



REPORT OF THE COALITION FOR EQUALITY AND OTHER NGOS
TO THE
PRE-SESSIONAL WORKING GROUP OF THE UNITED NATIONS COMMITTEE ON
THE ELIMINATION OF DISCRIMINATION AGAINST WOMEN (CEDAW)

81ST SESSION

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Table of Contents

I. INTRODUCTION.....	3
II. AREAS OF CONCERN.....	3
1. Violence against Women	3
2. Participation in Political Life.....	5
3. Education.....	6
4. Employment - Parental Leave	6
5. Health.....	7
6. Disadvantaged Groups of Women.....	8
<i>6.1. Internally Displaced Women (hereafter ‘IDP women’)</i>	8
<i>6.2. Women Belonging to Ethnic Minorities</i>	9
<i>6.3. Rural Women</i>	10
<i>6.4. Women with Disabilities</i>	11
<i>6.5. Older Women</i>	12
<i>6.6. LGBTI Women</i>	13
<i>6.7. Women Who Use Drugs</i>	14
<i>6.8. Sex Workers</i>	15
<i>6.9. Women Experiencing Homelessness</i>	16
7. Marriage and Family Relations.....	17
Annex I - Endnotes.....	18

I. INTRODUCTION

1. Georgia made significant legislative developments to harmonise its legislation in recent years. While the current legal framework is largely in compliance with international standards, the failure to enforce these laws, the persistence of gender stereotypes and the manifestly adverse role of the Georgian Orthodox Church inhibit the effective implementation of the Convention on the Elimination of All Forms of Discrimination Against Women (hereafter the ‘Convention’). In addition, the introduction and effective implementation of anti-discrimination mechanisms remains partly unfulfilled in both public and private sectors. Hence, achieving de facto, substantive equality between men and women remains a challenge.
2. The global pandemic caused by COVID-19 has further exacerbated the problems encountered by various groups of women in Georgia. Namely, the number of cases of violence against women have increased; the economic situation of women, especially of those belonging to ethnic minorities and/or residing in rural areas, has worsened; the social and economic oppression suffered by LBTI women heightened the risks of losing homes and discrimination; etc.¹ The measures taken by the Government of Georgia to alleviate the impact of the pandemic on some women were insufficient, while the needs of some others have been completely overlooked by the anti-crisis plans.
3. The present report has been prepared by the Coalition for Equality² and other local NGOs³ specialising in various aspects of women’s rights and gender mainstreaming. The purpose of this report is to inform the Pre-session Working Group for the 81st Session of the current situation in Georgia and provide corresponding recommendations to address the remaining challenges. To that end, the report outlines some of the most acute issues in certain areas of concern identified by the Committee in its previous concluding observations in the combined fourth and fifth periodic reports of Georgia. The areas covered in the report are as follows: 1. Violence against Women; 2. Participation in Political Life; 3. Education; 4. Employment; 5. Health; 6. Disadvantaged Groups of Women;⁴ and 7. Marriage and Family Relations.

II. AREAS OF CONCERN

1. Violence against Women

4. In Georgia, women and girls experience serious forms of violence, including domestic violence, femicide,⁵ sexual violence,⁶ forced marriage, forced abortion, sexual harassment, and female genital mutilation. According to the Government of Georgia, during the pandemic, the rate of reports of violence against women (hereafter ‘VaW’) and domestic violence did not increase significantly in comparison with 2019.⁷ However, during the same period, the rate of women seeking support from NGOs working on these issues has increased.⁸ Unfortunately, the measures taken by the Ministry of Internal Affairs of Georgia (hereafter the ‘MIA’) to combat the circumstances brought about by the pandemic have been insufficient.
5. Despite the information campaigns conducted by the MIA, a large portion of the population, particularly ethnic minorities and those lacking higher education, is not aware of the means of reporting, including the 112 mobile app,⁹ or what services are available to victims of domestic violence.¹⁰ In addition, in the initial

phase of the pandemic, it was nearly impossible to call 112 and report domestic violence due to the overall excessive number of emergency calls. In some cases, investigators who were under quarantine/self-isolation did not have replacements, which obstructed the course of investigation.¹¹

6. In addition to the pandemic-related challenges, victims of VaW encounter a variety of problems at multiple levels. Police officers do not accurately/fully record the information provided by the victims. Consequently, statements do not record the facts which reflect the presence of aggravating circumstances or which are crucial to identifying the discriminatory gender motive which results in the crime being considered less grave. Generally speaking, although the index of identifying the discriminatory gender motive has been increasing, it nevertheless remains low in the Prosecutor's Office.¹² Besides, police officers do not ask all of the relevant questions included in the risk-assessment checklist¹³ and fill out some parts of the assessment by themselves.¹⁴ Such a superficial approach serves as a barrier to effectively identifying risks and providing necessary protection to victims.
7. Another challenge is the lack of female experts at the Levan Samkharauli National Forensics Bureau, which has been identified as gender discriminatory by the Public Defender of Georgia.¹⁵ Even though the law allows the transfer of a person under examination to another branch or invitation of an expert of the same sex if the person so requests, this does not work in practice.
8. Victims of domestic violence, particularly in the regions, consistently refer to the lack of psychological assistance. When a psychologist is involved, it is often pro forma. Besides, as practice has shown, the absence of additional appropriate victim support programmes (securing the payment of the rent, providing vocational trainings, etc.) at the local level compel women to either return to the abuser, or stay on the street after leaving the shelter.
9. Despite significant improvements regarding sexual harassment, as practice has shown, low public awareness of both the essence of sexual harassment and the mechanisms guaranteed by law against harassment remains a challenge. Lack of sensitivity among state authorities¹⁶ and work of the police are also problematic in this regard.¹⁷

10. Recommendations

- Take effective measures to identify domestic violence cases during COVID-19;
- Effectively investigate cases of violence against women and prosecute and punish perpetrators with the gravity of the crime;
- Increase awareness about remote services and programmes available to victims of domestic and sexual violence, particularly in regions populated by ethnic minorities;
- Provide police departments with an adequate number of personnel to allow for the transfer of cases to substitute officers and accelerate investigation;

- Consider audio/video recording of the victim to avoid re-interrogation of the victim and to ensure the accuracy of the statement;
- Carefully fill out the risk-assessment checklists and decide on necessary protective measures accordingly;¹⁸
- Consider gender-related motives in all cases of violence against women and femicide and apply these motives as aggravating circumstances when imposing punishment;
- Increase the number of female experts at the Levan Samkharauli National Forensics Bureau. Provide the experts with training on domestic and sexual violence;
- Increase the number of psychologists working with victims of violence throughout the country and provide them with relevant trainings;
- Develop supportive programmes for victims of VaW after leaving shelters;
- Carry out public awareness raising campaigns about sexual harassment and mechanisms for its eradication; Raise awareness, as well as sensitivity, of investigators and judges on sexual harassment.

2. Participation in Political Life

11. The recently adopted mandatory gender quotas¹⁹ have not accelerated effectively the de facto equality of men and women, as specified under Article 4(1) of the Convention. Firstly, the Parliament has determined the temporary time period on an ad hoc basis in lieu of analysing the temporary nature of the measure with respect to desirable outcomes. Currently, out of the total 150, only 29 members of parliament are women,²⁰ while only one out of the 64 mayors of Georgia is a woman. Female representation is also low in the executive branch and in the public sector. In the judiciary, the representation of women exceeds that of men but only 10,7% of decision-making positions in the judiciary are held by women.²¹
12. Notably, as a means to circumvent and condemn compulsory gender quotas, the political party Girchi found a loophole in the current legislation. Namely, a female deputy who entered parliament on Girchi's list refused to be a member of the parliament, while the party itself cancelled the party list registered with the Central Election Commission. As a result, a male member of the party entered the parliament to replace the female deputy who refused to serve.
13. Persisting stereotypical attitudes toward female politicians are also problematic. They are often subjected to sexist hate speech which manifests itself in many different forms on the part of both the general public and politicians.²²

14. *Recommendations:*

- In order for women to have a tangible impact on the decision-making process, it is essential that women's representation in Parliament and self-government bodies be increased, extended and maintained at minimum 30%.

- Legislative changes should be made to ensure that if a member of parliament who was elected through the party list refuses to or is unable to serve, that member should be replaced by the next candidate on the party list of the same sex. If there is no candidate of the same sex in the party list, this mandate should be revoked.
- Take steps to increase gender sensitivity among political party members, especially men, to prevent sexist speech and discrimination based on gender.

3. Education

15. The lack of information on sexual and reproductive health rights is primarily caused by the absence of age-appropriate sexual and reproductive health and rights education according to UNESCO standards. In order to address CEDAW's 2014 concluding observations, the Ministry of Education and Science started to revise the subject standards and introduced the Healthy Life Skills (HLS) education into the general education curriculum. The National Standard²³ elaborated covers grades 1-9 of the schools, grades 7-9 being approved in May 2018. The EU Association Agreement provides a solid base for introducing Healthy Life Style into the educational curriculum. However, the coverage of the topics is not comprehensive and does not respond to UNESCO's recommendations. While emphasis is made on the prevention of gender-based violence and the female reproductive system, there is no information provided on reproductive and sexual rights or safe abortion.
16. Even though the new reform of the education system 2018-2023 provides for a comprehensive approach to all areas of education and ensures the creation of a unified education system by 2023, the reform does not prescribe education around sexual and reproductive health and rights.²⁴ According to the studies, the attitudes of parents and teachers towards teaching of sexual and reproductive health and rights topics are positive, but they lack specific capacity and skills to deliver age-appropriate education in school-based settings especially in the regions.²⁵ The lack of political will and conservative attitudes among decision makers is the key challenge for integration of sexual education in the formal education system of Georgia.

17. Recommendations:

- Implement an age appropriate, comprehensive sexual and reproductive health and rights curriculum at all levels, as recommended by UNESCO guidelines;
- Develop training programmes for teachers, which include all seven modules on sexual and reproductive health and rights according to UNESCO's guidance on sexuality education.

4. Employment - Parental Leave

18. While unemployment remains a general problem in the country, it disproportionately affects women. By recent estimates, the unemployment rate is much higher in women than among men.²⁶ Gender inequality in

terms of labour rights is most evident from the gender pay gap – according to official estimates, women’s monthly earnings are approximately 36,2% less than men.²⁷ Recent studies also demonstrate that due to the overrepresentation of women in the informal sector, women work fewer hours formally than men.²⁸ Furthermore, women work fewer paid hours than men owing to the uncompensated work they undertake in the household.

19. The policy and regulation of parental leave are one of the main issues that need to be addressed in order to increase the representation of women in the labour market and promote their career development.²⁹ However, the large-scale labour reform implemented in September 2020 was a missed opportunity for significant improvement of the protection of labour rights, including those of women.³⁰ The reform did not amend the regulation regarding additional parental leave for caring of a child; under the Labour Code, an employee may be granted additional unpaid parental leave of 12 weeks until the child turns 5, and additional parental leave may be granted to any employee who actually takes care of the child.³¹ The mentioned provision in practice means that due to assigned gender roles, in the overwhelming majority of cases additional parental leave will be used by the mother of a child.
20. Remuneration for parental leave is extremely low. According to Georgian legislation, the cash allowance for a paid leave shall be a maximum total of GEL 1000 (approximately EUR 260).³² In terms of the compensation of parental leave, labour laws do not provide equal protection for public and private sector employees. Public servants receive the full salary during the whole period of leave,³³ while workers in the private sector only get a lump sum amount of GEL 1000 regardless of their salary.
21. **Recommendations:**
 - Develop a policy of paternity leave that promotes and encourages the use of the leave by both parents, particularly, fathers;
 - Address the imbalance in compensation of parental leave and ensure fair remuneration for those working in the private sector;
 - Develop a methodology for calculating the wage gap and a strategy to overcome it.

5. Health

22. Despite governmental commitments,³⁴ the key obstacles to the realisation of the right to health are a weak primary healthcare system (PHC); the lack of sexual and reproductive health and rights indicators for primary healthcare;³⁵ and the lack of preparedness for a crisis.
23. PHC services are significantly underutilised. Since the Universal Healthcare Program introduction, outpatient per capita visits per annum increased by 61% (2018) in Georgia, however, this is half the per capita WHO European region estimate.³⁶ Moreover, PHC in Georgia has a poor gatekeeping role - it fails in

effective management of preventive services, including sexual and reproductive health services. Service provision at PHC level is fragmented and PHC referral system is vague.³⁷

24. ***Lack of Preparedness and Adequate Response of PHC in the Pandemic.*** Georgia's health system demonstrated a lack of readiness and weak capacity to protect people amidst a major healthcare crisis. There was a delayed engagement of family/village doctors in the management of cases, a lack of knowledge of modern and innovative technologies to provide hotline and online counselling and minimal support during the second outbreak of the virus. The lockdown from the COVID-19 pandemic and the subsequent transportation restrictions left women and girls isolated and aggravated existing affordability and accessibility barriers. Online digital alternatives to in-person services were also inaccessible due to lack of knowledge of innovative technologies and technical barriers. Despite progress, there is still no integration of a minimum package of reproductive health services (Minimum Initial Service Package - MISP) in the emergency preparedness and response plans of the Ministry of Labour, Health and Social Affairs of Georgia.

25. ***Recommendations:***

- Create a primary healthcare development strategy covering the organisational arrangement of primary health care, policies of human resources development, financing and evaluation to meet the needs of vulnerable groups of population including women and young girls throughout the whole life-cycle;
- Ensure service continuity in line with the Minimum Initial Services Package for Reproductive Health in Crises during the COVID-19 Pandemic and its integration in the Emergency Preparedness and Response Plans of the Ministry of Labour, Health and Social Affairs of Georgia.

6. Disadvantaged Groups of Women

6.1. Internally Displaced Women (hereafter 'IDP women')

26. One of the priority interventions identified by the Maternal Health Strategy is the development and implementation of a tailor made, culturally-sensitive programme to ensure improved uninterrupted accessibility and availability of services for under-served groups in their own settings.³⁸ However, IDP women living in IDP settlements have been left behind the priority interventions and lack access to sexual and reproductive health and services information. Women and girls living near the border lines and IDP settlements receive almost no information about sexual and reproductive health and rights. Key roots for misinformation are taboo, stigma and patriarchal attitudes/gender stereotypes.³⁹

27. Women in IDP settlements can receive gender-specific health services, such as a gynaecological examination, either in the settlement or in other cities. They note that sometimes travelling for health services could be problematic. In addition, the ban on abortion in Abkhazia poses serious problems for women in need of such services. The lack of availability of state-funded psychological services is a problem in all areas.⁴⁰

28. According to a survey by HERA XXI, due to the lack of private space, young girls in IDP settlements have limited access to information about their sexual and reproductive health rights, which impacts their ability to

make an informed decision regarding their sexual life. Financial factors also limit access to menstrual hygiene products and contraception. The absence of confidential, respectful and adolescent-friendly sexual and reproductive health services restricts young girls' access to care.⁴¹

29. Recommendations:

- Integrate budgeting of sexual and reproductive health services and include financial allocations for menstrual hygiene products and contraception in differentiated packages of Universal Healthcare Programme for Internally Displaced Persons.

6.2. Women Belonging to Ethnic Minorities⁴²

30. Political participation is one area where minority women are totally invisible. Research reveals that the participation of minority women in elections mostly lags behind that of men: 21% to 51% of women in minority municipalities participate in elections, while this range is 42% to 52% for men.⁴³
31. There are no institutional or legislative mechanisms, such as quotas or financial incentives for the parties, that would support minority representation in elective bodies.⁴⁴ Historically, the ratio of minorities represented in the parliament has never been proportional to their total population⁴⁵ and the minority women representation is further lower. In municipalities where Armenian and Azerbaijani minorities are densely populated, they are weakly represented in local city councils.⁴⁶ Fifty-two percent of minority women do not understand the function of local self-government or the services they provide.⁴⁷
32. Education reforms were inconsistent and unstable as there is no unified state vision or strategy for the development of a bilingual and multicultural education system.⁴⁸ The problem of school drop-out is particularly problematic.⁴⁹ One of the causes, apart from the difficult social conditions and labour migration, is the practice of early marriage of minority girls.⁵⁰ The poor quality of school education is worsened by the deficiency of kindergartens in minority municipalities.⁵¹
33. A large part of women respondents (38,4%) said that they are not economically active, while this number is halved in case of men (18%).⁵² The majority of women (59%) have no personal monthly income.⁵³ In municipalities where knowledge of the state language is lower, it creates barriers for access to social, healthcare and public services. Due to infrastructural problems (road, transportation, lack of hospitals and pharmacies in the regions) women are forced to travel to the centre only for urgent medical needs.⁵⁴

34. Recommendations:

- Conduct consultations and discussions with all stakeholders concerning the special mechanisms of minority political participation (quotas, funding of political parties, etc);
- Elaborate a state policy on multilingual and multicultural school education for minorities, which will be regularly monitored and revised based on research data;

- Develop the concept of multicultural and multilingual kindergartens and adopt action plan for their construction in municipalities;
- Proactively provide information on state-funded social and healthcare services in minority languages and disseminate via popular platforms;
- Improve basic infrastructure in minority municipalities in accordance with pre-determined and realistic action plans.

6.3. Rural Women

35. Women's rights for equal participation and engagement are not sufficiently reflected in all state programmes.⁵⁵ Rural women's participation in decision-making processes on community needs is still very low.⁵⁶ Thus, their major needs are mostly left behind.
36. Projects initiated by the Ministry of Environmental Protection and Agriculture of Georgia were not inclusive of women, as agro-credits still remain more difficult to obtain for women than men, requiring land or property ownership.⁵⁷ Women are also impacted by less access to information. Agro insurance has too many obstacles to be used—all the insurance packages cover different stages of production and are too high for the rural women to pay.
37. Rural women's access to healthcare, reproductive health or family planning is restricted due to lack of information on these services and time,⁵⁸ as well as financial and transportation issues. Rural ambulances are not sufficiently equipped to provide information or services relevant to sexual and reproductive health. In addition, tightly knit communities present a problem for maintaining confidentiality, since everyone knows each other. Besides, girls have limited access to sexual and reproductive health services and information. As a result, rural girls try to avoid pharmacies and medical institutions when they need these services.⁵⁹ Because sexual and reproductive health services are not readily available in rural areas, women have to travel long distances. Given the social and economic problems in rural areas, abortions present a financial obstacle for women because of the additional transportation costs and time required to access them.
38. Rural women's access to education is also limited as the schools in many villages provide only up to a 9th grade education. Accordingly, while some teenager girls are not allowed to, others have to go to another village or in the region to complete secondary school. Access to vocational education is also limited due to the need for transportation, finances or other relevant costs, and even the lack of information on available free vocational education courses.
39. The COVID-19 pandemic aggravated the main problems women in rural areas are facing. Among these problems is the lack of access to information⁶⁰ and challenges in the sale and distribution of the products these women are producing.⁶¹

40. *Recommendations:*

- Enhance cooperation between the regions and local municipalities within the rural development strategy for better coordination and support state programmes and existing resources on women's engagement and economic empowerment;
- Initiate income generation small scale grants for women start-ups in state programmes and support women in starting and developing businesses;
- Develop mechanism of accredited mandatory continuous education programmes for family/village doctors on sexual and reproductive health counselling techniques and the provision of services favourable to young people;
- Provide adequate support in career planning for teenagers with vocational education and internship opportunities in their area (for example: agriculture, tourism, innovation technologies, etc.) and considering the local context.

6.4. *Women with Disabilities*

41. Even though Georgia took steps to develop relevant legislation on the rights of persons with disabilities,⁶² women and girls with disabilities still face systemic barriers in almost every aspect of public life. Participation of women with disabilities in the decision-making process⁶³ and in the local councils is still problematic.⁶⁴
42. Women with disabilities find it particularly challenging to have a private and family life due to different factors, including stigma, the lack of statutory services and lack of resources and support. Women who are placed in boarding houses under state care and institutions are worst off.⁶⁵
43. Women with disabilities, including mental health-related disabilities, do not have access to disability sensitive health, including reproductive and sexual health services.⁶⁶ Sexual and reproductive health inequality against women and girls with disabilities is one of the determining factors resulting in discriminatory practices. There are no state-wide programmes or strategies to meet the SRHR needs of women with disabilities at least, to the minimum standards.⁶⁷ Women and girls with disabilities also face significant barriers to access contraception. Neither pharmacies nor medical centres have access for women with disabilities. Additionally, discriminatory attitudes of medical and public service providers stemming from stereotypes about women with disabilities hinder their provision of relevant contraceptives and services.⁶⁸
44. Health rights of women with mental health problems at psychiatric and state care institutions constitutes one of the most important and so far, unsolved challenges. They do not assess the conditions of sexual and reproductive health of the woman prior to the treatment with psychotropic medications and do not monitor her during the treatment. Women with mental health problems are not included in the State Early Detection Screening Programme (except for hepatitis C screening).⁶⁹

45. *Recommendations*

- Guarantee the involvement of women with disabilities in different decision-making bodies as a primary stakeholder;
- Develop and implement a plan of deinstitutionalisation that would provide conditions for independent private and family living for women with disabilities;
- Train healthcare professionals and conduct awareness-raising campaigns in order to combat discrimination against people with disabilities;
- Adapt medical facilities, gynaecological examination rooms and gynaecological chairs for women using wheelchairs and train gynaecologists on the specifics of reproductive health service provision for women using wheelchairs;
- Take into account the quality of psychotropic medicines in relation to reproductive health during consolidating purchases;
- Ensure the involvement of patients/beneficiaries of mental health and state care institutions in the screening programmes of cancer and sexually transmitted diseases.

6.5. *Older Women*

46. Taking into account the ageing of villages, especially highland villages, it must be said that the existing problem also includes the issue of lonely old women. This issue is directly related to rural-to-urban migration, but also to many others, including the almost complete neglect of rural development. Lonely elderly are a separate group of women who cannot benefit from the very limited state programmes provided. The only thing they can get is an age based state pension, which is only enough to buy medicines (especially after the pandemic when in Georgia prices doubled or tripled).
47. Menopausal and post-menopausal women often lack information on available affordable primary healthcare services and state funded screening services. Despite the fact that HPV/breast cancer screenings are available in all regions of Georgia, village doctors are the main gatekeepers and do not disseminate information or provide referrals.⁷⁰ According to focus groups with elderly women, the majority of them face significant barriers to accessing healthcare: lack of money, lack of knowledge of family/village doctor competences, and lack of means to travel to an appropriate health care centre. Unbearable waiting times have been underlined as a major obstacle to receiving appropriate care.
48. Despite the fact that the competences of family doctors include counselling on menopause and its effects and post-menopausal bleeding, they rarely provide such counselling. Instead they refer women to gynaecologists which is not covered by the Universal Healthcare package.
49. Another challenge that limits older people's access to health care is ageism – stereotyping, prejudice and discrimination against people on the basis of their age. The sexual health and rights of older people tends to be overlooked in society because of the stereotypical belief that older people are no longer sexually active.

Health professionals' misconception and lack of knowledge on older people's sexual health can also contribute to delays in appropriate health services.

50. Recommendations:

- Integrate a life cycle approach in service provision at the primary healthcare level, considering the SRH needs of older women;
- Ensure implementation of a holistic referral mechanisms as outlined in the competences of family medicine programme;
- Conduct awareness raising and communication campaigns to overcome ageism, stereotypes and prejudices as well as ensure widespread access to information on available affordable medical services;
- Acknowledge diversity within and among older populations and make sure that policies and interventions take into consideration the needs of diverse vulnerable groups of older people.

6.6. LBTI Women

51. The sixth periodic report submitted by Georgia omitted a number of the crucial issues on the rights of LBTI women, together with the Committee's recommendation regarding trans persons. The only challenge in terms of sexual orientation, gender identity, and gender expression (SOGIE) reflected in the national report are hate crimes.

52. *Homo/bi/transphobic hate crimes*⁷¹ - Despite the institutional measures taken by the state, the frequency of homo/bi/transphobic hate crimes is wider while the rate of reporting to law-enforcements remains low.⁷² The reasons for refraining from reporting include the ineffectiveness of police officers (44.3%), fear of forcible outing (24,6%) and re-victimisation (16,4%) that results in a gap in statistics.⁷³ However, on measures taken , the European Commission against Racism and Intolerance (ECRI) noted, "The new department⁷⁴ was created to review hate crime investigations, not to carry them out. It therefore does not constitute a dedicated reinforcement of hate crime investigation capacity at law enforcement level."⁷⁵

53. *Legal gender recognition (LGR)*⁷⁶ - The State has made no progress in abolishing restrictions against trans persons. LGR remains unregulated in Georgia: According to the practice, without any legislative or administrative basis, trans people have been forced to undergo unwanted, medically unjustified, expensive and life-threatening procedures in order to change the gender marker in their IDs.⁷⁷

54. *Equal access to healthcare*⁷⁸ - There are no clinical guidelines or protocols that underwrite procedural rules on gender affirming procedures. That gives absolute discretion to medical institutions to decide who is eligible for the procedures without any appealing mechanism. Such a gap results in arbitrariness, lack of consistency and creates obstacles for people willing to undergo the procedure.

55. Recommendations:

- Establish hate crime investigation units within the law enforcement system in order to strengthen the investigation/prosecution/prevention of hate crimes based on SOGIE;

- Regulate the process of LGR that is a quick, accessible, transparent administrative procedure based on self-determination. Eliminate abusive requirements as prerequisites for gender marker change, including forced involuntary sterilisation, medical procedures related to transition, surgery and hormonal therapies, and mandatory medical diagnosis, psychological appraisals or other medical or psychosocial procedures or treatment;
- Adopt clinical guidelines and protocols on trans-specific medical procedures in line with international standards.

6.7. Women Who Use Drugs

56. Women who use drugs belong to one of the most marginalised groups in Georgia, vulnerable to gender-based violence and intersectional discrimination caused by repressive legislation related generally to drug use and stigmatisation in society.
57. A limited number of women who use drugs have access to health services, including evidence-based treatment. According to service providers, only 1-2% of all women who use drugs are involved in harm reduction programmes provided by the State and the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria. These women, especially victims of intersectional oppression and violence, do not have access to stigma-free medical and social services, including sexual and reproductive health services, in particular, medical abortion.⁷⁹
58. Women who use drugs often experience physical, psychological, and sexual violence and coercion, including domestic violence which they cannot escape due to financial dependence on male partners.⁸⁰ Women who have been victims of intimate partner violence face different challenges, including the use of condom which increases the risks of STI transmission and unwanted pregnancy.⁸¹ Economic problems in some cases cause women who use drugs to engage in sex work.⁸² Victims of violence refrain from seeking asylum because the asylum regulations prohibit drug use on its territory and fail to provide drug treatment services and psychological support to patients with these needs. Meanwhile, victims rarely seek help from family members, NGOs, and/or the police. As a result, most beneficiaries experience physical somatic disorders, sexual dysfunction, anxiety, depression, post-traumatic stress disorder, as well as eating, gynaecological and reproductive disorders⁸³. During the COVID-19 pandemic, they were in isolation, experiencing problems of alienation and social relations.
59. Criminal liability for drug use and repressive drug policies prevent women who use drugs from reporting domestic violence and gender-based violence because they fear that their drug use practice will be exposed and they will be prosecuted.⁸⁴ In addition, disclosure of the fact of drug use carries the risk of deprivation of parental rights. Women who use drugs also report cases of physical and psychological violence, coercion, and sexual assault by law enforcement officers for which, according to the women, no one is held responsible.⁸⁵

60. Recommendations:

- Revise drug-use related legislation so that criminal liability for drug use does not become a barrier to accessing justice for women who use drugs;
- Train medical personal on discrimination issues to make sure that access to medical services for women who use drugs is not limited due to existing stigma and stereotypes;
- Ensure the availability of gender-sensitive substitution therapy and harm reduction services;
- Train police officers, prosecutors, and judges on barriers to accessing justice and discrimination against women;
- Effectively investigate and prosecute gender-based violence against women who use drugs, as well as crimes committed against them by law enforcement officers.

6.8. Sex Workers

56. Under Georgian legislation, prostitution is an administrative offence.⁸⁶ As in most other countries, the main reason for the engagement in prostitution and conduct of sex work is economic hardship.⁸⁷ Economic problems can cause people, mostly women, to enter prostitution to earn money to satisfy their for basic needs. Prostitution is widespread in bars, hotels and massage parlours,⁸⁸ seemingly incorporating underage persons into their practices.⁸⁹

57. Sex workers often become victims of various forms of violence, mostly physical violence. A study conducted in 2014 showed that the majority of respondents were subject to physical abuse, beatings by a client; coercion by police for cooperation; verbal abuse by the police; requesting sexual contact by the police, without compensation; and refusal of service by medical staff, among other things.⁹⁰ Discrimination against sex workers is provoked by their gender, sex-work-related stigma, and repressive policy against sex work. Commercial sex work mostly employs cisgender/transgender women, due to the oppressive patriarchal system and often is related to the sexual exploitation of women.⁹¹ Those involved in sex work, especially victims of intersectional oppression and violence, do not have access to stigma-free medical and social services either, including sexual and reproductive health services, in particular, medical abortion.⁹²

58. Recommendations:

- Remove Article 172³ (prostitution) from the Administrative Offences Code of Georgia;
- Use restraining and protection orders in cases of violence against sex workers by clients;
- Effectively investigate the abuse of power, and other crimes committed by law enforcement officials against sex workers;

- Retrain police officers on intersectional discrimination against sex workers and barriers to justice; Conduct an awareness-raising campaign on legal protection mechanisms in the community of sex workers;
- Raise awareness on sexual and reproductive health services, with a focus on medical abortion and STI prevention and treatment;
- Ensure support services for women who want to leave sex work and provide them with relevant training and other support to find alternative means of earning a living.

6.9. Women Experiencing Homelessness

59. Among the various factors, women face homelessness as a result of domestic violence and/or gender inequality, while there are no relevant housing services for them. The massive problems in this sphere are still overlooked by the Government as adequate legislation, institutional framework, eviction policies, housing services and homelessness preventive remedies are lacking. During the COVID-19 pandemic, the needs of people experiencing homelessness have not been included in the anti-crisis instruments, while some of them were fined for breaking curfew regulations or faced real risks of losing their homes when buildings that had been constructed without permission were demolished.⁹³
60. Against this background, the Government of Georgia does not possess information on the forms, scale⁹⁴ and causes of homelessness, as well as challenges faced by homeless groups. However, research⁹⁵ and the number of applications before municipalities⁹⁶ do point toward the prevalence of homelessness as well as its main causes, such as domestic violence, unemployment and an inadequate healthcare system.
61. The existing legislation narrowly defines homelessness⁹⁷ and along with several groups,⁹⁸ excludes women victims of domestic violence from its definition. Moreover, despite the obligation,⁹⁹ the Government has failed to develop a National Housing Strategy and Action Plan, which would address the housing needs of various groups.
62. The existing housing services¹⁰⁰ are not tailored to the needs of homeless persons and do not prioritise long-term solutions to their challenges. Moreover, the shelters for the women victims of domestic violence are temporary and lack support programmes.¹⁰¹ Due to the unavailability of housing and assistance,¹⁰² they are facing risks of becoming homeless or returning to the abuser.
63. ***Recommendations:***
- Develop a housing strategy and action plan based on the results of research to effectively address the challenges faced by homeless groups (including, women) in the short and long term;

- Develop unified term of the homelessness, which will be in full compliance with the international standards and cover relevant homeless groups (including women who became homeless as a result of gender inequality/domestic violence);
- Take every possible action to eradicate the repressive policy towards homeless groups and provide them with support tailored to their individual needs, especially during pandemics;
- Establish an eviction policy in compliance with the relevant international standards, which, *inter alia*, will take into consideration the protection mechanisms for women. Until the completion of the harmonisation process, establish a general moratorium on evictions.

7. Marriage and Family Relations¹⁰³

64. **Property acquired during de facto marriage** - In Georgia, de facto marriage is considered a relationship beyond regulation of law regardless of the fact that partners in such a marriage are engaged in family activities, raise children, acquire property, etc. Unlike registered marriages, the fate of property acquired by partners during a de facto marriage is not determined by law. Accordingly, the movable and immovable property acquired by partners in a de facto marriage belongs solely to the partner who is officially registered as the owner while another partner is left without the property.
65. **The right of inheritance** - Even though men and women in Georgia are afforded the equal right of inheritance, except for very rare exceptions, the whole inheritance is usually inherited by men. Nevertheless, it is not considered a form of economic violence neither by the general public, nor by the victim of such differentiated treatment. Sometimes women are aware of their inheritance rights and have contemplated safeguarding them. However, the economic benefit she will eventually gain will not outweigh the moral damage she will encounter on the part of the society and the family in case of a dispute over the inheritance. Accordingly, safeguarding the right accorded by law becomes difficult not only because of procedural aspects, but also from a moral point of view.
66. **Child maintenance** can be paid if a person has income or owns property. The administration of the employer garnishes the monthly child maintenance amount from the person's income on the basis of the enforcement letter. However, in order to circumvent the obligation, paying parents frequently hide their income/property. Not paying the child maintenance constitutes a form of economic violence but the law does not recognise it as such. The enforcement agency is indifferent towards problems of this sort, not trying to find alternative ways to ensure the enforcement of court decisions.
67. **Filiation** - In case of the parents' disagreement, establishing paternity can be cost prohibitive for the majority of single mothers who cannot afford the costs due to poor economic conditions.¹⁰⁴ This, first and foremost, has negative implications on children since they are barred from enjoying their right to claim maintenance. Consequently, due to financial hardship, they are often registered as socially vulnerable and their subsistence is confined to the allowance they receive from the state.

68. ***Recommendations:***

- Conduct information campaigns against early/forced marriage especially where such practices are the most prevalent; Respond effectively to the cases of early/forced marriage;
- Elaborate better legislation and implementation mechanisms to combat economic violence against women;
- Consider the situation of women in de facto unions and take the necessary measures to ensure the protection of their economic rights after the dissolution of such unions;
- Conduct awareness-raising campaigns regarding women's entitlement to inheritance on equal terms with men; and in the case of a testamentary succession, regarding their right to claim a compulsory share;
- Ensure that both parents, regardless of their marital status and whether they live with their children or not, share equal rights and responsibilities for their children. The enforcement bureau should take all measures to ensure the enforcement of the court decision, including sending the request to the law enforcement authorities to launch an investigation against the paying parent over the failure to fulfil the decision of the court;
- Cover the cost of the biological (genetic) examination for determining the paternity of the child if the evidence presented to the court attests to the inability of the mother to pay the cost thereof.

Annex I - Endnotes

¹ For an assessment of the COVID-19 situation in Georgia, see the Caucasus Research Resource Centers, Georgia (CRRRC-Georgia), 'Second Wave of the Rapid Gender Assessment of COVID-19 Situation in Georgia', UNDP, UNFPA and UN Women, 2021. Available at: <https://bit.ly/39IrYes>. See also the Caucasus Research Resource Centers, Georgia (CRRRC-Georgia), 'Rapid Gender Assessment of the COVID-19 Situation in Georgia', UN Women, 2020. Available at: <https://bit.ly/3cnNruB>.

² The Coalition for Equality is an informal alliance established in 2014 which consists of 11 organisations. Its major goal is to enhance the mandate and competences of anti-discrimination mechanisms and to support the effective fight against discrimination. Information about the Coalition, including the list of its members, is available at: <https://bit.ly/3iusGAZ>.

³ HERA XXI, TASO Foundation, ACESO, LIFE 2.0 and Women for Freedom.

⁴ Internally displaced persons, women belonging to ethnic minorities, rural women, women with disabilities, older women, LGBTI women, women who use drugs, sex workers, and homeless women.

⁵ There were 65 femicides recorded in the last three years (2018, 2019, 2020) including 32 as a result of domestic violence, and 67 attempts of femicide, of which 46 involved domestic violence. A year over year comparison of the rates of femicide shows that the number of femicide cases is increasing.

⁶ More information about sexual violence crimes is available in the alternative report prepared by Equality Now and other NGOs (including Sapari) submitted to the CEDAW Committee on 07 June 2021.

⁷ Human Rights Protection during the COVID-19 Crisis: Measures Taken by the Government of Georgia', 2020, pp. 19-21. Available at: <https://bit.ly/3g2zQuO>.

⁸ Sapari reported a threefold increase in the number of women seeking support. See also the statement of organisations to the authorities at <https://bit.ly/3rRRowr>.

⁹ See para. 115 of the State Report.

¹⁰ *Supra*, note 1, pp. 61-62.

¹¹ See further Urchukhishvili, G., 'The Challenges in the Provision of Services to Female Victims of Domestic Violence by the Ministry of Internal Affairs during the COVID-19 Pandemic, Sapari, 2021. Available at: <https://bit.ly/350E143>.

¹² According to GYLA's research, of the 102 judgments examined in 2017, the Prosecutor's Office identified gender discrimination as a motive in only two cases (2%). In 2018, gender discrimination was considered a motive in three cases (2%) out of 131 decisions examined. Data from the first nine months of 2020, reveal the motive of gender discrimination in 120 cases (which equals to the data of full 2019), and 126 women were recognised as victims of gender discrimination. In 2020, gender discrimination was considered a motive in femicide cases for the first time.

¹³ Para. 113 of the State Report.

¹⁴ *Supra*, note 10.

¹⁵ Available at: <https://bit.ly/2RBkLH5>.

¹⁶ For instance, an analysis by Sapari of approximately 60 decisions by the Georgian courts concerning sexual harassment shows that serious facts of the case are described as violations of lesser importance and the offender is given a warning only, serving as indirect encouragement of violence.

¹⁷ The majority of sexual harassment cases on which Sapari consults are not recorded in national statistics since the MIA often confines its response to sexual harassment to giving a warning to the harasser which is not a measure prescribed law. Administrative offence reports are not composed and therefore the offenders remain unpunished. Due to such an approach, women frequently refrain from talking about sexual harassment.

¹⁸ See also the Report of the Special Rapporteur on violence against women, its causes and consequences on her mission to Georgia, 2016, para 100(c).

¹⁹ The political parties are obliged to include in their proportional party lists at least every fourth person of a different gender through 2024 to 2028 elections. Starting from October 2028 polls until October 2032 elections, however, the party lists should include at least every third person of a different gender. In the elections of the municipal bodies to be held until 2028, every second candidate should be of a different gender.

See the organic law of Georgia №6723, dated 2 July 2020. Available at: <https://bit.ly/3cSIPym>.

²⁰ See <https://parliament.ge/parliament-members>

²¹ See further UN Women, 'Women in Decision-making', 2020. Available at: <https://bit.ly/3pi9kQI>.

²² *Supra*, note 10.

²³ Standards for 1-4 grades reflecting HLS: <https://bit.ly/3pThZJY>.

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- ²⁴ OECD Reviews of Evaluation and Assessment in Education: Georgia, 2019, Chapter 1. Available at: <https://bit.ly/3xeLs3E>
- ²⁵ HERA XXI. Sexuality Education in Georgia, 2019. Policy Brief available at: <https://bit.ly/3wt1bfbw>
- ²⁶ Indexes of Labour Force, Employment and Unemployment, National Statistics Office of Georgia, 2021, p. 8. Available at: <https://bit.ly/3ipG9tM>
- ²⁷ Woman and Man in Georgia, National Statistics Office of Georgia, 2020, p. 55, available at: <https://bit.ly/3ipG9tM>.
- ²⁸ Analysis of Gender Pay Gap and Gender Inequality in Labor Market of Georgia, UN Women, 2020,. Available at: <https://bit.ly/3ve3YaR>.
- ²⁹ Briefing, EU Legislation in Progress: A new directive on work-life balance, European Parliament (2019). Available at: <https://bit.ly/3g9DLEV>.
- ³⁰ Social Justice Center: "Despite Positive Changes, Problems Remain in Labour Legislation", September 29, 2020. Available at: <https://bit.ly/3ce3qez>.
- ³¹ *Ibid.*, article 40.
- ³² *Ibid.*, article 39.
- ³³ Law of Georgia on Public Service, article 64. Available at: <https://bit.ly/3z5bAj2>.
- ³⁴ The adjusted nationalised indicators of SDGs (5.6.1.; 5.6.2.). The concluding observation of CEDAW to Georgia recommends state to provide access to family planning services and affordable contraceptive methods.
- ³⁵ See further information on realisation of right to health and sexual and reproductive health and rights in alternative report of Association HERA XXI to CEDAW Committee for Georgia's consideration of the list of issues, 07.06.2021.
- ³⁶ Georgia Primary Health Care profile: 6 years after UHC programme introduction, Curation International Foundation, 2018 <https://bit.ly/3pWU3W1>
- ³⁷ HERA XXI, RFSU. Primary Healthcare in Georgia, Analysis of System and Recommendations for Real Changes, 2020. available at: <https://bit.ly/3zr1ERa>
- ³⁸ Georgia Maternal & New-born Health Strategy 2017-2030, P. 18
- ³⁹ Survey of the experiences and needs of girls and women of childbearing age in relation to sexual and gender-based violence, sexual and reproductive health issues, termination of pregnancy and family planning in the neighbouring villages of the occupied territories of Shida Kartli. http://hera-youth.ge/wp-content/uploads/2020/11/Report_HeraXXI-Analytical-report_ANOVA-1-1.pdf.
- ⁴⁰ Public Defender of Georgia, "Human Rights in the Context of Sexual and Reproductive Health and Wellbeing in Georgia: Country Assessment," 2018. Available at: <https://bit.ly/3zu7Mbd>
- ⁴¹ *Ibid*, p. 28.
- ⁴² See more detailed information in Annex II.
- ⁴³ L. Kakhishvili, Minority Women Political Participation, 2017, p. 57.
- ⁴⁴ See Advisory Committee opinion on Georgia, 3rd cycle, 2019. para. 142-143. Available at: <https://bit.ly/3xmxfS7>
- ⁴⁵ National Minorities in the Parliament of Georgia, CSEM, Infographic, 2017.
- ⁴⁶ Competition for Ethnic Minority Votes, 2017 municipal elections, CSEM, 2018, p. 779. Ethnic Georgians have 1 representative, while 1116 Armenians and 2945 Azerbaijanis also have 1 representative; 69,9% of respondents have never applied to the local self-government authorities for their private or family needs and 76,5% have not applied for public needs. Ethnic Minority Representation in Political lives, ISSA, 2019, p. 77; See also, Ethnic Minority Rights in pre-election visions of the parties, 2020, Social Justice Center: <https://bit.ly/3gAaKT5>
- Assessment of political parties agenda for 2020 parliamentary election demonstrated that minorities specific interests, nor minority women needs are taken into consideration.
- ⁴⁷ Study of Needs of Ethnic Minority Women in Georgia, UN Women, 2014, p. 27.
- ⁴⁸ According to the Ministry of Education data on school exam failures, in 2011-2018, the minority populated regions of Kvemo Kartli and Samtskhe-Javakheti had the highest rates, 11,3% and 10,7%.
- ⁴⁹ In Kvemo Kartli and Samtskhe-Javakheti, there is a high rate of school drop-out compared to other regions of Georgia. 20% of school students in Kvemo Kartli dropped out of school in 2015-2016 due to migration and the share of such pupils in Samtskhe-Javakheti is 34%. The reason for school drop-out in the Kvemo Kartli region is mostly due to work (18%), while this number in Samtskhe-Javakheti is 7%. In Kvemo Kartli, in 2016, 3,8% of pupils left the school which is twice more compared to other regions and centres. See Civil Education Institute, Ethnic minority students educational needs, Research and Policy Document, 2017, p. 14.
- ⁵⁰ Public Defender's 2018 report, pp. 137-138. The report indicates that the number of early marriages in 2017 was 835. The number of registered minor mothers in 2018 was 715 and minor fathers 23. Early marriage itself has various social factors and requires a complex approach that incorporates educational and social institutions, and not only police measures.

⁵¹ Kindergartens are not available for 80% of women who have preschool age children. See Study on Needs and Priorities of Ethnic Minority Women in Kvemo Kartli Region, UN Women, 2014. The lack of kindergartens forces women to stay at home with their kids or sometimes take them during their agricultural seasonal work.

⁵² *Ibid.* 32.

⁵³ Study on Needs and Priorities of Ethnic Minority Women in Kvemo Kartli Region, UN Women, 2014.

⁵⁴ See Advisory Committee opinion on Georgia, 3rd Cycle, 2019, paras: 148-149.

⁵⁵ More specifically, state initiatives or programmes do not consider the needs and barriers to enhancing women's participation in receiving goods and accessing opportunities. One barrier is that eligibility criteria for participation in the programme require ownership of land or property.

⁵⁶ In some villages women's participation in so-called Village Assembly is not required, or sometimes forbidden.

⁵⁷ The legal framework does not restrict women from land ownership, but stereotypes and unequal environment leave women out of getting the family property legally. Not being a legal owner of the property or land restricts women from benefiting from state or non-state programmes or even receiving a loan from the bank or microfinance organisations, as this is a mandatory requirement.

⁵⁸ Women in rural areas are still the primary people responsible for child rearing.

⁵⁹ According to the 2018 Georgia MICS survey, 65,6% of rural women aged 15-49 years currently married or in union are not using any contraceptive method and 9,2.% are using traditional methods. See further Barriers to Access to Safe Abortion Services in Women of Reproductive Age, 2019. Available at: <https://bit.ly/35os3S2>

⁶⁰ In some cases, women live in vulnerable areas and transportation is available once in a day or even once in a week. The Internet is not provided in all villages and women's access to electronic devices is also restricted. The state does not provide skills development courses in the villages and in the regional centres these courses are not accessible by all because of time restrictions caused by household and agricultural responsibilities, in addition to financial and/or above-mentioned transportation issues.

⁶¹ Related to distribution, closed markets, restricted movement, curfew as well as ineffective local and national mechanisms for supporting rural women in this. For instance, in one region there was limited access to agricultural products while another region was full of products and could not distribute/sell/donate. Meanwhile, imported products from foreign countries continued, but products produced within the country spoiled because they could not be sold. The rural products mainly are produced by women after working hard during the whole year.

⁶² Georgia adopted the Law on the Rights of Persons with Disabilities in 2020. This law states that the state shall protect women and girls with disabilities against discrimination in all areas of public life.

⁶³ Study of the Needs of Women with Disabilities, Research Report on the Future Empowerment of Women, Partnership for Human Rights (PHR), 2020, <https://bit.ly/3wr6JXZ>

⁶⁴ Situation of Protection of Human Rights and Freedoms in Georgia, Public Defender of Georgia, 2018, <https://bit.ly/3pWYkco>

⁶⁵ Partnership for Human Rights, Nana Gochiashvili, Ana Abashidze, and Anna Arganashvili, *Oral Histories of Women with Psychosocial Issues*, 2015

⁶⁶ Situation of Protection of Human Rights and Freedoms in Georgia, Public Defender of Georgia, 2019, <https://bit.ly/3grEvH2>

⁶⁷ Human Rights in the Context of Sexual and Reproductive Health and Well-being in Georgia: Country Assessment, Public Defender office of Georgia, 2017, <https://bit.ly/2RUsbW2>

⁶⁸ National Democratic Institute [NDI], *Thematic Inquiry on Accessibility of Healthcare Services for Women and Girls with Disabilities*, p. 39, 2019

⁶⁹ Protection of Women's Sexual and Reproductive Health and Rights in Psychiatric and State Care Institutions, Public Defender of Georgia, 2020, <https://bit.ly/35lhvmm>

⁷⁰ NCDC, List of screening services providers, 2019.

⁷¹ CEDAW: art. 1-3, 6. Concluding observations 34(e).

⁷² Like the 2018 study, where out of the 66 LBT victims of hate crimes only 4 (6%) addressed law enforcements, the study conducted in 2020 revealed that 70% (N=320) refrained from reporting. See Jalagania, L. Social Exclusion of LGBTQ Group in Georgia, Social Justice Center, 2020.

⁷³ Aghdgomelashvili E., From Prejudice to Equality: LGBT persons in Georgia (part II): LGBTI persons in Georgia, WISG, 2018.

⁷⁴ See the state report, para. 238.

⁷⁵ See para. 99 of the report. Available at: <https://bit.ly/3q0D2KA>

⁷⁶ CEDAW: art. 1-3,15. Concluding observations 34(e).

⁷⁷ Established degrading practice has been illustrated in 2021, while the gender of applicant has been changed. <https://bit.ly/3ghG5tM>.

⁷⁸ CEDAW: Art. 12.

⁷⁹ Abortion stigma in Georgia, Real People, Real Vision 2019.

⁸⁰ According to WINGS data for Georgia for 2 years, 91% of programme beneficiaries (89 in total) (drug users and sex workers) have experienced physical/sexual violence by an intimate partner at least once.

- ⁸¹ Women Initiating New Goals of Safety (WINGS) ACESO, 2020.
- ⁸² GYLA, in cooperation with ACESO, received information in 2016 from 3 focus groups on drug-user women in Tbilisi.
- ⁸³ CEDAW shadow report by GHRN and EHRN 2014. Available at: <https://bit.ly/3iK34Ak>
- ⁸⁴ According to the information provided by GYLA by the Ministry of Justice of Georgia, from 2014 to June 2018, 40 women were prosecuted for the crime under Article 273 of the Criminal Code, and 5 women for the crime under Article 273¹ of the Criminal Code.
- ⁸⁵ GYLA, in cooperation with ACESO, received information in 2016 from 3 focus groups on drug-user women in Tbilisi. On October 5, 2018, GYLA applied to the Chief Prosecutor's Office of Georgia to request information regarding how many times a law enforcer was prosecuted for a crime committed against a drug-addicted woman. According to the response, the Chief Prosecutor's Office of Georgia records statistical information on the initiation of criminal proceedings and the victims, but data processing these two parameters is not carried out.
- ⁸⁶ Georgian legislation does not intend the terms "sex work" or "sex worker". Article 172³ of the Administrative Offences Code of Georgia and Articles 253-254 of the Criminal Code of Georgia use the term "prostitution", which has the meaning of sex work. See further GYLA's study "Gender-Based Violence Against Sex Workers and Barriers to Accessing Justice: International Standards and Experience in Georgia", 2018. Available at: <https://bit.ly/3uTm1mp> [Last viewed: 03.06.2021].
- ⁸⁷ GYLA's study "Gender-Based Violence Against Sex Workers and Barriers to Accessing Justice: International Standards and Experience in Georgia, 2018. Available at: <https://bit.ly/3uTm1mp> [Last viewed: 03.06.2021].
- ⁸⁸ Georgian Journal, "No comment - What happens outside Tbilisi's brothels", 15.01.2015. Available at: <https://bit.ly/2SF6dqk> [Last viewed: 03.06.2021].
- ⁸⁹ Eurasianet, Justyna Mielnikiewicz, Paul Rimple "Georgia: Teenage Prostitution Part of a Bigger Problem", 02.08.2014. Available at: <https://bit.ly/3fq6DJY> [Last viewed: 03.06.2021].
- ⁹⁰ ISSA, HERA XXI "Research on the factors that identify the needs of sex workers and the causes of discrimination", 2014. Document available in Georgian at: <https://bit.ly/3yB1VAy> [Last viewed: 03.06.2021].
- ⁹¹ J. Vandepitte, R. Lierla, G. Dallabetta, F. Crabbé, M. Alary, A. Buvé, 'Estimates of the number of female sex workers in different regions of the world', Journal of Sexually Transmitted Infections, 82, 2006 Gender-Based Violence Against Sex Workers and Barriers to Access to Justice: International Standards and the Georgian Experience, Georgian Young Lawyers Association, 2018.
- ⁹² Abortion stigma in Georgia, Real People, Real Vision 2019.
- ⁹³ See, for example, <https://bit.ly/2OWDsTO>; <https://bit.ly/2PSrfQD>, <https://bit.ly/2OTDRX8>; <https://bit.ly/3lhb231>.
- ⁹⁴ *Inter alia*, data disaggregated by gender, age and disability status.
- ⁹⁵ Open Society Foundation Georgia (OSGF), Living in Social Housing – Causes, Needs, Environment, 2020, p. 5; Social Justice Center (previously – EMC), Homelessness – Analysis of State Policies, 2016.
- ⁹⁶ For example, in 2015-2020, Tbilisi Municipality received more than 15000 persons applications requesting their registration as homeless (about 1800 persons were granted homeless status), N 15-01210361522 Correspondence of Tbilisi Municipality, 5.02.2021.
- ⁹⁷ Law of Georgia on Social Assistance, Art. 4(p), "homeless person: a person with no specific and permanent place of residence who is registered as homeless by a local self-government body."
- ⁹⁸ For example, persons living in inadequate housing, people living under the threat of eviction, persons temporarily living with friends or relatives.
- ⁹⁹ Under the National Human Rights Strategy (2014-2020) and Open Government Partnership Action Plan (2018-2019).
- ¹⁰⁰ These services are only represented in few municipalities in the forms of emergency shelter, social housing and housing rental service.
- ¹⁰¹ Social Justice Center (previously – EMC), Homelessness – Analysis of State Policies, 2016, p. 50-52.
- ¹⁰² Report of the Public Defender of Georgia on the Situation of Protection of Human Rights and Freedoms in Georgia, 2020, p. 204.
- ¹⁰³ See further on child marriages and bride kidnappings *supra*, note 6.
- ¹⁰⁴ In Georgia, biological (genetic) examination to determine the paternity of a child costs around 1600–2000 GEL (approximately 400-500 Euro). If determination of the paternity is the request of the mother, she shall cover the costs of the DNA test. Only if the result is positive and eventually the mother's claim is satisfied, shall the costs of the test be covered by the father.