

**NGO NATIONAL PARALLEL REPORT  
of the Implementation of the Beijing Declaration  
and Platform for Action Beijing +25  
GEORGIA**

## Table of Contents

Acknowledgement.....	2
Section I – Priorities, Achievements, Challenges and Setbacks.....	2
Section II - Progress across the 12 critical areas of concern .....	4
Inclusive development, shared prosperity and decent work .....	4
Poverty eradication, social protection and social services.....	6
Freedom from violence, stigma and stereotypes.....	12
Participation, accountability and gender-responsive institutions .....	17
Peaceful and inclusive societies .....	21

## Acknowledgement

*NGO National Parallel Report of the Implementation of the Beijing Declaration and Platform for Action Beijing +25 GEORGIA* has been compiled by members of “the Coalition for Reproductive Health and Rights” and organizations working on Women’s Rights Issues. The report assesses the progress made in implementing the Beijing Platform for Action (BPFA) over the last years, identifies challenges and presents some recommendations for key actions. The report focuses on Sexual health as well as reproductive health and rights for women and vulnerable groups in Georgia.

The following report was prepared by NGOs focusing on SRHR and Women’s Rights issues – Association “HERA-XXI”, Center for Information and Counseling on Reproductive Health - “Tanadgoma”, Women’s Initiative Supportive Group (WISG), Anti-Violence Network of Georgia (AVNG), Women’s Information Center (WIC), Platform for New Opportunities (PNO), Gender Equality Network (GEN), Bolnisi Language House, Women’s Democracy Network of Georgia (WDNG).

## Section I – Priorities, Achievements, Challenges and Setbacks

During the past ten years, noteworthy legal and institutional reforms were made to improve policy framework on Gender Equality, Domestic Violence, and Violence against Women, SOGIE based violence and discrimination. Georgia is a contracting party to the most major human rights instruments.

In 2010 Parliament of Georgia adopted Gender Equality Law. The law strengthens the protection of rights and equalities determined under the Constitution of Georgia, and also incorporates legal mechanisms and conditions for their realization in relevant aspects of public life.<sup>1</sup>

On May 2, 2014, Parliament of Georgia adopted Law on Elimination of All Forms of Discrimination by 115 votes to one. The law includes the prohibition of discrimination based on sex, as well as on sexual orientation and gender identity.<sup>2</sup>

Government of Georgia began the nationalization of the Sustainable Development Goals (SDGs) in 2016. The Government identified the priority goals, targets, and indicators through the adaptation of the 2030 Agenda for Sustainable Development.

Georgia signed Convention on Preventing and Combating Violence against Women and Domestic Violence (hereinafter referred to as Istanbul Convention) in 2014. On 4 May 2017, the Parliament of Georgia reaffirmed its commitment of combating violence against women and domestic violence via endorsing ratification of the Istanbul Convention and adopting milestone legal framework aimed at harmonization of domestic legislation with the Istanbul Convention - a package of amendments to 25 laws accompanying the Convention.

In 2019, Parliament of Georgia had unanimously approved a bill on sexual harassment. The bill defines Sexual Harassment as a form and discrimination and provides response mechanisms. The relevant legislative amendments had been introduced to the Labor Code, the law on Public Defender’s, the Code of Civil Procedure and Administrative Code of Offences

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<sup>1</sup><https://matsne.gov.ge/en/document/view/91624?publication=8>

<sup>2</sup><https://matsne.gov.ge/en/document/view/2339687?publication=1>

of Georgia. Georgia has strengthened national institutional framework on gender equality and women's rights.<sup>3</sup>

- *In 2016 the Government of Georgia created the Inter-Agency Human Rights Council. Chair of the Council is the Prime Minister of Georgia. Main function of the Council is to elaborate and implement united state policy in the field of human rights.*
- *In 2004, Parliamentary Decree #105/3 established the Gender Equality Council. It became a standing body by the Gender Equality Law in 2010. The main functions of the Gender Equality Council are the overall national coordination and monitoring of gender equality policies and laws.*
- *In July 2017, the Government of Georgia created the Inter-Agency Commission on Gender Equality, Domestic Violence, and Violence against Women issues under the Human Rights Council. The Commission is, inter alia, in charge of elaborating pertinent National Action Plans related to Gender Equality, Violence against Women and Domestic Violence, coordinating/monitoring relevant agencies responsible for the implementation of the NAP-s, promoting gender mainstreaming into Government policies. Inter-Agency Commission accommodates the function of the Coordination Body under Article 10 of the Istanbul Convention.*
- *Public Defender's Office is the national human rights institution responsible for protection, monitoring, and promotion of human rights in Georgia. In May 2013, Public Defender's Office created the Department of Gender Equality. Its mandate includes monitoring protection of the right to gender equality, as well as examining individual complaints concerning related rights violations and issuing recommendations. The Public Defender is the first state institution that established structural unit on gender equality issues.*

In 2018 the Ministry of Internal Affairs created the Human Rights Protection Department. The core functions of the department are to monitor the process of investigation and administrative proceedings regarding the following crimes: domestic violence; violence against women (including sexual violence); crimes committed on the grounds of discrimination; hate crimes; trafficking and crimes committed by and/or towards minors.<sup>4</sup>

In 2018 The Government of Georgia approved National Action Plan on the Implementation of the UN Security Council resolutions on Women, Peace and Security, National Action Plan on the Measures to be Implemented for Combating Violence against Women and Domestic Violence and Protection of Victims/Survivors and the chapter of the Human Rights Action Plan on Gender Equality and Women's Empowerment. All three documents are for the period of 2018-2020. The plans identify a various state agency as responsible for fulfillment of the objectives and provides relevant activities to support of political, economic, social and physical safety of women, including women living in rural areas, IDPs, war and conflict affected women.

Despite the progress achieved on a legislative and institutional level, practical implementation of the state policy remains a critical issue. Different groups of the population still face some crucial problems related to their rights, including sexual and reproductive health and rights. The state lacks evidence-based policy planning and development.

Existing challenges related to the SRHR include : implementation of laws and policies; health information system, including data collection; integration of sexual and reproductive health services into the primary health care system and referral systems; knowledge and awareness

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<sup>3</sup><http://parliament.ge/en/saparlamento-saqmianoba/komisiebi-da-sabchoebi-8/genderuli-tanasworobis-sabcho/news-gender/saqartvelos-parlamentis-genderuli-tanasworobis-sabchom-seqsualuri-shevivroebis-she-saxe-b-kanonmdeblobaze-da-galebis-ekonomikuri-gadzlierebis-sakitxebze-imsdjela.page>

<sup>4</sup>Order of Minister of Georgia, available online at: <https://bit.ly/2s7PEmE>

of health care providers on sexual and reproductive health and rights; Awareness of the population and access to information on SRHR, complete integration of comprehensive education on human sexuality into the formal education system. The state does not have a policy vision for postnatal care and services; services related to family planning and contraceptives are still not funded by the state. There are still gaps on legislative level, which put LB women and especially trans and intersex persons in an unequal position compared to others.

Despite positive changes with regards to the state actions on domestic violence and violence against women, the implementation of effective preventive measures remains a challenge. One of the key challenges regarding the issue is the lack of unified statistic information. The lack of data makes it difficult to assess the problem and plan and implement programs/services that are tailored to exist needs.<sup>5</sup>Key problems existing in the legislation and practice in regard rights of LB women and trans persons in Georgia encloses aspects of harmonization of Georgian legislation with the Istanbul Convention. Changes conducted by the state in the frame of ratification of Istanbul Convention does not reflect equally to the LBT group.

The women with disabilities cannot enjoy all fundamental rights in Georgia due to some challenges: the girls/women with disabilities do not have information on human rights, less participation and inclusion of women in decision-making, grave social-economic condition, insufficient access to healthcare, education and employment, non-existence of medical services adapted to the needs of women with disabilities, difficulties in access to medical services in the regions and shortage in necessary medicines.<sup>6</sup>

## Section II - Progress across the 12 critical areas of concern

### Inclusive development, shared prosperity and decent work

#### **Critical areas of concern:**

- A. Women and poverty
- F. Women and the economy
- I. Human rights of women
- L. The girl child

**AUTHORS: ASSOCIATION “HERA-XXI”**

Sexual and reproductive health policies are very important to empowering women and girls. Universal access to quality sexual and reproductive health and rights is fundamental for achieving sustainable development. Investment in those rights allows women and girls to participate equally in economic and social activity. SRHR is crucial in every aspect of women and girls’ lives, both enabling and limiting life opportunities.

*As in most countries of the world, in Georgia, mostly hidden and unpaid labor is undertaken by women and girls such as childcare, elder care, taking care of ill family members, cooking and cleaning.* The care economy has a huge impact on the life opportunities of women and girls outside of the home. *The level of care work affects*

<sup>5</sup>Report on the fight against discrimination its prevention and situation of Equality, Public Defender of Georgia,2018

<sup>6</sup>[www.ombudsman.ge/uploads/other/3/3966.pdf](http://www.ombudsman.ge/uploads/other/3/3966.pdf)

**women's access to sexual and reproductive health services.** Women and girls who are doing care work in their homes may not have the time or the resources to go to a clinic, to access contraceptives, or to receive critical ante- and post-natal, safe abortion services. ***Without access to essential services such as family planning, women cannot choose if and when and how many children to have.***

According to the report, Women's Economic Inactivity and Engagement in the Informal Sector in Georgia prepared by UN Women, the reproductive age range (18-45) is associated with a lower level of labor force participation among women in Georgia. The chance that a woman participates in the labor force increases from 53% between the ages of 25 and 34 to 67% between the ages of 45 and 54. According to the study, there is a sharp increase in women citing family care-related reasons for not working between the ages of 25-34 compared with the 18-24 age group, who are frequently in education. The frequency of women saying that they are not working because of family related reasons follows a similar pattern as does identifying as a homemaker. These facts underline the fact that unpaid care work is a key factor that prevents women from labor force participation. ***The unpaid care work of women do effects on their time and creates practical barriers in accessing the critical services they need.***

Georgia faces lack of policies about the distribution of care work equally, that is why women in many regions of Georgia remain in the informal or agricultural sectors and are therefore more vulnerable to poverty and ill health.

***The Government of Georgia should analyze the interlinkages between women's body autonomy, unpaid care work, access to decent work and prioritize SRHR.*** Only such an approach will enable women and girls to make informed and empowered choices about their bodies, families and lives.

Unfortunately, in Georgia women have different barriers, when it comes to access to SRHR services. In most cases, the main barriers are financial and geographical. According to the online survey conducted by the Association HERA XXI, 35% of respondents answered that contraceptive is not financially accessible for them, while 13% mentioned the geographical barriers.

From 2015 no actions have been undertaken by the Government to improve access to safe 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.

Research "Barriers to Accessing Safe Abortion Services for Women of Reproductive Age" (HERA XXI, 2019) indicates that ***SRHR services are not readily available in rural areas, and women have to travel long distances to have access to the abortion.*** It presents a 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 facility.*** All of these above mentioned create barriers for women to have access to safe abortion and quality reproductive health services.

According to the Recent study of the Association HERA-XXI Lack of financial availability of abortion services is one of the key problems of Women and Girls in Georgia. Because of the high costs associated with abortion services, women often have to borrow from a bank or to resort to illegal abortion.<sup>7</sup>

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<sup>7</sup>Barriers to Accessing Safe Abortion Services for Women of Reproductive Age, HERA XXI, RFSU (2019) Available at- <http://hera-youth.ge/wp-content/uploads/2019/05/Barriers-to-accessing-safe-abortion.pdf>

The realization of sexual and reproductive health and rights plays a crucial role in empowering women economically. Realizing SRHR is necessary for women and girls to stay healthy, to participate in education, and to participate in all aspects of life, including economic life, free from violence.

### Recommendations

- Enact policies to overcome women’s unequal access to economic livelihood opportunities and formal employment;
- Prioritize women’s economic rights, including their unpaid care burden’s and recognize and value unpaid care work;
- Review existing policy and remove additional financial barriers for women to have access to SRHR services;
- Implement active policy against existing harmful gender norms that restrict girls and women from participating fully in social, economic, and public life;
- Develop specific frameworks and programs on women’s economic empowerment;
- Include SRHR in regulatory frameworks that support women’s access to decent work;
- Implement Georgian Maternal and Newborn Health Strategy (2017-2030) and action plan “2017-2019” activities regarding integration of provision of contraceptives in State Universal Healthcare Insurance;
- State should ensure comprehensive informational-educational-communication campaigns for empowering women on SRHR and Gender equality in line with SDGs nationalized indicators;

### Poverty eradication, social protection and social services

#### **Critical areas of concern:**

- A. Women and poverty
- B. Education and training of women
- C. Women and health
- I. Human rights of women
- L. The girl child

**AUTHORS: ASSOCIATION “HERA-XXI”, CENTER FOR INFORMATION AND COUNSELING ON REPRODUCTIVE HEALTH - “TANADGOMA”, WOMEN’S INITIATIVE SUPPORTIVE GROUP (WISG), PLATFORM FOR NEW OPPORTUNITIES (PNO)**

In recent years there have been significant developments in terms of strategies and policies related to human rights in the context of Sexual and Reproductive Health in Georgia. The most notable one is Maternal and Newborn Health Strategy for 2017-2030 and its Action Plan for 2017- 2019. Both policy documents serve as a general framework for maternal and newborn health, reproductive health and family planning, and as a guide for interventions for the next three years. However, Georgia’s *Maternal & Newborn Health Action plan for 2017-2019 does not indicate budgeting of the relevant activities.*<sup>8</sup>

In 2017 the Parliament of Georgia adopted The Demographic Security Policy for the years 2017-2030, in which, one of the objectives is to ensure universal access to Reproductive

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<sup>8</sup> Georgia Maternal & New-bom Health Action plan for 2017-2019.

Health care services, information, and education. Government of Georgia made important progress in terms of improving maternal health, including reducing high levels of maternal mortality.

Nowadays, the State recognizes the need to address challenges associated with availability and accessibility of information on SRHR services including contraception and safe abortion, however, they fail in terms of implementation.

According to the assessment conducted by the Association HERA-XXI “Myths and Misconceptions regarding usage of modern methods of contraceptives in the regions of Georgia” It has been revealed that **women use abortion as the primary method of family planning**, moreover answers received from respondents confirmed a low level of knowledge on methods of contraceptive and lack of supply of contraception.<sup>9</sup> These findings show a high demand for abortion and low demand for family planning services in all regions of Georgia. In Georgia, **there is no access to free or subsidized contraceptives since 2015, which creates obstacles for preventing unwanted pregnancies as well as STIs spread**. Many women and girls face challenges in accessing information and education on modern methods of contraception. Unfortunately, in Georgia misconceptions and myths about contraceptives are widespread. The state lacks nationwide public awareness activities on contraceptives and prevention.

The Law of Georgia on Health Care prohibits abortion advertising. To avoid interpretation and ensure the protection of the right to information about safe abortion, it is important to improve the formulation of the Article and to define what does abortion advertising mean.<sup>10</sup>

Sexual and Reproductive Health services, including safe abortion, should be **affordable and accessible** to all women and girls, especially those living in rural areas. Unfortunately, nowadays, there is no relevant strategy on Primary health Care respond to SRHR issues, village doctor institution is weak, and people face geographic barriers to access to SRHR services.<sup>11</sup>

In 2014, the abortion law was revised to include a new provision **on mandatory counseling and a five-day waiting period requirement before obtaining an abortion during the 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. 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.<sup>12</sup>

Comparative Review report of the Association “HERA-XXI” indicates that abortion services are not readily available in rural areas, and women have to travel long distances to have access to abortion. It presents a geographical and financial obstacle for women, which requires additional transportation costs and time. Survey conducted in Georgia indicates that the mandatory five-day waiting period considerably adds to the costs as it requires additional visits to a medical facility<sup>13</sup>. All of these create barriers for women to have access to safe abortion and quality reproductive health services.

**The state should take actions to ensure that a broad range of health care facilities is authorized to provide abortions, to make the service geographically accessible for women in rural areas.**

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<sup>9</sup> Myths and Misconceptions regarding usage of modern methods of contraceptives in the regions of Georgia, HERA XXI, (2013)

<sup>10</sup> Law of Georgia on Health Care, Article 140

<sup>11</sup> Abortion Services Availability and Readiness Assessment (Analytical Report), HERA XXI, RFSU, Institute of Social Studies and Analysis (2016)

<sup>12</sup> WHO, Safe Abortion Guidance, (2012)

<sup>13</sup> Artificial Termination of Pregnancy in Georgia (Comparative Review), HERA XXI, (2014)

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.***<sup>14</sup> refusals of care by health care workers jeopardize women's timely access to sexual and reproductive health care.

One of the challenges regarding accessibility high-quality abortion service is the 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, there is ***a low level of availability and readiness of medical facilities in Georgia.*** According to the findings of the research conducted by the Association "HERA-XXI", only 17 % of a total of 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% of primary health care facilities provide abortion and family planning services.<sup>15</sup>

According to the report prepared by the Association HERA-XXI, there are discriminatory restrictions imposed by some clinics concerning certain groups of women and girls seeking abortions, particularly persons under 16, 16-18-year-old. 11% of the surveyed clinics (11 clinics) stated that they are providing abortion services to persons under 16 years of age. The report also showed that when patients think their rights are violated during the provision of abortion services or post-abortion care, they generally tend not to apply any legal remedies.<sup>16</sup>

***State should establish systems throughout the country and in all health facilities to monitor the number of health professionals who refuse to perform sexual and reproductive health services on grounds of conscience.***

According to the recent survey of the "Association HERA-XXI"<sup>17</sup> financial and psychological (e.g. lack of support from family members) problems and unfavorable social situation often serves as a reasons for the women to make decisions regarding the termination of pregnancy or performing life-threatening actions, which, in its turn results in violation of a number of reproductive rights. ***The problems of geographical availability – especially faced by women living in rural areas far from a regional center and/or woman living in the mountainous regions of the country and is closely associated with economic factors.***<sup>18</sup>

The National Strategy for the Protection of Human Rights for 2014- 2020 includes "access, especially by vulnerable groups, to the right to health." Concerning this, access to HIV prevention, treatment, care, and support services has been ensured through the Global Fund - supported programs to the following vulnerable groups: People who Used Drugs, prisoners, sex workers and Men who have Sex with Men. However, the sustainability of the HIV-related services remains a challenge, since the government has not approved yet the National Strategic Plan for HIV/AIDS 2019-2022, which envisages gradual transition from the GF to the national funding.

Lack of political will and conservative attitudes among decision makers is one of the key challenges for realization of sexuality education in Georgia. EU Association Agreement, as

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<sup>14</sup> Human Rights in the Context of Sexual and Reproductive Health and Well-being in Georgia: Country Assessment, Public Defender's Office (2017)

<sup>15</sup> Abortion Services Availability and Readiness Assessment (Analytical Report), HERA XXI, RFSU, Institute of Social Studies and Analysis (2016)

<sup>16</sup> Abortion Services Availability and Readiness Assessment (Analytical Report), HERA XXI, RFSU, Institute of Social Studies and Analysis (2016)

<sup>17</sup> Barriers to Accessing Safe Abortion Services for Women of Reproductive Age (Analytical Report), HERA XXI, RFSU (2019) Available at <http://hera-youth.ge/wp-content/uploads/2019/05/Barriers-to-accessing-safe-abortion.pdf>

well as the mentioned strategy, provides for introducing Healthy Style into the Educational Curriculum. As of July 2019, the Ministry of Education, Science, Culture, and Sport of Georgia approved new standards of the curriculum, where integrated healthy lifestyle in for up to 9th grade – through primary and basic levels of the education. However, the coverage of the topics is not comprehensive and do not respond to UNESCO guidelines recommendations. ***The Ministry of Education and Science in Georgia should integrate best practices, lessons learned from previous and existing programmes and ensure that age-appropriate sexuality education is in line with international standards and UNESCO guidelines.***

According to survey on Teachers' attitudes towards teaching sexuality education topics conducted by HERA XXI in 2018, 97% of teachers believe it is essential to teach sexuality education topics in school-based settings. Like parents, teachers also highlight puberty period as most relevant time to start teaching. 33% of respondents emphasize biology lessons and 42% tutor hours as most relevant subject to include sexuality education topics in their curriculum. Teachers understand the need of raising qualification in order to deliver such kind of topics.

Local government has important role to ensure effective integration of sexual education at local level. ***Local municipalities should ensure the implementation of National Youth Policy at the local level by youth structures through having financial allocation for promoting healthy lifestyle activities as well as non-formal education on SRHR.***

Healthcare sphere remains as one of the most difficult regarding inclusivity of LBT needs. A study conducted by WISG in 2015 has shown that healthcare workers have quite vague knowledge about sexual orientation/gender identity, as well as about the needs of LBT persons in health care.<sup>19</sup> Such an approach affects the access of LBT people to high standards of health care services. It should be noted that HR action plan (2016- 2017) misses covering many challenges of LBT people face, including legal recognition of gender, regulation of trans-specific healthcare procedures, etc.<sup>20</sup>

Georgian legislation neither prohibits nor regulates gender reassignment surgery. This gives absolute discretion to medical institutions to decide who is eligible for the gender reassignment surgery, also to make decisions on the existing procedures for the reassignment process. Such a gap may result in arbitrariness, lack of consistency and create obstacles for people willing to undergo the procedure.

To address the issue, the Gender Equality Council of the Parliament of Georgia recommends the Ministry to incorporate the need and specificities of lesbian, bi-sexual and trans woman as a target/vulnerable group into the State Strategy in Healthcare. It should provide basic information and training to healthcare providers about the need and sensitivity in working with LGBTQI persons. Moreover, the ministry should develop clinical guidelines due to regard to gender reassignment/transmission procedure in line with international standards.<sup>21</sup>

In 2017 WISG, translated WPATH guidelines for healthcare professionals to assist transgender and gender-nonconforming people with safe and effective pathways to achieving lasting personal comfort with their gender-selves. This translation aimed to introduce trans-specific healthcare standards in Georgia, which would be unified for all health care providers and acknowledged by the MoH. However, the document did not get any feedback from the Ministry.

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<sup>19</sup> Survey has shown that the majority of randomly chosen healthcare workers (save one respondent) cannot make difference between sexual orientation and gender identity. Aghdgomelashvili E., Study of the Needs of LGB People in Health Care. In - depth interviews. Technical report. WISG, Tbilisi (2014)

<sup>20</sup> Report on the Implementation of the Georgian Government's Human Rights Action Plan for 2016-2017, WISG

<sup>21</sup> Gender Equality in Georgia: Barriers and Recommendations, Gender Equality Council of the Parliament of Georgia, Volume 2

While gender reassignment services are available in Georgia, all the costs for the surgery have to be borne by the patient (whereas e.g. other medical procedures can be covered by the various private and state-sponsored health insurance packages available in Georgia). However, despite its high social importance, gender reassignment surgery is not included in that category of medical services.<sup>22</sup>

Women and girls with disabilities face additional barriers and discrimination in Georgia. According to the Shadow report, prepared for CRPD Committee in 2015, women and girls with disabilities lack education about their rights, they are less involved in the decision-making processes, their social-economic condition is very hard, there is lack of access to the medical services, education, and jobs. ***The medical services are not responsive to the needs of women and girls with disabilities. Also, there is a lack of services in the regions and lack of necessary medication***<sup>23</sup>. Some operations that may prevent disability and disproportionately affect women are considered cosmetic and are not covered by universal healthcare coverage. The example is coxarthrosis that affects women more due to complications after childbirth and if left without the operation leads to problems with movement.

After ratification of the Convention on the Rights of Persons with Disabilities (CRPD) in 2014, the government has not conducted assessment survey to identify barriers that women and girls with disabilities face in their everyday life. Therefore, it is virtually impossible to plan concrete actions to meet their needs.

Healthcare and social protection programs are not inclusive, and it lacks evidence-based problem analysis. Healthcare facilities are not physically accessible even if the main entrance is accessible, they have inaccessible toilets and equipment for manipulations. ***Medical professionals lack training about the needs of people with disabilities and their rights***, this is not part of formal education. As a result, nurses do not know how to help a wheelchair user to move to the examination table and back, and gynecologists are not sure how to assist a pregnant woman with a disability. According to the research made in 2018<sup>24</sup> gynecologists prefer to send women with disabilities to Cesarean section just for fear of some unexpected complications and because of the lack of any formal training on how to deal with this group of women.

A recent report of Public Defender on Sexual and Reproductive Health and Rights<sup>25</sup> mentions that women and girls who have been disabled from the early childhood have very limited information about contraception and family planning services which significantly hinders them from accessing these services. Such a lack of knowledge is partly explained by the lack of information in accessible format, and partly by the attitude of the society which considers women and girls with a disability as asexual beings, who cannot potentially be interested in contraception. Unfortunately, this attitude is shared not only by general public but sometimes by medical professionals as well. In one of the outpatient facilities for consultation of pregnant women a question was asked if the entrance is accessible for a wheelchair user. The reply of the medical professional was: ***“Why do we need it, we only have pregnant women here, not those who are ill.”***

One of the key issues is confidentiality. Sometimes medical professionals, including gynecologists do not consider it necessary to speak with a woman with a disability

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<sup>22</sup> Monitoring of implementation of CM/REC(2010)5 in Georgia, p.111. WISG, Tbilisi (2018)

<sup>23</sup> Report of Public Defender “Rights of Persons with Disabilities”, p. 20-21 (2014) - Available at - <http://www.ombudsman.ge/uploads/other/3/3727.pdf>;

<sup>24</sup> Access to medical and rehabilitation services for persons with disabilities in Georgia (2018) – Available at - <https://bit.ly/2YURBUW>

<sup>25</sup> Available at - <http://ombudsman.ge/res/docs/2019072913513711692.pdf>

confidentially, and they let the person who accompanies her to stay. According to the explanations of the doctors, they assume that the person who came with the woman is the trusted one, and he/she will be asked to leave only if the woman herself says so. Another issue is that hospitals do not have a policy of inviting sign language translators, and the person has to communicate with the help of an accompanying person, including during gynecological examination. Therefore the issue of confidentiality again is being violated.

### **Recommendations:**

- Overview the legislation on the five-day waiting period, re-evaluate its efficiency and perform an evidence-based review of the decision on the increase in the waiting period under the 2014 amendment to the Law of Georgia on Health Care (Chapter 23, Article 139, paragraph B);
- Evaluate existing health-related national programmes, to improve understanding of the barriers to enrolling to the screening and treatment programs in order to cover hard to reach areas of Georgia;
- National Educational campaigns on SRHR and gender equality should be planned and organized on the large scale which is relevant for national level, focusing more on prevention issues with involvement of Public Broadcasting;
- Integrate sexual and reproductive health and rights issues in the editorial policy of the Public Broadcaster – prepare information programmes and coverage on issues related to sexual and reproductive health and rights, for the purpose of raising public awareness;
- Provide women with the opportunity for making free and informed decision on safe abortion and family planning, through providing free and non-discriminatory environment;
- Revise Article 140 of the Law of Georgia on Health Care, and define the abortion advertising. Identify and dissociate from abortion advertising, distinguish between advertising abortion and informing women about safe abortion;
- Introduction of differentiated packages, for socially vulnerable and rural women, in the universal health care programme, for the purpose of enhancing affordability of the safe abortion services;
- Establish systems throughout the country and in all health facilities to monitor the number of health professionals who refuse to perform sexual and reproductive health services on grounds of conscience;
- Ensure the collection of relevant statistics on the availability of family planning and safe abortion disaggregated based on the international guidelines and standards, including by gender, age, income, education level and the type of disability;
- Ensure that the social and health needs of LGBTI persons are studied and reflect at the action plans and healthcare strategies;
- Ensure that the process of legal gender recognition of gender identity is exempt from abusive requirements and recognizes non-binary identities;
- Conduct a nationwide survey on the needs of women and girls with disability, as well as on the discrimination and barriers they face to their full inclusion in the community;
- Ensure that the formal medical education system includes disability specific services and assistance techniques, as well as information about confidentiality issues;
- Make the existing healthcare and social programs sensitive to the needs of women and girls, especially of women and girls with a disability;

- The national legislative body of Georgia should initiate and adopt specific law on sexuality education in accordance to European Union’s standards;
- The Ministry of Education and Science in Georgia should ensure that a national youth strategy and national human rights action plan regarding CSE-related objectives is implemented as a matter of priority;
- The Ministry of Education and Science in Georgia should integrate best practices, lessons learned from previous and existing programmes and ensure that age-appropriate sexuality education is in line with international standards and UNESCO guidelines;
- The Ministry of Education and Science in Georgia should promote school-based discussions of curriculum with active participation of teachers and parent councils and ensure that the needs of adolescents and youth is reflected in designing national curriculums;
- The National Center for Teachers Professional Development should develop evidence-based methodology guidance for teachers on age-appropriate sexuality education and compulsory programs for teachers’ professional development should be developed and delivered;
- State Youth Policy Monitoring and Development Working Group at the Sports and Youth Issues Committee of National Parliament of Georgia should ensure informing and involvement of local municipal youth structures regarding the process of Development of the recommendations for the structural dialogue and improvement of the coordination between the central and local authorities, NGOs and other subjects in youth policy sphere;
- Local municipalities should ensure the implementation of National Youth Policy at the local level by youth structures through having financial allocation for promoting healthy lifestyle activities as well as non-formal education on SRHR;

## Freedom from violence, stigma and stereotypes

### **Critical areas of concern:**

- D. Violence against women
- I. Human rights of women
- J. Women and the media
- L. The girl child

**AUTHORS: ASSOCIATION “HERA-XXI”, CENTER FOR INFORMATION AND COUNSELING ON REPRODUCTIVE HEALTH - “TANADGOMA”, WOMEN’S INITIATIVE SUPPORTIVE GROUP (WISG), ANTI-VIOLENCE NETWORK OF GEORGIA (AVNG), BOLNISI LANGUAGE HOUSE, THE PLATFORM FOR NEW OPPORTUNITIES (PNO)**

During the past ten years, Georgia significantly improved legislative framework on Gender Equality, Domestic Violence, and Violence against Women. Legislative amendments aimed to bring domestic legislation in compliance with international requirements set by pertinent international instruments Georgia is a party to. Georgia signed Convention on Preventing and Combating Violence against Women and Domestic Violence (hereinafter referred to as Istanbul Convention) in 2014 and ratified on 19 May 2017.

To strengthen the Gender Equality mechanism at the executive level, in July 2017, the Government of Georgia created the Inter-Agency Commission under the Human Rights Council. *However, the commission does not have sufficient human resource, which is important for the effective work of the mechanism.*

According to the National Study on Violence against Women in Georgia 2017 conducted by UN Women and National Statistics Office of Georgia (Gesotat), 1 in 7 women (14 %) has experienced intimate partner violence, and 1 in 4 women in Georgia has experienced at least one form of Gender-based Violence.

One of the key issues related to the violence against women and domestic violence issues is that there are almost no supporting services for victims after they leave shelters. Given the specific nature of the problem, effective coordination among the state, institutions is crucial. The government of Georgia drafted the National Referral Mechanism on Violence against Women and Domestic Violence Issues, but the official document still is not approved.

Psycho-social rehabilitation and educational programs in shelters for victims of domestic violence remain insufficient for supporting victims. It is imperative to have more time and resources dedicated to planning and implementing rehabilitation programs and activities. Besides, these programs must be more inclusive. The shelters fail to properly ensure the self-realization of beneficiaries, their empowerment, and psycho-social rehabilitation. The problems that persist include the provision of housing and financial support to victims after they have left shelters and collection of information about the health of beneficiaries upon their admittance to shelters.

Even though many and successful efforts are undertaken by the government to address violence against women and girls, especially vulnerable women – sex workers, LBT (lesbian, bisexual and transsexual women) and women who use drugs – are left out of the whole picture due to severe stigma and discriminative attitudes towards them. According to the findings of the recent surveys sex workers, LBT women as well as women who use drugs are, on one hand, often victims of various forms of discrimination and violence at different levels and in different institutions, including healthcare facilities.<sup>26</sup> On the other hand, they lack information and knowledge about their rights as well as mechanisms of protection that they can access.

In Georgia LB women and trans persons are often victims of double discrimination - based on their sex, as well as sexual orientation/gender identity. Root causes of this discrimination and violence against LBT women lie in deep gender stereotypes and conservative morals of the society, gaps, and shortcomings in the legislation and indifferent state policy towards women in general and LBT women in particular. Given that the LBT community is a particularly marginalized in the society, the few issues that the National Human Rights Action Plan refers to SRHR, cannot effectively tackle their systemic problems. The Human Rights Secretariat of the Government has promised to write a special chapter on LGBTI people under the human rights plan. However, for now, due to approved AP, none of its parts cover issues of SOGIE neither encloses related chapter.

One of the challenges of LB women is the intimate partner violence and the adequate reflection of the state to this issue. While the Istanbul Convention outlines that the measures protecting the rights of victims shall be secured without discrimination on any ground, *inter alia*, SOGIE,<sup>27</sup> related Georgian mechanism, the law of Georgia on “Elimination of Domestic Violence, Protection and Support of Victims of Domestic Violence,” doesn’t guarantee such clause. In contrast with other women, the situation significantly impedes LB women, and trans persons access to the protection mechanisms.

The Law of Georgia on Elimination of Domestic Violence, Protection and Support of Victims of Domestic Violence does not prohibit intimate partner violence, especially among LG BT partners.<sup>28</sup> Accordingly, transgender women are not allowed to use the national mechanism of

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<sup>26</sup> “LBT and Sex worker Women’s Rights and Legal Conditions in Georgia” (2017)

<sup>27</sup> “Stigma, discrimination and forms of violence among women who use drugs and female sex workers” (2018)

<sup>28</sup> Convention on Preventing and Combating Violence against Women and Domestic Violence, Article 4(3)

<sup>28</sup> Bakhtadze K., LGBTI persons and Intersectional Discrimination, WISG (2018)

violence against women,<sup>29</sup> 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.”

The preventive measures against intimate partner violence and domestic violence, including public campaigns performed by the state, do 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.

According to WISG’s study intimate partner violence is one of the most widespread form of violence among LB women and trans persons. Research conducted by WISG illustrates that during the last three years 81.2% of lesbian and bisexual respondents (N=95) had experienced some form of violence by the intimate partner. According to the study, psychological violence is the most widespread form.<sup>30</sup> The frequency of sexual abuse and harassment is also high. 4% LB respondents had become the victim of rape by an intimate partner, while 14% has an experience of attempted rape. As for the physical violence, 13% of LB respondents had experienced such form of violence single time during the last three years, 8% - twice and 18% is a victim of permanent physical abuse by the intimate partner. 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. Despite such caustic number, only 3.6% applied to the law enforcements, - among the reasons of not reporting fair of forcible coming out and fair of revealing victim’s personal information was highlighted.

Official statistics in regard to domestic violence based on SOGIE has not been collected.

The government does not address the specific forms of violence against L(G)BT individuals (minors are at a major risk), such as different forms of coercive therapies and attempts of forced marriages of lesbian women. It is also worth to note that in most cases L(G)BT victims of domestic violence do not report to the police because of the fear of outing and secondary victimization, which is why they choose to leave their homes or are obliged to continue living in the cycle of violence.

A 2018 study showed that LB women are most vulnerable due regard domestic violence. More than a half of the LB respondents are living with their families, not alone or with their partners. So that, those living with their parents and other members of the family more frequently became a victim of violence. Among the LB respondents, 82.9% (N=97) had experienced some form of abuse by their family members in their lifetime. The majority of the respondents are the victims of permanent psychological pressure by their family members, while 20.4% has become a subject to physical abuse at least at once since 2015 (the abusers are named to be mother, father, and sister/brother).<sup>31</sup> Cases of forced marriage had been revealed towards 12% of LB responds since 2015.<sup>32</sup> When it comes to report the incidents, only 7.3% applied to police. Herewith, the number of applications to the services for the victim of domestic violence is higher than in case of IPV. Moreover, the indicator of reporting cases of DV to the police is higher in case of DV as well. ***Such picture underlines the necessity that the state address IPV in a way it responds DV.***

According to the research conducted by WISG in 2018, 88.3% (N=226) of the LBT respondents had become the victim of hate crime during the last three years on the base of

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<sup>29</sup> 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.

<sup>30</sup> Aghdgomelashvili E., “From Prejudice to Equality (part II): L(G)BTQI persons in Georgia,” WISG, (2018)

<sup>31</sup> Aghdgomelashvili E., “From Prejudice to Equality (part II): L(G)BTQI persons in Georgia,” WISG, (2018)

<sup>32</sup> Ibid.

SOGIE. Psycho-emotional, sexual and physical violence has been experienced by 85.5%, 61.7% and 29.7%, respectively. Despite such destructing number only 16% of them had approached to law enforcement institutions.

In some cases, the motivation is not invoked by the law-enforcement bodies, however, in plenty of cases victims are unwilling to report such incidents. Discrimination study conducted by WISG in 2018 reveals that the reasons for not reporting hate crimes and incidents, among others, included: ineffectiveness of police, fear of forcible “coming out” and homo/bi/transphobic treatment by police officers, etc.<sup>33</sup>

The obstacle of reporting reflect to the official statistics that covers all members of LGBTI group and reads as follows: in 2018 criminal prosecution was commenced against 15 and 12 persons for committing crimes on the ground of sexual orientation and gender identity.<sup>34</sup> As for the 2019, between the time period from January to June, 9 persons has been prosecuted in regard hate motivated crime on the ground of sexual orientation (6) and gender identity (2).<sup>35</sup> The gap between NGOs’ statistics as well as discrimination studies’ results and official statistics affirm that the majority of such incidents remain undocumented and not addressed.

In response to hate crime in 2018 MIA launched the Human rights Department within its system, which would monitor investigation to strengthen response to violence against women (including sexual violence), crimes committed on the grounds of discrimination, hate crimes, trafficking and crimes committed by and/or towards minors.<sup>36</sup> The core functions of the Department are to monitor the process of investigation and administrative proceedings regarding the above-mentioned crimes, identify the gaps, prepare and enforce measures to enhance law enforcement’s role in eliminating them.

Establishment of the new department has to be welcomed, however, it has much wider remit than the unit proposed under UPR, - Human Rights Department was set to monitor not only all forms of hate crime, but also domestic violence, violence against women, human trafficking, and crimes committed by/against minors.<sup>37</sup> Moreover, it’s centralized, coordinating body, giving rise to concerns that it may not be sufficient due regard problems at the local level, nor, for example, detailed issues arising in the investigatory process. It lacks a preventive approach which includes intergovernmental work to effectively prevent hate motivated violence in general.

Public Defender studied a few cases of violence against women and girls with disabilities and revealed the absence of guidelines on how to question victims of violence, including those with a disability. According to the report of the Public Defender’s Office, specifically devoted to shelters, none of them is fully accessible for people with disabilities. The rooms designed for people with disabilities are used to place beneficiaries with contagious diseases. According to another research<sup>38</sup>, shelters for victims of domestic violence are not accessible for women with sensory, intellectual and psychosocial disabilities both due to physical barriers and due to lack of personnel qualified and ready to attend to the needs of women with disabilities. The right to reasonable accommodation is not recognized by the Georgian law, which means that the refusal to provide reasonable accommodation does not constitute discrimination.

With regard to violence, some qualitative research<sup>39</sup> shows that women with disabilities in the absence of support services, like supported living and/or personal assistants choose to live

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<sup>33</sup> Aghdgomelashvili E., From Prejudice to Equality (part II): L(G)BT persons in Georgia, WISG, (2018)

<sup>34</sup> Official statistics available at: <http://pog.gov.ge/res/docs/angarisshi2018/generaluriprokuraturis2018w/wlisangarisshi.pdf> (19.07.2019).

<sup>35</sup> Response letter of 18.07.2019 from the Office of the Prosecutor General of Georgia.

<sup>36</sup> Order of Minister of Georgia, available at: <https://bit.ly/2s7PEmE> [accessed 21.05.2018]

<sup>37</sup> Available at: <https://bit.ly/2KxuvcK> [24.05.2018]

<sup>38</sup> Shadow report on the UN CRPD implementation, written by PHR, Accessible Environment for All, and EMC in 2014-2015

<sup>39</sup> Available at -

<http://phr.ge/assets/uploads/%E1%83%99%E1%83%95%E1%83%9A%E1%83%94%E1%83%95%E1%83%94%E1%83%91%E1%83%98/3.pdf>

with the persons who regularly rape and abuse them, but who provide some basic care. Some women report that they were threatened with placement in the institution if they refuse to obey. Lack of support services and full dependence on the families also lead to undesired abortions and to leaving the newborn children, because the family is not ready to take care of the child. Women and girls with psychosocial and intellectual problems sometimes are locked in their rooms for significant periods of time, on some occasions for years to avoid stigma, rape, sexual relationships with men and/or potential pregnancy.

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. **Besides regulation of Legislation the State is obliged to ensure that adolescents have access to high quality Sexual and Reproductive Health information and Youth-Friendly services, including modern contraception and safe abortion.** According to the Law on Patients' Rights (article 40) Minor patients aged 14 to 18, who, in the opinion of a medical care provider, can evaluate their health condition correctly are able to receive STI/HIV testing services, as well as family planning, drug use-related and abortion services without parental consent. Unfortunately, implementation of the law still remains a problem.

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.<sup>40</sup>

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.

In Georgia there is a high cultural pressure on girls to prove their fertility soon after marriage, and in most cases, this led 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. **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.<sup>41</sup>

According to the Survey conducted by the Association HERA-XXI in most cases of early/child marriages, girls lack information on family planning and contraception, therefore, most of them have come up with such unplanned pregnancy and making difficult decisions for them as abortions. **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.**

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<sup>40</sup> Youth Experience regarding Sex and Reproductive Health, HERA XXI, ISSA. 2017

<sup>41</sup><https://bit.ly/2A56lFy>

## Recommendations

- Approve Referral Procedures on Violence against Women and Domestic Violence Issues;
- Develop supportive programs for victims of Domestic Violence and Violence against Women after leaving shelters;
- Increase number of crises centers to have geographical coverage of services for victims of Domestic Violence and Violence against Women;
- Take steps to raise public awareness on Gender Equality issues;
- Strengthen the role of local government to ensure effective implementation of gender equality policy at local level;
- Strengthen the role and capacity of Social Worker with regards to the Violence against Women and Domestic Violence issues;
- Develop guidelines on questioning victims of violence, including women with psychosocial, intellectual and other types of disability;
- Ensure that the special unit was launched in the system of Police that shall orient on the investigation of hate crimes and shall closely collaborate with LGBT organizations and community in order to establish trust-based relationship and der to combat hate crime, inter alia on the ground of SOGIE;
- Revise Criminal Code of Georgia and the law on Elimination of Domestic Violence, Protection and Support of Victims of Domestic Violence in a way that it includes the definition of Intimate Partner to advance the accessibility of LGBTI persons to the mechanisms preventing domestic violence;
- Ensure availability and effectiveness of appropriate services concerning the needs of LGBTI victims and victims of domestic violence and violence against women with disabilities at the state shelters; that inter alia shall include access to the professional services of psychologists, lawyers, and social workers;
- Develop a coordinated strategy at country levels with all stakeholders, active in addressing child marriage;
- 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;

## Participation, accountability and gender-responsive institutions

### **Critical areas of concern:**

- G. Women in power and decision-making
- H. Institutional mechanisms for the advancement of women
- I. Human rights of women
- J. Women and the media
- L. The girl child

**AUTHORS: GENDER EQUALITY NETWORK (GEN), WOMEN'S DEMOCRACY NETWORK OF GEORGIA (WDNG), WOMEN'S INFORMATION CENTER (WIC)**

In line with its international commitments, significant legislative and policy reforms were introduced to improve Georgia's legislative and policy framework on Gender Equality. However, Georgia still faces legislative and policy gaps across a range of fields, including women's political participation. The study "Gender Equality in Georgia: Barriers and Recommendations," ***proposes a comprehensive redrafting of the Gender Equality Law to expand the content of the rights included within each sector (political participation, education, etc.), and to provide for the necessary, integral components of each right, in order to enable, as a practical matter, their progressive implementation***".<sup>42</sup>

The Constitution is the supreme law of Georgia and recognizes the supremacy of international treaties in domestic law. On October 13, 2017, The Government of Georgia made an amendment in the Constitution of Georgia, in which the state took the obligation to ensure substantial equality and the elimination of gender inequality. Article 11 of the Constitution, which deals with the right to equality, adds a new Paragraph 3, which says that: "***The state provides equal rights and opportunities for men and women. The state takes special measures to ensure substantial equality between men and women and eliminate inequalities.***" This change creates a constitutional guarantee of gender equality and the obligation of the state to take special measures to eliminate the existing inequalities.

In 2017, in the Constitution, the reform of the electoral system was implemented, according to which, there will be only proportional parliamentary representation in the country starting from the Year 2024. However, in response to the recent events in the country on June 23, 2019, the leader of the ruling party announced<sup>43</sup> the possibility of transition to a proportional system in 2020. This positive change, however, a new opportunity, raises doubts about the participation of women in the 2020 elections, while a zero (0.67) barrier will be introduced for the political parties, which could potentially jeopardize the number of women candidates, winners of the elections.

In 2013, amendment was made to the Organic Law on Political Associations of Citizens (Clause 71 of Article 30)<sup>44</sup> which provides for an additional 30 percent funding for those political parties that have three out of ten candidates of different gender i.e. three out of ten of the party lists are women. Taking into account this article, two political parties received an additional state funding for the 2014 local elections. In the 2016 parliamentary elections, five political parties defended the representation of women in accordance with the Article 30 (7<sup>1</sup>) and received financial support. Mentioned article is not efficient and cannot respond to existing challenges.

On June 10, 2015, by the initiative of the Women's Political Group, a bill on introducing gender quotas into the Organic Law of Georgia "Electoral Code of Georgia" and the Law "On Political Unions" (No. 12467, 05/13/2015) was submitted to Parliament. The party was supposed to balance the list based on parity principles. This initiative did not include other special measures. Two parliamentary committees (the committees of Human Rights and Legal Affairs) reviewed this legislative proposal. On December 2, 2015, the Committee of Legal Affairs did not support and rejected this proposal.

On June 12, 2017, the Task Force Group, based on the signatures of 37,455 voters, appealed to the Georgian Parliament with a legislative initiative.<sup>45</sup> On March 23, 2018, after passing

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<sup>42</sup>Gender Equality in Georgia: Barriers and Recommendations. Available at -

[http://parliament.ge/ge/ajax/downloadFile/84647/ENG-Vol1\\_GenderEqualityinGeorgia\\_BarriersandRecommendations\\_Final](http://parliament.ge/ge/ajax/downloadFile/84647/ENG-Vol1_GenderEqualityinGeorgia_BarriersandRecommendations_Final)

<sup>43</sup> It was one of the three demands during a protest rally on June 20 in front of the Georgian Parliament.

<sup>44</sup> In 2011, on the initiative of the Parliamentary Council for Gender Equality, the Law on Political Citizens' Unions was adopted. This law introduced a new article (Clause 7<sup>1</sup> of Article 30), which states that a subject of elections, who receives funding in the manner prescribed by this article will receive a 10% addition to the funding, if on a party list (in all lists of parties during the local self-governance elections) one out of each ten candidates will be the representative of another gender and this difference will be minimum 20 percent. "

<sup>45</sup>This bill obliges parties and blocks to alternate candidates of different gender in party lists during the parliamentary and local elections. Also, if the gender balance is missing from the list provided, the proportional list will be returned to the political party

through all the procedures, a parliamentary hearing of the draft law on the rights of women and participation in political life was held for the first time, and the bill was put to the vote. Despite the unprecedented support and great efforts, the bill was supported by 66 deputies, and 14 were against. The bill was not passed due to a lack of 9 votes. Parliament Speaker Irakli Kobakhidze announced the introduction of an alternative bill to Parliament during the week, which, unfortunately, has not been submitted yet.

***An amendment to the legislation for introducing quotas in the electoral code would be a real step forward to fulfill the international obligations undertaken by Georgia and the requirements of the public to build not only legal but also ethical and moral state policy.***

In the presidential election of 2018, the ruling party supported the independent candidate Salome Zourabichvili. In the first round, none of the presidential candidates could win, and the second round was appointed. An unprecedented campaign took place before the start of the second round in support of a woman - presidential candidate, during which campaign billboards and banners of a woman - presidential candidate disappeared and banners of the leaders of the ruling party appeared. In addition, in the second round, the election campaign was held without a speech by a woman presidential candidate. Instead, the leaders of the ruling party spoke and called on voters to support her. On December 16, Mrs. Salome Zourabichvili became the first woman and the last elected president of Georgia. Mrs. Zourabichvili won the second round of the presidential election in 2018 with 59% of votes.

In 2019, by-elections were held in five municipalities of Georgia. Mayor candidate Mrs. Sandra Roelofs ran for Zugdidi municipality. Due to her popularity and strength, Mrs. Sandra Roelofs was in unequal conditions compared to other candidates, and sexism was used as one of the instruments against her.

Women constitute the majority of the population in Georgia: 52.3%.<sup>175</sup> Women account for 53,76% (men, 46,24%) of the electoral body.<sup>46</sup> According to the World Economic Forum's, Global Gender Gap Report for 2017, Georgia ranked 114 on political empowerment among 144 countries.<sup>47</sup>

As for the parliamentary elections of 2016, during the elections (October 8, 2016) into the Georgian Parliament, the number of registered voters in the unified electoral register was 3,513,884, including 1,888,975 (53.76%) women and 1,624,909 (46.24%) men. Today, women represent only 15% of the Parliament; there are 150 deputies from 73 majoritarian constituencies in Parliament, five of which are majoritarian candidates. Two women deputies are co-chairmen of the Parliament, including the First vice Speaker Tamar Chugoshvili.

Parliamentarian Elections	% of women in the Parliament
1999	7.17%
2004	9.33%
2008	6%
2012	12%
2016	15%

WDN, in partnership with IRI Georgia, initiated the use of its “SheVotes” gender assessment toolkit for the October 21, 2017 municipal elections in Georgia and the mayoral runoff

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to correct the error, otherwise the political party will not be able to register. In the bill, if the mandate in proportion to the elected Member of Parliament or the city council was terminated earlier than the deadline, the next person of the same gender, who is next on the list will take his place. The proposal was prepared with the support of the American Democratic Institute NDI.

<sup>46</sup> National Statistic Survey (2014)

<sup>47</sup> World Economic Forum, Global Gender Gap Report, 2017. available at: <http://reports.weforum.org/global-gender-gap-report-2017/dataexplorer/#economy=GEO>.

contests held in six cities on November 12th. No women participated in the runoffs. The “SheVotes” toolkit is intended to enhance women’s political participation by providing a framework to identify barriers to entry as well as opportunities for engagement. Initiative revealed, that Strong gender stereotypes and traditional perceptions on the role of women and men in Georgia, still creates artificial barriers for women’s political participation. According to Women’s Democracy Networks’ Gender assessment of 2017 Municipal Elections in Georgia, there is a significant gap in perceptions of women’s involvement in politics between rural and urban areas of the country. The main cause of this disparity is the greater access to opportunities and more freedom of movement in urban centers such as Tbilisi. Women in rural areas, in contrast, face the full constraints of a patriarchal society, where they are relegated to traditional roles of caring for the family and do not have the time or ability to participate in politics.<sup>48</sup>

After the elections to local self-government in 2017, percentage of women is 13.4% in a local self-government (City Council “Sakrebulo”), whereas in 2014, only 11.3% of women were elected to the City Council (“Sakrebulo”). The mayors of all five self-governing cities (Tbilisi, Rustavi, Kutaisi, Poti and Batumi) are men, and there is only one woman among the mayors of 63 municipalities. In the Supreme Council of the Autonomous Republic of Adjara, which consists of 21 members, only two women are presented. Women present 29%, and men - 71%.

In Georgia, women’s participation in decision-making processes remains very low in the legislative and executive branches of government, both at the central and sub-national levels.

### **Recommendations**

- Amend the Organic Law on Political Associations of Citizens (Article 30 (71)) to increase the participation of women in political life. Suggested amendment: “In the party list, one out of every three candidates must be a representative of a different gender. In accordance with the rules set forth in this article, a party receives a 30% supplement for state funding if in all of the party lists in the parliamentary and local government elections one of the three candidates is of a different gender”;
- Elaborate special measures to eliminate inequalities in politics, in particular by introducing a special mechanism of quotas;
- Allocate financial resources to advocate and respond to women's political participation by supporting women's organizations;
- Strengthen the effectiveness of gender equality mechanisms at the sub-national level through regulating the relationship between municipal gender equality councils and gender focal points with the national-level gender equality machinery;
- Establish temporary special measures, or an affirmative action policy, to foster balanced gender representation at the ministerial level, in management bodies and for Government representatives at the international and national levels;
- Introduce amendment to the Gender equality law to require local self-government bodies to employ temporary special measures or affirmative action policies to foster a gender balance in staff and management positions, as well as in all advisory bodies, committees and councils;
- Ensure active cooperation with NGOs working on women's rights and gender issues in monitoring the process of political participation of women;
- Political parties should partner with their respective women’s wings/organizations to develop an outreach strategy that engages women voters, especially in rural communities and to mainstream women’s voices into the party platform

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<sup>48</sup> Women’s Democracy Network, Gender assessment of 2017 Municipal Elections in Georgia, 2018 available at <http://parliament.ge/uploads/other/86/86734.pdf>

## Peaceful and inclusive societies

### **Critical areas of concern:**

- E. Women and armed conflict
- I. Human rights of women
- L. The girl child

### **AUTHORS: WOMEN'S INFORMATION CENTER**

As for Georgia, where 20% of the country is still occupied by the Russian Federation and where the conflict affected population constitutes more than 10% of population UN Security Council resolution 1325 (2000) on Women, Peace and Security and its related resolutions have paramount importance. Active lobbying for the development of the NAP on implementation of the UN Security Council Resolutions on Women, Peace and Security in Georgia starts back in 2002. Many years of advocacy from the civil society side led to the adoption of National Action Plans for the period of 2012-2015, 2016-2017 and 2018-2020. Despite some notable successes of the WPS agenda over the years, there is still a gap between these progressive and transformative policies, and real change on the ground. *For effective implementation of NAP, the country should have a strong institution, Action Plan that addresses recommendations of CSOs, conflict-affected, and IDP women in the policy planning process.*

Non-governmental organizations conducted independent monitoring of the 2nd National Action Plan of Georgia for implementation of the UN Security Council Resolutions on Women Peace and Security following all five priority areas of action. Quantitative analysis of the report shows that 71.88% of the activities envisaged in the 2016-2017 National Action Plan have been completed, but the qualitative analysis says that the implementation of the plan did not adequately address the needs of IDP women and girls affected by war and conflict; The Recommendations of independent Monitoring of NAP sent to the Government were partially reflected in the third National Action Plan for 2018-2020.<sup>49</sup>

One of the key challenges for effective implementation of the 2016-2017 National Action Plan was and continues to be *Budgeting and Localization, as well as Coordination between the executive and the local self-government which will undermine the effectiveness of the institutional mechanism of gender equality and coordination between the various agencies.*

The Inter-Agency Commission has created Working Group on Resolution 1325 under the Inter-Agency Commission on Gender Equality, Violence against Women and Domestic Violence Issues. Members of the group are representatives of the relevant ministries. However, the ministries work is not effective. Moreover, the coordination between them, monitoring of implemented activities, reporting, and intensive consultations with CSOs are still a challenge.

In 2018 the WIC started localization of UNSCR 1325. As a result, 34 municipalities reflected the main principals of the resolution into Local Action Plans.<sup>50</sup> The process of **localization continues and is ongoing in 10 municipalities** of Georgia -Dusheti, Gori, Kareli,Kaspi,

<sup>49</sup>National Action Plan of Georgia for the Implementation of the UN Security Council Resolutions on Women, Peace and Security – 2018-2020 - <http://www2.unwomen.org/-/media/field%20office%20georgia/attachments/publications/2018/the%202018-2020%20national%20action%20plan%20of%20georgia%20eng.pdf?la=ka&vs=853>

<sup>50</sup>The project of Women's Information Center supported by GIZ "Supporting creation of Gender Institutions in the municipalities of Georgia"

Khashuri, Sachkhere, Stepantsminda, Tsalenjikha, Tskaltubo and Zugdidi. **However, the localization process does not cover all villages adjacent to the ABL.** The project “Women and Girls Contributing to Resilient and Stable Societies” is being carried out by the coalition of three civil society organizations in Georgia - IDP Women's Association "Consent", Women's Information Center and Cultural-Humanitarian Fund "Sokhumi" with the help of UN Women and the U.S. Department of State. In the framework of the project, 1325 Local working groups (LWG) were created, which includes representatives of municipal Gender Equality councils, as well as representatives of different affected groups from communities to **ensure full inclusion of conflict-affected and IDP women's priorities.**

However, it remains problematic to implement the plans because of lack of gender sensitivity and knowledge of local authorities on gender equality issues, content and importance of UN Security Council resolution 1325. Another issue is the low involvement of local civil society organizations. Municipalities fail to ensure the involvement of IDPs and conflict-affected people in the policy planning process, therefore, the real needs/problems and priorities of conflict-affected and IDP women are not reflected in the Local Action Plans.

The quality of The Governmental Action Plan for implementation of the UN Security Council Resolutions on Women Peace and Security itself is not fully satisfactory, as it **lacks quantitative and qualitative indicators and baseline.** The unfulfilled obligations of previous Action Plans are not reflected in the new one, so the unfulfilled obligations remain unfulfilled. **The budgeting is one of the main challenges of the Action Plans.** The priorities of the target communities are not taken into account in the process of planning the local budget and programs. Therefore, the obligations which have been fulfilled by the municipalities were mainly supported by UN Women as well as other international and non-governmental organizations -signifying that the Gender Equality council **cannot fulfill their obligations taken under GE Action Plans without external support.**

Women's meaningful participation in negotiating peace and conflict resolution is one of the most fundamental components of the Women, Peace and Security (WPS) agenda. Generally, the improvement of state policy with regard to women's participation at all levels of decision-making could be seen, however it is clear that **the current mechanism does not ensure the meaningful participation of a critical mass of women in these institutions.**

It has been proved in different conflict situations throughout the world, that without inclusion of women, who have been affected directly by conflict, without hearing their issues and perspectives, sustainable peace cannot be achieved. Even though during Geneva International Discussions (GID) participation of women (at least 30-40%) is ensured by Georgian side, the IDP and conflict-affected women stay excluded from these processes.

As for inclusion of CSOs, it has to be mentioned that regular meetings are being held between participants of **GID** and **IPRM** and civil society organizations, which is ensured by the Government with the support of UN Women. However, it should be noted that during these meetings low participation of IDP and conflict affected women is still a challenge, especially inclusion of the new faces, and on the other hand CSOs do not have an opportunity to prepare in advance for the meeting, so their participation could be seen as formal as the meeting itself does not serve to influence the policy, but are an opportunity for delegates to just exchange information.

According to the information of state there is no consistent oversight on the situation in the conflict-affected regions, nor quantitative surveys and/or statistics to paint a realistic picture. WIC conducted a research in the period of 15.02.2019- 30.06.2019 **“Common Needs and Priorities on Communities Divided by Ceasefire Lines of Georgia”** supported by EUMM. The research was conducted in Zugdidi, Tsalenjikha, Gagra and Gali. The data received from the research about individual villages are systematized as separate blocks, namely: Infrastructure, Education, Culture and sports activities, Income sources (Agriculture and other

employment opportunities), Living conditions, Labor migration, Communication, Internet, use of different media and social networks in rural areas, Freedom of movement, crossing the dividing line, Civil society organizations in rural areas. The research involves general information on each block, as well as the existing situation at the village level.

**Recommendations:**

- Strengthen Inter-Agency cooperation at the legislative, executive and local levels;
- Identify the needs and perspectives of the target population about the UNSCR 1325 to fulfill the obligations under the GE Action Plan;
- Take into account the recommendations made by the Public Defender and the civil sector through independent monitoring during the development, implementation, and monitoring of the action plan;
- Reflect qualitative and quantitative indicators and baseline in the next action plans to evaluate concrete activities effectively;
- Ensure the involvement of IDPs and war and conflict-affected populations in the process planning and reviewing state reforms on their issues;
- Conduct field visits and consulting meetings about the pre-defined plan, ensuring maximum involvement of IDPs and conflict-affected populations;
- Advocate the needs and priorities raised by the people living across the ABL during Geneva International Talks and IPRM discussions;