



THE MAIN CHALLENGES
OF THE SOCIAL PROTECTION SYSTEM FOR
VARIOUS VULNERABLE GROUPS IN GEORGIA

2022

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Coalition for Equality is an informal association established in 2014 with the support of the Georgian Open Society Foundation, which unites eleven non-governmental organizations. The members of the Coalition are: Open Society Georgia Foundation (OSGF), Human Rights and Monitoring Center (EMC), Rights Georgia, Union Sapari, Georgian Young Lawyers Association (GYLA), Women's Initiative Support Group (WISG), Partnership for Human Rights (PHR), Georgian Democratic Initiative (GDI), Tolerance and Diversity Institute (TDI), Human Rights Center (HRIDC), Equality Movement. The aim of the Coalition is to strengthen the mandate of anti-discrimination mechanisms and to promote an effective fight against discrimination. In 2015, the newly formed Coalition for Equality and the Public Defender of Georgia signed a Memorandum of Understanding on the Elimination of Discrimination.

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Access to social rights for the LGBTQI community - Equality Movement

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INTRODUCTION

This report is a critique of the social protection programs and social protection policies administered by central and local governments, from the perspective of the right to social protection of families with children living in social housing in Tbilisi, persons with disabilities, nurses, women victims of domestic violence and LGBTQI people, carried out by the Coalition for Equality.

Poverty and social vulnerability are some of the most critical and pressing problems in Georgia. Despite separate social programs and several positive changes, there is no proper social protection system and a strategy in the country that would provide fair, targeted, and effective assistance to the population and focus on strengthening vulnerable groups and overcoming poverty.¹

The general objective of the research report is to evaluate the social protection policy of the country by analyzing the challenges in the field of social support of various vulnerable groups through coalition work. The results of the report highlight important trends in addressing the social protection needs of women, children, people with disabilities, and LGBTQI people in the Social Security Framework.

The report consists of four main parts. The first part reviews the living conditions of families with children living in social housing in Tbilisi, existing financial and non-monetary assistance, and their compliance with the needs of families with children. The second chapter presents a critical analysis of the social package for people with disabilities. The third chapter consists of two parts. The first one analyzes the existing social policies to help victims of domestic violence, while the second assesses the working conditions and social guarantees of female nurses. The fourth chapter is devoted to a critical analysis of the LGBT-

¹ Parliamentary Report on the Situation of Human Rights and Freedoms in Georgia, Public Defender of Georgia 2020, <https://bit.ly/3FgjXv4>

QI community's access to social rights. Importantly, the readiness of the social security system to overcome the difficulties posed during the COVID-19 pandemic, which has exacerbated the systemic shortcomings of the social security system in the country today, has been assessed in all respects.

Methodology

The research aims to facilitate the collection of systematic information on the main trends and challenges in the social protection of various vulnerable groups (children, women, LGBTQI people, people with disabilities). The study has four general objectives:

1. Identify key trends and challenges in social assistance for families with children in social housing.
2. Identify key trends and challenges in social assistance for nurses and women victims of domestic violence.
3. Identify key trends and challenges in social assistance for LGBTQI people.
4. Identify key trends and challenges in social assistance for people with disabilities.

This study utilized a participatory action research design. Respondents were selected through an intersectional approach. Focus groups were used as the primary research method. Focus group participants were selected using organizational and snowball method of participant selection. A total of 19 focus group meetings were held. In addition, in-depth expert interviews were conducted with representatives of the social assistance system. A total of 11 in-depth interviews were conducted. A discussion plan and a semi-structured questionnaire were used as tools for meeting with focus groups and in-depth interviews.

The main limitation of the study is the COVID – 19 pandemic and difficulty to carry out face-to-face meetings. therefore, in-depth interviews with the focus groups were conducted online.

MAIN FINDINGS

Today, children's right to social protection in the country and the right to live in decent conditions face serious challenges. Under the current flawed social protection system, the rights of children to education, health, development, protection from violence, including protection from neglect, and living in a safe environment are challenged. Significant difficulties include the amount of subsistence allowance and delays in its administration.

The problem for families with children living in social housing is the provision of age-appropriate developmental resources for children and access to non-formal education. The existing social protection system in the country does not consider the needs of single parents. Access to health services is a significant challenge for families with children living in social housing. Often universal insurance does not fully cover necessary and urgent medical care. Under the current insurance package, children in social housing are entirely deprived of receiving dental services. Access to all essential medications is problematic for most families participating in the study. Families with children living in social housing cannot provide child-friendly and age-appropriate nutritional products. The living conditions in social housing are extremely inadequate, leading to the violation of juvenile health, development, protection from neglect, and rights to education.

The study revealed that the government was unable to establish a social protection system that was decent and in line with international standards for persons with disabilities. The social package for people with disabilities, one of the central mechanisms for social protection of this group in Georgia, is associated with several significant challenges. Research has shown that this support mechanism is blanket, and rather than addressing inequalities between people with disabilities and other members of society. It is based solely on medical diagnoses, ignores the individual needs of people with disabilities, and fails to meet their minimum needs. On the other hand, the COVID-19 pandemic has highlighted the failures that exist in the field of social protection of persons with disabilities in Georgia.

The measures taken by the government during this period failed to ensure the prioritization of the representatives of this group, identify the challenges they face, and develop and implement a vision for overcoming them.

The study showed that the state's social policy towards victims of domestic violence is mainly implemented through shelters and crisis centers. However, their number lags behind the demand and expectations. It also appeared that there were virtually no measures to prevent domestic violence. The main challenge in terms of social protection remains the sharp shortage of social services, and they too are only available to the beneficiaries of shelters and crisis centers. The study participants noted that the lack of childcare poses severe economic and social problems. The existing social system is not tailored and focused on different communities.

The state does not have any social packages for nurses employed in the medical field and developing social policies has not begun yet. The most crucial challenge for nurses is decent pay and proper working conditions. It is essential that both the state and private clinics improve the social and health care conditions for nurses. An important factor in retaining nurses in the workplace is the financial factor; however, high salaries alone are an ineffective way of solving the problems faced by nurses. Other characteristics such as work environment, reasonable distribution of working hours, adjustment of state social policy to the needs of nurses are also crucial for the survival of the profession and their decent performance at the workplace.

According to the research interviews, the forms of oppression of LGBTQI people are closely related to each other and ultimately lead to their exclusion from the community. Analyzing the issues presented in the study makes it clear that social policy does not recognize the needs of queer people. Non-recognition of their needs, on the one hand, deepens the socio-economic vulnerability of community members and, on the other hand, leads to complete distrust towards the state. Research has shown that the state does not have a complex, inclusive approach that guarantees equal enjoyment of social rights for LGBTQI people.

SOCIAL PROTECTION OF FAMILIES WITH CHILDREN LIVING IN SOCIAL HOUSINGS

Article 27 of the UN Convention on the Rights of the Child provides for the right of the child to enjoy an adequate standard of living, which includes the “right to live somewhere in security, peace, and dignity”.² At the same time, the Convention on the Rights of the Child recognizes it as the obligation of the state to pursue a state policy that ensures the assistance of parents.³ Today, the right of children to social protection and the right to live in decent conditions face serious challenges in the country. The main reason for this is a flawed social protection system that has a minimal effect on poverty alleviation.⁴

Children living in social housing are in a particularly difficult situation given the dysfunction present in the social protection system and the crisis⁵ of the childcare system. The main disadvantage of the service is the improper administration carried out by the City Hall, the lack of a proper standard of housing for the beneficiaries, and failure to strengthen the residents, as a result of which the residents cannot leave the service.⁶

2 General Comment No. 4: The Right to Adequate Housing (Art. 11 (1) of the Covenant), Committee on Economic, Social and Cultural Rights, para. 7 (1991)

3 Convention on the Rights of the Child, Article 27.1, 27.3 (1989)

4 Expert

5 Children’s Rights in Georgia – Report Card 2019, Coalition for Children and Youth (CCY), 2020, <https://bit.ly/3yGZPQk>

6 What Are the Problems in Homelessness Policy (National and Tbilisi Municipality Policy Assessment), Human Rights Training and Monitoring Center (EMC), 2020, <https://bit.ly/3m-f89V>

This chapter reviews the needs of families with children in social housing located in Tbilisi and who are recipients of subsistence benefits. At present, several social housing units operate on the territory of Tbilisi in Orkhevi, as well as in Varketili and Didi Dighomi, built in cooperation with the Swiss Development Agencies.

Direct financial assistance

Another significant challenge is the delay in the administration of the subsistence allowance. It should be noted that after completing specific procedures, the family is given a rating score. Relevant financial assistance is issued in the second month following the month of giving the rating score, and this month is considered the first month.⁷ Accordingly, the amount is given two months after issuing the award. This period, unlike the period needed to examine the issue at the decision-making stage, is inappropriate and disproportionate to the needs of vulnerable families.⁸

According to the study, the direct financial assistance that families with children living in social housing receive in the form of subsistence allowance is so minimal that it fails to meet the basic needs of the family, especially children. Respondents said that the current social assistance system in the country, including the social allowance received in the form of direct financial assistance, fails to fulfill its primary function, which should be gradually reflected in taking families out of poverty and improving their living conditions. According to them, without various private initiatives and help from non-governmental organizations, they would not have been able to provide food to children at a minimum level.

7 Paragraph 2 of Article 4 of Order № 225 of the Minister of Labor, Health and Social Affairs of Georgia on the Approval of the Rules for Appointment and Issuance of Targeted Social Assistance

8 Report of the Public Defender of Georgia on the Situation of Protection of Human Rights and Freedoms in Georgia, Public Defender of Georgia 2020, <https://bit.ly/3FgjXv4>

“I get social assistance for a family of 8, that is 580 GEL. Divide this amount by 8; how can it be enough for us. There is another issue. I am afraid to go out and work and make 200 or 300 GEL because I might lose 580 GEL assistance. It means I must be a beggar all the time. There should be subsidies until you start working and you are able to earn a minimum income. They have to help me get out of poverty. If you give me this assistance for 4 years, allow me to go out and do something so that I do not ask for help all the time” – a representative of a family with children in social housing.

In addition to the subsistence allowance, in Tbilisi, socially vulnerable large families are provided with one-time direct financial assistance in the amount of 150 GEL. According to the respondents, the problem is the amount of money and the procedures necessary to receive it. With the inability to meet the basic needs of children, families with children in social housing are in constant fear of being deprived of their children due to their poor social background and inability to meet the needs of their children.

One of the main problems of the social assistance system, according to the research, is the fact that the current social protection system is based entirely on who will succeed to first receive benefits, not on helping all those who need it and on developing a specific methodology for it. This issue is especially problematic because vulnerable people do not learn about such support programs because they often do not have access to news channels. In these conditions, when social work as a profession is facing a few challenges and the number of social workers working in the country today is extremely insufficient, they fail to play a role in informing socially vulnerable families with children about the social assistance programs.

In addition to subsistence allowance for socially vulnerable large families in Tbilisi, there is a one-time direct cash assistance house in the amount of 150 GEL. According to the respondents, the problem is the amount of money and the procedures for receiving it. With the inability to meet the basic needs of children, families with children in social housing are in constant

fear of being deprived of their children due to their poor social background and inability to meet the needs of their children.

One of the main problems of the social assistance system, according to the research, is the fact that the current social protection system is based entirely on who will attend to receive benefits and not on helping all those who need it and developing a specific methodology for it. This issue is especially problematic because vulnerable people learn the most about such support programs because they often do not have effective access to news channels. When the social work profession is facing several challenges and the number of social workers working in the country today is extremely insufficient, this link also fails to play the role of informing families with socially vulnerable children.

“The state acts like this, they say – we have a certain amount of money, we can count how many people we can cover if we give payments of 40 GEL. It is calculated according to this procedure” - expert participating in the study.

One of the significant challenges today that the social welfare system faces in the country in the field of a social assistance system for children is that the recipient of subsistence is no longer classified as a child when they reach 16 years of age. In addition to excluding children over the age of 16 from the direct financial assistance system, this approach also leads to restrictions on access to other essential benefits that are directly related to children from families under the state poverty line. This approach also hinders children from getting an education. They are often forced to look for alternative forms of employment and drop out of general education after completing primary education.

“My child turned 16 and was removed from the social assistance program. What should I do as a mother who does not work and has such a child. We subsist on 60 GEL now, who should I apply to, who should I go to” – a representative of a family with children in social housing.

Non-monetary social assistance programs

In some cases, families receiving subsistence benefits also receive non-financial assistance from central and local governments in the form of various programs and support services. Among the services available to support families should be mentioned a sub-program of helping families with children in crisis, which provides food for children under one year and the delivery of household products to families. According to research, the use of this program is often associated with bureaucratic barriers, resulting in families often having to wait for months to receive their benefits. The program running inadequately causes underprivileged families to constantly provide their children with season-appropriate clothing. According to the respondents in the study, the free canteen program funded by the local self-government is also ineffective, as it does not provide food for children under six years old. Consequently, children from one to six years of age are left behind by central and local government programs regarding nutritional support.

Subsidizing utilities

According to the assessment of families with children living in social housing, the subsidy imposed on utility bills, which is issued in indirect financial assistance to socially vulnerable families, is insufficient. This subsidy is valid only during the winter period, which is received for three months. They are forced to pay money from the subsistence allowance in other cases. When they have to cook food on electric stoves, because they have both financial and institutional barriers to gas supply, the utility bill for electricity even in the summer reaches 70 GEL, sometimes 90 GEL.

“The rooms are arranged in such a way that you cannot have gas at home. We had to pay 70 GEL for electricity consumption in the summer. This amount is too big for my family. But to ensure that they will not cut off my electricity, I have to cut down on food money and pay the utilities” – a representative of a family with children living in social housing.

The right to education and development

Child poverty is directly reflected in several fundamental human rights violations. For example, one of the most problematic issues is education. The school attendance rate for compulsory education is 97%. Nevertheless, one in five poor children between the ages of 15 and 18 no longer receive an education. Children from low-income families are less likely to receive pre-school or primary education.⁹ According to the study, it is problematic for families with children living in social housing to equip their children with age-appropriate developmental resources. Most of the textbooks are handed over by schools should be positively assessed. However, there have been exceptional cases when parents have been asked to purchase specific books that were not financially accessible to families with children in social housing.

“We have a problem with books, a 4–5-year-old child needs the toy bricks, the letters that he can work with, the toys that will help him develop, and I want to be able to buy him for the child. They brought us here and forgot that we are here”- a representative of a family with children in social housing.

⁹ Child and Family Welfare survey in Georgia, 2017 UNICEF, 2018, <https://uni.cf/3KzLPx2>

Non-formal education

Families with children living in social housing believe that there should be a non-formal educational support program to protect children's right to education and age-appropriate development. Because their income is not adequate to buy food monthly, the vast majority of children are deprived of the opportunity to engage equally in various non-formal education and cognitive development centers. Some programs provide different cognitive, artistic, or sports teaching throughout Tbilisi for socially vulnerable children. However, because social housing in Tbilisi is located very far from the city center, and since the residents do not have the opportunity to cover transportation costs, they cannot benefit from these programs. This is a direct violation of the right to adequate housing because, according to international standards, the location of accommodation must provide sufficient access for employment, medical services, schools, childcare centers, and other social services.¹⁰

The needs of single parents

Assessing the needs of families with children living in social housing revealed that the country's existing social protection system does not consider the needs of single parents. In particular, according to single parents living in social housing, the state does not provide for the unique needs that families with children who receive social allowances may have, there are no effective non-financial social assistance programs to support single parents, and also there is no indirect financial assistance system, which includes subsidies in some cases. The social programs fail to consider the difficulties they face.

10 General Comment No. 4: The Right to Adequate Housing (Art. 11 (1) of the Covenant), Committee on Economic, Social and Cultural Rights, para. 7 (1991). Para 8

The main problem for socially vulnerable single mothers receiving subsistence benefits is finding additional income under meager subsistence benefits. Given a difficult social background, the vast majority of them need employment to meet the basic needs of children. However, they do not have anyone to leave their children with, and due to their difficult social background, they cannot hire a helper. Because of this, the vast majority of them are unable to find even informal employment opportunities that would alleviate their hard social living and provide the food necessary for child development.

“When you have a small child and you do not have anyone to leave them with, most women cannot go to work, otherwise we have a great desire to work” – a representative of a family with children in social housing.

Access to health care

Access to health services poses a significant challenge for families with children living in social housing. Often universal insurance does not fully cover the amount required for surgery, high-tech examinations are not funded, and the existing subsistence allowance fails to cover the examinations necessary to maintain life and health. Because of this, it is common practice to raise money through social media to fund medical services this way, which of course, does not always work out. Due to the difficult social background, families cannot finance vital rehabilitation services for their children. For example, therapy services related to vision and mobility difficulties.

“I have 1000 points, my spouse needed a surgery, but before the surgery she had to have an MRT done, which costs 350 GEL. Now tell me, if I deduct this amount from 580 GEL, which we receive for a whole month, how can I provide the rest of the family with this amount?” – a representative of a family with children living in social housing.

According to the representatives of families with children living in social housing, their children are completely deprived of receiving dental services. Existing health insurance does not cover dental services, and because of the high prices imposed for obtaining the services, children can never be taken to the dentist.

Availability of medication

The existing subsistence allowance and other related allowances are assessed as insufficient in terms of protecting the children's right to health by the representatives of the families with kids living in social housing. Most of the time, they cannot afford the medicines needed for their children. Particularly difficult is the situation of those families whose children constantly need to take various medications. According to them, most medicines are not covered by the state insurance program, and their subsistence allowance can only allow them to buy enough medication for a few days. In addition to the universal insurance program, they also often apply to the city boards for funding medicines. No unified approach has been observed in this direction based on the research. Some of the respondents stated that they had never received any assistance purchasing medicines. At the same time, some of them were financed several times with a one-time 100 GEL allowance which they used to buy medication for several days. In addition to the fact that inconsistent practices are observed in the case of city boards, the timely administration of one-time assistance is also problematic, especially if the child is in urgent need of medication and the board takes one month to consider the application.

“When the situation is urgent and your child needs a medicine today, they will ask you to write an application and they will consider it in a month. Why do I need it in a month when my child is dying now” – a representative of a family with children living in social housing.

Providing food for children

Child poverty and inadequate living standards prevent many children from receiving food necessary for their age-appropriate development. According to a multi-indicator cluster study published in 2019, half of the children aged 6-23 months receive only 5 of the eight recommended food groups. Only 66% of children in the same age group consume solid/liquid foods with the recommended minimum frequency according to their age. In comparison, 27% receive the minimum food ratio and a variety of foods with the minimum frequency.¹¹

One of the main challenges for families living in social housing is providing baby food. They cannot provide adequate nutrition for their children under the existing social benefits, which are their primary source of income. Meat, fish, and dairy products are virtually excluded from the baby's diet. Under the existing subsistence allowance, they can also give only a minimum amount of money to their children for school not to be hungry all day. The expert involved in the study assesses the existing subsistence allowance as insufficient to provide adequate nutrition for children. According to the study author, many children do not receive complete food.

Housing conditions

Living conditions have a particular impact on a child's well-being and the subsequent exercise of their rights. On the one hand, children have special needs, and on the other hand, their emotional state requires significant care. The right to adequate housing for children is unconditionally linked to living in a sanitary and hygienic environment.¹² In addition, according

11 Real-Time Data Monitoring / Multi-Indicator Cluster Survey (MICS), 2020, (UNICEF), <https://uni.cf/3tLAm7B>

12 Right to adequate housing, key challenge analysis, Center for Human Rights Education and Monitoring, 2018, <https://bit.ly/32k8NXf>

to international standards, the components of habitable housing include adequate living space, physical security, as well as protection against infections that pose a threat to health and such natural hazards as cold, humidity, heat, rain, wind.¹³

According to the study, one of the most pressing issues facing families with children who live in social housing is the substandard conditions of government apartments. Families with children can often buy necessities and hygiene items under existing subsistence allowances, which naturally carries the risk of neglecting the child. Most of the social housing households with children do not have a place to store baby clothes, none of the children have an individual bed, and often several children of different ages have to sleep in the same bed. Most households do not have gas. Two problematic issues were identified in this area. The first is that families are not allowed to have gas inside their flat and only have gas on the balcony. However, they cannot obtain this permit because it costs up to 400 GEL. Internet access is also problematic because the state has not provided internet access in social housing. Because of this, most families do not have access to the internet.

Existing difficult living conditions directly lead to the violation of children's right to education living in social housing. In the absence of sufficient space and adequate furnishing, they often have to write assignments on the floor.

"We do not have a desk, they do their homework on the floor or on a bedside table, what kind of education will they get in such conditions. They should at least provide minimal conditions so that children do not do their homework on the floor"- a representative of a family with children in social housing.

13 General Comment No. 4: The Right to Adequate Housing (Art. 11 (1) of the Covenant), Committee on Economic, Social and Cultural Rights, para. 7 (1991). Para 8

An insufficient amount of space is allocated for families with children living in social housing should be singled out from the existing difficult living conditions. It is a problem that while assigning flats the number of family members, the need for physical and personal space necessary for the child's development is not taken into account. Due to the lack of space, the rights of children living in families with two or more children are further violated.

“The main problem is the terrible lack of space. Three children of different ages sleep together in one bed. Spouses should have a separate room, why should a child see the relationship between the spouses. It is not advisable for everyone to be together” – a member of a family with children living in social housing.

Stable housing

An important challenge for families with children living in social housing is the stability of social housing itself. According to them they are scared to be asked to vacate from their dwellings at any moment and find themselves on the street with their children. According to the respondents, different approaches can be used by the state to provide these people with permanent residence. For example, to gradually introduce the same program as in the case of IDPs, when they are given housing with certain priorities. Also, the spaces in the social housing can be transferred directly to their ownership.

“The most important thing is to know that at least one room is ours and we do not have to think that one day we will have to go somewhere else. We want to have it (our housing) guaranteed” – a member of a family with children living in social housing.

The expert participating in the study shares the mentioned problem named by the families with children living in social housing. With his words, social housing should be the last resort when no other alternative works. However, this cannot be a long-term solution to the problem. Solving the problem in the long run in this direction involves employing families living in social housing to buy their own homes or pay their rent consistently.

Employment

The problem of unemployment is especially severe for households with children. Unemployment is widespread in households with children (in 28% of households, while in households where children do not live, the figure is 19%).¹⁴

The study results showed that one of the most critical problems for families with children living in social housing is the inability to find employment. Due to the insufficient subsistence allowance, they need to have an extra income. Two main problems were identified regarding employment. According to the respondents, the first issue is related to the assessment methodology of the families receiving social assistance. This methodology virtually precludes the employment of people, as it is directly related to the loss of subsistence allowance. According to them, it is necessary to have a transitional period, during which it will be possible to receive both subsistence allowance and employment, and in this way to raise additional funds to improve the socio-economic situation of their families. Otherwise, they become constantly dependent on subsistence allowance due to the highly insufficient amount they must constantly live in poverty.

14 Survey on the well-being of children and their families in Georgia, 2017, UNICEF, 2018, <https://uni.cf/3KzLPx2>

“There is an employment center, you go there, they give you a phone number, you go to the facility if they like you. It’s always if, if, if. The problem is that they make you work all day and give you a maximum of 300 GEL, there is no job with more pay than that, and there too you have to work for 12 hours. Are we donkeys? It is a large amount of work, but a small salary” – a representative of a family with children living in social housing.

The impact of the pandemic

COVID-19 pandemic has posed new challenges to the social security system, in response to which the state has taken some actions during the last two years. In May 2020, the Targeted State Program for Mitigation of Harm due to New Coronavirus Infection (SARS-COV-2) (COVID-19)¹⁵ was approved, which defined the rules for awarding compensation, the persons entitled to receive compensation, and the amounts of compensation. The above-mentioned program also defined “Rules and conditions for providing one-time social assistance to children under 18 years of age.”

Despite the state-sponsored harm reduction measures, the social situation of the families has worsened in the face of the pandemic. The current social protection system existing state and municipal services have proven insufficient in addressing the challenges posed by poverty in families with children during the coronavirus pandemic.¹⁶ The COVID-19 pandemic particularly aggravated the situation of families with children living in social housing, which was caused by the state’s lack of an appropriate and effective response mechanism in response to the pandemic crisis. The anti-crisis plans, and programs planned by the government did not consider

15 Resolution # 286 of the Government of Georgia of May 4, 2020

16 Assessment of the readiness of the Georgian social protection system, (UNICEF), 2020, <https://uni.cf/3tLAynl>

the needs of families with children living in social housing. According to the study, the first wave of the pandemic was challenging for them when movement restrictions were imposed along with other temporary restrictive measures. Because generally, only public transport is accessible and other private vehicles are not accessible for them due to their difficult social background, they have been disconnected from all available services. Due to lack of transportation, they could not go to buy food, and the only solution was walking.

In addition to mobility restrictions, another major challenge that was particularly problematic during the COVID-19 pandemic for families with children living in social housing was access to food. In addition to the fact that they are generally unable to provide adequate nutrition for their children with their subsistence allowance, the pandemic has exacerbated this problem. On the one hand, this is due to rising food prices and the lack of adequate state support, and on the other hand, the closure of preschools is often a supportive link for families in social housing in terms of providing food for children. According to the families with children living in social housing, supplying the food basket only a few times was insufficient, especially when they were often filled with spoiled and expired products and did not provide the food ration necessary for the children.

“It was not enough. Especially that more than half of the food supplied from the kindergartens was spoiled, it was virtually useless, the potatoes were rotten. I don’t even want to talk about tea, it was full of worms” – a representative of a family with children living in social housing.

According to the study, the COVID-19 pandemic caused the most violations of children’s right to education in social housing. The social housing program proved to be completely unprepared for the effective involvement of children in the online learning process. This was related to the lack of technical equipment for online studying, as well as problems with Internet ac-

cess and the living conditions in the social housing itself. According to the survey respondents, the emotional background of the children was aggravated. The problem with access to the Internet was also highlighted by the expert participating in the study, who assessed that the lack of access to the Internet, as well as the lack of technology, was particularly problematic in terms of access to education for children from socially vulnerable families.¹⁷

“ They had online lessons, some of the children do not have a computer, some could not afford to pay Internet bills, I could not top up my phone to use the Internet. I would send the child on the balcony in the summer but what should I do in winter when several children have lessons together” – a representative of a family with children living in social housing.

17 In-depth interview with one of the authors of the report prepared by the United Nations Children’s Fund (UNICEF) on the evaluation of the child social protection system

SOCIAL PROTECTION OF PEOPLE WITH DISABILITIES

People with disabilities represent a group that makes the success or failure of the social protection system clearly visible. Although Georgia ratified the UN Convention on the Rights of Persons with Disabilities (hereinafter referred to as the Convention) 7 years ago, so far it has failed to establish a dignified and internationally compliant social protection system.

Unfortunately, social protection policies are not focused on getting people out of poverty and it only focuses on temporary, fragmented solutions to existing problems.¹⁸ The COVID-19 pandemic and the restrictions imposed during this period have made the major challenges that have existed in this area for years even more clear and visible.

Given the invisibility of the community of people with disabilities and their needs, as well as their socio-economic vulnerability in the country, they were selected as one of the study groups. The general objective of the research was to identify the main trends and challenges in the field of social assistance to persons with disabilities, which, in turn, include the following specific objectives: 1. Studying the social package of persons with disabilities, including its adequacy and relevance; 2. Analysis of the financial assistance mechanism for persons with disabilities during the COVID-19 pandemic.

Analysis of the social package of persons with disabilities

The right to social protection for persons with disabilities is a complex issue. It includes measures aimed at ensuring a dignified life for members of this group, compensating for existing barriers in society, and preventing

¹⁸ Interview with the Deputy Public Defender of Georgia

them from finding themselves in a state of social vulnerability. Financial assistance is one of the elements of the social protection system and globally, including in Georgia, is one of the main mechanisms of supporting people with disabilities.¹⁹ This chapter addresses and analyzes both the relevant standards and the challenges that exist in the country in this regard.

Content of the social package

According to Article 28 of the Convention²⁰, persons with disabilities and their families have the right to an adequate standard of living, including the right to adequate housing, food, clothing, and the continuous improvement of their living conditions. Considering the principle of progressive realization²¹, States should take a number of measures, including providing adequate support to persons with disabilities and their families living in poverty and ensuring access to social protection and poverty alleviation programs.

There are the following international legal obligations of the state in relation to the social package: 1) Determining the independence and social inclusion of persons with disabilities for the purpose of receiving benefits and harmonizing them with the standards of the Convention; 2) Establishing social benefits based on the individual needs of persons with disabilities and not on their disability status or household income; 3) Allocating adequate financial resources to increase financial assistance, which will enable

19 Report of the Special Rapporteur on the rights of persons with disabilities, A/70/297, 2015, par. 51

20 In addition to the Convention, the right to social protection is guaranteed by, for example, the International Covenant on Economic, Social and Cultural Rights, 1966, Article. 9, 11; Convention on the Rights of the Child, 1989, Article. 26; Convention on the Elimination of All Forms of Discrimination against Women, 1979, Article. 11

21 Fina V.D., Cera R., Palmisano G. (Eds.), The United Nations Convention on the Rights of Persons with Disabilities – A Commentary, 2017, p. 516

persons with disabilities to meet basic needs, including food, medical and social services; 4) Eliminating discrimination in the community of persons with disabilities in the process of granting benefits; Eliminating geographical inequality in terms of access to such benefits; 5) Adopting legislation in line with international standards; 6) Providing information about the social benefits to the population and the community; 7) Conducting research and data collection to examine the impact of the program on persons with disabilities; 8) Ensuring the active involvement and participation of persons with disabilities in the decision-making process.²²

Contrary to international standards, national legislation offers weak mechanisms for social protection. The Law on the Rights of Persons with Disabilities is limited to mentioning the general obligation of the state²³ and is silent on the topic of social package and its reform mechanism. On the other hand, specific provisions on the social package are given in the Law on Social Assistance and the Government Resolution on the Definition of the Social Package. According to this normative framework, the social package is considered as one of the forms of social assistance and is defined as a monthly financial benefit or a combination of monetary and non-monetary benefits, provided on the ground of having a disability status.²⁴ The legislation regulates the rules of the amount, issuance, suspension, and termination of the social package, as well as the preconditions for restricting the right to receive it. The problems of these regulations will be discussed in the next section.

22 OHCHR, Article 28: Illustrative Indicators on Adequate Standard of Living and Social Protection, 2020; CRPD Committee, General comment No. 5 (2017) on living independently and being included in the community, CRPD/C/GC/5, 2017, par. 92; Report of the Special Rapporteur on the rights of persons with disabilities, A/70/297, 2015, par. 88

23 Law of Georgia on the Rights of Persons with Disabilities, Article 15

24 Law of Georgia on Social Assistance, Article. 6, 121

Major systemic challenges related to the social package

In the process of studying the local context, several systemic challenges have been identified in relation to the social package mechanism. Problems arise at the level of both legislative regulations, as well as policy and practice and create the need for fundamental reform by the state as soon as possible. One of the main manifestations of flaws of the social package system is its content. Existing regulations in the area of support mechanisms are blanket, based solely on medical diagnoses, and ignore a rights-based paradigm, instead of addressing inequalities between people with disabilities and other members of the society.

First of all, the circle of people covered by the social package is problematic. Based on its content, the assistance is contrary to international standards and does not meet the needs of all persons with disabilities. According to the existing regulations, the list of recipients of the social package fully covers only those with severe and significant disabilities. For moderately disabled people, additional signs of vulnerability are required when receiving the package. In particular, the social package is given to 1) persons who have disabilities since childhood and who have established the status of a moderately expressed disability after reaching adulthood; 2) Persons who have a moderate disability status as a result of various warfare activities.²⁵

The social package should be tailored to the individual needs of people with disabilities. Unfortunately, the process of determining the details of this service and amount of financial assistance is not based on any type of research on the social vulnerability and needs of people with disabilities. It is thus far based solely on the medical model and takes into account the diagnoses and degrees of disability of persons with disabilities.

25 Resolution N 279 of the Government of Georgia of July 23, 2012 “On Defining the Social Package”, Article. 5

At the same time, certain regulations²⁶ of the social package were found to be discriminatory by the Public Defender,²⁷ but the government did not take measures to repeal them and change the existing system:

- Persons with disabilities employed in the public service job (except for persons with severe disabilities and persons with significant visual impairments) have been suspended from accessing the social package while employed in public jobs, while persons with disabilities employed in the private sector do not face such restrictions. The legislation does not consider that any person with disabilities has the needs and interest to receive a social package.
- The law excludes the possibility of receiving a social package and an old-age pension at the same time, and older persons with disabilities have the right to use only one of them. Existing regulations neglect the purpose of these two types of benefits and their increased necessity.

Another acute problem in this area is the amount of the social package, which fails to provide an adequate standard of living for people with disabilities, even at a minimum level. According to the existing regulations, its amount is equal to 275 GEL for children with disabilities and severely disabled persons, 140 GEL for significantly disabled persons, and 100 GEL for moderately disabled persons. There is no methodology²⁸ for calculating and increasing package amounts (including, taking inflation into account), which is acknowledged by the state itself²⁹ and which calls into question its

26 Resolution N 279 of the Government of Georgia of 23 July 2012 on Defining a Social Package, Article 6

27 Recommendation of the Public Defender of Georgia on establishing the fact of direct discrimination in the field of employment of persons with significant and moderately pronounced disabilities, 2017, <https://bit.ly/3419hCK>; Recommendation of the Public Defender of Georgia on the establishment of discrimination on the grounds of disability, 2020. <https://bit.ly/3qszYrr>

28 Focus groups with people with disabilities; Focus group with parents of persons with disabilities

29 Interview with the representative of the Ministry of Internally Displaced Persons from the Occupied Territories, Labor, Health, and Social Affairs of Georgia

adequacy. At the same time, it is noteworthy that the amount of the social package for significantly and moderately disabled people is much less than the subsistence amount in the country (as of December 2021 – 223.5 GEL³⁰). Given the extremely low employment of people with disabilities, the social package is virtually their only source of income, making it impossible to fulfill their minimum needs, including housing, food, health care (especially the cost of such medical examinations³¹ and treatments that are not covered by the universal health care program).³²

“Persons with disabilities are unequivocally in the group of those who are not given the opportunity to develop, and the compensation for the lack of this development is 250 GEL.³³ It is a kind of compensation to survive, but today it is more like a compensation to not survive” – a person with disabilities.

The scarcity of the social package is a particularly acute issue for children with disabilities who suffer from not having access to various types of services. Parents point out that the amount of social packages can sometimes be as much as 10 times less than the monthly expenses associated with a child.³⁴

“Families of people with disabilities often become socially vulnerable after the birth of a child because they need a lot of therapy” – the parent of a child with disabilities.

30 National Statistics Office of Georgia, subsistence level, <https://bit.ly/3qrfoYn>

31 This need is especially true for people with hearing impairments

32 Focus group with persons with disabilities; Focus group with parents of persons with disabilities; Interview with a representative of an organization working on the rights of persons with disabilities

33 Note: At the time of the focus group meeting, the social package for people with severe disabilities was equal to 250 GEL

34 Focus group meeting with parents of persons with disabilities

During the pandemic, the Georgian government decided not to suspend the issuance of the social packages, even when there were grounds for suspension. However, the difficulties caused at this time, including the decline in purchasing power, further raised the issue of inadequacy and insufficiency of the social package.³⁵ On this issue, persons with disabilities and organizations addressed the government, explained the main shortcomings of the social package and demanded its continuous growth through indexation and identification of their individual needs (which is related to the transition to the social model).³⁶ Nevertheless, the government has not taken appropriate steps. Exceptions in this regard were severely disabled persons and children with disabilities, for whom financial assistance increased by 55 GEL in total in July 2020 and January 2021.

The shortcomings of the social package are directly related to the model of assessment and granting the persons with disabilities with disability statuses, which to date focuses only on medical diagnoses and excludes the identification of individual needs of persons with disabilities and the introduction and implementation of tailored services at both central and municipal levels. Unfortunately, the exact date of the transitioning from the medical paradigm to the social model is still unknown.³⁷ It should be noted that in addition to the delayed process of transition to the social model, it is problematic to obtain existing flawed disability status or revise it due to persons' age (usually no status is granted to young children), geographical (medical and social expertise is not provided in many municipalities) and informational (including procedures and evaluation mechanism) inaccessi-

35 Report of the Public Defender of Georgia on the Situation of Human Rights and Freedoms in Georgia, 2020, p. 378

36 Statement: "Persons with Disabilities and Organizations Call on Government to Increase Social Package", 2021, <https://bit.ly/3th6tbZ>

37 The position of the Public Defender on increasing the social package for people with disabilities, 2021, <https://bit.ly/3sHH2mG>; Interview with a representative of the Ministry of Internally Displaced Persons from the Occupied Territories, Labor, Health, and Social Affairs of Georgia

bility. People with disabilities and their family members also point out that the assessment process is bureaucratic, abusive, and stressful.³⁸

The systemic challenges in the field of social protection in the country indicate even more clearly the need to review the overall content and importance of the social package. Among other problems that should be pointed out is the lack of services related to persons with disabilities at the central or municipal level, which largely ignores the needs of persons with disabilities. It should be noted that most of the support mechanisms in the municipalities focus on pre-fixed one-time monetary payments, which mainly range from 100-200 GEL, and which do not meet the minimal needs of people with disabilities. In addition to the lack of services in the regions, access to services in other municipalities is also problematic due to the lack of transport (especially in rural areas).³⁹

The challenge is the work of social workers with people with disabilities and their families. Among the many systemic challenges in this regard should be pointed out the lack of social workers, overwhelming work, low pay, as well as the lack of quality supervision and monitoring system.⁴⁰ People with disabilities and their family members report that they have had extremely limited or zero communication with social workers.⁴¹

Additional challenges arise for persons with disabilities belonging to ethnic minorities. In many cases, because of the language barrier, they are deprived of the opportunity to connect with social workers and are thus

38 Focus group meeting with persons with disabilities; Focus group meeting with parents of persons with disabilities; Interview with a representative of an organization working on the rights of persons with disabilities

39 Focus group meeting with persons with disabilities; Interview with a representative of an organization working on the rights of persons with disabilities

40 Interview with the Deputy Public Defender of Georgia

41 Focus group meeting with persons with disabilities; Focus group meeting with parents of persons with disabilities

unable to obtain information even about existing, limited services, leaving them outside the social welfare system entirely. Due to the language barrier and the lack of translator services, they are unable to get an education, are unable to work, are unable to contact government agencies and are further robbed of the opportunity for socialization and independent living. Therefore, they become completely dependent on the social package.⁴²

In addition to the above challenges, the study⁴³ also identified issues that can be positively assessed. These include support services at the central and local levels to meet the individual needs of persons with disabilities. However, there are also significant problems in this area in terms of planning, implementation, monitoring, and evaluation of these services. For example, it is a challenge that these services ignore the individual needs of persons with disabilities, the geographical difficulties to access them, the lack of funding, the low quality of services, as well as a few bureaucratic barriers that complicate accessing the services. It is also noteworthy that, as a rule, the prerequisite for the provision of support services is registration in the list of socially vulnerable people and being awarded with appropriate points, which excludes persons with disabilities who are not below the poverty line but need to receive such services.

At the same time, it is worth noting that some municipalities provide relevant services for only certain groups of people, due to the activism of the disability community. The steps taken by the local authorities are important, however, in practice, they create an unequal environment towards the various disabled groups living in the municipality. Allocated budget provides benefits for certain groups, while entirely ignoring the needs of others.⁴⁴

42 Interview with a representative of an organization working on the rights of persons with disabilities; Focus group meeting with parents of persons with disabilities; Interview with the Deputy Public Defender of Georgia

43 Focus group meeting with persons with disabilities; Focus group meeting with parents of persons with disabilities, interview with the Deputy Public Defender of Georgia

44 Focus group meeting with parents of persons with disabilities

The mechanism of exemption from income taxes is also noteworthy, according to which the annual incomes of individuals with disabilities who earn up to 6000 GEL are not taxed. However, the problematic methodology for determining the amount of this exemption, as well as a few bureaucratic and technical barriers (including in relation to taxation of different kinds of incomes) make it extremely difficult to use the mechanism.⁴⁵

Community members and experts name the following things as the ways of solving the problems – developing common approaches and visions of social protection policies, preventing possible overlap of services at central and municipal levels, forming effective cooperation between government agencies, establishing independent living support services, creating relevant statistics and research reports, ensuring active involvement and participation of persons with disabilities and their representative organizations in the process of program development or budgeting.⁴⁶

Analysis of support allocated for persons with disabilities during a pandemic

The COVID-19 pandemic has posed new challenges to national social security systems. Measures taken by countries in terms of public health have put on the agenda the need for more support for the population, especially socially vulnerable groups, and the need to reduce the impact of the pandemic. The neglect of people with disabilities by governments and their failure to address their needs in social and economic policy has exacerbated societal inequality and their vulnerability against the pandemic.⁴⁷ The

45 Focus group meeting with persons with disabilities

46 Focus group meeting for people with disabilities, focus group meeting with parents of people with disabilities

47 Committee on Economic, Social and Cultural Rights, Statement on the coronavirus disease (COVID-19) pandemic and economic, social and cultural rights, E/C.12/2020/1, 2020, paragraph.1, 2, 15; CRPD, Statement on COVID-19 and the human rights of persons with disabilities, 2020, <https://bit.ly/3JpvZo7>

recommendations developed at the international level have taken into account the use of a number of social protection mechanisms for persons with disabilities, considering the challenges they face. The latter include: raising the amount of financial aid and issuing them in advance; Increasing the coverage of existing services; Providing financial assistance to persons with disabilities who were left without income or had their income reduced; Activating food provision schemes.⁴⁸

The COVID-19 pandemic has clearly highlighted the failures that exist in the field of social protection of persons with disabilities in Georgia. The measures taken by the government during this period failed to ensure the prioritization of this group, identification of the challenges they face and development and implementation of visions for overcoming them.⁴⁹

Measures taken by the government at the beginning of the pandemic focused on public health. During this period, the government did not prepare the social protection system against the pandemic and did not formulate a vision and policy for smooth working progress during this period. Since the outbreak of the pandemic, the government has decided⁵⁰ to issue social packages for certain groups of the population, including people with disabilities, however, there are a few challenges in this regard.

48 OHCHR, COVID-19 and the Rights of Persons with Disabilities: Guidance, 2020, p.5; ILO, No one left behind, not now, not ever Persons with disabilities in the COVID-19 response, 2020, <https://bit.ly/3Hh0Z8c>; United Nations, Policy Brief: A Disability-Inclusive Response to COVID-19, 2020, pg. 13, 16 – 17

49 Report of the Public Defender of Georgia on the Situation of Human Rights and Freedoms in Georgia, 2020, p. 377; Statement: “In the opinion of the Public Defender, the needs of persons with disabilities are not properly taken into account in the anti-crisis economic plan”, 2020, <https://bit.ly/3qxxl7V>

50 Resolution No. 286 of the Government of Georgia of May 4, 2020 “On Approval of the Targeted State Program for Harmfulness of Infection Caused by New Coronavirus (SARS-COV-2) (COVID-19)”. Resolution No. 286 of the Government of Georgia of May 4, 2020 “On Approval of the Targeted State Program for Harmfulness of Infection Caused by New Coronavirus (SARS-COV-2) (COVID-19)”

One of the main challenges identified in this regard is the limited nature of the support mechanism developed by the government.⁵¹ Instead of the social package covering all persons with disabilities, the government selected only certain groups (persons with severe disabilities and children with disabilities), leaving a large part of the disability community without such support. The support mechanism was extended to approximately 40,000 people⁵², representing 31-32% of persons with disabilities receiving a social package.⁵³ Unfortunately, the regulation could not fully cover even its narrow target group as older people were receiving retirement pension instead of the social package.⁵⁴ At the same time, support measures did not address children (mainly children with Autism Spectrum Disorder and Down Syndrome) who were not granted status based on a defective medical model, along with those with significant and moderate disabilities.

At the same time, it is problematic that the validity of the support mechanisms was only temporary. Despite the continuing nature of the pandemic and the immutability of the challenges faced by persons with disabilities, cash disbursements were only possible during so-called I and II waves⁵⁵ and did not continue during subsequent waves of the pandemic.⁵⁶

The government's anti-crisis plan defined a circle of persons with disabilities who were provided with financial support in the amount of 600 GEL

51 Statement: "EMC Evaluates Government Anti-Crisis Plan", 2020 <https://bit.ly/3E4nn3G>; 2020; Statement: EMC: Short-Term and Long-Term Effects of Second Wave of Anti-Crisis Programs raises question, 2020 <https://bit.ly/2VvIADk>

52 Report on Measures Taken by the Government of Georgia against COVID-19, 2020, p. 55; IPHR, Human rights impact assessment of the COVID-19 response on the territory of Georgia, 2020, pg. 36

53 See: Social Service Agency, Statistics of Social Package Recipients, <https://bit.ly/3nJJJB>

54 Focus group meeting with persons with disabilities

55 For 6 months since May 2020 and for 6 months since January 2021, See: <https://bit.ly/316lfZo>.

56 Georgian Young Lawyers Association, COVID-19 and the Rights of Persons with Disabilities, 2021, pg. 15

within 6 months (100 GEL per month). The government has failed to ensure that the methodology⁵⁷ for calculating this amount of support is made public when the adequacy and adequacy of such support are in question. Also problematic is the fact that during the pandemic, the government only provided financial assistance and did not offer any other type of assistance to persons with disabilities.⁵⁸

In addition to the above-mentioned shortcomings, one of the main problems identified in the study was the lack of providing information to persons with disabilities in formats that were comprehensible to them, which, among other rights, poses a threat to the exercise of their social rights.⁵⁹ Access to information poses an even greater problem for individuals living in rural regions, including those belonging to ethnic minorities.⁶⁰

Planning and implementing such support mechanisms during a pandemic is even more troubling given that targeted support services for persons with disabilities are extremely scarce at the central and municipal levels, programs available for these groups have been discontinued, and some have been implemented remotely and with flaws. Measures taken at the local level (including providing food) were insufficient and were not implemented in a timely manner or were entirely provided by the private sector. Therefore, from the very beginning, there was a need to review the mechanism of government support for persons with disabilities and to implement appropriate reforms.⁶¹

57 “As for the amount, we gave what we could” – Interview with the Ministry of Internally Displaced Persons from the Occupied Territories, Labor, Health and Social Affairs of Georgia
58 Focus group with parents of persons with disabilities

59 Statement of the Public Defender of Georgia on the rights of persons with disabilities in the light of current events; 2020, <https://bit.ly/3Jt342F>

60 Interview with a representative of an organization working on the rights of persons with disabilities; Focus group with parents of children with disabilities

61 In the opinion of the Public Defender, the needs of persons with disabilities are not adequately addressed in the anti-crisis economic plan. 2020, <https://bit.ly/3JrMVum>; Focus group meeting with parents of persons with disabilities; Focus group meeting with persons with disabilities

SOCIAL POLICIES TO HELP VICTIMS OF DOMESTIC VIOLENCE

The active fight against domestic violence in Georgia began in 2006, when a special law was first adopted, and state shelters were opened. Since then, a few legislative reforms have been carried out, criminal policy has been tightened, public awareness has increased and the appeal to the police has been constantly increasing, however, social policy still remains the weakest link in the fight against domestic violence.

Legislation

The Law of Georgia on Prevention of Violence against Women and / or Domestic Violence, Protection and Assistance to Victims of Violence guarantees social protection and assistance to victims. According to this law, there are shelters and day care centers in the country, which are responsible for psychological and social rehabilitation of victims along with legal and medical assistance/protection.⁶²

According to the Law on Prevention of Violence against Women and/or Domestic Violence, Protection and Assistance to Victims of Violence, the State, in particular the Ministry of Internally Displaced Persons from the Occupied Territories, Labor, Health and Social Affairs, provides social services, including: "A) study the causes of family disputes, to make appropriate analysis and to assist family members in resolving disputes; B) implementation of victim support and assistance measures; C) together with the relevant state

62 Law of Georgia on the Prevention of Violence against Women and/or Domestic Violence, Protection and Assistance to Victims of Violence, 2006, Article 1, Article 4 (i) (l). See: <https://matsne.gov.ge/ka/document/view/26422?publication=19>

bodies, identify the risk groups of the perpetrators and assist in solving the problems related to them; D) participation in the process of issuing a protection order; E) Participate in the process of monitoring the implementation of the issues envisaged by the protective and restraining orders; F) Development of assistance and social rehabilitation programs for victims and support for their implementation.”⁶³

According to the newsletter issued by the Agency for State Care and Assistance for the (Statutory) Victims of Human Trafficking: “Family member, whose rights and freedoms were violated by neglect and/ or physical, psychological, sexual and economic violence or coercion and who was given the status of a victim of domestic violence by the relevant service of the Ministry for Internal Affairs of Georgia (by issuing a restrictive order and/ or a decision on recognizing a person as a victim) and/ or by a court (by issuing a protective order) and/ or by a group tasked with determining the victims of domestic violence (by granting a status victim of domestic violence by a victim identification group).”⁶⁴

Enforcement

For female victims of domestic or other forms of violence, the government operates five shelters throughout the country: Tbilisi, Kutaisi, Batumi, Sighnaghi, Gori⁶⁵ and five crisis centers in the following cities: Tbilisi, Kutaisi, Gori, Ozurgeti, Marneuli that are run by the State Fund for Protection and Assistance of Victims of Human Trafficking and Agency for State Care and Assistance for the (Statutory) Victims of Human Trafficking.⁶⁶

63 Ibid, Article 8 (2)

64 Leaflet on human trafficking for women victims of domestic or other kinds of violence, see: <http://atipfund.gov.ge/res/docs/one-pager-zaladoba-2018.pdf>

65 See: <http://atipfund.gov.ge/geo/list/211/odjakhshi-dzaladobis-mskhverplta-tavshesafari>

66 See: <http://atipfund.gov.ge/geo/static/427/dzaladobis-mskhverplta-krizisuli-tsentrebi>

According to the official website of the State Agency for Assistance to Victims of Trafficking and according to the statistics of the beneficiaries (women/victims of domestic violence/victims) 228 persons received psychological and social assistance in the I-III quarter of 2019.⁶⁷ This is the latest information available on the official website.

According to the Ministry of Internally Displaced Persons from the Occupied Territories, Labor, Health and Social Affairs of Georgia, various modules are used to work with beneficiaries in shelters and crisis centers, which are implemented by social workers and psychologists, both individually and in groups, after determining their need:

- Emotion Management Rehabilitation Program Module.
- Communication and Assertive Behavior Rehabilitation Program Module.
- Conflict Management Rehabilitation Program Module.
- Parental Skills Improvement Course.
- Raising self-esteem.
- Psychological education.
- Strengthening resources and increasing motivation.
- Improving communication skills;⁶⁸

The same letter mentions the statistics on how many victims of violence benefited from the shelters: 411 beneficiaries (2019); 411 beneficiaries (2020); 267 beneficiaries (until August 2021); While the services of the Crisis Center were benefited by: 242 beneficiaries (2019); 474 beneficiaries (2020); 340 beneficiaries (by August 2021).⁶⁹

67 See: <http://atipfund.gov.ge/res/docs/zaladobis-statistika-2019-IIIkv.pdf>

68 Letter # 07/7508 of the Ministry of Internally Displaced Persons from the Occupied Territories, Labor, Health, and Social Affairs of Georgia, 30.08.2021

69 Ibid.

It should be noted that some municipalities allocate rent for housing for victims of domestic violence, for example, Telavi municipality has a sub-program for financing temporary housing rent. The funding is 100 GEL per month. Kutaisi City Hall provides financial assistance for victims of domestic violence in the amount of 100 GEL every month (for a period of 1 year) after leaving the shelter for victims of domestic violence. The number of places – 10.⁷⁰

The budgets of Tbilisi⁷¹ and Batumi⁷² Municipalities do not provide targeted assistance programs for female victims of violence.

Prevention

Research participants agree that measures to prevent domestic violence are virtually non-existent but imperative, nonetheless. The social workers involved in the study believe that *“social assistance and the program should be proactive and not reactive.”*

At the same time, active involvement by the Ministry of Internal Affairs is necessary for the implementation of domestic violence prevention. They also believe that the number of crisis centers should increase dramatically for the effective prevention of domestic violence. The social workers participating in the study point out that the only prevention mechanism that exists in the social protection system is a monitoring system. They believe that primary prevention should be implemented in educational institutions to remove the taboo on domestic violence and that it should not be considered shameful to report it. They also recalled awareness-raising campaigns, however, noting that *“the state should give it a priority and work on it constantly, even from school age.”*

70 Ibid.

71 Letter of the Municipal Legal Service of Tbilisi Municipality # 10-01212302210, 18/08/2021

72 Letter of the Health and Social Protection Service of Batumi Municipality # 02-14212384, 26/08/2021

Social services

The study participants unanimously noted that there is a sharp lack of social assistance and services in the country: *“The biggest problem in our country in terms of social protection is the lack of services.”* Survey participant social workers note that there are certain common services, *“however, we have very few services specifically for women victims of violence”*. The participants of the study note that the social services provided by the non-governmental sector were much more diverse, tailored to the needs of individuals and of higher quality than public services. One of the problems was bureaucracy: *“Due to the bureaucracy present in state systems, all processes are dragged out, which increases the degree of dissatisfaction.”*

The social workers participating in the study note that *“the existing services are short-term and in this period of time beneficiaries fail to empower themselves so that they can continue to live independently and fully restore their social functions, therefore they go back to the old problems, and they move in a circle.”* The study participants agree that after using the shelter, it is necessary for the state to continue providing some type of support to female victims of domestic violence by providing rent, food packages and other necessities. They believe that with proper social assistance, more victims will be able to speak out and escape from their abusers.

There is also a need for educational, vocational and employment programs for women victims of domestic violence. Furthermore, everyone agrees that the state needs to provide assistance in paying rent. One of the respondent states: *“The whole salary goes to rent. There are no low-cost apartments. Quite a lot of money goes to utilities.”*

Shelters are the main parts of the social protection system for victims of domestic violence in Georgia, however, there is a constant problem with places in shelters: *“There is demand, but there is no supply.”* The respondent states that *“one year is not enough to undergo psycho-social rehabilitation*

and equip themselves with the skills to then be able to pay rent with their children independently, thus they remain in the streets or return to the shelter after a police call. " Social workers participating in the research also believe that it is necessary to conduct surveys involving beneficiaries to identify which areas need improvement. Some of the beneficiaries participating in the study said that they had not heard about the existence of crisis centers at all, and they only have information about the shelters. It was also revealed that there is a lot of unfavorable information about the resources available. The respondent said: *"I have heard that the situation in the shelter is not normal; I did not want to go there, I was seized by some kind of fear."*

One of the barriers to providing social services to victims of domestic violence was the need for assigning a survivor of abuse status. Respondent social workers point out that it is not always possible to grant a victim status, which leaves victims of domestic violence beyond social protection. Respondents named both successful and unsuccessful cases with the status board, citing the length of the procedure and the qualifications of board members as problems. *"If people do not ask the right questions, they will not get the information,"* – respondent said.

The study participants note that one of the most important services that they are not provided with is a childcare service: *"I am at home because of my child. The youngest one is 3 years old. I cannot work because I do not have a caregiver for my child."* Respondents note that all services were terminated as soon as they left the shelter, which is a problem. Beneficiaries also stressed the importance and inaccessibility of psychological services: *"One psychologist should not be serving five districts."*

All participants in the study agree that direct financial assistance is either non-existent or insufficient. One of the respondent states: *"I have not gotten direct financial assistance. I only get assistance for the child."* The other says: *"It is superfluous to say that this amount is not enough – this amount is not even 10% of what children need."*

Several beneficiaries spoke about SOS Children's Village and significant human rights violations there, such as saying that beneficiaries were physically abusing each other there and no one was regulating the situation. One beneficiary said of the other minor beneficiary: *"I personally saw how the supervisor was beating the beneficiary."* Another beneficiary said of the same institution: *"I filed a complaint on the issue, and they got angry at me. In Tbilisi, all my assistance was cut off."* Several beneficiaries agreed on the inviolability of the social system, with one respondent saying of another: *"He was right when he said that he was not fighting against his ex-husband, he was fighting the system."*

Social worker

The social workers participating in the study noted that the social workers themselves are service providers and they stressed the need to properly train social workers. Emphasis was also placed on the busy schedule of the state social workers, which has a negative impact on the quality of services rendered. Social worker respondents stated that systemic problems with social protection lead to poor working conditions and have a detrimental effect on their personal reputation.

Focus group beneficiaries noted that access to social services was directly related to the social worker's qualifications and good will. One respondent said, *"The system is well put together on paper, but it all depends on the social worker."* Some beneficiaries expressed satisfaction with the social workers, while others expressed dissatisfaction: *"They treat the case carelessly and coldly, I have personally met such a social worker."* Another respondent notes: *"There have been times in my life when I have met very good social workers, and vice versa."* One beneficiary also spoke of social service bias: *"They are very subjective and have no professionalism or sense of objectivity. In my case, they were like the parties, and it continues like that to this day."* The same respondent commented on the social service agency: *"I had to meet with sev-*

eral leaders, they called me to their office and simply bullied me.” Also, there were respondents who stated that they had no contact with social workers at all.

The failure of the social service agency to enforce court decisions was singled out as a separate problem, in particular, one respondent stated: *“I could not return my child. I brought the court ruling... The ruling remains a ruling, the social service agency cannot force abusive fathers to enforce the ruling. “Another respondent spoke about the non-payment of alimony: “It’s wrong that I have to fight so hard for the father to pay alimony. Every ruling and every decision remain in the courtroom.”*

Beneficiaries surveyed are more satisfied with non-governmental sector professionals compared to public service providers, with respondents saying: *“I think the social service agency should be doing what the organization Sapari did for us. If professionals could be employed in Sapari, why can they not hire such professionals in the civil service agencies or the police? “*

Social worker respondents point out that procedural representation is important in cases of domestic violence, *“because in such a case we, the social workers, can identify complex problems, be it violence against women or violence against children.”* However, they also point out that mandatory court representation for other types of crimes is a heavy burden and they do not consider it necessary.

Intersectionality

Social workers point out that representatives of different groups do not have equal access to the social system in Georgia, and one of the reasons for this is the lack of information or having incorrect information. They also point out that although Georgia is a diverse country with multi-ethnic and geographical data, the social system is not being tailored to individual

groups: *“One of the biggest challenges is that all the services should be tailored to the needs of the community where we are functioning, and this is the biggest failure.”* Respondents believe that information about existing services should be disseminated not only on television and the Internet, but also at the community level: *“It requires a very specific approach and people’s cultural or religious diversity should be taken into account.”*

They also say that geographical inaccessibility is a serious challenge, what is available in Tbilisi does not exist in the regions. At the same time, the respondents mentioned that there is a great information gap between those victims living in urban and rural areas. There is less TV and internet coverage in the regions: *“People who need access to information the most do not have it.”*

The social workers participating in the study also note that social services are much more limited for unmarried women and mothers of adult children than those who have underaged children or few children: *“There is no help for women who do not have minor children, we help families with children in some way, but there is really nothing for those with adult children or single women in the country.”*

It should be noted that a large proportion of women victims of domestic violence in the study consider themselves single mothers even when the children have a father. Once women victim of domestic violence escapes their abusive husbands and take their children with them, they perceive themselves as single mothers and point out that proper social services are not provided to them.

Respondent social workers say that they do not have information whether there is a day care center specifically for victims of violence with disabilities. They also note that *“there is nothing for people with mental health conditions.”*

Several beneficiaries stated that they were unable to receive social benefits because they were not registered anywhere. They requested legal solutions

for the problem. According to one of the respondents, he was told at the City Hall that – *“they could not even pay my rent because I am not registered anywhere.”*

The impact of the pandemic

Respondents stated that they had to leave their jobs because kindergartens were closed due to COVID-19, which forced them into even more dire straits. At the same time, they note that due to the pandemic it became difficult for them to obtain social services.

NURSES' WORKING CONDITIONS AND THEIR SOCIAL GUARANTEES

A clear example of the improper implementation of social policy in the country are the abhorrent working conditions of nurses, the low-level staff of the medical institution, and the lack of their social guarantees. The problems faced by nurses have been a challenge in the country for years, although state authorities do not pay proper attention to this issue. Based on the medical staff numbers in Georgia, the number of doctors exceeds the demand, while nurses are in short supply.⁷³

The study found that the number of nurses is very low, and their number is decreasing every year as nurses leave the profession due to difficult working conditions and low salaries.⁷⁴ Nursing is one of the lowest paid and laborious professions in Georgia. For female nurses, the salary received at the clinic is so low and insufficient that they have to work in several medical institutions at the same time. The focus groups are not in favor of working in several institutions at the same time, but in conditions where the state cannot offer them another solution, they are forced to work during their leisure time without breaks, at the expense of their own health. Working non-stop and a busy work schedule increases the risk of professional burnout of nurses and raises a risk of making mistakes at work.⁷⁵ Passivity on the part of the state, instead of adding new staff, encourages the exodus of nurses from the country.

73 R. Karanadze and others, "Nurses' working conditions in Georgia", 2019. Available at: shorturl.at/hiqyT

74 R. Karanadze and others, "Corona Virus Pandemic and Nurses' Remuneration", 2021. Available at: bit.ly/3pd2n4

75 UN Women, "Assessing the Impact of COVID-19 on Women Working in Medical Field in Georgia", 2020. Available at: <https://bit.ly/2WfKOni>

The current severe situation has become even more alarming in the wake of the COVID-19 pandemic. The schedule and workload of doctors went beyond both legislative norms and normal human capacity. The infection has spread to medical staff and 12 nurses have already died as of today.⁷⁶

State social policy towards women nurses

In Georgia, nurses are a group of people whose challenges remain unnoticed by the state. According to the information provided to us by the Ministry of Health, as of September 2021 – there are 639 medical institutions with a total of 21,772 nurses.⁷⁷ The state does not have a specific policy to create decent working conditions for nurses or pay them a living wage.

In accordance with the amendments made in the Labor Code of Georgia in 2021, the implementation of the norms set by medical institutions is supervised by the Labor Inspection Service. Areas of supervision include length of working hours and pay. According to the public information provided by the Ministry of Health, before September of this year, the Service inspected two medical institutions, unplanned, based on a complaint, which revealed that working hours are 4-8 hours per day, based on the position of the staff,⁷⁸ in terms of monthly working hours it ranges from 96 hours to 304 hours per month including shift schedule. The publication of the final results of the inspection by the Labor Inspection Service was scheduled for October, but it has not been made public yet.⁷⁹

76 R. Karanadze and others, "Corona Virus Pandemic and Nurses' Remuneration", 2021. Available at: bit.ly/3pd2n4

77 Letter from the Ministry of Refugees, Labor, Health and Social Affairs from the Occupied Territories of Georgia № 01/13397, 03.09.2021.

78 Ibid.

79 Statement by the Head of the Labor Inspection Service, "The Labor Inspection Service will inspect all medical facilities across the country." 23.09.2021. Available at: <https://bit.ly/3dn4Aol>

A focus group discussion conducted with nurses also revealed that nurses do not use social packages and they have no information about them at all. The state does not have a specific unified policy in this regard and therefore no state package exists. The only exception is the salary supplement for nurses who are involved in the fight against COVID-19 in the amount of three GEL per hour, allocated by the state.

The government's decision to issue a salary supplement for medical staff employed at COVID clinics was announced in October 2020. According to the Minister of Health, the salary fund was calculated accurately and the doctors who are involved in the fight against COVID-19 were divided into groups. According to the decision of the Coordinating Council for Combating COVID-19, the salary supplement for resuscitators, junior doctors, infectious disease specialists, therapists and nurses would be 50% of their salaries.⁸⁰

The salary supplements determined by the state based on the decision of the government are transferred directly to the COVID clinics, where the allocated funds then have to be distributed according to the working hours of the nurses. According to the participants of the focus group, the salary supplements are given to nurses in COVID departments, however, they are paid to the nurses in installments.

"I worked in COVID resuscitation. The one-month salary supplement was divided into two parts. One part was accrued along with a one-month salary. The second part was accrued with the second month salary paid for working in COVID resuscitation along with the first part of the current monthly salary supplement" – the focus group meeting with women nurses.

80 Statement of the Minister of Internally Displaced Persons from the Occupied Territories, Labor, Health, and Social Affairs of Georgia: "Medical personnel involved in the management of the coronavirus will receive 50% of their salary as a supplement.", 2020. Available: <https://bit.ly/3rolfzT>

Nurses and the COVID-19 pandemic

The dire socio-economic situation of nurses was further aggravated by the emergency situation caused by the COVID-19 pandemic. The pandemic has affected all aspects of public life. COVID-19 has claimed the lives of more than four million people and damaged the health of several million people worldwide. Since the majority of infected or symptomatic people seek medical help from medical facilities, many cases have a particularly critical effect on hospital staff. The COVID-19 pandemic posed an even greater challenge to the lives and careers of health care workers.

Medical staff, especially nurses whether it is during their daily routine or a pandemic, are on the front lines of the fight and are responsible for caring for patients. Given the limited resources of nurses, their role in treating patients with COVID-19 is to screen patients, provide emergency treatment, and take special precautions with infected patients as part of their job. Nurses who are at the forefront of the fight against COVID-19 in times of crisis face problems that hinder the care of infected patients. The main problem in the healthcare sector during the COVID-19 crisis is the critical shortage of nurses, beds, and medical equipment, including personal protective equipment.⁸¹

According to a resolution⁸² of the World Health Organization on the protection of health care workers and investment in healthcare, investment in the healthcare sector requires the presence of qualified, properly trained and equipped staff. The resolution, together with the qualifications of the medical staff, emphasizes the need for decent remuneration, recognition, a safe working environment and protection of the rights of medical professionals.

81 Article, "Nurses on the Front Line of Combating COVID-19", 2020. Available at: <https://bit.ly/3BsQfQT>

82 Resolution of the World Health Organization on the protection of health workers and investment in health care, A74/A/CONF./6, 2021. Available at: <https://bit.ly/3DzwyJ2>

The resolution emphasizes the need to:

- Allow health and healthcare workers to receive COVID-19 vaccines, personal protective equipment, decent working conditions, and equal protection of labor rights free from all forms of discrimination.
- Accelerate cross-sectoral cooperation and sustainable investment in the field of education and equipping of healthcare workers.
- Introduce the World Health Organization's Global Human Resources Strategy and the World Health Organization's Code of Practice for International Employment.
- Prepare a global health workers compact.

The challenges faced by women in healthcare, especially nurses, have been exacerbated in the fight against COVID-19, despite relevant recommendations and calls from international organizations. Like the world healthcare sector, most of Georgia's healthcare workers are women as well. The number of women employed exceeds the number of men and is 62%.⁸³ With the increase in the spread of the infection in the country, the number of cases of infection among the employees of the medical institution has also increased. According to the Solidarity Network, 12 nurses died during their work during the pandemic throughout Georgia.⁸⁴

The statements of the focus group participants show that the hard-working conditions of the nurses were aggravated by the COVID-19 pandemic. According to the nurses, it is problematic to work with the equipment that they have to wear to protect their own and patients' health.

83 UN Women, "Assessing the Impact of COVID-19 on Women Working in Medical field in Georgia" 2020. Available at: <https://bit.ly/2WFkOni>

84 S. Japaridze, R. Karanadze, A. Gasviani, "Coronavirus pandemic and the cost of nurses' labor", 2021. 2021. Available at: <https://bit.ly/3zwwjWae>

“The situation became especially difficult for us after the second wave of the pandemic. Part of the staff left the clinics. It was not worth it for them to work anymore. Then the infection started to spread amongst the staff...we had to shoulder the shifts again” – Focus group meeting with women nurses.

The state did not particularly provide for the maintenance of nurses either before or after COVID-19. The combination of the lack of a state policy towards nurses and the COVID-19 pandemic could result in a major shortage of nurses in a short period of time.

“Instead of the state thinking about how to retain a nurse, it facilitated the outflow of staff. The state decided very easily to open the way abroad and told them to go and take care of themselves” – Focus group meeting with women nurses.

Against the backdrop of the COVID-19 pandemic, the issue of the availability of appropriately qualified nurses was once again set forth on the agenda. According to the focus group participants, it would be good to develop a rule for attestation of nurses. When working on the attestation rule, it is important to involve experts in the field and develop relevant modules.

Nurses and working conditions

During the pandemic, nurses' working conditions deteriorated dramatically. According to a study carried out by the Solidarity Network, with the increase in workload during the pandemic, the situation in hospitals has become uncontrollable.⁸⁵ The average number of patients admitted per shift during a pandemic increased from 11-19 to 15-24. Due to the shortage of nurses, the average number of working hours per week increased from 54-

⁸⁵ Ibid.

68 hours to 76-92 hours as the number of patients skyrocketed. Due to the increase in the number of patients and the lack of medical staff, rural nurses had to treat patients instead of doctors.⁸⁶

According to the focus group participants, the employer complies with the labor legislation more or less, in the sense that the nurse's working hours do not exceed 40 hours per week. However, they note that the working conditions of the nurses are not satisfactory. A very large part of patient care goes to the nurse. It is the duty of the nurse to provide the patient with full service starting with patient supervision, ending with administering physician instructions. In addition to working in a busy and stressful work environment, some of the clinics do not have properly equipped lounges, kitchens, showers, etc. for the nurses.

"I at least have basic conditions at work. The clinic has a shower, kitchen and living room. However, it is considered a luxury, and, in many clinics, even medical staff do not have these amenities" – a focus group meeting with women nurses.

Unlike the nurses employed in the private sector, the work schedule of nurses who participated in the focus group and who work in the Agency for State Care and Assistance for the (Statutory) Victims of Human Trafficking does not involve working in stressful situations such as nurses working at COVID-19 clinics. The severity and workload of their work is directly related to the number of beneficiaries in their facilities. Most of them work in only one job, and they have 24 hour shifts every four days. Unlike nurses working in the agency, nurses employed in private clinics have to work in several jobs.

86 UN Women, "Assessing the Impact of COVID-19 on Women Working in Medical field in Georgia" 2020. Available at: <https://bit.ly/2WFkOni>

"In accordance with the Labor Code, nurses have long breaks between shifts, and they can find other jobs. Working overtime and juggling multiple jobs is a result of insufficient pay. Of course, no one is happy to work so much, but the salaries are low..." – focus group meeting with women nurses.

"There were times when I did not go home for 4 days and worked continuously" – a focus group meeting with women nurses.

When talking about the difficult working conditions of nurses, the problem of proper use of leave by nurses provided by law should be singled out. According to the focus group participants, in case any of their colleagues goes on vacation, their work schedule almost doubles. The amount of their shifts increases due to the redistribution of work that is supposed to be performed by the employee on leave. Additional work is not even remunerated. Due to established practice, it can be said that nurses cannot enjoy their own leave, which is defined by the Labor Code, instead they have to use the leave at the expense of working overtime for each other.⁸⁷

"What should we do?! We alternate when an employee is on leave. Then if I go on vacation, others will work and so on ..." – focus group meeting with women nurses.

Nurses and Remuneration

Nurses' salaries have begun to rise due to increased liability in response to COVID-19 worldwide, however in Georgia nurses have to deal with socio-economic challenges caused by the pandemic, among other problems. Despite the promised pay rise in the wake of the pandemic,

⁸⁷ Statement of the Decent Labor Platform "Alarming working conditions for nurses require extraordinary responses from the state", 2021. Available at: <https://bit.ly/3I5v2Rk>

the increase in nurses' incomes has failed. Nurses in Georgia have very low salaries that are inadequate relative to the massive amount of work they perform.

According to the research done by the Solidarity Network, today the average monthly salary of nurses in Georgia is 300 GEL (in some cases the salary is as low as 140 GEL per month).⁸⁸ Existing salaries cannot cover expenses such as education, clothing, utilities, leisure, entertainment, health care, hygiene, etc. in addition to food. Therefore, the salaries of nurses are not commensurate with the work they do, and they don't cover the basic expenses necessary not to live, but to exist and survive.

According to the research,⁸⁹ the calculation of the living wage of 1272.20 GEL is the lower limit of what nurses need. Starting salary being 1272.20 GEL with an annual index, would be a great start to protect the profession, providing housing for nurses, and easing their burden.

Most attention is paid on very low and non-labor-intensive salaries by all focus group nurses. The interview with the participants in the focus group revealed that the salary for the position of a nurse ranges from 400 to 700 GEL on average. According to the Law of Georgia on Health Care, a medical institution conducts its activities in accordance with its charter which is in compliance with the legislation of Georgia. The medical institution, within the framework of its own income, determines the rules, forms and amount of labor organization and remuneration that are to be in accordance with the rules established by law. Medical staff are paid efficiency wages. Its amount and conditions are determined on the one hand by the maximum workload for certain specialties, which is approved by the Ministry in accordance with the established rules, and on the other hand by the labor

88 S. Japaridze, R. Karanadze, A. Gasviani, "Coronavirus pandemic and the cost of nurses' labor", 2021. Available: <https://bit.ly/3zwjWAE>

89 Ibid

contract (agreement) between the medical institution and the individual worker.⁹⁰

According to the focus group participants, there is more remuneration in public institutions than in private clinics, although the amount of remuneration is regulated by the market. The market value of a nurse's compensation is almost the same everywhere. In such a situation, nurses are forced to work on wages that are not commensurate with the work they do.

"The amount of our salary is the same that it was about five years ago. I started working as a nurse assistant seven years ago. I had a salary of 200 GEL then. I am now in the position of a third level resuscitation nurse, and I have a salary of 700 GEL. They call us "high pay" nurses. I often laugh when they say that. I am paid 700 GEL in eight shifts. The same level nurses who are not working in resuscitation are paid about 500 GEL" – focus group meeting with women nurses.

90 Law of Georgia on Health Care, Article 59, available at: <https://bit.ly/3o9Dfvl>

VACCESS TO SOCIAL RIGHTS FOR THE LGBTQI COMMUNITY

Despite the rights guaranteed by Georgian law and international instruments, the LGBTQI community remains to be one of the most marginalized and vulnerable groups in the country. Because of the existing identity based negative environment, LGBTQI people face violence and negative health consequences, exclusion, unemployment, limited access to economic goods, and the threat of social exclusion.⁹¹ While awareness about LGBTQI people's oppression and hate speech is high, public attitudes towards the community are negative compared to any other vulnerable group.⁹² Consequently, the needs of community members are ignored by the state, which further enhances their socio-economic vulnerability.

The LGBTQI community is not a homogeneous group. Thus, different groups have different challenges in accessing social rights. Transgender people are the most vulnerable part of the community, whose needs remain invisible to the state. An additional barrier for transgender people is the lack of legal regulation on recognizing their gender. According to established practice, reversible sterilization, hormonal treatment and surgical procedures are mandatory to change the sex record in official documents. Such a demand runs counter to internationally recognized approaches⁹³ and exacerbates the problem of social exclusion of the transgender community.

91 Report of the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity, par. 28, Available at: <https://undocs.org/en/A/HRC/41/45/ADD.1?fbclid=IwAR>,

92 Caucasus Research Resource Center (CRRC), Hate Crime, Hate Speech, and Discrimination in Georgia: Public Attitudes and Awareness, 2018. pg. 67

93 For an example, see: Parliamentary assembly Resolution 2048 (2015), Recommendation CM/Rec (2010)5 of the Committee of Ministers

The right to work

In Georgia, access to employment, stable income, safe and decent work environment is limited for any member of society. Experiences of cultural exclusion, violence and socio-economic oppression leave some LGBTQI people outside the labor market.⁹⁴ Community members are usually represented in low-wage, informal sectors and create “cheap”, volatile workforces.⁹⁵ Lack of equal access to employment increases the risks of poverty, social exclusion, and homelessness.⁹⁶ This issue creates additional barriers to education, vocational training, and other social areas.⁹⁷

Community members face barriers and discriminatory treatment at all stages of the employment relationship – in job search, job interviews, employment, and job performance. Employment opportunities are significantly influenced by openness (coming out)⁹⁸ and expression related to sexual orientation or gender identity. Only 21% of LGBTQI people in the workplace are open about their sexual orientation or gender identity, while 34% of community members do not reveal their identities to avoid harassment, threats and/or violence.⁹⁹ Participants of in-depth interviews and focus groups indicated that identity could only be revealed in jobs that are LGBTQI-friendly or has internal anti-discrimination mechanisms in place. Re-

94 The Equality Movement, Labor Rights and Employment of LGBTQI People in the Context of the Covid-19 Pandemic, 2021, pg. 5.

95 Ibid., pg. 8.

96 Ibid., pg. 5.

97 The Equality Movement, International Guarantees for the Protection of Queer and HIV-positive People from Labor Discrimination, 2021, pg. 1, Available at: <http://www.equality.ge/6892>,

98 Disclosure of sexual orientation or gender identity

99 Council of Europe, Diversity in the workplace, a sexual orientation, gender identity or expression and sex characteristics approach, 2021, p. 18. Note: According to a quantitative survey conducted in 2020, 47.3% of respondents employed in Georgia are open and 52.7% are partially open or not open at all. See: Center for Social Justice, LGBTQI Group Social Exclusion Survey in Georgia, 2020, pg. 143.

spondents named specific entertainment and leisure facilities (clubs, bars, restaurants, hotels, etc.) as LGBTQI-friendly workplaces. Some participants noted that openness and appropriate expression of identity were supported by the employer.

“There are certain trends in some companies. They like when a “gay man” serves them” – gay man.

“When I was hired, the owner of the bar told me that more “queer” I acted, the cooler it would be. He wanted to sell my image to clients and create a “colorful environment” – a gay man

If employers or employees are homophobic, LGBTQI people refuse to disclose their sexual orientation and/or gender identity, although they may still be discriminated against because of their uncommon dressing, behavior, or self-expression. The most common forms of discrimination are verbal discrimination (insults, humiliation, ridicule), as well as expulsion and spreading rumors.¹⁰⁰ The transgender man in the study also recalled a case of cyber-bullying by employees. In the experience of focus group participants, disclosure of sexual orientation or gender identity in an unfriendly environment ends with forced resignation or termination of employment contract.

“I worked in the kitchen for four months for a probationary period, after which I was given a 1-year employment contract. The contract was soon terminated because the chef felt uncomfortable around me” – said a transgender woman.

Although all LGBTQI people surveyed indicated at least one case of discrimination in the workplace or early termination of employment based on their identity, no one addressed to the court and/or any other competent agen-

100 Center for Social Justice, LGBTQI Group Social Exclusion Survey in Georgia, 2020, pg. 144

cy.¹⁰¹ Respondents named distrust and inefficiency as the main reasons for refusing to use legal mechanisms. Community members who worked in an LGBTQI friendly environment appealed to leaders and/or used internal mechanisms to resolve the issues.

A significant portion of people in the LGBTQI community, including those surveyed, have had informal work experiences. The most common form of informal labor practice is working in the field of service and entertainment without a contract, based on oral agreement. In addition, lesbian, bisexual, and other non-heterosexual cisgender women work as babysitters, educators, tutors, and caregivers. In terms of informal labor, the experiences of transgender women and transgender men are significantly different. Transgender men in the focus groups mainly talked about low-paid physical labor practices. In the case of transgender women, informal employment is usually associated with sex work. In-depth interviews and focus group participants cited escaping from domestic/school violence and physical survival as the main reasons for engaging in sex work. Consequently, transgender people are more likely to engage in sex work at a young age, leaving them without access to education and full-fledged development. In addition, engaging in sex work is associated with unstable financial income, constant stress, and increased risks of violence, infringement of life and health.¹⁰²

101 As of September 2021, no complaints of possible violation of labor norms on the grounds of sexual orientation and gender identity were registered with the Labor Inspectorate (letter N09 / 3060 of November 7, 2021 of the Labor Inspection Service); During the reporting period 2015-2021, the Public Defender was addressed with 3 complaints / statements regarding the alleged discrimination on the grounds of sexual orientation and gender identity in labor relations (letter N24 / 11083 of the Public Defender of Georgia, November 22, 2021)

102 Center for Social Justice, LGBTQI Group Social Exclusion Survey in Georgia, 2020, pg. 153

Access to healthcare

LGBTQI people face several major challenges in accessing health services. Lack of financial resources is cited as a major limiting factor for accessing medicines, scheduled or emergency medical procedures. Some of the survey respondents have experienced receiving the amount (or part of the amount) needed for treatment from the state or community organizations, however such cases are rare, and they do not cover the complex needs of community members.

Discriminatory, stereotypical attitudes and low sensitivity of medical staff are some of the obstacles to LGBTQI people while using health services. Through the experience of the respondents and the desk research, several key trends were identified. LGBTQI people choose a doctor and a medical facility to receive medical care on the recommendation of other community members, acquaintances, social workers, and/or community organizations.

“I expect and fear that the specialist I might go to will not be able to provide me with the proper services, and I will not be able to speak openly about my problems” – a gay man said.

If an LGBTQI person does not trust a doctor, he/she tries not to disclose their identity information, which may create problems in diagnosing and prescribing treatment.

Among the negative experiences while receiving medical care, the study participants pointed out discriminative attitude and ridicule, increased interest in personal life (inappropriate questions):

“There was a case when a doctor had a personal interest in understanding something about me and it was not for my anamnesis” – a gay man.

“Gynecologist has asked me about my sex life and the number of partners, after which I felt ridiculed and criticized” – a queer woman.

According to the results of meetings with focus groups conducted with the transgender community, medical staff often lack knowledge about gender identity.

“My doctor did not know anything about transgender men. He thought that only transgender women existed”- said transgender man.

Lack of access to financial resources and distrust of medical staff pushes some of the LGBTQI people to refrain from receiving medical treatment and instead they seek self-medication.¹⁰³

Trans-specific health care

Health services for transgender and gender non-conforming people include primary health care, gynecological and urological care, reproductive care, voice and communication therapy, mental health services, hormonal and surgical treatment.¹⁰⁴ Access to health care for transgender people is hampered by economic vulnerability, transphobic attitudes, and the lack of trans-specific guidelines and protocols.¹⁰⁵ Without national protocols and guidelines, health care providers are forced to rely on guidelines of other countries that may not cover or

103 Report of the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity, par. 76, available at: <https://undocs.org/en/A/HRC/41/45/ADD.1?fbclid=IwAR>, updated: 02.12.2021

104 Women Initiatives Support Group (WISG), Discrimination and Violence against LGBTQI People, Proceedings Report, 2019, pg. 33-34

105 Coalition for Equality, Exercising the Right to Protection from Discrimination for Different Groups in Georgia, 2020 Report, 2021, pg. 53

neglect Georgia's context and special needs.¹⁰⁶ In addition, the lack of documentation poses a threat to life and health during the provision of medical services, especially during the procedure of gender reassignment surgery.¹⁰⁷

The transgender women and men in the focus groups pointed out the problems in the process of hormonal therapy. Respondents indicated that receiving a consultation with a doctor and taking hormonal drugs is difficult due to lack of finances. Members of the LGBTQI community have tried to get funding for hormonal therapy from the state, but they were denied.

Due to lack of access to financial resources, some transgender people are forced to refuse therapy or take medications irregularly. When therapy is continued, transgender people are no longer able to meet other basic needs. Respondents recalled cases when community members were taking cheap hormonal medications without an endocrinologist prescription, which had a negative impact on their health.

HIV/AIDS

HIV-related stigma and discrimination negatively affect the lives, health, and well-being of people at risk for AIDS or HIV infection.¹⁰⁸ Public fears, prejudice, and lack of information about the virus create additional barriers for HIV-positive people and risk groups in the context of testing, treatment,

106 The Women's Initiative Support Group (WISG), the ombudsman has issued a general proposal on trans human health issues, available at: <https://wisg.org/ka/news/detail/287>, Updated: 01.12.2021

107 See: Ibid.

108 UNAIDS, HIV and stigma and discrimination, human rights fact sheets, series, 2021, Available at: https://www.unaids.org/sites/default/files/media_asset/07-hiv-human-rights-fact-sheet-stigma-discrimination_en.pdf

and realization of the fundamental rights. Fear of exclusion and discrimination significantly increases self-stigma.¹⁰⁹

Vulnerability to HIV/AIDS is high in marginalized risk groups. The MSM¹¹⁰ population is one of the most vulnerable groups with a high prevalence of HIV.¹¹¹ There is a high risk of spreading the virus between people involved in sex work. In general, Georgia is one of the countries with low prevalence of HIV.¹¹² Nevertheless, the rate of testing and status detection is low. Focus group respondents pointed to several key issues in accessing HIV services. Nearly all participants in the study spoke about the practice of breaching confidentiality by the medical providers. Among the challenges was the geographical (territorial) location of the medical facility, which creates additional difficulties in obtaining the service.

Although all HIV-related services are free for Georgian citizens, the study participants also mentioned other concomitant chronic diseases, the treatment of which is not covered by the state. Part of the community, especially the transgender community, named the issue of starting a treatment or discontinuation of treatment as an important problem. The reasons for such practices were the stigma associated with HIV and the LGBTQI community, as well as the lack of information about the side effects of medications, and the lack of a support system.

109 72.2% of women between the ages of 15-49 and 64.2% of men in Georgia refuse HIV testing because they are afraid of a public reaction if they see a positive response. See: Georgia MICS, Multiple indicator cluster survey, 2018, available at: <https://www.geostat.ge/media/29405/SFR---2018-Georgia-MICS---Eng.pdf>, Updated: 02.12.2021

110 A man who has sex with a man

111 Georgian National Strategic Plan for HIV/AIDS 2019-2022, p. 14, Available at: shorturl.at/uwNOS, updated: 30.11.2021

112 Equality Movement, Georgian Chemex Survey, 2020, pg. 6

Mental health

LGBTQI people face various mental health challenges due to their social vulnerability.¹¹³ Mental health problems are associated with severe social background, inequality, and stigma, which puts the lives of community members under constant tension and stress.¹¹⁴ In a situation where mental health is not a public health priority, many people are left without the services they need.

All focus groups selected for the study related their mental health problems to violence and discriminatory treatment caused by their sexual orientation and gender identity. According to respondents, there is generally less stigma associated with mental health in the community. Also, the younger the community member, the more receptive they are to mental health services. Focus group participants indicated that they receive the necessary services from community organizations. Community members could not recall the example of a personal or other person's experience who received state-funded psychiatric services. The reason for refusing to receive these services is distrust.

Access to education

Sexual orientation and gender identity or expression is one of the main barriers to equal access to education. For the purposes of the study, access to education for LGBTQI people, as well as the cases of homo/bi/transphobic discrimination, have been studied at three main levels of education – general (school), vocational and higher education/university.

LGBTQI people face the most barriers to exercising their right to education at school. All of the respondents mentioned that they had been a victim of

113 Center for Social Justice, LGBTQI Group Social Exclusion Survey in Georgia, 2020, pg. 171.

114 Ibid., pg. 171.

homo/bi/transphobic discrimination at school at least once or had heard of such practices.¹¹⁵ The experience of bullying in children with non-heteronormative identities is significantly different from the violence experienced by their peers. Gender nonconforming adults usually do not count on family support, making it difficult for them to cope with bullying.¹¹⁶ Disclosure of sexual orientation or gender identity not only increases the risk of bullying, exclusion from school, but also puts children at risk of domestic violence, loss of financial support and housing.¹¹⁷

Bullying is linked to gender stereotypes in school. Among the focus group participants, most often, gay/bisexual men with feminine self-expression and transgender women spoke about bullying, harassment, physical or verbal violence. Lesbian/bisexual women with normative self-expression, are less likely to be bullied at school because of their sexual orientation, unlike “non-feminine”, masculine girls. Virtually every transgender woman has experienced various forms of bullying at school. Transgender women with appropriate expressions of their gender identity have experienced particularly severe forms of violence. Respondents indicated that bullying was often encouraged by the teacher(s); Or the teachers (or the school administration) knew about the bullying but failed to respond.

Bullying negatively affects the ability to get an education. Experiences of violence affect student motivation, active involvement in the learning process, class attendance, and academic achievements. Long-term consequences of bullying may include lack of academic knowledge, low job qualifications, difficulties in establishing social relationships, and a propensity for antisocial behavior.¹¹⁸

115 Note: Respondents have received school education in both urban and rural settlements.

116 Equality Movement, *Queer bullying in school*, 2020, pg. 14.

117 *Ibid.*, pg. 11.

118 Council of Europe, *Safe at school: Education sector responses to violence based on sexual orientation, gender identity/expression or sex characteristics in Europe*, 2018, pg. 9

“The environment was so stressful that it hindered my studies. Before going to class, I would circle the school to ensure that none of the classmate boys would see me”- transgender woman.

In addition, in the event of regular violence and discrimination, LGBTQI people are often forced to drop out of school or change it.

“I became a victim of bullying because of my short hair and sporty clothes. When I got very scared I left the school and went to another one.. no one could understand why I left because I was a good student, and they could not understand why I was leaving the school”- a transgender man.

“Even though I was studying normally, I was thinking about leaving school in the 9th grade. I was going to go to college, but they changed my mind. I know a lot of people who dropped out of school in the 8th or 9th grade”- gay man.

“My beneficiary and their mother were called by the school principal and told not to go to school, and they would still get a school diploma”- a social worker.

Focus group participants who changed schools due to homo/bi/transphobic bullying chose an institution where student attendance would not be strictly controlled. This way, community members were able to receive a full general education, however, due to the lack of intensive communication with classmates and teachers/school staff, they experienced less violence.

Bullying and discrimination also exists in vocational schools. Vocational education is significantly hampered by homo/bi/transphobic bullying by lecturers, personnel, or classmates, as well as the threat of violence.¹¹⁹ To

119 Center for Social Justice, LGBTQI Group Social Exclusion Survey in Georgia, 2020, pg. 125

prevent violence, LGBTQI people refrain from exposing their sexual orientation and gender identity in schools. Of the focus group participants, only transgender people had gained professional experience. Respondents noted that they felt a sharply negative attitude from teachers after the disclosure of their gender identity, although they had not applied to the school administration or used any legal mechanism.

Due to limited access to general education and financial resources, LGBTQI people often fail to obtain higher education or have to drop out due to not being able to pay tuition fees on time.¹²⁰ Access to higher education is linked to stable income/financial opportunities, family support, and strong social ties. Respondents in the study who were able to get higher education talk about different experiences. The analysis of the interviews reveals several main trends – (1) When choosing a higher education institution, LGBTQI people prefer universities that have a high acceptance of queer people based on acquaintance/friend experience and/or publicly available information.

“I vaguely knew (about the university) that there was a friendly environment. I have never had a problem in 4 years. When you’re tired of the same thing for 12 years, you want to let go of all this and study in a safe environment”- gay Man

(2) LGBTQI people often choose professions/directions that allow for self-expression; (3) homo/bi/ transphobic bullying and discrimination rare cases or relatively mild cases have less impact on educational attainment and academic achievements; (4) Due to mistrust, LGBTQI people refrain from using legal mechanisms or addressing the university administration about discrimination facts committed by lecturers/academic staff or students/classmates to or.

¹²⁰ Ibid., pg. 128-129

“I was discriminated against by the lecturer because of my gender identity. I was preparing for the lecture, raising my hand but (the lecturer) almost never gave me the opportunity to answer questions. I did not think about appealing to the administration because I knew there would be no response”- transgender woman

Homelessness

LGBTQI people face the problem of homelessness from an early age. Community members, as a result of non-normative behavior or expression, often become victims of domestic violence in childhood. Juvenile victims also experience various forms of violence in care facilities after being removed from their family. According to in-depth interviews, violence is often perpetrated by other beneficiaries housed in the facility, and the staff is not sufficiently qualified and are not fully aware of the needs of LGBTQI people.

“Employees of small family-type houses do not know how to work with a minor who is a member of the community. The service is overcrowded. They do not know what kind of relationship they should have with them, where to place them – with other children or in isolation, etc.”- Social worker

The lack of family empowerment and reintegration programs was cited as a general systemic problem. A juvenile victim of homo/bi/ transphobic violence has a lower chance of returning home and, in effect, loses contact with the family after moving to a care facility. At the same time, they are left without housing or financial support.

After reaching adulthood, when community members openly express themselves or do a coming-out, they have to leave their families. From the experiences of the study participants, several major differences were revealed between the groups, which is also caused by negative perceptions

in the patriarchal society of Georgia. For example, unlike gay/bisexual men, lesbian/bisexual women rarely leave their family, regardless of whether they feel supported by family members or not. Transgender women often have to start an independent life before reaching adulthood, which usually means cutting off communication with the family. Transgender men continue to live in a family even after Coming-out.

Due to low incomes, homelessness is common in the LGBTQI community, as well as frequent changes of housing, and daily rentals. Due to the lack of permanent housing, people living under the poverty line are unable to receive social assistance. The homophobic attitudes of the landlords/owners are also problematic, which is why community members refuse to rent homes and are asked to leave apartments due to unjustified reasons.¹²¹

COVID-19 and human rights situation of LGBTQI community

Restrictions caused by the COVID-19 pandemic have created additional difficulties for LGBTQI people. Due to isolation, many members of the community were forced to spend large sums of time in unfriendly family settings, leaving LGBTQI people in anticipation of possible violence, as well as constant stress/anxiety.¹²² Research participants recalled cases where LGBTQI people had to return to their families due to loss of income and housing. Nevertheless, respondents found it difficult to say how much this experience improved the relationship between community members and their family members.

121 For an example, see: Recommendation of the Public Defender of Georgia on Discrimination Based on Gender Identity; Available at :<https://www.ombudsman.ge/res/docs/2020122312175370578.pdf>, Updated: 01.12.2021

122 United Nations Human Rights Office of the High Commissioner, COVID-19 AND THE HUMAN RIGHTS OF LGBTI PEOPLE, Available at: <https://www.ohchr.org/Documents/Issues/LGBT/LGBTIpeople.pdf>, Updated: 01.12.2021

The economic constraints imposed by the pandemic have left community members employed in the service sector and those engaged in informal labor without income. Respondents employed in the formal sector talked about pay cuts, job losses and they could not even use the one-time state compensation. LGBT people working in the informal sector, in addition to losing financial resources, could not even benefit from a one-time state compensation. According to the study participants, the anti-crisis plan approved by the government could not cover their basic social, economic, and medical needs. The anti-crisis plan was mainly aimed at helping socially vulnerable people; And those LGBTQI people without permanent housing and therefore without social status, have been left without access to their vital needs.

RECOMMENDATIONS

Social protection of families with children living in social housing

- Change the terms of administration of the subsistence allowance, which defines that families receive the subsistence allowance only two months after receiving the rating scores;
- Change the approach that excludes a child under the age of 16 from the category of children receiving subsistence support and increase it to 18 years;
- Change the program of free canteens funded by the Tbilisi Municipality so that children between the age of one to six can also use the service;
- Extend utility tax subsidies to all months prior to gasification of social housing;
- Open non-formal education centers near the social housing and increase the available places allocated for children of socially vulnerable families, in order to facilitate the inclusion of children living in social housing;
- Revise the universal insurance program, which takes into account the social background of families and enable children to receive all the necessary medical services, in order to protect the right to health of families with children living in social housing. Consider the issues of increasing children's access to dental services and medicines;
- Provide families with children living in social housing with all the necessary household items and furniture. Also, introduce a system that provides for periodic renewal of household items and furniture;
- Determine the amount the living space based on the number of children when assigning housing, in order to assist child development and fulfill their rights to personal life and education;
- Develop a program that will gradually start providing stable housing

- for families with children based on international standards and criteria;
- Revise the existing social protection system which will provide for the possibility of receiving social assistance for a certain period of time in parallel with employment, in order to ensure the economic independence of families with children living in social housing;
- Carry out a social impact assessment of the COVID-19 pandemic to assess the existing needs of families with children living in social housing;
- Make changes and, if necessary, develop new emergency as well as long-term social protection programs/transfers at both municipal and central government levels based on the existing assessment results;
- Review the formula for the targeted social assistance program, which also takes into account the specifics of the challenges that families with children living in social housing face, In response to new social challenges arising from the COVID-19 pandemic;
- Tbilisi City Hall to assess the needs of families with children living in social housing, which will also take into account the new challenges posed by the COVID-19 pandemic, based on which it will plan the municipal budget;
- Take into account the needs of single parents in the process of assessing the needs of families with children living in social housing and develop support programs at both the municipal and central government levels.

Social protection of persons with disabilities

- Prioritize social protection of persons with disabilities in the political and public agenda;
- Revise the Law of Georgia on the Rights of Persons with Disabilities, as well as other relevant legislative and sub-legislative normative acts and reflect the standards set forth in the Convention and other important international documents regarding the right to social protection;
- Develop effective cooperation and coordination between governmen-

- tal bodies for the realization of the right to social protection;
- Transit from the medical to the social model for the assessment and implementation of policies towards persons with disabilities as soon as possible, which will become a precondition for the reform of the social package mechanism (including its content, calculation and development methodology);
 - Ensure complete harmonization of the legislative content of the social package with the requirements and standards of the Convention after transitioning to the social model;
 - Prior to the transition to the social model, ensure that all persons with disabilities are covered by the social package, regardless of their status, place of employment and other social benefits provided by law. To this end, the norms deemed discriminatory by the Public Defender should be abolished as soon as possible;
 - Prior to the transition to the social model, ensure a continuous increase in the social package for all persons with disabilities (including inflation), which at least ensures an adequate standard of living for persons with disabilities;
 - Based on the results of the disability needs survey, both central and local levels should develop services that ensure the independent living and integration of persons with disabilities and reduce the degree of dependence of persons with disabilities on the social package alone. Ensure the quality of such services (through effective monitoring mechanisms), their adequacy, geographical and financial availability, and access to adequate information to beneficiaries;
 - Pay special attention to persons with disabilities from ethnic minorities as people with dual vulnerabilities. In addition to a detailed study of the barriers they face, and the provision of services based on them, the information vacuum should be eliminated and a systemic policy should be developed in this direction;
 - Conduct a continuous study of the needs of persons with disabilities with the participation of the central and municipal authorities, on the basis of which their challenges will be addressed and, appropriate

monetary and non-monetary payments will be provided regardless of their social vulnerability status;

- Ensure active and real involvement and participation of persons with disabilities and their representative organizations in the policy change, program development and budgeting process.

Social policies to help victims of domestic violence

- Open additional shelters and crisis centers;
- Develop special programs to assist victims of domestic violence by municipalities and reflect it in the budget;
- Develop a mechanism for the prevention of domestic violence;
- Introduce primary prevention measures by the Ministry of Education;
- Conduct awareness-raising campaigns by the state;
- Introduce a variety of social services for victims of domestic violence, living both in shelters and crisis centers;
- Raise awareness about the work of crisis centers;
- Hire a state social worker working directly on domestic violence issues;
- Offer psycho-social services to the former beneficiaries of the shelter;
- Develop and implement affordable housing programs for asylum beneficiaries at the municipal level;
- Develop educational, vocational and employment programs for victims of domestic violence;
- Conduct a beneficiary satisfaction survey for the purposes of social policy planning;
- Simplify procedures for granting victim status;
- Offer childcare services to women victims of domestic violence so that they are able to find jobs;
- Introduce direct financial assistance to women victims of domestic violence, and increase existing assistance to children;
- Monitor SOS Children's Village and make appropriate changes;
- Introduce monitoring of the quality of work of the social worker;

- Ensure legislative support for the enforcement of court decisions by social workers;
- Increase the qualifications of social workers;
- Ensure provision of information to minorities on social services in a language they can understand;
- Introduce community-tailored services for vulnerable groups;
- Diversify social services for unmarried women and mothers of adult children and introduce direct financial assistance for them;
- Review the status of the single mother and make appropriate changes in this regard;
- Social Service Agency to resolve the issue of residence records for victims of domestic violence;
- Improve the quality of existing social services and ensure their geographical access.

Nurses' working conditions and their social guarantees

- Determine the adequate, minimum wage for nurses;
- Control the timely and proper issuance of the salary supplement by the state for nurses working in COVID clinics;
- Control the number of working hours/shifts of nurses;
- Develop and implement a nurse certification module with the involvement of experts in the field;
- The state and private clinics offer services/packages that motivate nurses to stay in the country, in order to stop their outflow from the country.

Access to social rights for the LGBTQI community

- Develop a long-term strategy to eliminate homophobic/transphobic discriminatory attitudes in the society;
- Develop a plan/strategy for economic empowerment of LGBTQI people;
- Reflect the principles of prohibition of hate speech, harassment and discrimination in the professional ethics codes;
- Train LGBTQI community medical and social service providers/individuals;
- Establish a legal mechanism for gender recognition based on humans' self-expression;
- Develop trans-specific protocols and guidelines;
- Study social and health services and introduce appropriate mechanisms/approaches according to the needs of the community;
- Develop a concept of shelter (housing) tailored to the needs of the community;
- Establish effective mechanisms to combat discrimination in the workplace;
- Strengthen the mandate of the Labor Inspection to eliminate discrimination in labor relations;
- Develop an appropriate awareness-raising strategy to eliminate stigma surrounding HIV/AIDS;
- Provide comprehensive health services for HIV-positive people;
- Eliminate systemic barriers to accessing mental health services and expand their accessibility.

