Forms of Discrimination, combating the patriarchal attitudes and stereotypes on the roles and responsibilities of women and men (Albania)
117.11	Continue efforts towards the adoption of administrative and legislative measures to achieve equality of women, in particular to ensure their access to social and health services in all areas of Georgia and provide the same work and pay opportunities to men and women (Mexico)
117.12	Strengthen existing law and practice to combat gender-based discrimination and sexual harassment, inter alia, with regard to labour (Poland)
117.20	Continue its efforts to further promote human rights (Djibouti)
117.22	Observe all human rights principles and international conventions, and raise awareness among the population regarding human rights values (Turkmenistan)
117.33	Include in the implementation of its anti-discrimination legislation effective measures that strengthen religious tolerance, gender equality and equal rights for ethnic minorities, women and lesbian, gay, bisexual, transgender and intersex (LGBTI) persons, so as to increase tolerance and social inclusion in Georgian society (Netherlands)
117.44	Take all necessary measures to effectively fight against discrimination, including against religious minorities and LGBTI persons (France)
117.46	Provide appropriate services with the necessary resources, including to train and raise the awareness of the judiciary and the public, in order to ensure that these new measures adopted to fight racial discrimination or gender/sexual identity discrimination are effective (Belgium)
117.47	Combat social stigmatization, hate speech, discrimination and violence motivated by sexual orientation or gender identity (Argentina);
117.48	Improve implementation and enforcement of the Law on the Elimination of All Forms of Discrimination, particularly in its application towards the protection of individuals belonging to sexual and religious minority groups (Canada)
117.49	Support public education campaigns to combat hate speech, discrimination and violence related to sexual orientation and gender identity, as well as social stigmatization of LGBT persons (Brazil);
117.60	Take measures to prevent domestic violence, including by raising awareness, encouraging women to report acts of sexual and domestic violence, protecting the victims and ensuring the effective investigation, prosecution and punishment of perpetrators (Slovenia)

117.61	Improve protections for victims of domestic violence, including by ensuring timely investigations, prosecuting perpetrators, and training police in risk-based assessments (Canada)
117.63	Redouble its efforts in the fight against domestic violence by ensuring effective investigation into incidents of domestic violence and providing adequate support and assistance to victims (the former Yugoslav Republic of Macedonia)
117.64	Take steps to address reported allegations of child and early and forced marriages (Ghana)
117.66	Implement the recommendations of the Committee on the Elimination of Discrimination against Women for better observance of its obligations under the Convention on the Elimination of All Forms of Discrimination against Women, in particular effectively apply the ban on early and forced marriages, including through the adjustment of the national legal framework, by paying particular attention to vulnerable groups (Switzerland)
117.67	Increase efforts to eliminate early marriages through, implementation of the relevant recommendation made by the Committee on the Elimination of Discrimination against Women (the former Yugoslav Republic of Macedonia)
117.68	Reinforce the capacities of professionals in the identification, referral and protection of victims of gender-based violence and provide legal and medical support to victims (Republic of Moldova)
117.70	Continue to implement the legislation on domestic violence and ensure training of law enforcement officials to identify all forms of domestic violence (Slovakia)
117.88	Improve the birth registration system to guarantee registration for every child with the issuance of a birth certificate (Turkey)
117.104	Improve access to health services for socially vulnerable persons (Algeria)
117.105	Improve women's access to high quality health care and health-related services (Rwanda)
118.9	Redouble its efforts to ensure the rights of LGBTI persons and, in line with the Human Rights Committee's recommendations, combat all forms of social stigmatization of homosexuality, bisexuality and transsexuality, and hate speech, discrimination and violence based on sexual orientation or gender identity (Uruguay);
118.10	Establish a specialized police unit for investigating hate crimes, closely collaborating with the LGBT community and organizations in order to create a trusting relationship (Sweden)
118.32	Develop and implement a strategy to monitor, investigate, and prosecute hate crimes, giving the Public Defender relevant powers and resources to take action against instigators of hate crime (United Kingdom of Great Britain and Northern Ireland)
118.41	Allocate the resources necessary for the successful realization of the Strategy of the Health Protection System 2014-2020, which is aimed at strengthening maternal and child health (Belarus)
118.42	Take steps to ensure that sexual and reproductive health services, including abortion and contraception services and information, are available, accessible and affordable to all women and girls, especially in rural areas and among vulnerable groups (Denmark)
118.43	Ensure universal access to quality reproductive and sexual health services, including contraception services, especially to women in rural areas and those living with HIV/AIDS (Brazil)

5. Detailed Analysis on Execution of Relevant Recommendation Focused on SRHR:

A. Sexual Health and Rights

- **Prohibition of the discrimination against LGBTI persons (technically implemented, no perceived progress)**

117.44	Take all necessary measures to effectively fight against discrimination, including against religious minorities and LGBTI persons (France)
117.46	Provide appropriate services with the necessary resources, including to train and raise the awareness of the judiciary and the public, in order to ensure that these new measures adopted to fight racial discrimination or gender/sexual identity discrimination are effective (Belgium)
117.48	Improve implementation and enforcement of the Law on the Elimination of All Forms of Discrimination, particularly in its application towards the protection of individuals belonging to sexual and religious minority groups (Canada)

The law on elimination of all forms of discrimination adopted in 2014 was very important step taken by the government, however, the law has important gaps, which hinder its effective implementation, despite the fact that Public defender's office and the court has been set as enforcement mechanisms of the law, its recommendations are not legally binding. Unlike administrative bodies, for which the Public Defender can employ the administrative dispute mechanism if the instructions are not fulfilled, recommendations issued to individuals are fully deprived of any legal means to ensure their enforcement and thus entirely depend on the goodwill of the individual.

Due to the legislative gaps and its ineffective implementation, discrimination of LGBT persons remains challenge. According to the recent study, around two thirds of the LGBT respondents (66%, N=169) have at least once been victims of discrimination over the last two years. Still, discrimination cases taken before the court or Public Defender's Office remains low. According to Public Defenders Office, from 2016 to 2017 PDO has received 201 cases of possible discrimination, in 2015-2016 it has received 113 applications. It should be noted that only 11% of all cases is concerned of the discrimination based on SOGI.¹ It means that the information of the discrimination is not disseminated properly, and society does not see PDO as an effective mechanism to fight against discrimination due to its limited possibilities under the abovementioned law.²

Discrimination and social exclusion of Transgender persons remains challenge in Georgia, as they are subjected to discrimination and violence in every sphere of their life, which is encouraged by the lack of legal gender recognition in Georgia. Transgender persons are not given the option to change their sex in civil documents or public records in accordance with their gender identity, the risk of discrimination and ill treatment or violence against them increases when they use documents that

¹ The report of the public defender's office of Georgia, Special Report On The Fight Against Discrimination, Its Prevention, And The Situation Of Equality, September, 2017, pg. 7, see: <http://www.ombudsman.ge/uploads/other/4/4826.pdf>

² Aghdgomelashvili e. "From Prejudice to Equality". WISG. 2018

do not match their gender identity.³ In 2017 two transgender men appealed to the European Court of Human Rights challenging Georgia's refusal to change the gender marker in their official documents.⁴

It is important to take effective steps to elimination of all forms of discrimination against vulnerable groups in Georgia, accordingly government should work actively with Public Defender's Office and SCO's in order to make relevant changes in the Anti-Discrimination Law due to eliminate all barriers of its effective implementation.

- **Hate speech against LGBT persons (not implemented)**

117.47	Combat social stigmatization, hate speech, discrimination and violence motivated by sexual orientation or gender identity (Argentina);
117.49	Support public education campaigns to combat hate speech, discrimination and violence related to sexual orientation and gender identity, as well as social stigmatization of LGBT persons (Brazil);

Hate Speech and the Political Homophobia still remains a challenge. As the elections approach, hate speech related to sexual orientation and gender identity begins to emerge. CSOs have documented many cases where politicians and/or public figures such as the members of parliament use homophobic rhetoric during the pre-election campaign. E.g. in the pre-election period of 2016 parliamentary elections the posters of the election candidate were distributed with the photograph of a group of children and the writings "No to same sex marriage, we have collected millions of signatures to stop this sin!"⁵ Such cases show the tendency of using homophobia as the political instrument for the elections purposes.

During 2017 municipal elections, according to Media Development Fund, the content of over one half (139) of 270 comments made by political parties and media contained xenophobia against various groups in 47 comments, following homophobia in 32 cases⁶.

Hate speech against LGBT persons was evident in process of the constitutional amendment initiated by the different politicians, which has narrowed the provision on marriage and has specified it as a union between a man and a woman in the constitution (art.30). The discussion around this amendment has encouraged the political homophobia and hate speech against LGBT people and provoked physical and psychological violence during 2016-2017.⁷

Apart from politicians, the representatives of anti-gender far-right groups are using social media actively to spread the hate propaganda against LGBT persons. From August 2017 the LGBT activists

³ The Report of the Public Defender of Georgia on the Situation of Protection of Human Rights and Freedoms in Georgia. 2016. Available at: <http://www.ombudsman.ge/uploads/other/4/4442.pdf>

⁴ Bakhtadze K., LGBTI persons and Intersectional Discrimination. WISG. 2018.

⁵ http://women.ge/data//Unidentified_Violence_WISG_2017.pdf, 161

⁶ Monitoring of Hate Speech and Anti-Western Sentiments in Pre-Election Discourse, elections 2017, pg. 3, see: http://mdfgeorgia.ge/uploads/library/73/file/eng/Monitoring_of_Hate_Speech_and_Anti-Western_Sentimentsin_Pre-Election_Discourse.pdf

⁷ Coalition for Equality, Protection from Discrimination for Various Groups in Georgia, 2016

K.B. and B.G. were subjected to violent hate speech and life threats, offences through social media based on their sexual orientation and their activist work from different far-right groups. Investigation is still ongoing, however, possible offenders are not identified, which means that cyberbullying, hate speech and online threats against LGBT people is not taken seriously by the law enforcement.⁸

Despite the prevalence of homo/transphobic hate speech mainly from politicians, Georgian authorities did not take effective steps to regulate violent speech from *inter alia* parliamentarians, despite the attempt to introduce the code of conduct of parliamentarians in 2017, which was not adopted.

Georgian authorities should take steps for the elimination of the root causes of intolerance and discrimination, under this means government should work with PDO to develop the awareness raising activities designed to combat intolerance, discrimination and hate speech against LGBT persons, including targeting the general public, public officials, parliamentarians and the education system.

- **Fight against Social stigmatization and violence against LGBTI persons (not implemented)**

117.33	Include in the implementation of its anti-discrimination legislation effective measures that strengthen religious tolerance, gender equality and equal rights for ethnic minorities, women and lesbian, gay, bisexual, transgender and intersex (LGBTI) persons, so as to increase tolerance and social inclusion in Georgian society (Netherlands)
118.9	Redouble its efforts to ensure the rights of LGBTI persons and, in line with the Human Rights Committee's recommendations, combat all forms of social stigmatization of homosexuality, bisexuality and transsexuality, and hate speech, discrimination and violence based on sexual orientation or gender identity (Uruguay);

Even though this recommendation was accepted by the state, it has not been implemented. Deep-rooted homo/bi/transphobia permeating virtually all segments of society, the discriminatory practices and social exclusion prevent LGBTI persons from fully enjoying their rights and freedoms.⁹

Negative attitudes from the society and institutional homophobia results in major human rights violations and violence against LGBT persons. For ex. EMC was involved in the criminal proceedings of 8 cases¹⁰ related to hate crimes/incidents against LGBT persons during 2016-2017¹¹, WISG has documented 30 cases during 2016. During 2017 WISG has provided legal consultancy on 105 cases.¹²

⁸ EMC responds to the threats of violence against LGBTIQI activists Koba Bitsadze and Beka Gabadadze, See: <https://emc.org.ge/en/products/emc-lgbtqi-aktivistebis-koba-bitsadzisa-da-beka-gabadadzis-mimart-dzaladobaze-mukaris-faktebs-ekhmianeba>

⁹ Jalagania L. "Legal Situation of LGBT persons in Georgia", EMC, 2016

¹⁰ EMC is working only on strategic cases.

¹¹ The preliminary result under the monitoring process of the Government's human rights action plan for 2016-17 years, Gyla, WISG, EMC, 2018, pg. 130

¹² Bakhtadze K. "Intersectional Discrimination and LGBTI people – Litigation Report", WISG, 2018, pg. 33

In total during 2017 WISG was working on 48 cases on the human rights violation of LGBT persons, majority of them is hate crime cases.¹³

According to the recent study,¹⁴ among the LGBT respondents, 96.9% (N=248) have at least been subjected to hate crime since 2015. The most common form of abuse is psychological/emotional violence (verbal insults, swearing, cursing; demeaning comments, ridicule), which has been experienced at least once by 71.4% of respondents, while 40.3% have received hate mail; 19.35% have been survivors of blackmail and threats of forced outing.¹⁵ The lack of trust towards law enforcement institutions remains problematic, according to surveys, among victims of violence, only 15.8% applied to the police.

Despite the abovementioned violent enforcement against LGBT persons, the Government does not takes effective and long term steps to prevent fundamental basis of negative attitudes towards LGBT individuals, by focusing only on institutional reforms without educational and awareness raising activities. Work towards social inclusion of LGBT persons and protection of their fundamental rights remains critical. Which is why it is critical to analyze and fight against root causes of negative attitudes against minority groups in Georgia, by introducing relevant educational and raising awareness activities for the public and the youth, intergovernmental strategy should be designed to work towards the building the culture of tolerance and acceptance, in the society.

- **Hate motivated crimes against LGBTQI individuals (Perceived progress)**

118.10	Establish a specialized police unit for investigating hate crimes, closely collaborating with the LGBT community and organizations in order to create a trusting relationship (Sweden)
118.32	Develop and implement a strategy to monitor, investigate, and prosecute hate crimes, giving the Public Defender relevant powers and resources to take action against instigators of hate crime (United Kingdom of Great Britain and Northern Ireland)

Recommendation no 118.10 has been noted by the government. It is worth to note, that according to abovementioned recommendation Ministry of Internal affairs has created the “Human rights Department” within its system on 12th of January 2018¹⁶, which would monitor the investigation of the domestic violence, hate crime cases and crimes committed by minors and against them, which should be welcomed.

However, it has a very much wider remit than the unit proposed under UPR and ECRI in its 5th monitoring cycle¹⁷. Human Rights Department of MiA was set to monitoring not only all forms of hate crime, but also domestic violence, violence against women, human trafficking, and crimes committed

¹³ Ibid

¹⁴ Aghdgomelashvili e. “From Prejudice to Equality”. WISG. 2018

¹⁵ Different forms of violence somewhat correlate with each other, e.g. as a rule, respondents, who have experienced such forms of violence as property damage and/or threats of violence using firearms or armes blanches, are also survivors of physical abuse. In turn, physical violence is frequently accompanied by verbal abuse, and so on.

¹⁶ The decree of Minister of Internal Affairs N1 on the approval of the provision of the Human Rights Department under the Ministry of Internal affairs, See: <https://matsne.gov.ge/ka/document/view/3999709>

¹⁷ ECRI REPORT ON GEORGIA (fifth monitoring cycle) Adopted on 8 December 2015 Published on 1 March 2016, Para. 68

by/against minors.¹⁸ It is a centralized, coordinating body, giving rise to concerns that it may not, of itself, be sufficient to address problems at the local level, nor, for example, detailed issues arising in the investigatory process. It lacks preventive approach, which includes intergovernmental work to effectively prevent hate motivated violence to occur. Which is why Georgian Authorities should take effective and wider measures to fight against root causes of homo/transphobia and to elaborate coherent and result oriented intergovernmental strategy against hate crimes.

- **Intersex children and the right to recognition before the law (not implemented)**

117.88	Improve the birth registration system to guarantee registration for every child with the issuance of a birth certificate (Turkey)
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Intersex persons have specific needs to amend the sex details on any official documentation to male, female or indeterminate based solely on the individual's self-identification. Regulation of birth registration in Georgia¹⁹ does not allow existence of variations beyond the normative genders: male and female.

Thus, it is important to ensure that laws and practices governing the registration of births, in particular as regards the recording of a newborn's sex, duly respect the right to private life by allowing sufficient flexibility to deal with the situation of intersex children without forcing parents or medical professionals to reveal a child's intersex status unnecessarily.

- **Domestic violence against LGBT persons (Technically implemented, no perceived progress)**

117.66	Implement the recommendations of the Committee on the Elimination of Discrimination against Women for better observance of its obligations under the Convention on the Elimination of All Forms of Discrimination against Women, in particular effectively apply the ban on early and forced marriages, including through the adjustment of the national legal framework, by paying particular attention to vulnerable groups (Switzerland)
117.70	Continue to implement the legislation on domestic violence and ensure training of law enforcement officials to identify all forms of domestic violence (Slovakia)

On May 4 2017, government has amended about 30 normative acts under the ratification process of the Council of Europe Convention on preventing and combating violence against women and domestic violence (2011). While these changes are welcome, measures taken by the government to eradicate the violence against women and domestic violence (DV) as well as victims supportive system is set on heteronormative basis, focusing mainly on Intimate Partner Violence (IPV) between heterosexual couples. Accordingly, government does not address the human rights violations of LGBT individuals in the domestic settings. Despite the fact that DV from family members based on SOGI is

¹⁸ Order of the Minister of MiA N1 of January 12, 2018, see: <https://matsne.gov.ge/ka/document/view/3999709>

¹⁹ Decree #18 of the Minister of Justice on the Registration of Civil Acts, January 31, 2012.

most widespread and invisible crime against LGBT community, government does not recognize the need to address this issue as a hate crime. Hate motive has not been documented in any DV cases against LGBT individuals.

It is also worth to note that in most cases LGBT victims of DV does not report to the police because of fear of outing and secondary victimization, which is why they choose to leave the home or are obliged to continue living in the cycle of violence.²⁰ A 2018 study²¹ showed that among the LGBT respondents, 84.4% (N=216) have experienced some form of abuse by family members. In terms of frequency of the forms of violence, over one third of the group are victims of permanent psychological violence by family members, while 37.5% have been subjected to physical abuse at least once since 2015. In cases of physical violence, the mother, father and siblings are cited as the perpetrators with almost equal frequency.

Accordingly, Government does not address above others, the specific form of the violence against LGBT individuals (minors are in a major risk) such are different forms of coercive therapies²², psychological pressure and violence, attempt to forced marriages of lesbian individuals which takes place within the families against LGBT individuals from their parents.

The Law of Georgia on Elimination of Domestic Violence, Protection and Support of Victims of Domestic Violence²³ does not prohibit intimate partner violence (IPV), especially among LGBT partners.²⁴ Accordingly, Transgender women are not allowed to use the national mechanism of violence against women²⁵, because they are unable to amend their gender marker from “male” to “female”. The Law of Georgia on Elimination of Domestic Violence, Protection and Support of Victims of Domestic Violence defines “victim” as “a woman or other family member”.²⁶

The preventive measures against IPV and DV, including public campaigns performed by the state,²⁷ does not cover LGBT persons and same-sex couples. Aside from the lack of legal regulation of same-sex partner relationships, the survivors’ choice of such strategy is influenced by the fact that the state has clearly defined policies and legal mechanisms to tackle domestic violence.

The recent study²⁸ showed that intimate partner violence is rather common among the LGBT group. Hence, 84.4% of respondents have experienced some form of intimate partner violence at least once over the past three years, psychological violence being the most widespread form. The frequency of sexual abuse and harassment is also high. It should be noted that in order to maintain control over the victim, the abuser frequently resorts to threats and blackmail related to forced coming-out (19.4%). Similar to heterosexual couples, intimate partner violence has a severe impact on the physical and psychological state of the victim, as well as their social environment.

²⁰ Intersectional Discrimination and LGBTI People – Litigation Report, WISG, 2018, 17

²¹ Aghdgomelashvili e. “From Prejudice to Equality”. WISG. 2018

²² Intersectional Discrimination and LGBTI People – Litigation Report, WISG, 2018, 19

²³ <https://matsne.gov.ge/en/document/view/26422>

²⁴ Bakhtadze K., LGBTI persons and Intersectional Discrimination. WISG. 2018.

²⁵ Tbilisi City Court does not take the claim of transgender woman who requested protective order Case of NGO SAPARI: №3/605-18. 5/02/2018.

²⁶ The Law of Georgia on Elimination of Domestic Violence, Protection and Support of Victims of Domestic Violence, Article 4 (f).

²⁷ E. g. <http://imoqmede.ge> and <https://sheachere.ge>

²⁸ Aghdgomelashvili e. “From Prejudice to Equality”. WISG. 2018

It is important to work towards the implementation of the legislation and to use measures to protect LGBT victims against DV and IPV and to ensure that victim support services are relevant, sensitive and responds the specific needs of the victim.

- **Legal and medical support for LGBT victims (Technically implemented, no perceived progress)**

117.63	Redouble its efforts in the fight against domestic violence by ensuring effective investigation into incidents of domestic violence and providing adequate support and assistance to victims (the former Yugoslav Republic of Macedonia)
117.68	Reinforce the capacities of professionals in the identification, referral and protection of victims of gender-based violence and provide legal and medical support to victims (Republic of Moldova)

The support services to victims of violence against women and domestic violence rarely are accessible for LGBT persons. Unlike heterosexual couples, owing to the extreme homophobic attitudes prevalent in society, only a small fraction of LGBT people enjoy the opportunity to obtain emotional or other type of support from family members, relatives or the social micro environment.

A 2018 study²⁹ showed that among domestic violence survivors, only 7.1% reported to the police. Similarly, to cases of IPV, the majority of the respondents did not report to the police (51.6%). Among the respondents, 23.9% deem police action ineffective, 19.1-18.7% indicated the fear of secondary victimization.

Victim support services lack sensitive and individual approach and remain insufficient, as there is a lack of relevant trainings and awareness raising programs for social workers, psychologist and lawyers, there is an urgent need for future efforts for the sensitization of the professionals working with victims. It is important for the Government to take holistic approach towards domestic violence and to provide sensitive services in order to ensure the needs of each victim, according to their victimization.

- **Sex work and human rights: violence, stigma and discrimination (Technically implemented, no perceived progress)**

117.6.	Take effective and coordinated measures on the issue of violence against women and domestic violence, including ratification of the Istanbul Convention on preventing and combating violence against women and domestic violence (Netherlands)
117.7.	Increase respect for the rights of all citizens by strengthening anti-discrimination legislation and enforcement mechanisms and ensuring law enforcement provides universal equal treatment and due process (United States of America)

²⁹ Aghdgomelashvili e. "From Prejudice to Equality". WISG. 2018

117.10.	Bring into line the Law on Gender Equality with the Law on the Elimination of All Forms of Discrimination, combating the patriarchal attitudes and stereotypes on the roles and responsibilities of women and men (Albania)
117.12.	Strengthen existing law and practice to combat gender-based discrimination and sexual harassment, inter alia, with regard to labor (Poland)
117.60.	Take measures to prevent domestic violence, including by raising awareness, encouraging women to report acts of sexual and domestic violence, protecting the victims and ensuring the effective investigation, prosecution and punishment of perpetrators (Slovenia)
117.61.	Improve protections for victims of domestic violence, including by ensuring timely investigations, prosecuting perpetrators, and training police in risk-based assessments (Canada)

The Georgian constitution and anti-discrimination law guarantee equal rights and opportunities for all. Istanbul convention was ratified by Georgia in 2017 and came into effect in September 2017, followed by changes in various legal acts and laws. However, the legislative framework for various vulnerable populations varies. Sex workers remain under especially high risk for violence, stigma and discrimination. Sex workers face discrimination and violence due to their lifestyle choices. Sex work is an administrative offense, while pimping and organized prostitution is criminalized. Data on violence collected during Bio-Behavioural Surveillance among sex workers in 2017³⁰ show that 21% of sex workers in Tbilisi and 16.7% in Batumi who experienced any kind of violence — physical, sexual and/or rape during the last year. As for economic violence, 9.5% of sex workers in Tbilisi and 8.0% - in Batumi reported having experiences it, mostly from clients.

When asked about discrimination in various settings and situations during the last 12 months, small percentages of sex workers in both cities reported they faced discrimination in medical settings (1.5% in Tbilisi and 1.3% in Batumi), however, a bit more reported having been denied employment (8.5% in Tbilisi and 3.3% in Batumi) and still a bit more – being denied help from police (9.5% in Tbilisi and 4% in Batumi). About half of FSWs in both cities report being verbally assaulted because of their occupation (54% in Tbilisi and 49.3% in Batumi). Overall, 57% in Tbilisi and 49.3% - in Batumi had faces some kind of stigma and discrimination.

Compared to rather high numbers reporting discrimination and/or rights violation, only 15.8% of sex workers in Tbilisi and 10.8% of FSWs in Batumi had referred to police, and the main reason for that was expectation that the police would not react adequately (56.4% in Tbilisi and 66.7% in Batumi) and the second reason indicated was shame because of the status of a sex worker (9.6% in Tbilisi and 22.7% in Batumi).

It is necessary that state takes special measures to combat gender-based discrimination and violence targeting sex worker women, which would include sensitization of police and other law enforcement bodies, building trust towards law enforcement among especially vulnerable and socially vulnerable populations and strengthening mechanisms for elimination of discrimination.

³⁰ “Integrated Bio-behavioral surveillance and population size estimation survey among Female Sex Workers in Tbilisi and Batumi, Georgia”, 2017. <http://new.tanadgomaweb.ge/upfiles/dfltcontent/3/167.pdf>

- Access to SRHR services for vulnerable persons (Technically implemented, no perceived progress)

117.11.	Continue efforts towards the adoption of administrative and legislative measures to achieve equality of women, in particular to ensure their access to social and health services in all areas of Georgia and provide the same work and pay opportunities to men and women (Mexico)
117.104.	Improve access to health services for socially vulnerable persons (Algeria)

Sex workers access to SRHR services

The universal healthcare program is functioning in Georgia since 2013³¹. Since May 1, 2017 differential packages have been launched under this program for various socially vulnerable groups, such as Pensioners, children aged 0-6, teachers, students, internally displaced persons, persons with disabilities.

Sex workers, as especially vulnerable group of women, especially those of reproductive age, do not have equal access to reproductive and sexual health services (Rec 118.43) and this is not covered by the Universal Healthcare or any other program. According to the report from “Small Group Discussions among young key populations at higher risk of HIV infection on access to and availability of SRH/HIV services”³²:

„Sex workers visit women’s health consultations if they need services related to contraception and/or maternal health. There they usually do not receive additional information on family planning, unless requested. They complain about often having to pay for SRH services, which means they are not affordable. At the same time, once they reveal their occupation, they might experience negative attitudes from health care providers.“

It is necessary that proactive steps are taken to reduce existing barriers for sex workers to access SRH services.

Trans specific healthcare

Gender reassignment procedures for trans people are not regulated by Georgian healthcare legislation and the Ministry of Labour, Health and Social Affairs does not have any clinical guidelines of the above-mentioned procedures.³³ Transgender people living in Georgia are able to get some gender reassignment services by some medical institutions but the costs have to be borne by the patient.³⁴

³¹ See: <http://www.moh.gov.ge/en/529/>

³² CONSULTATION REPORT “Access to and availability of SRH and HIV services for Young Key Populations”, *Focus group discussions among young key populations*, GEORGIA. UNFPA, IPPF

³³ Response letter of Ministry of Labour, Health and Social Affairs of Georgia. №01/65969. 30 August 2016.

³⁴ Natsvlshvili A., Aghdgomelashvili E., Rights of LBT Women in Georgia. Shadow report for CEDAW. Submitted for the 58th Session. WISG. 2014. Available at: <http://women.ge/en/publications/91/>

It is crucial to ensure that gender reassignment procedures, such as hormone treatment, surgery and psychological support are accessible for transgender people, and state should ensure that they are reimbursed by public health insurance schemes.

Intersex children's right to be protected from medical abuses

Intersex children living in Georgia are not protected from gender normalizing surgeries. State collects data of intersex children by their diagnoses.³⁵ Georgian healthcare legislation does not prohibit genital-normalizing treatment, involving both surgery and hormone therapy. However, such medical interventions are often medically unnecessary, not always consistent with the person's gender identity, pose severe risks for sexual and reproductive health and are often performed without free and fully informed consent. The UN Rapporteur on violence has called for all States to end forced or coerced medical interventions³⁶ as has the Office of the High Commissioner for Human Rights and the World Health Organization.³⁷

With regard to effectively protecting children's right to physical integrity and bodily autonomy and to empowering intersex people as regards these rights, Georgian authorities should ensure that medically unnecessary sex-“normalizing” surgery, sterilization and other treatments practiced on intersex children without their informed consent is prohibited.

³⁵ According to the response letter of Ministry of Labour, Health and Social Affairs of Georgia, in 2017, 2 children were born with Hermaphroditism (2018 ICD-10-CM Diagnosis Code Q56.0). № 01/23213. 24/04/2018.

³⁶ Juan E. Mendez, Report of the Special Rapporteur on torture and other cruel inhuman or degrading treatment or punishment, A/HR/22/53, (1 February 2013) 23.

³⁷ World Health Organization, Sexual Health, Human Rights and the Law (2015).

B. Reproductive Health and Rights

- **Early/Child Marriage and right to reproductive health (Technically implemented, no perceived progress)**

117.64.	Take steps to address reported allegations of child and early and forced marriages (Ghana)
117.67.	Increase efforts to eliminate early marriages through, implementation of the relevant recommendation made by the Committee on the Elimination of Discrimination against Women (the former Yugoslav Republic of Macedonia)

The Government of Georgia has taken positive steps to eliminate harmful practices that can contribute to high-risk pregnancies, such as early or forced marriages and female genital mutilation (FGM). According to the legislative amendments made by the Government in 2017 FGM became criminalized and the legal minimum age of marriage determined 18, without exception. However, early/child marriage remain still problematic issues in Georgia. According to the statistic information, the number of parents who were still minors when registering the birth of a child declined from 1,449 in 2015 to 1,278 in 2016. Unfortunately, Figures for the number of minor parents having children considerably exceed the figures on early marriage.³⁸

Causes of child marriages are very complex and cannot be easily distinguished; such as existing gender stereotypes and prejudices, poverty, lack of education related to the Sexual and Reproductive Health etc. According to the findings of the survey conducted by the Association HERA-XXI one of the main causes of child/early marriages is existing strong norms prohibiting girls from premarital sexual relationships.³⁹

On the field work of the Association “HERA-XX” in Adjara Region of Georgia, the case regarding the unregistered, hidden child marriage was shared. As it appeared, couples are finding the way to hide pregnancy, especially when the boy is over 18 and maternity hospital administration and doctors are giving advices and helping them to find solutions. (Sexual intercourse, homosexual or lesbian or other sexual intercourse in a perverted form committed knowingly by an adult offender against a person who has not attained the age of 16 years is criminalized by the criminal code of Georgia)⁴⁰

In Georgia there is a high cultural pressure on girls to prove their fertility soon after marriage, and in most cases, this lead to girls effectively being trapped in child pregnancy. According to the findings of the Association HERA-XXI health service providers (e.g. gynecologists) are entrenched in harmful gender norms, often bringing in their biases about pre-marital sex in conversations with young girls.

³⁸ Public Defender of Georgia, Special Report on Women’s Rights and Gender Equality, 2016, p.35, available at: <http://www.ombudsman.ge/uploads/other/4/4452.pdf>

³⁹ HERA XXI, ISSA. “Youth Experience regarding Sex and Reproductive Health”, 2017.

⁴⁰ Life Stories. 2018. Collected from the Programme Data of Hera XXI. <http://hera-youth.ge/wp-content/uploads/2018/05/%E1%83%AA%E1%83%9D%E1%83%AA%E1%83%AE%E1%83%90%E1%83%9A%E1%83%98-%E1%83%98%E1%83%A1%E1%83%A2%E1%83%9D%E1%83%A0%E1%83%98%E1%83%94%E1%83%91%E1%83%98%E1%83%A1-%E1%83%99%E1%83%A0-2.pdf>

Special attention and investment should be devoted to high quality sexual and reproductive health services for girls after marriage to avoid child pregnancy.

The Government of Georgia should take effective measures and provide youth-friendly and accessible health services. It should be underlined that training of service providers is needed that appropriately addresses sensitivity, and confidentiality issues in order to improve service provider's awareness and tolerance. Girls and adolescents experience accessing services as publicly exposing, rather than confidential, which also served as a barrier to their seeking services.⁴¹

In order to prevent child pregnancy and early/child marriages first and foremost, State should take effective actions to raise youth awareness about reproductive health services, so that youth have sufficient information about family planning, modern methods of contraception, and the risks associated with early marriage.

In addition, State should take further actions to ensure that confidentiality, youth-friendly services are accessible for youth across the country.

- **Access to Contraceptive Information and Services (Technically implemented, no perceived progress)**

117.105	Improve women's access to high quality health care and health-related services (Rwanda)
118.41.	Allocate the resources necessary for the successful realization of the Strategy of the Health Protection System 2014-2020, which is aimed at strengthening maternal and child health (Belarus)

In October 2017 Georgian government approved "National Strategy of Mother and Newborn Health for 2017-2030"⁴², as well as an action plan under this strategy for 2017-2019 (Rec 118.42). Main implementers of the action plan are MoLSHA and National Center for Disease Control and Public Health. The financial resources allocated from government comprise 82% (Rec 118.41), from donors – 8%. Overall, there is a deficit of 10% of financing the action plan. It is vitally important that sufficient financial resources are allocated to full implementation of the Action Plan and Strategy.

In regards to Universal access to quality reproductive and sexual health services (Rec 118.43), existence of such services are limited. Family doctors (GPs) were mandated to provide services regarding contraceptives; however, their training as well as capacities are not enough. It is necessary to retrain all family doctors in provision of full reproductive and sexual health, especially contraceptive services.

Georgia has not yet provided the vaccination against human papillomavirus across the country. Vaccination of nine-year-old girls is only available in four regions of Georgia. WHO recommends vaccination against human papillomavirus (HPV), if cost-effective and affordable, according to national programs.⁴³

⁴¹ HERA XXI, ISSA. "Youth Experience regarding Sex and Reproductive Health", 2017.

⁴² See: http://gov.ge/files/469_62645_237501_459.pdf

⁴³ Human Rights in the Context of Sexual and Reproductive Health and Well-being in Georgia: Country Assessment, 2017, Public Defender's Office

As a result, despite the fact government is taken some steps to develop relevant policies for adequate health care, the lack allocation of sufficient financial resources hinders the possibilities to implement those policies in to the practice, it is critically important to ensure that all women have access to the quality health-related services.

- **Access to safe abortion and family planning services (Technically implemented, no perceived progress)**

118.42	Take steps to ensure that sexual and reproductive health services, including abortion and contraception services and information, are available, accessible and affordable to all women and girls, especially in rural areas and among vulnerable groups (Denmark)
118.43	Ensure universal access to quality reproductive and sexual health services, including contraception services, especially to women in rural areas and those living with HIV/AIDS (Brazil)

Access to safe abortion

In recent years significant measures have been undertaken by the Government of Georgia with regard to the adoption of policies. Nowadays the State recognizes the need to address challenges associated with availability and accessibility of information on contraception and abortion, however, they are lacking in terms of implementation.

According to the qualitative research conducted by the Association HERA-XXI “*Organization and Delivery of Abortion and Family Planning Service in Georgia*” It has been revealed that women use abortion as primary method of family planning, moreover answers received from respondents confirmed low level of knowledge on methods of contraceptive and lack of supply of contraception. These solid findings show high demand for abortion and low demand on family planning services in all regions of Georgia.

According to the Law of Georgia on Health Care, Advertising for abortions is prohibited. It is important to improve the formulation of the Article and to define what does the abortion advertising mean, to avoid interpretation and protect the right to information about abortion.

Many women and girls face challenges in accessing information and education on modern methods of contraception.

The state should take effective actions in order to ensure that women and girls are able to enjoy their right to access reliable, evidence-based information on sexual and reproductive health, including on abortion and contraception.

In 2014, the abortion law was revised to include a new provision ***on mandatory counselling and a five-day waiting period*** requirement before obtaining an abortion during first 12 weeks of pregnancy. Under an order of the Minister of Health, the period can be reduced to three days, if a woman applies for abortion in the 12th week of pregnancy and the term of 12 weeks is expiring. It should be said, that the mandatory five-day waiting period and the language in the law prioritizing the fetus contradicts international health and human rights recommendations. According to the WHO

recommendation, mandatory waiting periods should not apply to abortion services and abortion should be provided as soon as is possible, without delay.⁴⁴

Comparative Review report of the organization indicates that abortion services are not readily available in rural areas, and women have to travel long distances in order to have access to the abortion. It presents geographical and financial obstacle for women, which **requires additional transportation costs and time**. The report indicates that the mandatory five-day waiting period considerably adds to the costs as it requires additional visits to a medical facility⁴⁵. All of this mentioned create barriers for women to have access to safe abortion and quality reproductive health services.

According to the finding of the conducted survey **many clinics do not even provide for referral procedures because of conscience**. The Georgian Orthodox Church strongly opposes the legality of abortion and tries to influence public opinion and to exercise pressure on the Government to impose restrictions on abortion.⁴⁶

One of the challenges regarding accessibility high-quality abortion service is availability and readiness of medical facilities in Georgia. Sample frame, acquired from Ministry of Labor Health and social affairs of Georgia, consisted of 655 service medical facilities that are licensed for provision gynecological services in the country. However, only 17 % of total 655 medical facilities provide abortion services. Furthermore, 95% of medical facilities that provide abortion services are secondary health care facilities. Generally, secondary health care facilities are multi-profile clinics and are located in cities. Only 5% primary health care facilities provide abortion and family planning services.⁴⁷

According to the statistic information provided by the National Center for Disease Control and Public Health (NCDC) still, there is a high number of abortion services performed in a method curettage, which indicates the problem of availability of methods of safe abortions. State lacks ensuring access to the high-quality safe abortion.

According to the report prepared by the Association HERA-XXI there are discriminatory restrictions imposed by some clinics with regard to certain groups of women and girls seeking abortions, particularly persons under 16, 16-18-year-old.

There appears to be no analyze and data gathered by the State on the number of service providers refusing to perform abortion procedure based on conscience and an alleged impact of abortions on women's health. This contravenes international human rights obligations of the state to ensure that conscientious objection is regulated so that it does not hinder women's access to lawful services.⁴⁸ Refusals of care by health care workers jeopardize women's timely access to sexual and reproductive health care.

Special attention should be given to the issue of abortion services available in the villages located along the administrative boundary line. According to the legislative amendments, from 9 February 2016, Abkhazia officially banned abortion, even in cases when pregnancy poses risks to the health of

⁴⁴ WHO, 2012 Safe Abortion Guidance

⁴⁵ Artificial Termination of Pregnancy in Georgia (Comparative Review), HERA XXI, 2014

⁴⁶ Artificial Termination of Pregnancy in Georgia (Comparative Review), HERA XXI, 2014

⁴⁷ Abortion Services Availability and Readiness Assessment (Analytical Report), HERA XXI, RFSU, Institute of Social Studies and Analysis, 2016

⁴⁸ Human Rights in the Context of Sexual and Reproductive Health and Well-being in Georgia: Country Assessment, 2017, Public Defender's Office

the pregnant woman. It should be said, that there is no survey on access to abortion services in nearby villages located along the administrative boundary line.

The state should take actions to ensure that women who travel from Abkhazia to nearby regions are not hindered from obtaining an abortion.

Access to family planning services

From 2015 no actions have been undertaken by the Government to improve access to abortion services and contraception especially for women living in rural areas, youth and vulnerable groups. Contraceptives are available in pharmacies and are not funded by any of the state health programs. Oral pills are not affordable for most women, especially for adolescents, low income women, and women living in rural areas.⁴⁹

One of the problematic issues is related to the post-abortion family planning services. More specifically, few women receive consultation despite the Ministerial decree requiring this.⁵⁰ The Government of Georgia lacks to provide effective and adequate supportive environment for family planning services, largely due to the lack of integration of family planning services into the primary health care system. Family planning service delivery has been incorporated into the primary health care circle – and included into the competences of family/village physicians and nurses. However, family planning counseling is not yet fully integrated at the Primary Healthcare level and is still highly concentrated in the hands of obstetrics and gynecology specialists who in most cases are not focused on the promotion of modern contraceptive methods.

According to the Analytical Report findings, conducted by HERA XXI, RFSU, Institute of Social Studies and Analysis, 2016,⁵¹ 23% of the clinics do not offer pre-abortion counselling in an unbiased manner, as prescribed by the Order.⁵² State lack of having oversight mechanism on the implementation neither of the Order nor on pre-abortion counseling and the nature and quality of the information to be provided to patients.

According to the Law on the Rights of the Patient, 14-18 years old patients have a right to provide informed consent to counselling on the methods of non-surgical contraception without parental notification. However, Youth do not feel comfortable visiting a health center to ask for services like contraceptives and concerns about judgmental staff or their privacy. Sometimes they are even confronted with denial by health facilities to provide certain services because of their age. There is a distinctive lack of comprehensive youth friendly sexual and reproductive health services, including on family planning.

There is a distinctive lack of comprehensive youth friendly sexual and reproductive health services, including on family planning.

Youth-friendly Sexual and Reproductive service delivery and youth involvement component are integrated in the Maternal and New-born Health (MNH) Strategy for 2017-2030 and in its Action Plan. However, currently there are no specific public youth-friendly SRH services available in Georgia.

⁴⁹ Maternal and New-Born Strategy 2017-2030

⁵⁰ PDO, 'Women's Rights and Gender Equality', 2015, pp. 19-20

⁵¹ Abortion Services Availability and Readiness Assessment (Analytical Report), HERA XXI, RFSU, Institute of Social Studies and Analysis, 2016

⁵² Order №01-74/6 of the Minister of Labor, Health and Social Affairs of Georgia, dated 7 October 2014

According to the human rights requirement under the right to health it is especially important to ensure that contraceptives, including emergency contraception, are included in the country's essential medicines list which ensures availability and accessibility, including affordability, of these medicines for women. However, In Georgia, still there is no essential medicines list for contraceptives to be included in. In fact, formally, such an essential medicines list does not exist in the country.

- **Comprehensive Sexuality Education (Technically implemented, no perceived progress)**

117.10.	Bring into line the Law on Gender Equality with the Law on the Elimination of All Forms of Discrimination, combating the patriarchal attitudes and stereotypes on the roles and responsibilities of women and men (Albania)
117.20	Continue its efforts to further promote human rights (Djibouti)
117.22.	Observe all human rights principles and international conventions, and raise awareness among the population regarding human rights values (Turkmenistan)

Various state institutions (Ministry of Justice, Ministry of Internal Affairs, etc) have been conducted projects for raising awareness on human rights among Georgian Population. However, Ministry of Education and Science did not take part in this process. The Georgian educational system lacks Sexual and Reproductive Health and Rights education, which puts young people at risk of early and forced marriage, exposes them to infections, increases rates of abortions and domestic violence. On 27 June 2014 EU signed an Association agreement with Georgia⁵³, which envisages promotion of the healthy lifestyles. CEDAW concluding observations of July, 2014 recommends to **“Introduce age-appropriate sexual and reproductive health and rights education, including on responsible sexual behavior, at all levels.”** In 2014, Ministry of Education and Science started working on the Healthy Lifestyle Education curriculum. However, due to opposition from the society at large as well as some Orthodox groups, the standard elaborated thus far and approved for grades 1-9 of the schools, does not include major topics on Sexual and Reproductive Health and Rights. The main accents are made on prevention of gender-based violence, however, teaching gender and combating stereotypes and patriarchal attitudes is also very much opposed by the groups named above.

It is recommended that the Ministry of Education and Science develops and implements comprehensive curriculum on reproductive health and rights, considering the cultural context and students' ages. Also, it is recommended that the Ministry and relevant structures provide special training programs for teachers, which include modules on sexual and reproductive health and rights, gender equality and girls' rights to education and family planning.

⁵³ See: http://eeas.europa.eu/georgia/pdf/eu-ge_aa-dcfta_en.pdf