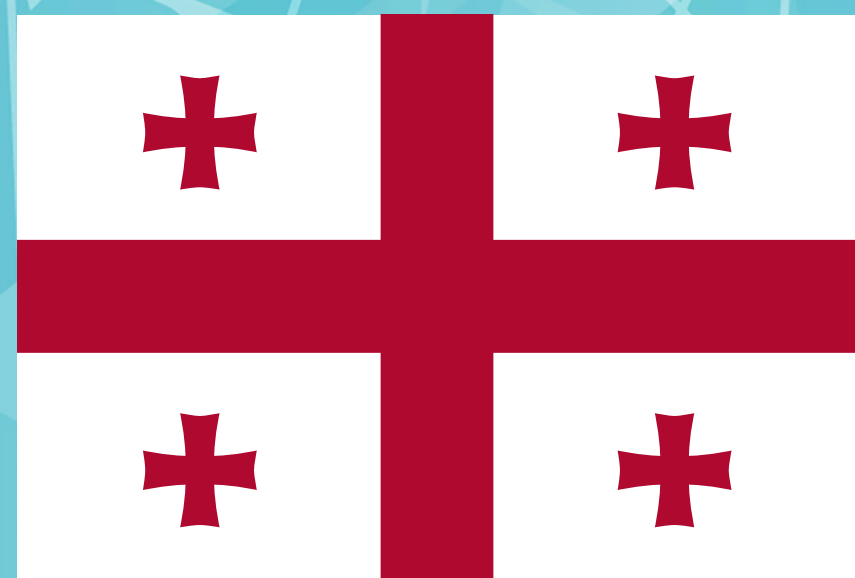


GEORGIA



REACT

**ANALYTICAL REPORT
FOR THE FIRST SEMESTER OF 2020**

**VIOLATIONS OF RIGHTS OF PEOPLE
LIVING WITH HIV AND REPRESENTATIVES
OF THE KEY POPULATIONS**

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ABOUT THE ALLIANCE FOR PUBLIC HEALTH

The mission of the Alliance is to support communities in their response to HIV/AIDS, overcoming the spread of HIV and related diseases through the implementation of the efficient models and services, strengthening the healthcare and social services system, as well as key populations capacity building.

Our vision is the world where people do not get infected and die of AIDS, and the communities are able to control the epidemic.

ABOUT FRONTLINE AIDS

Frontline AIDS dreams of a day, when there will be no person with AIDS in the world. Millions of people in the world are denied HIV prevention, testing, treatment and care just because of who they are and where they live.

Jointly with our partners in the frontlines, we try to take down social, political and legal barriers faced by people from the marginalized group, and we develop innovations to create the future without AIDS.

ACKNOWLEDGEMENTS

This guidance was developed with the financial support of the Global Fund to Fight AIDS, Tuberculosis and Malaria within the framework of the regional **#SoS_project** (“Sustainability of services for the key populations in the Eastern Europe and Central Asia countries”).

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More about **REAct:**
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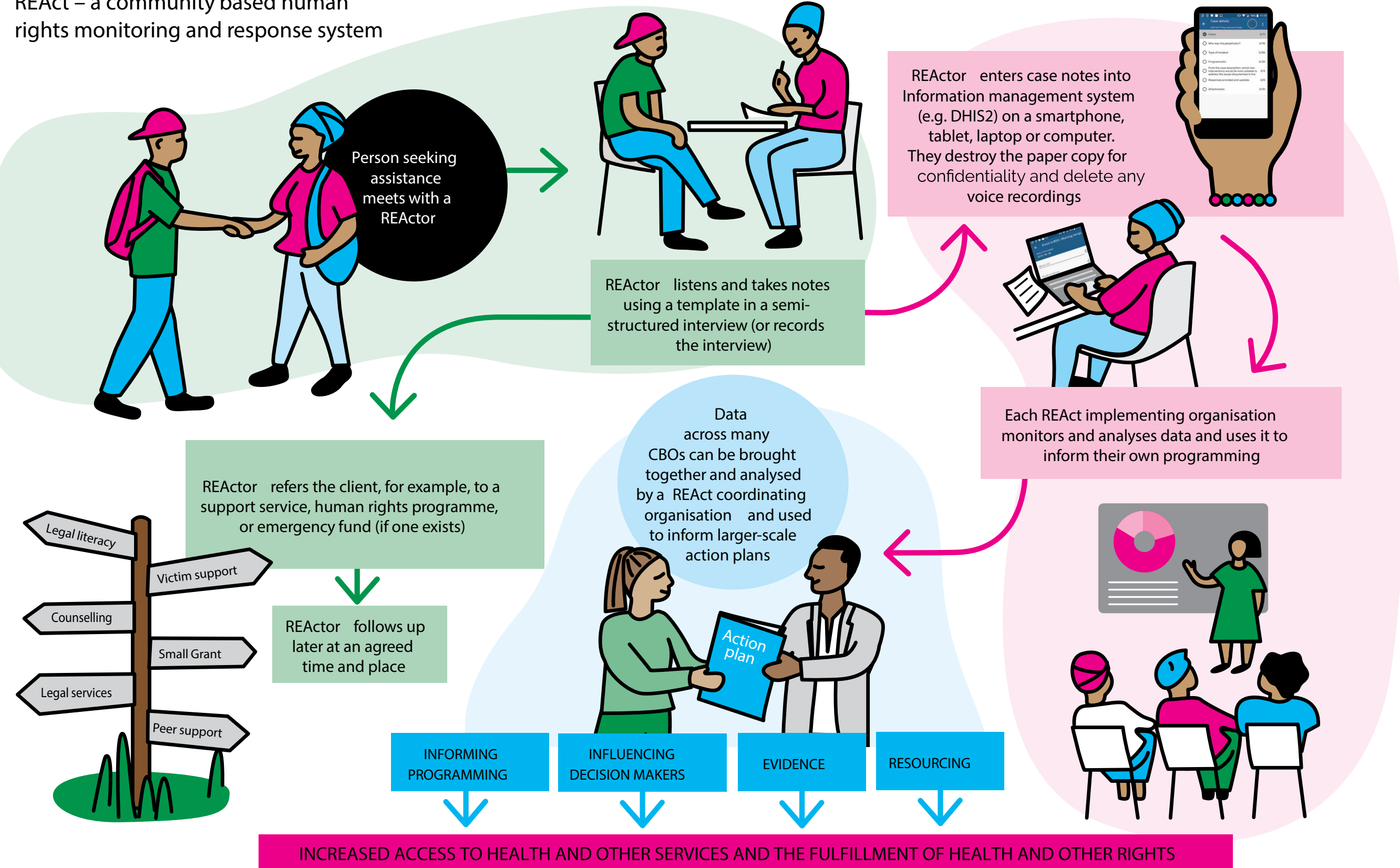
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WHAT IS REACT?

REAct – a community based human rights monitoring and response system



Rights – Evidence – ACTION (REAct), developed by Frontline AIDS, is a community-based human rights monitoring and response program. REAct documents and responds to human rights-related barriers that individuals experience in accessing HIV services at community level

REAct is an online platform that enables organizations to record data about human rights violations experienced by individuals; provide and refer them to health, legal and other public services; and use this data to inform quality human rights-based HIV programming, policy and advocacy at national, regional and global levels.

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WHO BENEFITS FROM REACT?

Whatever your local context, there are many potential benefits of implementing REAct for individuals affected by human rights violations, for implementing organisations, and for the global response to HIV:

For individual clients, REAct:

- helps identify and document emergency responses and support.
- ensures a confidential service.
- facilitates a continuum of support and follow-up for cases and individuals.
- provides evidence to improve access to HIV and other health services.
- improves understanding and realisation of human rights.



For implementing organisations, REAct:

- enables better identification of appropriate human rights responses for each community.
- enables better understanding of the human rights situation in each context.
- builds a body of better evidence to demonstrate a community's human rights needs and how best to respond to them.
- enables better evaluation of the effectiveness and impact of the responses provided.
- strengthens referral systems.
- serves as an outreach tool for increasing access to and uptake of HIV and related health services and referrals.
- ensures safe and confidential gathering of sensitive data.
- identifies priority funding needs (when a Small Grant Scheme is attached) for:
 - emergency individual responses
 - human rights programmes
 - advocacy.
- can be run without a grant by collecting data and making referrals. This evidence can then be presented to donors to secure funding.



For policy-makers and programming actors locally and globally, REAct:

- gathers robust data and a body of evidence on human rights violations and barriers to accessing HIV and related health services for specific population groups.
- records compatible and comparable data that can be analysed across countries and client groups.
- provides robust evidence for the link between human rights violations and vulnerability to HIV.
- provides robust evidence for improving access to HIV and other health services.



REAct was developed with, and for, CBOs to provide them with an easy and systematic way to support individuals who were experiencing human rights violations that were impeding their access to health and other services. It also responded to a need for data that organisations could use to

advocate for sustainable, rights-compliant health services. REAct has been designed mainly, but not exclusively, for community-based and civil society organisations that focus on HIV programming and advocacy for marginalised people who are vulnerable to, or affected by, HIV and AIDS.

The human rights issues and violations encountered by clients will differ between population groups and country contexts. They will also be affected by laws, policies and other issues such as social and gender norms and religious beliefs.

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WHAT CAN ORGANISATIONS DO WITH REACT?

The system enables the recording of individual cases in order to:

➔ **respond to individual crises or emergencies:** The system enables implementers to identify and prioritise crisis situations and rapidly mobilise resources to avert or respond to specific individual crises and/ or emergencies; for example, violence, eviction or workplace discrimination.

➔ **provide a service directly, or refer clients to services available elsewhere:** These services may include legal support; HIV treatment, care and support; psychosocial support; sexual and reproductive health and rights (SRHR); related health services (for example, TB, hepatitis C); medical support; and food

and shelter or other forms of support identified by clients.

➔ **build a body of evidence for advocacy and evidence-informed re-programming:** REAct enables those documenting cases to assess critically in each case where the state may be said to have failed to fulfil its duty to respect, protect and promote the individual's right to health. This body of evidence is essential when engaging with and making state and non-state actors accountable in programming, policy and law.

➔ **gather evidence that can be used to recommend rights-based programmes and interventions that could help mitigate against human rights violations:** Rights-based programmes are increasingly incorporated into the package of HIV interventions, and information collected through REAct helps implementing organisations

to identify the right combination of human rights interventions. These recommendations can later be used when engaging state actors to improve rights-compliance in HIV and health-related programming plans and policies.

➔ **use data for analysis and research:** System is adapted to specific country contexts and populations. This enables REAct coordinating and implementing organisations to consolidate and analyse data at a country level. It also allows Frontline AIDS to carry out cross-country analysis, continually improve the data, and build a comprehensive body of global evidence to inform good practice and quality HIV programming.

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REACT FEATURES

Person-oriented – documenting the experience of an individual, rather than an incident, allows multiple stories to be collected about the same incident thereby increasing the evidence base.

Online / offline / mobile – you can collect cases in the field even without access to the Internet, and then upload information to the database at the office. Access to information is provided at any time from any device.

Information is stored in the cloud – excludes data loss/theft, system hacking, since all data is stored on secure Amazon servers.

Security of REActors and clients – the system does not contain personal information that would help identify the victim or the REAct. Strict authorization rules and the “logout” function prevents information from misconduct.

Simple and adaptive – a simple and intuitive interface, the possibility of several language versions and customization of the

questionnaire template allow you to customize the questionnaire to the needs and characteristics of each country.

Immediate response and cooperation – cases appear in the database instantly and can be immediately processed by a lawyer or other employees of the organization who have access to the cases.

Rapid monitoring and creating of charts – many features and capabilities to analyze and visualize collected information.



WHO IS IN FOCUS?

Marginalized people/populations are defined by Frontline AIDS as groups that are affected by HIV and AIDS, and are particularly vulnerable to stigma and discrimination and other human rights violations. Marginalised populations vary according to the local context and sexual or social identities, but are usually criminalised or persecuted, for example because of their HIV status or their sexual orientation. They include people living with HIV, sex workers, men who have sex with men, transgender people and people who use drugs. This definition also includes women, adolescents and girls, and sexual minorities in contexts of acute gender inequality and violence, as well as other populations affected by HIV and AIDS that are at heightened risk of human rights violations.

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WHAT KIND OF DATA WE RECORD?

A template is used to collect information, and serves as a prompt in the semi-structured interviews. Prior to the launch of the system in countries, consultations were held with organizations and experts in the field of human rights to adapt the questionnaire to the country context.

THE INTERVIEW QUESTIONNAIRE CONSISTS OF THE FOLLOWING SECTIONS:

Client profile: key group, age group, gender.

Type of incident – documents the kind of human rights violation/s.

Perpetrators – who the perpetrators are of the violation.

Responsibility of the state – identifies what the state's duty is to the client in this case, and whether this duty has been adequately performed.

Response provided, referrals made and follow up actions taken by the REActor.

Policy recommendations, based on the seven human rights programming areas identified by UNAIDS.

HUMAN RIGHTS CONCEPT WE FOLLOW

Human rights – are basic universal entitlements that all people have because they are human. They are based on the idea that all persons are equal and entitled to be treated with dignity and respect, regardless of their race, sex, gender, age, disability or any other characteristic.

Everyone has the right to health. At its most basic, this means that every person has the right to services to prevent HIV transmission, as well as to treatment, care and support services for HIV and AIDS and related health services, for example, TB, hepatitis C, sexual and reproductive health services, or harm reduction interventions in the case of people who use drugs.

State, as well as, state institutions and representatives, including government officials, policemen and women, army personnel, prison officers, civil servants, the judiciary, political authorities, and medical or education personnel in state-run facilities, have

the obligation to **fulfil the rights** of all their citizens without discrimination. In order to do so, states have a responsibility to:

➔ **RESPECT** the human rights of all people, and to prevent, investigate and sanction violations committed by their officers.

➔ **PROTECT** the human rights of all citizens by taking all necessary measures to avoid the deprivation of their rights.

➔ **PROMOTE** the respect of the human rights of all citizens without distinction.

Human rights violation can only be committed by a state. Because state is a **duty bearer**, who is legally bound to respect, protect, promote and fulfil the entitlements of rights holders. Human rights law obliges the state and other duty bearers not to infringe or compromise the fundamental freedoms and rights of people, and means that the state has a duty to realise rights for all.

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HUMAN RIGHTS VIOLATIONS CAN OCCUR THROUGH:

➔ **Failing to respect human rights:**

This is an act committed directly by the state that is contrary to its human rights obligations (for example arbitrarily depriving someone of their freedom or torturing them).

➔ **Failing to protect human rights:**

This is an indirect violation committed by the state by omission (i.e. by not providing protection against systematic abuse committed by one group against another, or by not promoting the rights of all citizens). Omission is negligence in performing the requirements of national or international law relating to the protection of human rights. In the case of omission, the actual hurt can be committed by common citizens. The state has a respon-

sibility to act to stop these incidents and provide protection to the victims. If the authorities don't do so, they are violating the rights of the victims by their omission.

➔ **Failing to promote or fulfil human rights:**

It is the state's duty to ensure that laws that protect everyone without discrimination are enforced. The state must also promote these rights to ensure that all its citizens are aware of them and how they can claim them effectively. The state and its representatives must ensure that the mechanisms for denunciation and redress are in place for all citizens to access. Failure to do all these (for example by failing to undertake campaigns against social discrimination targeting a particular ethnic group or sexual minority) constitutes a violation of the state's responsibility to promote the human rights of all its citizens.

REAct documents and responds to human rights-related barriers in accessing HIV and health services, as well as other human rights violations, for marginalised people. Importantly, it identifies where the duty of the state lies in each case to ensure that human rights are respected, protected and fulfilled.

Individuals and institutions representing the state are often the direct perpetrators of human rights violations, or they directly endorse or fail to take action against stigma, discrimination or violence against individuals. There are documented cases where the state is not directly involved in the situation, for example, a sex worker suffers violence from her client.

We also qualify such cases as a violation of human rights, because the state has not created a legal environment where the victim could protect her rights: the victim is afraid to turn to law enforcement agencies, because sex work is criminalized and repeated violence by law enforcement officials is very likely

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On the other hand, the reasons for people finding themselves in a difficult life situation and being reluctant to seek support may be associated with the failure of the state to fulfill its positive obligations to create conditions for everyone to exercise their rights without discrimination. For example, a difficult life situation may be associated with the inability to find a job due to social status or health conditions. If, knowing about stigma and discrimination against a particular social group, the state does not create conditions for the realization of rights by representatives of this group, such inaction of the state can be considered as a violation of the obligation to ensure human rights.

Massive manifestations of hatred by individuals against LGBT people are an example of the most common violations of the state's obligation to ensure the right to dignity and protection from discrimination. In most of these cases, the state directly

or indirectly endorses the manifestation of hatred through the promotion of laws or other initiatives to protect "traditional values". Also, government agencies usually do not possess the knowledge, skills and willingness to respond to incidents of hatred, because the government fails to its representatives, inform and encourage actions to protect LGBT people. In such conditions, LGBT representatives most often will not seek protection from government agencies, even in a difficult life situation and in a real need of it.

An example of other implicit violations would include cases where members of vulnerable populations have had negative experiences of seeking protection in the past. Such experiences in the past can be a serious obstacle to seeking protection in the event of subsequent violations. This is often the case for sex workers who view police officers as violators of their rights based on past

experience with the police. Subsequently, even with serious violations of their rights by clients, such as manifestations of violence, including rape, sex workers do not contact the police. In such cases, an analysis of the reasons why the victim does not seek protection is necessary. If the reasons originate in the fact that the state directly or indirectly promotes stigma in relation to a particular social group, then it is about a violation of the obligation to protect (exercise) the right.

We refer such cases to the same category as the cases when law enforcement agencies do not respond to violations even after the appeal.

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Failure to respect

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Failure to protect

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Failure to promote

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Failure to respect

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Failure to protect

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Failure to promote

A unique feature of REAct's work in **Georgia** is the registration of a large number of cases that are qualified as a violation of the state's obligation to promote human rights. At the same time, fewer cases of direct violation were recorded. This is primarily due to the fact that Georgia has chosen a very broad approach to the question of what violations should be registered in the database. In Georgia, an approach was chosen with the orientation of the final decision on registering a case in the database, based on how this or that case influenced the life situation of a client from a vulnerable group. On one hand, such a broad approach made it possible to register a large number of cases with a low degree of verifiability. On the other hand, this approach allows us to set up a monitoring system to track signs of systemic violations of the obligation to promote, which, with a narrower approach, would most likely not be recorded at all.

Public agencies generally lack the knowledge, skills and willingness to respond to incidents of hatred, because the government does not educate, inform and encourage them to protect the rights of vulnerable groups. In such conditions, the victims will most often not seek protection from the official structures, even in a difficult life situation and needing protection.

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REAct recorded 22 cases in which the victims did not want to go to the police to protect their rights because they did not believe that the police would be able to help them, or had a negative experience of dealing with the police in the past. We also referred such cases to “Failure to protect” along with 18 cases where the victim contacted the police, but received no response.

It is necessary to pay attention to significant differences in the number of registered violations of the obligation to protect in **Georgia** and **Tajikistan** – 40 and 7 cases, respectively. On the one hand, the large number of violations of the obligation to protect in Georgia indicates that law enforcement agencies are poorly trained, not aware of human rights, do not know how to work with vulnerable groups of the population and therefore do not respond to cases of human rights violations. On

the other hand, the very fact of a large number of registered violations of the obligation to protect in Georgia suggests that representatives of vulnerable groups are contacting law enforcement agencies for protection. This, to a certain extent, reflects a positive perception of the law enforcement system by representatives of vulnerable groups.

Compared to Georgia, **Tajikistan** has almost six times fewer violations of the obligation to protect. These data should be assessed considering the attitude of vulnerable groups to the issue of contacting law enforcement agencies registered in the REAct. People often do not want to contact law enforcement agencies because they are no less afraid of them, and often even more, than other violators of rights. Many representatives of vulnerable groups have negative experience of interaction with law

enforcement agencies. In this context, the low number of violations of the obligation to protect in Tajikistan cannot be viewed as a direct sign of the effective work of the law enforcement system to protect the rights of vulnerable groups. It is also necessary to consider the number of registered cases of direct violations of the obligation to respect, of which there are more registered in Tajikistan than violations of other obligations of the state. Law enforcement agencies are the most common violators of the obligation to respect human rights. Monitoring indicators on violations of obligations to respect and indicators on violations of obligations to protect allows for a more accurate assessment of the human rights situation in a particular country.

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KYRGYZSTAN

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Failure to respect

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Failure to protect

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Failure to promote

In **Moldova**, the most widespread type of violations were violations by the police of the right to freedom from arbitrary detention and the right to observe legal guarantees by the police in respect of all those to whom the police exercise their powers. Police officers defiantly and emphatically neglect the right to honor and dignity of people who use drugs and sex workers. Many violations were recorded in the medical field in relation to OST patients, in particular in the context of ensuring the geographical accessibility of OST.

PLHIV are often discriminated against by health services, social support services, immigration services, and in the world of work. The breadth of the spectrum of violations recorded by REAct shows that HIV-related stigma permeates many important official structures, whose work depends on the possibility of releasing and protecting the rights of PLHIV. Also, in regards to all key groups, cases of stigma, hatred and violence on the part of relatives and on the part of individuals, including the general public, were recorded. In such cases, one can state the insufficient fulfillment by the state of the obligation to promote human rights, including reducing the stigma towards representatives of key groups.

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A unique feature of REAct's work in Kyrgyzstan is the prevalence of cases of active violation of the rights of key groups by the police or medical workers.

The number of direct violations of human rights by police officers significantly exceeds other types of violations. Police officers more often act as active violators of the state's obligation to respect human rights. In only 17 cases was it recorded that the duty to protect was inadequately fulfilled when the police showed no response to human rights violations.

This situation may be due to the fact that victims are often afraid to seek help from the police, and therefore cases of violation of rights remain outside the sphere in which the state could fulfill its responsibility to protect human rights. On the other hand, civil society organizations and communities of

key groups are active in Kyrgyzstan. This, in particular, can explain the large number of reports of direct violations by law enforcement agencies. That is, representatives of key groups are sufficiently aware of their rights to understand when their violation occurs.

However, they do not have enough trust in law enforcement to report such cases to law enforcement, especially when law enforcement officials act as perpetrators and there are no independent investigative mechanisms against law enforcement officials.

Also in Kyrgyzstan, a large number of violations of the obligation to promote rights were recorded. Basically, these violations are associated with the manifestation of stigma and hatred towards representatives of key groups, when the state does not create conditions for people to live in conditions of freedom from stigma and discrimination.

There are many similarities between **Kyrgyzstan** and **Moldova**. Both countries are quite progressive in promoting evidence-based HIV and TB prevention, treatment and care programs. In both countries, initiatives are being taken to reform laws on drug trafficking, on punishment, on human rights. Law enforcement and health professionals receive training in human rights issues and working with key populations in the context of HIV.

However, as REAct shows, all these positive initiatives are likely insufficient to significantly reduce the number of human rights violations against members of key groups. This probably requires more meaningful changes in laws and practices of their application, including measures of widespread decriminalization and destigmatization of key groups.

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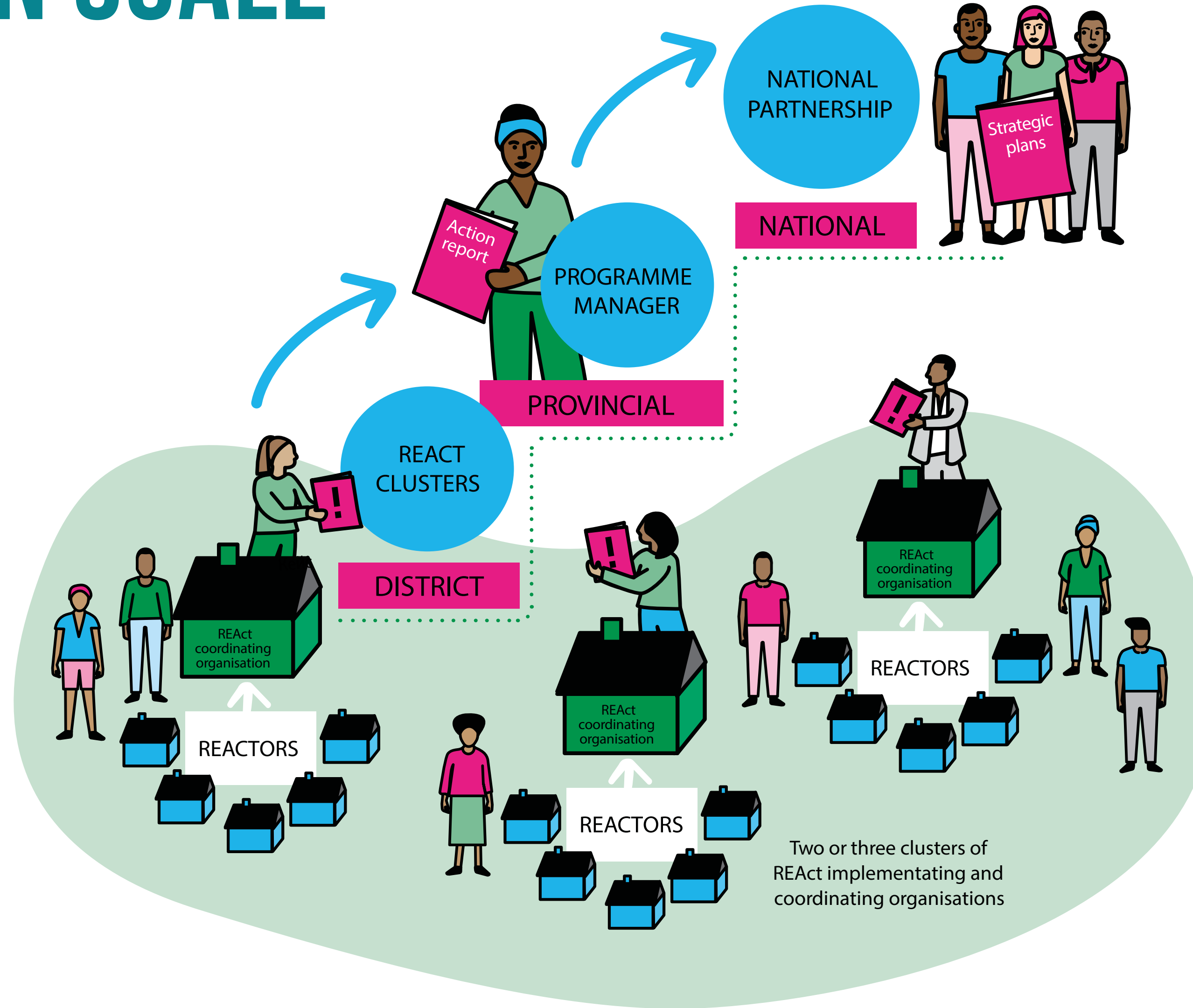
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IMPLEMENTATION SCALE

The launch of the REAct system on a regional scale was initiated by the Alliance for Public Health as part of one of the areas of the regional #SoS_project (2019-2021) “Reducing legal barriers to access to HIV prevention and treatment among key populations”.

For a more effective and comprehensive response to violations of rights, partnerships and close cooperation with organizations that work in the field of protecting the rights of key groups have been established in each country. Thus, the REACT tool was organically introduced into the already existing infrastructure (existing projects, organizations, specialists) in the country.

In Ukraine, the REAct project has been implemented since 2019 as part of the program “Accelerating progress in reducing the burden of tuberculosis and HIV infection by providing universal access to timely and high-quality diagnosis and treatment of tuberculosis, expanding evidence-based prevention, diagnosis and treatment of HIV infection, creating viable and sustainable health systems” in accordance with the Grant Agreement No. 1541 dd December 20, 2017 (grant name UKR-CAUA) between the



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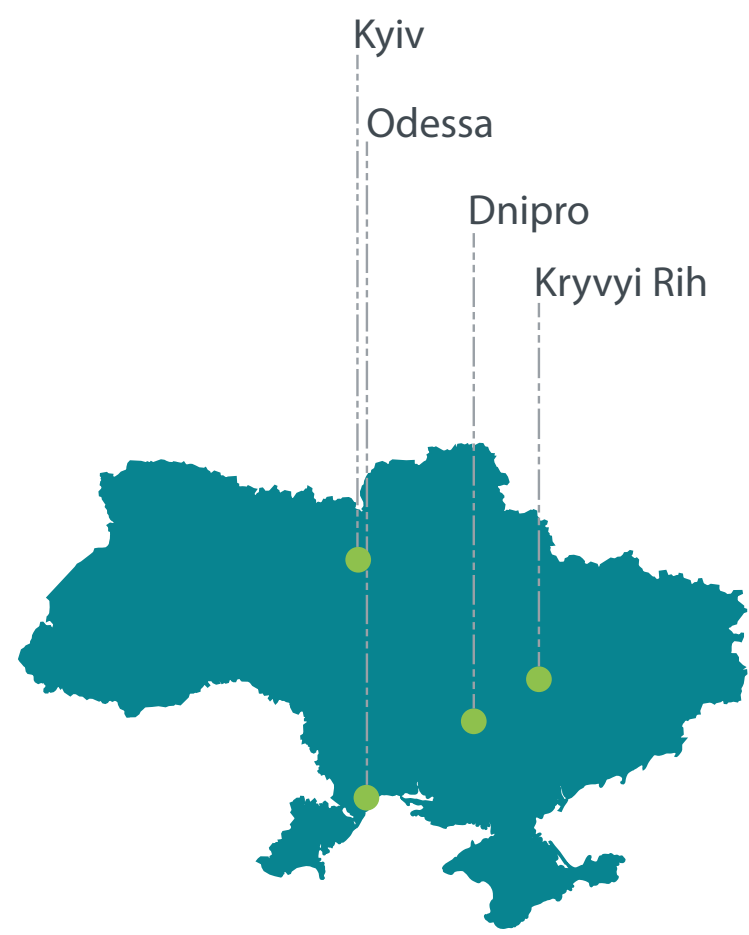
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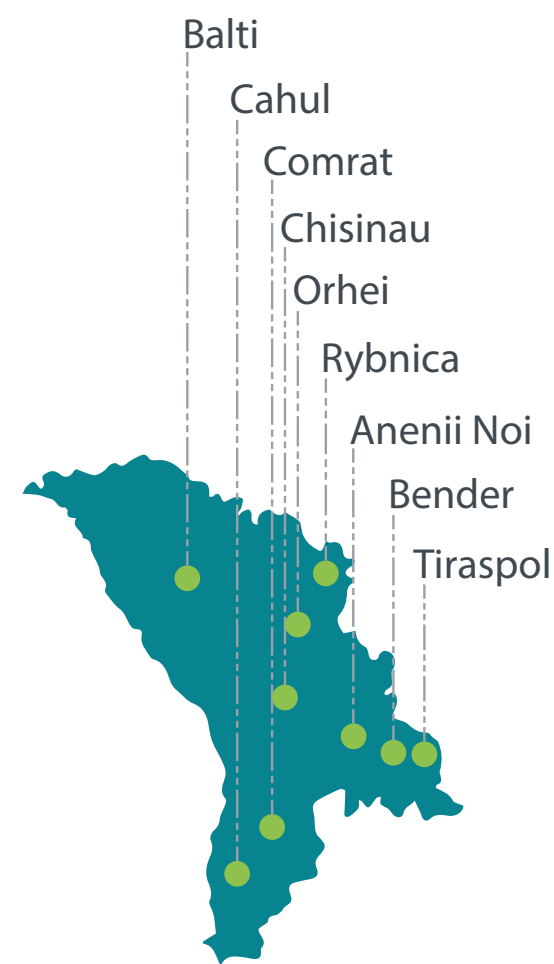
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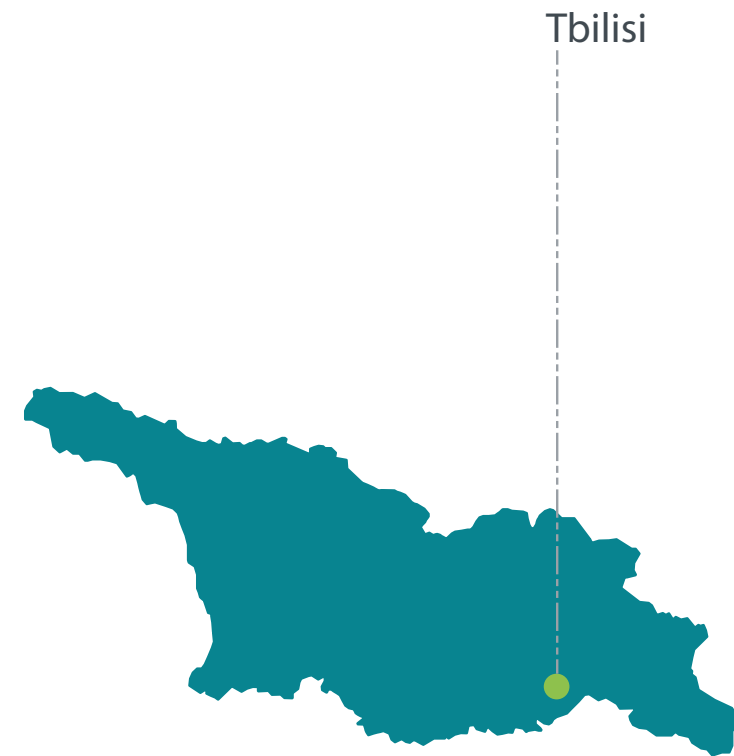
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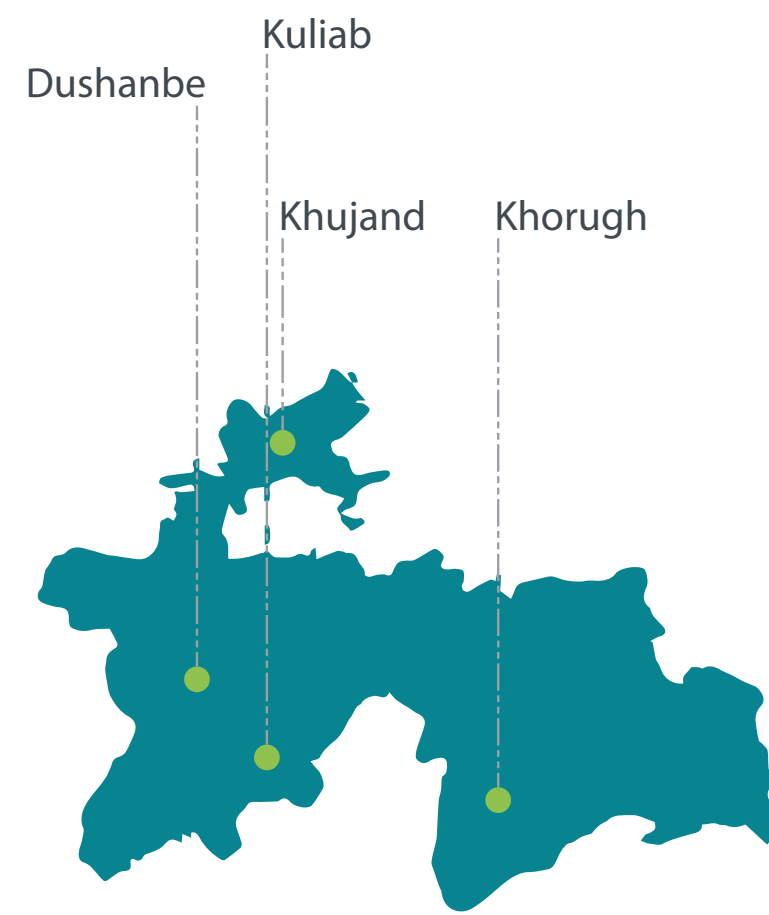
UKRAINE
28 NGOs – 4 cities



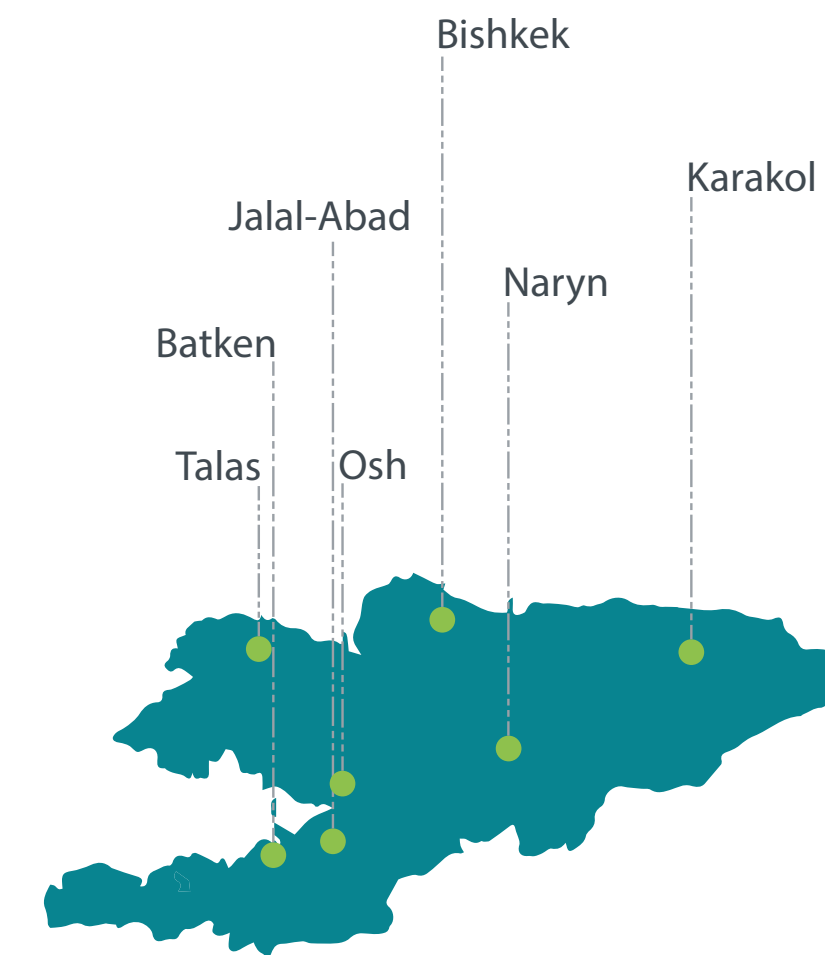
MOLDOVA
12 NGOs – 9 cities



GEORGIA
14 NGOs – 1 city



TAJIKISTAN
7 NGOs – 4 cities



KYRGYSTAN
13 NGOs – 7 cities

between the ICF“ Alliance for Public Health” and the Global Fund to Fight AIDS, Tuberculosis and Malaria. “Gain momentum in reducing TB/ HIV burden through forging universal access for timely and quality TB diagnosis and treatment, scaling up evidence-based HIV prevention, di-

agnosis and treatment, building up resilient and sustainable systems for health” program, which is implemented according to the Grant agreement UKR-C-AUA dated 20.12.2017 between “Alliance for Public Health” and the Global Fund to Fight AIDS, Tuberculosis and Malaria.

DURING THE FIRST HALF OF 2020, THE REACT SYSTEM IN THE EASTERN EUROPE AND CENTRAL ASIA REGION INCLUDES:

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countries

24
cities

74
community-based organisations

#SOS_PROJECT – “Sustainability of Services for Key Populations in Eastern Europe and Central Asia” is a three-year project coordinated by the Alliance for Public Health in a consortium with 100% Life, the Central Asian HIV Association and the Eurasian Key Populations Health Network, and implemented in 14 countries of the EECA region, funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria.
To learn more...

#SOS_PROJECT

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ORGANIZATIONS INVOLVED WITHIN THE REACT PROJECT – 6-MONTH REPORT

IN GEORGIA, WE HAVE TWO TYPES OF ORGANIZATIONAL INVOLVEMENT WITH THE REACT PROJECT – PARTICIPATING IN CASE DOCUMENTATION, PARTICIPATION IN ADVOCACY PROCESSES.

ORGANIZATIONS INVOLVED IN CASE DOCUMENTATION:

ALL THESE ORGANIZATIONS ARE LOCATED IN TBILISI. OTHER BRANCHES OF THESE ORGANIZATIONS, LOCATED IN REGIONS , GOT INVOLVED IN THE PROJECT LATER.



GEORGIAN HARM REDUCTION NETWORK

– GHRN is the key actor to deliver low threshold harm reduction services to PWIDs in Georgia. Apart from service delivery, GHRN pursues advocacy strategies based on human rights and public health principles. The Network is a membership-based organization. It incorporates organizations whose field of activity is related to illicit drug use and related issues.

KP – key populations – legal services (Service provided within REAct).

<https://ghrn.ge/>



“NEW WAY”

KP – PWID – HIV, HCV, HBV, syphilis testing; NSEP, condoms distribution; medical services; casemanagement; assistance in processing certificates, documents. (Service provided within REAct)

<https://www.facebook.com/%E1%83%90%E1%83%AE%E1%83%90%E1%83%9A%E1%83%98-%E1%83%92%E1%83%96%E1%83%90-New-Way-%D0%9D%D0%BE%D0%B2%D1%8B%D0%B9-%D0%9F%D1%83%D1%82%D1%8C-503-189209790676>



CENTER FOR INFORMATION AND COUNSELING ON REPRODUCTIVE HEALTH “TANADGOMA”

Tanadgoma works throughout the country. Services of Tanadgoma are accessible for general population of reproductive age, however, the organization gives special focus and elaborates proactive programs for women and vulnerable, high risk behavior groups (key populations): men who have sex with men – MSM, injecting drug users – IDUs, commercial sex workers – CSWs, young people, prison inmates, LGBT community, victims of trafficking, people living with HIV, internally displaced persons – IDPs, etc.

KP – PWID: HIV, HCV, HBV, syphilis testing; NSEP, condoms distribution; medical services; casemanagement; assistance in processing certificates, documents. (Service provided within REAct).

<http://new.tanadgomaweb.ge/>

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ACESO

ACESO

is a non-governmental organization dedicated to the empowerment of women who use drugs.

KP – PWID: HIV, HCV, HBV, syphilis testing; NSEP, condoms distribution; medical services; casemanagement; assistance in processing certificates, documents. (Service provided within REAct).

<https://www.facebook.com/Aceso-%E1%83%90%E1%83%99%E1%83%94%E1%83%A1%E1%83%9D-206910033362575>

CENTER FOR DEFENSE OF CONSTRUCTIONAL RIGHTS



The goal of the Center for Defense of Constructional Rights is to promote the universal recognition of human rights and freedoms in Georgia, to raise the level of public awareness and respect for the law, as well as to facilitate the process of building civil society and the rule of law.

KP – General population and key populations – legal services (Service provided within REAct).

<https://www.facebook.com/cpcr.ngo>



Legal Service Centre
CLS

LEGAL SERVICE CENTRE "CLS"

The goal of the company is to faithfully serve clients, protect their rights and interests, as well as to provide highly qualified legal services to clients through all means permitted by law and in compliance with ethical norms.

KP – key populations – legal services (Service provided within REAct).

<https://www.facebook.com/LegalServiceCentre/>
<http://cls.gweb.ge/>

MANDALA



Mandala is a community organization that aims to raise consumer awareness about drugs and introduce new harm reduction services.

KP – PWID – Harm reduction services – (Service provided within REAct).

<https://www.facebook.com/dancewithmandala>
<https://www.mndl.ge/>

WOMEN FOR FREEDOM

KP – Sex workers – Advocacy for public policy regarding the rights of sex workers.



"HEPA +"

KP – PWID, Sex workers – HIV, HCV, HBV, syphilis testing; NSEP, condoms distribution; medical services; casemanagement; assistance in processing certificates, documents. (Service provided within REAct).

The mission of the organization is to increase the access of people infected with hepatitis C to diagnosis and treatment; to provide JSC services to drug addicts and other vulnerable groups.

Target groups – young people, women, patient groups (HIV, hepatitis, tuberculosis, STIs), drug users and their relatives, commercial sex workers, migrants, refugees or IDPs, non-governmental organizations, community organizations.

<https://www.facebook.com/HepaPlusOfficial>
<http://www.hepaplus.ge/>

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“NEW VECTOR”



is the first civil organization of people who use drugs that works to advocate for the needs of community and implements various preventive measures. The New Vector offers the broadest range of health and social harm reduction services for drug users and vulnerable groups. The organization implements a harm reduction program based on the “one-stop shop” principle, which is a proven and effective means of identifying various bloodborne infections and preventing the spread of these infections among drug user groups.

KP – PWID – HIV, HCV, HBV, syphilis testing; NSEP, condoms distribution; medical services; casemanagement; assistance in processing certificates, documents. (Service provided within REAct).

<https://www.facebook.com/newvector4>



“SPACE FOR DEVELOPMENT”

KP – General population and key populations – legal services (Service provided within REAct).

ORGANIZATIONS INVOLVED IN ADVOCACY PROCESSES :

“EQUALITY MOVEMENT”



THE MISSION is to support women and the LGBTQ community to ensure their proper integration in the society, and, at the same time, to facilitate the eradication of sexism and homophobia in the society.

KP – LGBTQ community – Prep, HIV testing, condoms distribution, legal services, case management.

<http://www.equality.ge/en/>

WISG – WOMEN’S INITIATIVES SUPPORTIVE GROUP

ქალთა ინიციატივების მხარდაჭერის ქსოვი
WOMEN'S INITIATIVES
SUPPORTING GROUP



The “Women’s Initiatives Supporting Group (WISG)” is a feminist organization working on women’s issues. The

organization’s special target group includes lesbian and bisexual women, transgender persons, women representing ethnic and religious minorities, living in rural areas, with disabilities and representing other vulnerable and marginalized groups.

<https://women.ge/>

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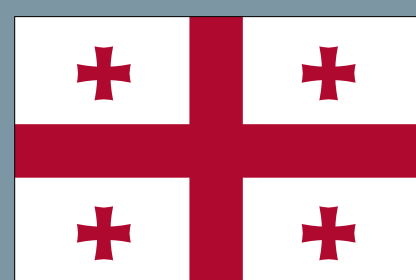
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GENERAL INFORMATION FROM REACT DATABASE



GEORGIA

Georgia remains a country with a high degree of stigma and criminalization of key populations. People who use drugs, sex workers and people living with HIV are subject to laws that explicitly criminalize actions or omissions related to their personality or chronic illness.



IMPLEMENTATION SCALE

The main implementing partner is the Georgian Harm Reduction Network (GHRN), which works in partnership with 14 other nongovernmental organizations to provide a wide range of services to key populations, including legal services and services for women.

Alliance for Public Health provides technical support for maintaining the database, analyzing the collected information and developing strategic goals for advocacy.

REActor in Georgia is an outreach worker, case manager, social worker of an NGO providing services to key groups. Some REActors are lawyers or paralegals, cases that require more professional legal assistance may be referred to them. Information about violations is communicated to the REActors directly by victims during the receipt of various services (testing for HIV, hepatitis C, hepatitis B, syphilis; syringe exchange; condom distribution; medical services; PrEP; legal services, etc.). Also, REActors monitor closed community groups in social networks in order to reach victims of human rights violations.

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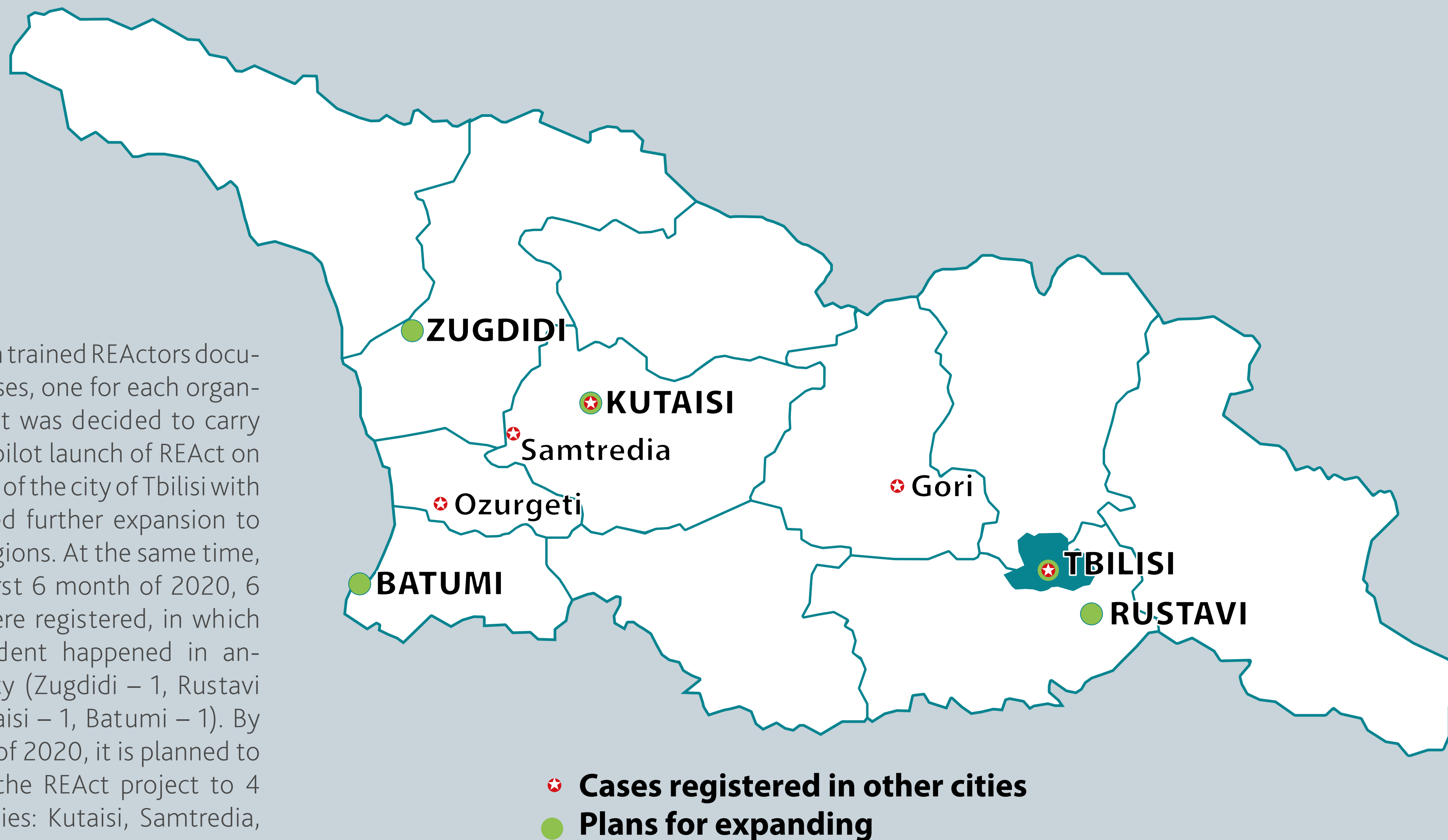
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Fourteen trained REActors document cases, one for each organization. It was decided to carry out the pilot launch of REAct on the basis of the city of Tbilisi with a planned further expansion to other regions. At the same time, in the first 6 month of 2020, 6 cases were registered, in which the incident happened in another city (Zugdidi – 1, Rustavi – 3, Kutaisi – 1, Batumi – 1). By the end of 2020, it is planned to expand the REAct project to 4 more cities: Kutaisi, Samtredia, Gori, Ozergeti.



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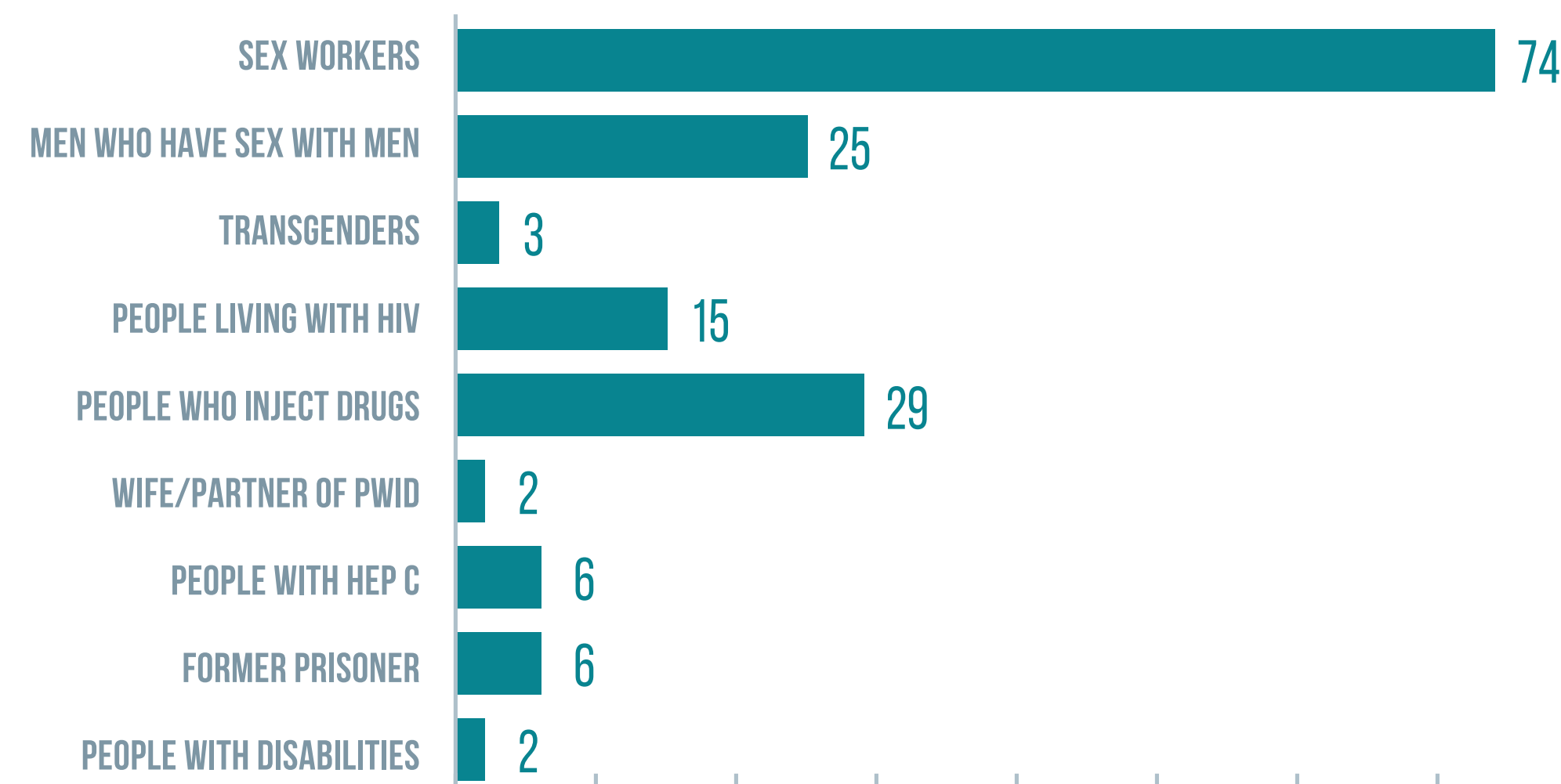
INFORMATION ABOUT CLIENTS

– KEY GROUPS

Cases where the victims are former prisoners are not presented in a separate section in the report, since all of these clients are sex workers at the same time. Therefore, these cases are presented in statistics on sex workers. Also, all clients with disabilities within this period are simultaneously drug users, therefore, they are included in the statistics for this group. Cases where the victim is a person with hepatitis C were included in the statistics of the CSW and PWID group, since the violation of rights was not associated with hepatitis C, and the victims also belong to the previously mentioned key groups.

Two cases were registered where the victim did not belong to any key group, but was the wife/partner of a PWUD and suffered from domestic violence.

Total number of registered cases in Georgia by each key group



One client can represent several key groups. In the report, in such cases, the case was labeled with the group most relevant to the nature of the incident. For example, if a victim is both PWID and PLHIV, and the case reports a violation of her/his rights due to discrimination based on HIV status, then such a case will be included in the statistics only for PLHIV, and will not be included in the statistics on PWID. If the violation of rights was not caused by belonging to a particular group, such a case is taken into account in the statistics of all key groups to which the client belongs.

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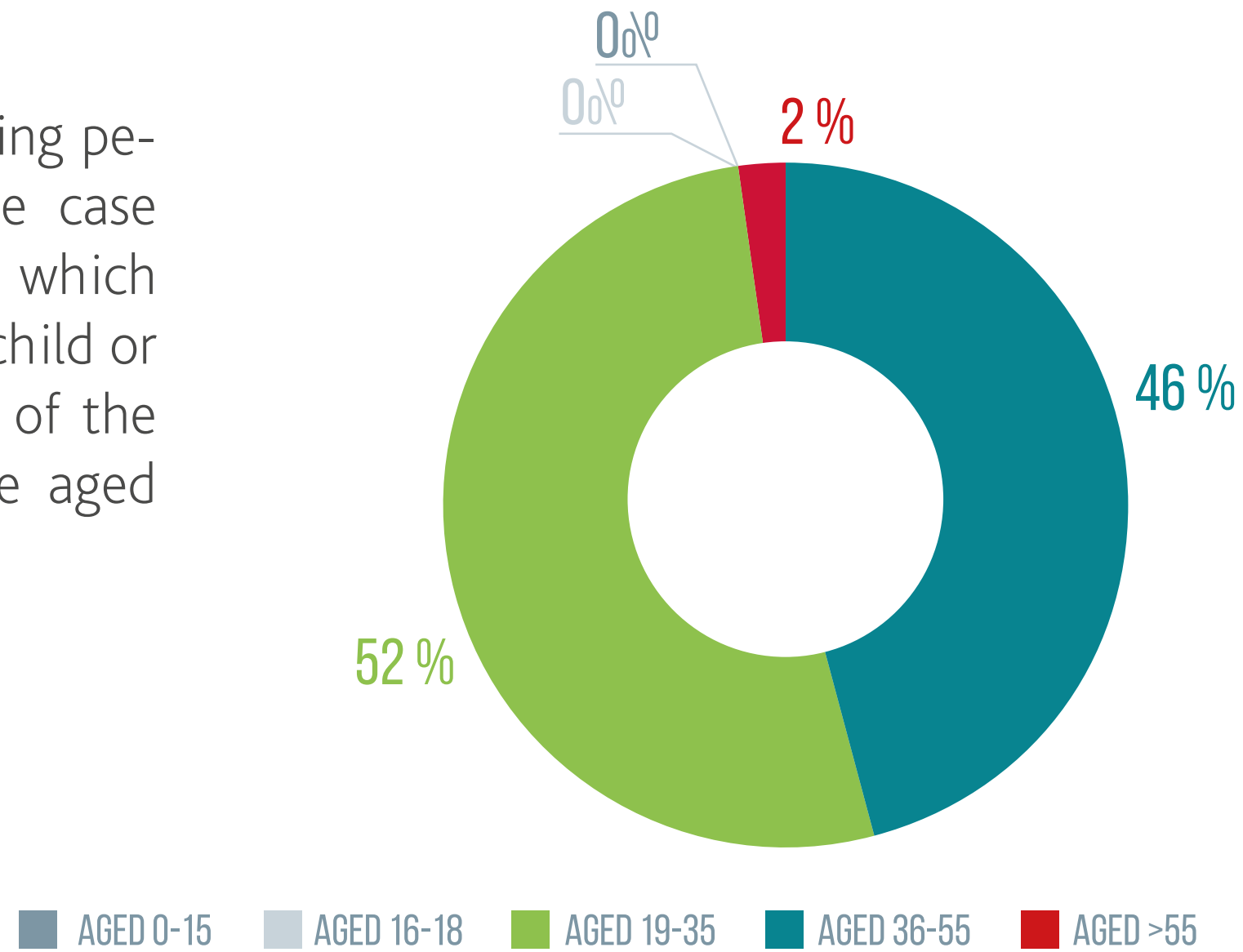
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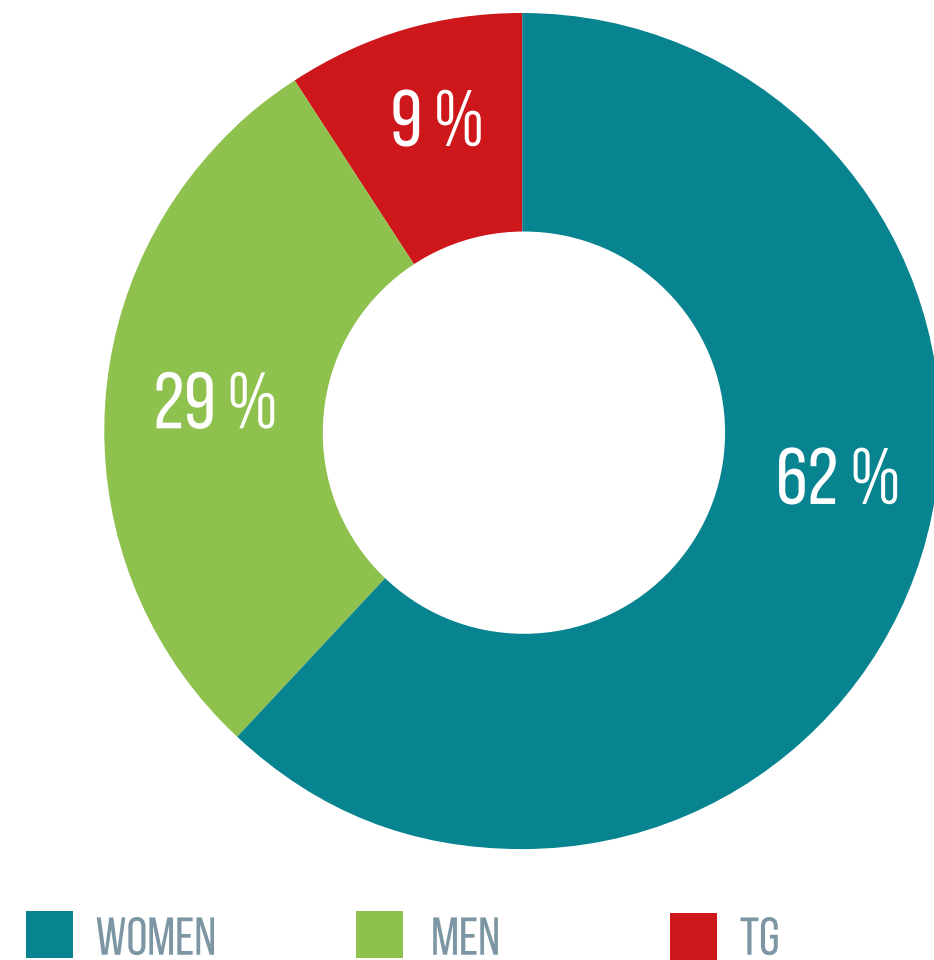
– AGE GROUPS

During the reporting period, not a single case was recorded in which the victim was a child or adolescent. Most of the clients are people aged 19-55.



– GENDER GROUPS

The number of women prevails, since during the reporting period, most cases were documented among sex workers. This is due to the effective work of the most active NGO in documenting with this key group.



GENERAL STATISTICS

Four clients contacted the REActors again to report new violations of their rights and 1 client (representative of the MSM group) reported 4 cases during the reporting period. This explains the difference between the number of cases and the number of registered clients (victims).

114

Clients registered, total

121

Cases documented, total

106

Of them, qualified as human rights violations

In 15 cases, the case descriptions did not contain clear signs of human rights violations. In such cases, there were signs of a difficult life situation of the client, or manifestations of negative and possibly stigmatized attitudes on the part of individuals, but there are no signs of human rights violations by representatives of state bodies.



More details about the approach to defining the concept of “violation of human rights”, which is used when documenting cases in the REAct database, can be found in the Introduction to the report.

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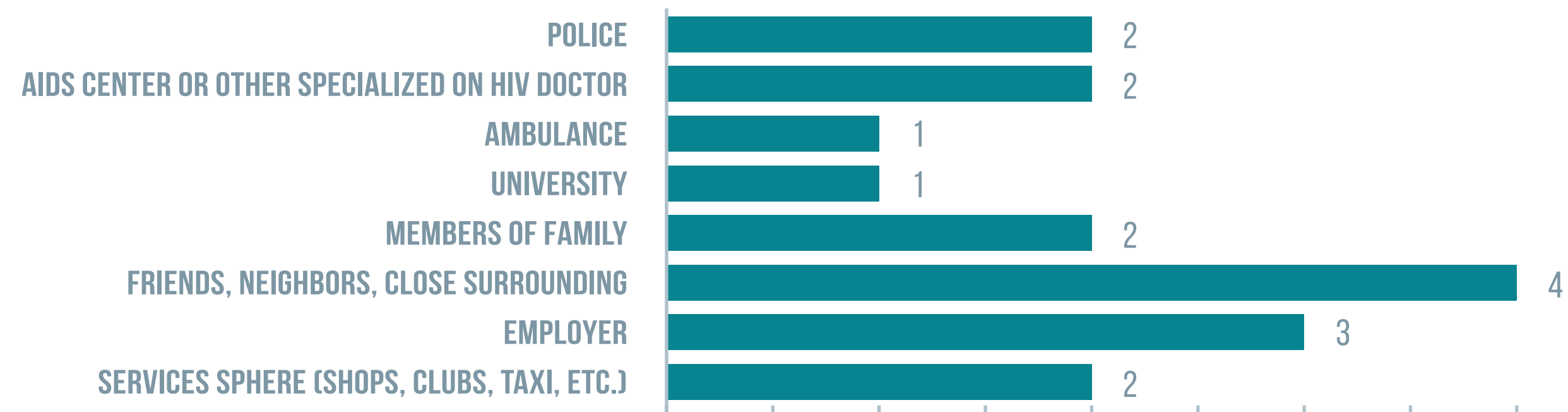
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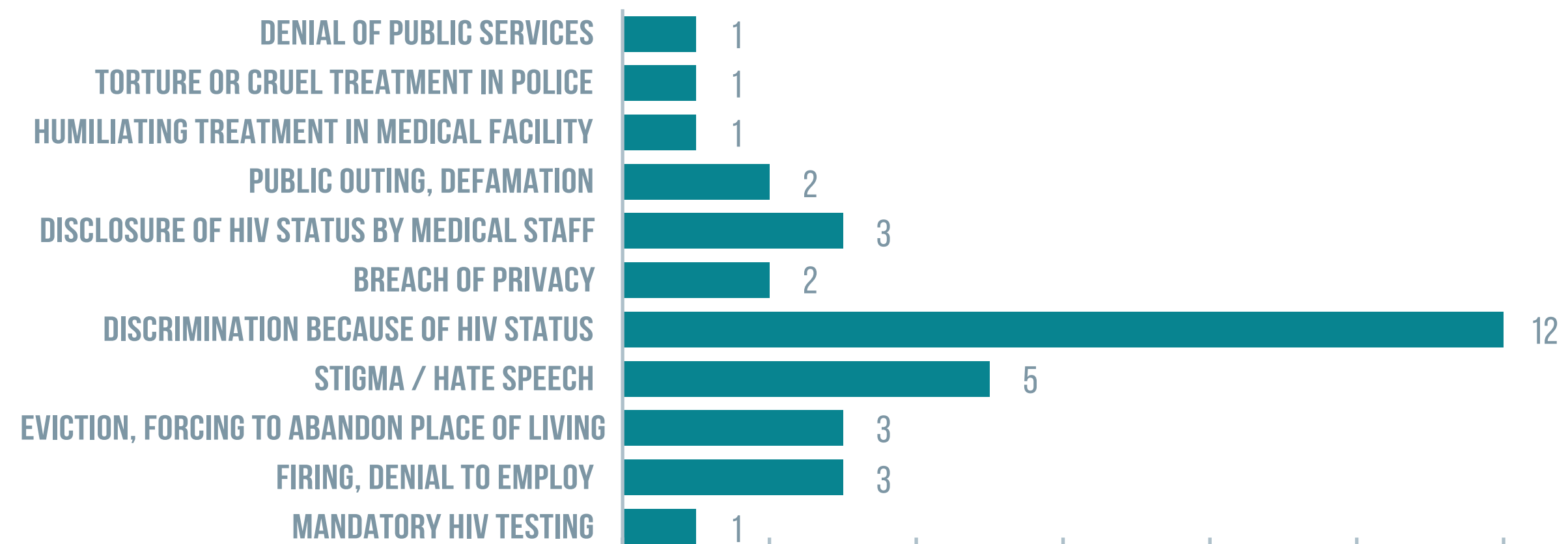
Fifteen cases were registered, and all of them were qualified as violations of human rights. Twelve of them represent clear **discrimination due to HIV status**.



Number of registered cases in PLHIV, by perpetrators



Types of human rights violations by key group – PLHIV



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ANALYSIS OF NATIONAL LEGISLATION

On the one hand, the national legislation of Georgia contains provisions on the protection of everyone from discrimination¹. Also, the norms of general legislation on HIV infection contain provisions that people living with HIV should not be exposed to stigma and discrimination².

On the other hand, people living with HIV are directly discriminated against due to criminal and administrative prohibitions that affect their status.

Deliberate transmission of HIV to another person, as well as creating a threat of deliberate transmission of HIV infection to another

person, is a criminal offense under Art. 131 of the Criminal Code of Georgia with severe punishment from three to seven years. Based on Art. 46 of the Administrative Code of Georgia, concealing the source of a venereal disease and contacts with patients who pose a risk of transmission of the disease is an administrative offense. Despite the lack of accurate data on the number of criminal and administrative cases under these articles of the Criminal Code and the Administrative Code, the very existence of prohibitions and punishments established by law is an important sign of the stigma promoted by the state against PLHIV.

In all countries where HIV infection carries criminal or administrative penalties, women living with HIV are also disproportionately affected by such laws. Georgia is no exception. Often, it is the woman, and not her partner, who first learns about HIV status when undergoing pregnancy-related medical examinations. The fact of detection of HIV infection puts a woman in a situation in which she takes the first blow of the consequences of criminalization, including the obligation to disclose information about her intimate partners during an epidemiological investigation.

¹ Law of Georgia "On Elimination of All Forms of Discrimination" No. 2391-lic dated 02.05.2014. Consolidated version as of 19.02.2019. Online: <https://matsne.gov.ge/ru/document/view/2339687?publication=1> Last access 9.08.2020

² Article 5 Law of Georgia "On HIV / AIDS". Online: <https://matsne.gov.ge/ru/document/download/90088/1/ru/pdf> Last access 17.11.2020

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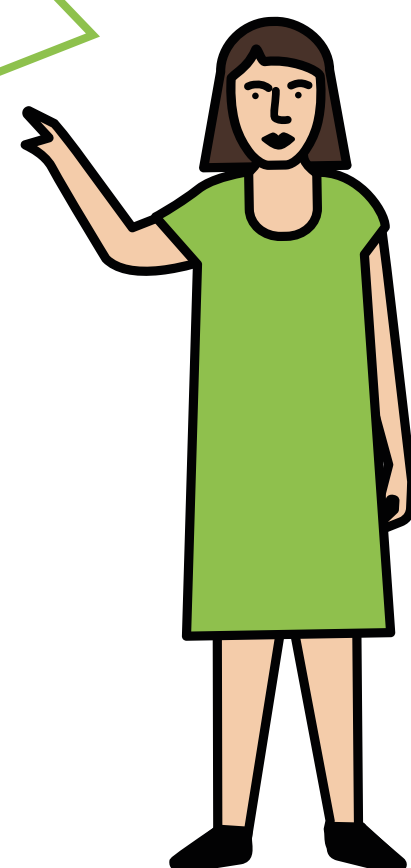
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VIOLATION OF THE RIGHTS OF PLHIV IN HEALTHCARE FACILITIES

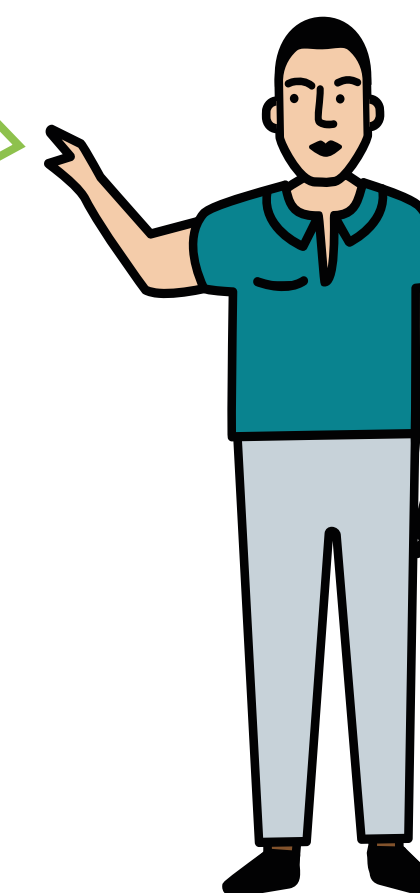
In general, there is a sharp deterioration in the attitude of the doctor to the patient, as soon as the positive HIV status of the latter is disclosed.

The client is HIV positive. A week before the visit, she fell ill and called an ambulance. The team that arrived at first behaved appropriately, but when they heard that the patient had HIV, everyone put on masks and began to speak in a different tone. This greatly offended the woman. The incident took place in front of her mother-in-law and other relatives.



Disclosure of HIV status and breach of confidentiality of medical data in medical institutions specialized in HIV infection occurred in 2 cases. On both occasions, doctors acted without due diligence and respect for the patient's right to privacy rather than deliberately disclosing information. There was no direct disclosure of the diagnosis, however, in fact, the result was informing third parties about the patient's diagnosis.

The client was tested with a rapid test. The first result was positive. And the testing took place in the AIDS Center. The client was called back at home. A relative answered the call. When she found out where they were calling from, she raised a scandal in the family. The client had to tell that the caller had the wrong number and hide the fact of being tested. After that, he decided not to initiate treatment and left the country.



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Two cases were registered where violations of rights are directly **related to disability**. In one case, government services did not pay attention to the financial situation related to disability and did not help a person overcome barriers to the implementation of guarantees associated with a delay in the execution of a sentence due to a serious illness of the convict.

**ARTICLE 283 OF THE CRIMINAL CODE.
SUSPENSION OF EXECUTION OF A SENTENCE**

The execution of a sentence in relation to a convicted person to imprisonment may be postponed by the court that passed the sentence, on the basis of the conclusion of the forensic medical examination, by the same sentence, and after its delivery, by determination if the following grounds exist:

a) the onset of a serious illness in the convicted person, which prevents him/her from serving his sentence – until the recovery or significant improvement in health;

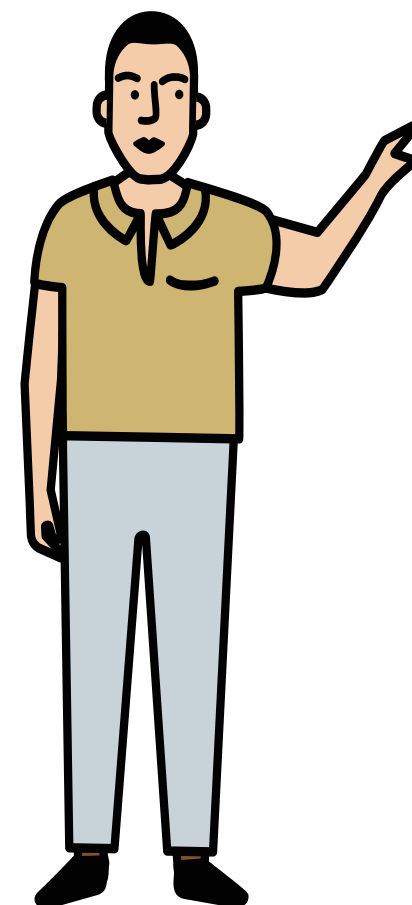
When the execution of the sentence is postponed due to a serious illness, the court that passed the sentence, by the same sentence (ruling), in order to establish the state of health of the convicted person, must order the production of an expert examination at the expense of the convicted person at least once a year and the frequency of submission of the expert opinion by the convicted person. If the convicted person fails to submit the expert opinion to the court that issued the decision with an appropriate frequency, the court, without an oral hearing, decides by ruling to return the convicted person to the appropriate institution to serve the unserved part of the sentence (24.09.2010 #3616).

If the convicted person submits an expert opinion, the court that made the decision to postpone the execution of the sentence, without an oral hearing, decides to uphold the court's decision to postpone the execution of the sentence or to return the convicted person to the appropriate institution to serve the unserved part of the sentence (24.09.2010 #3616).

The client is a former prisoner, previously used drugs, has a disability. Cannot walk unassisted, has speech problems, his psycho-emotional state is unstable. In order not to return to prison, he must be provided with a medical report on his state of health every year. This conclusion costs 700 GEL – an unaffordable amount for the client. He lives on social benefits and alms. He went to court on more than one occasion to have this obligation removed. We talked with experts from the Samkharauli National Forensic Bureau. They were imbued with this problem. After the changes in the medical report, the court canceled the obligation. The client suffered various injuries while in prison, which worsened his condition.



The client lives in the Lilo shelter. He can't talk, used to take drugs, can't walk unassisted. A friend helps him to move. He is very vulnerable financially, in need of an official disability. The doctors won't give it to him. Neither the client, nor I have the money to pay for an independent examination, so that a pension is finally appointed.



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STIGMA AND DISCRIMINATION AGAINST PLHIV IN EVERYDAY LIFE

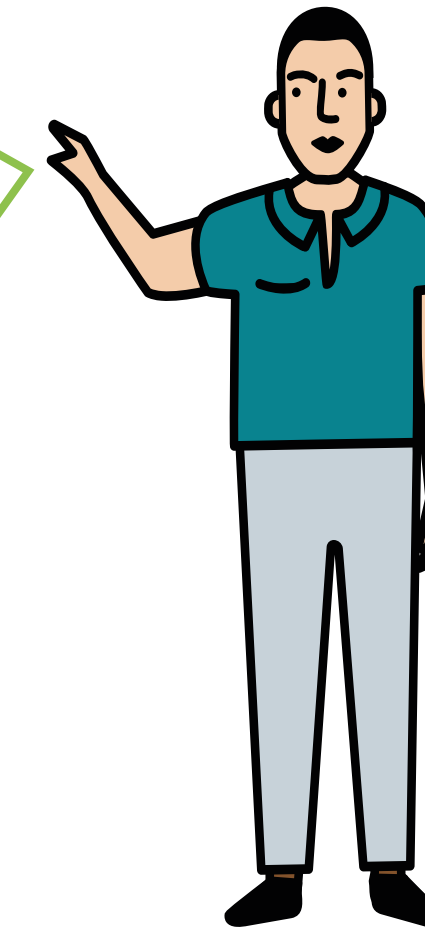
AT WORK, AT HOME AND IN PUBLIC PLACES

Three cases of **eviction/coercion to leave the place of residence** by cohabitants, landlords or even relatives were recorded due to the positive HIV status of the victim.



The client has HIV. Works at a construction site, rents an apartment with workmates. One of them found out about HIV and began to demand the client to move out. The client was desperate and called a REActor. The REActor arrived and decided to talk to the man who was driving the client out of the apartment. He told him about HIV, that the client was on ART, and it was safe to live with him in the apartment. The man understood everything, apologized to the client and allowed him to stay in the apartment.

The client has HIV, he lives in a rented apartment, works as a salesman. The owner found out about his HIV status, makes the client move out, otherwise he will talk about HIV at the client's work. The client is frightened, but he has little money, he cannot find another apartment to rent. The client applied to us to help him to find an apartment. We try to help him.



Also, 3 cases of dismissal from work were recorded solely due to a positive HIV status. At the same time, the legislation of Georgia does not allow **dismissal from work** of HIV-infected / AIDS patients or refusal to hire them only because of their positive HIV status, except for activities in which there is a high risk of infection of persons in contact with HIV-infected. The list of these types of activities is approved by the Ministry of Labor, Health and Social Pro-

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tection of Georgia. Although dismissal due to HIV positive status is prohibited by law, practice shows that such cases still exist.

The client is HIV-positive, works in a restaurant. He disclosed his status to a friend, and a friend told other people at work. The client was fired. He alone supports his sick mother. The money ran out, the client became depressed, he attempted suicide. Fortunately, he survived. REActor provided the client with psychological support.

*An HIV client *** months ago he took part in a TV show where people with HIV were interviewed. He revealed his status. After that, his wife, who does not have HIV, was fired from the beauty salon. She brought a certificate, but it didn't help. Friends and neighbors began to avoid them. The couple went abroad.*

The client lives with HIV. She has a 5 year old child. The child and the husband do not have HIV. She takes the child to the pool. When the owner of the pool found out that the woman had HIV, he stopped letting the child into the pool. Despite the fact that the child's father brought a certificate, still, they were not allowed into the pool.

In addition, HIV status is often a **verdict for relationships and family** life in general.

*The client is HIV-positive, he has a wife, lives in the city ***. On therapy, viral load is undetectable. The wife got pregnant, they will have a child. The client's mother-in-law accidentally found out about his status. She began to demand a divorce and an abortion. Despite love, the couple divorced. After that, the client became depressed and his health condition deteriorated. The couple divorced officially, without specifying the reason in the documents. The woman had an abortion.*

Sometimes **stigmatized attitudes and discrimination** are manifested even **towards cohabitants and relatives of a person living with HIV** who have a negative status.

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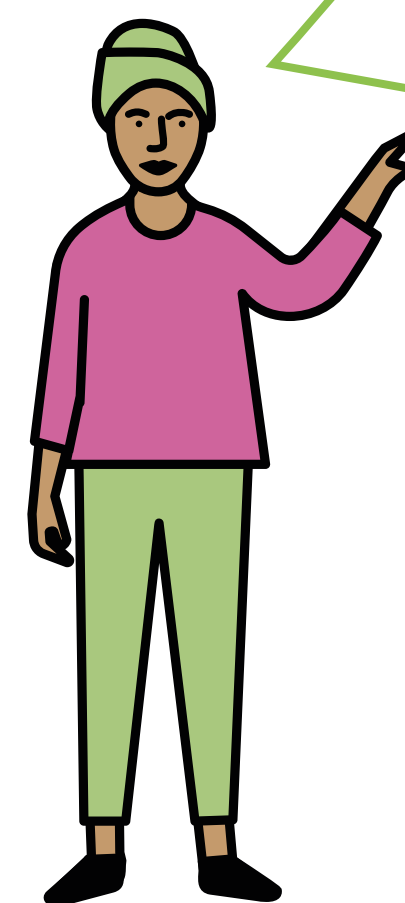
AT THE UNIVESITY

The REActors received a complaint that one of the universities is being forced to test for HIV, besides, the results are received first by the university administration, and then by the students themselves. This blatant violation of the confidentiality of medical data is now being actively investigated by representatives of NGOs and REActors.

The legislation of Georgia defines the basic principles of the response to HIV / AIDS in Georgia, HIV testing of individuals, treatment and care for HIV / AIDS patients, issues related to caring for them, as well as rights and obligations HIV / AIDS patients and healthcare professionals. Citizens of Georgia, as well as any person permanently or temporarily residing or staying in the territory of Georgia, foreigners and stateless persons have the right to undergo voluntary counseling and testing for HIV infection, in this case – anonymously and confidentially. HIV testing is carried out after obtaining free informed consent. HIV testing is mandatory for:

- a)** donors of blood and blood components;
- b)** donors of organs and parts of organs;
- c)** tissue donors;
- d)** egg cells and sperm donors.

In any other case, the compulsory testing is not defined by law.



*We were approached by a student of the *** University. At the university, she was obliged to undergo HIV testing. We referred the girl to the lawyer of the Women's Initiatives Supporting Group, Katie Bekhtadze. A consultation was scheduled.*

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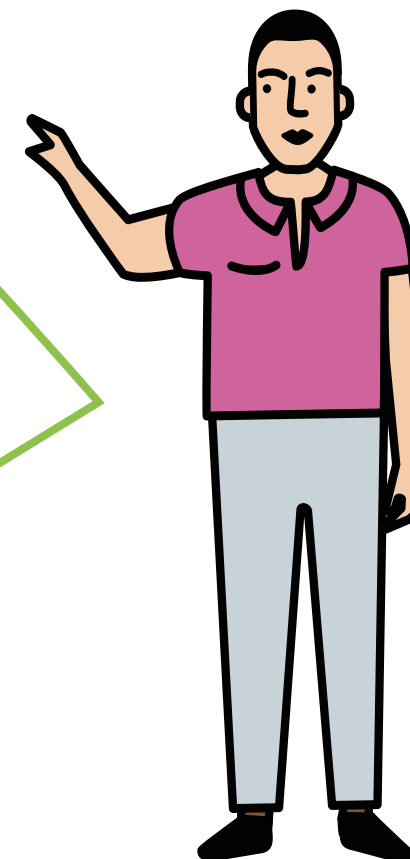
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DISCRIMINATION BY POLICE

In two cases, police officers showed clear stigma towards people living with HIV. This behavior of the police is usually associated with a complete lack of training on human rights, or with poor information about the rights of vulnerable groups, such as people living with HIV. As a rule, in such cases, the state fails to fulfill its obligation to respect human rights, since it does not provide conditions for respect and protection of rights on the part of the authorities.

An HIV positive client was detained by the police. His wife came to the station. Since the client is on ART, it is important for him to take the medicine on time. He told the policeman about this and asked for permission to take the pills. After he washed down the medicine with water, the policeman threw the glass cup in the trash. The client's wife saw this and asked if he knew that his actions were discrimination. The policeman did not answer, and after that the woman, who was 3 months pregnant, was put out on the street. She was not allowed to use the toilet until she showed her pregnancy certificate and social worker ID. The investigator said that he knows about the ways of HIV transmission, but "just is a little paranoid".



The client is HIV positive and uses drugs. Once, when he was under the influence of drugs, he was stopped by the police. He was taken to the police station and forced to say where he got the drugs. He refused, he was beaten. The client said he was HIV positive and his blood was dangerous. After that, he was insulted, beaten up and thrown out into the street only around midnight.



It is important to note that the REActors did not record any cases of criminal prosecution for HIV transmission or exposure to infection (Article 131 of the Criminal Code of the RG). According to national experts, this article is rarely applied in Georgia, only in some cases. Transmission of HIV infection and putting at risk of infection provide for the possibility of prosecution only if there is intent. No such cases were reported in Georgia. Statistics show that in 2020 no one was prosecuted for this action.

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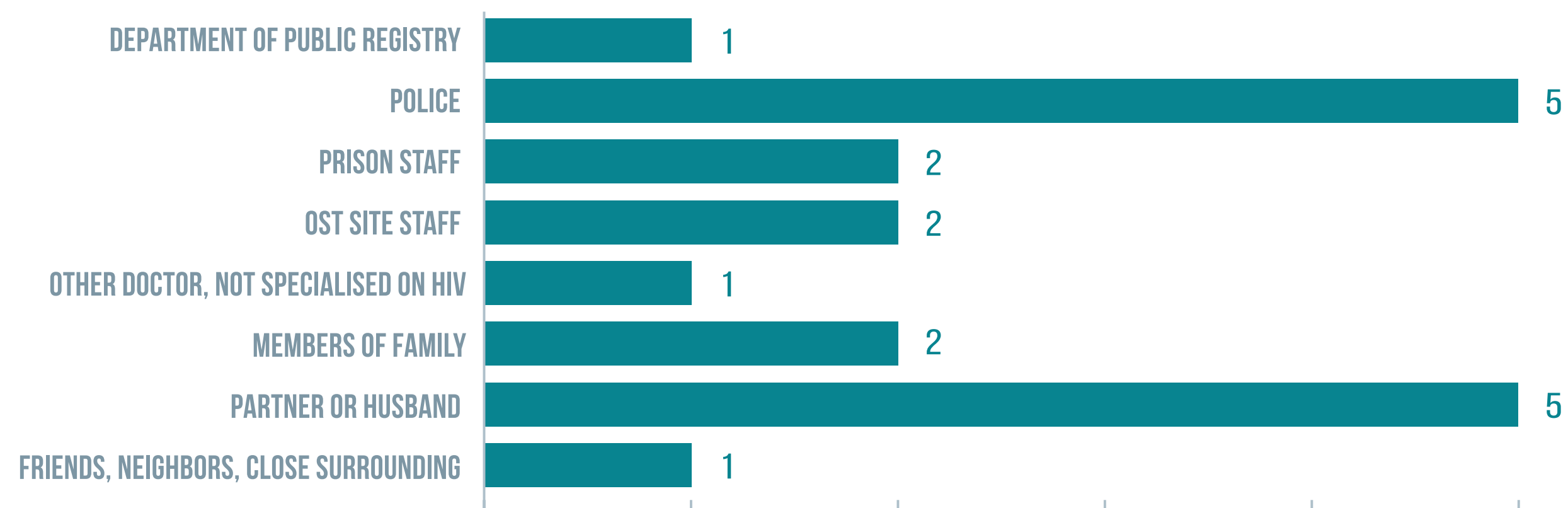
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Twenty-nine cases in total. Of these, 10 were assigned to a different key group, more consistent with the case description. Of the 19 cases presented in this key group, 4 were not classified as violations of rights.

Number of registered cases in PWID group, by perpetrator



ANALYSIS OF NATIONAL LEGISLATION

Despite some progress in improving accessibility of harm reduction services, including substitution therapy, Georgia's drug policy continues to be one of the most repressive in the Eastern Europe and Central Asia region.

The use of drugs without a doctor's prescription and actions directly related to the use, such as possession of small amounts, are an administrative offense (Articles 45 and 451 of the Code of Administrative Offenses of Georgia³), including up to 15 days of administrative detention. At the same time, the

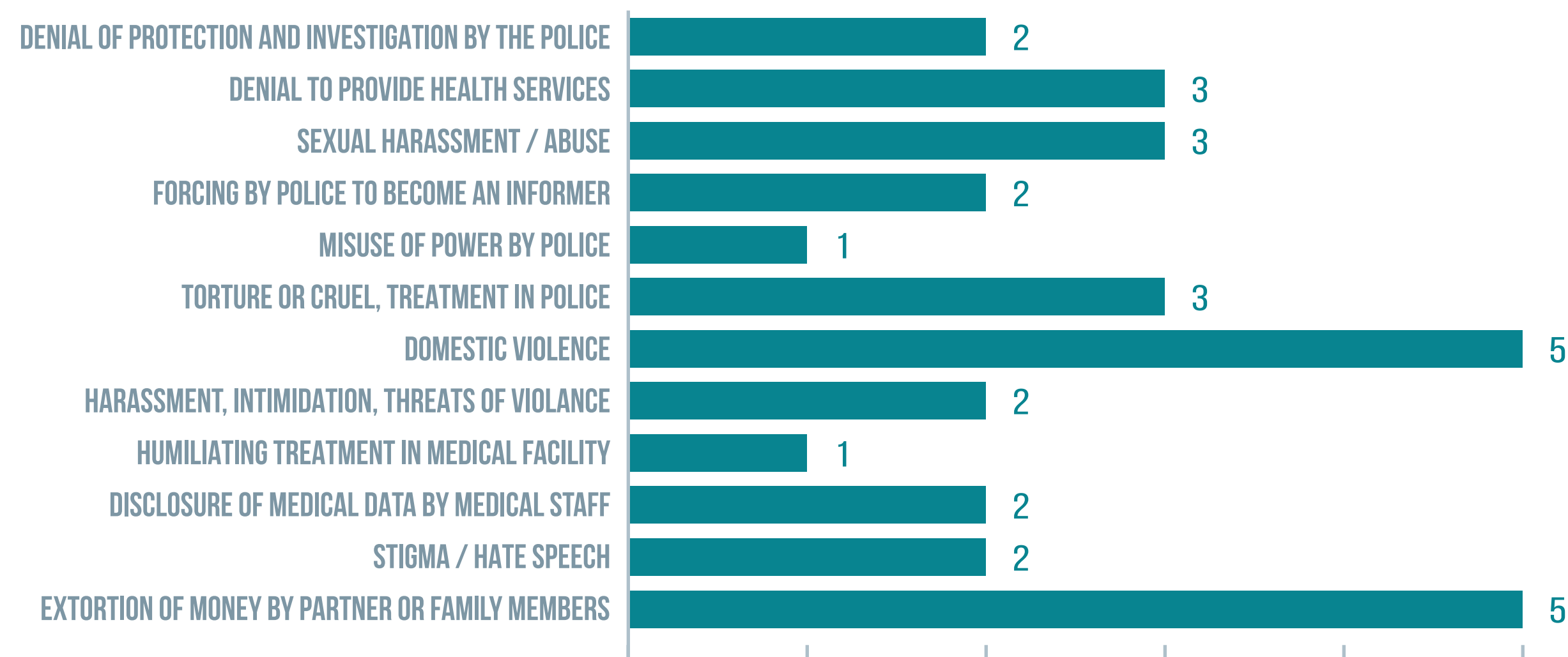
³ Code of Administrative Offenses of Georgia. Resolution of the Supreme Soviet of the Georgian SSR No. 161 of 12/15/1984. Consolidated version (final) on 07/17/2020. Online: <https://matsne.gov.ge/ka/document/view/28216?publication=465> (in Georgian). Last access 8.08.2020.

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Types of human rights violations in PWID



Law of Georgia “On Narcotic Drugs, Psychotropic Substances, Precursors and Narcological Assistance” does not provide for a small size for the vast majority of substances used in Georgia. This automatically criminalizes the possession of any amount of such substances. In the same Law, large and especially large sizes are defined in such small quantities that one dose is enough to qualify the act as actions on an especially large scale, with a punishment of up to life imprisonment. For example, the extra large size for buprenorphine is defined in the

amount of 0.12 grams, and for methadone in the amount of 1 gram.⁴

Any activity with drugs in excess of a small size, including possession and sale, is a criminal offense that carries severe penalties, including significant terms of imprisonment (Articles 260-2731 of the Criminal Code of Georgia). For example, unskilled possession

⁴ Appendix No. 2 to the Law of Georgia “On Narcotic Drugs, Psychotropic Substances, Precursors and Narcological Assistance”. No. 6245-Is dated 22/05/2012. Consolidated version as of 06/25/2020. Online: <https://matsne.gov.ge/ka/document/view/1670322?publication=17> (in Georgian). Last access 9.08.2020.

of drugs without signs of sale entails imprisonment for up to six years. A criminal offense is inducement to use drugs, as well as evasion of compulsory treatment (Art. 274 of the Criminal Code of Georgia).

In addition to direct administrative and criminal-legal prohibitions, on the basis of the Law of Georgia “On Narcotic Drugs, Psychotropic Substances, Precursors and Drug Treatment”, people who use drugs are subjected to compulsory drug testing, arbitrary restriction of social and economic rights, including the right to drive a vehicle and the right to hold positions or work in a wide range of jobs and professions.

STIGMA AND MARGINALIZATION OF PEOPLE WHO USE DRUGS

Criminalization contributes to the marginalization of people who use drugs, as well as their involvement in riskier behaviors and the use of less studied substances. At the same time, criminalization creates barriers to seeking social support and medical care.

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Despite the prohibition of discrimination on the basis of gender identity, women in all groups are subject to additional discrimination due to cultural norms accepted in society. Women who use drugs and women involved in sex work experience the most stigma pressure from society.⁵ In particular, women who use drugs and have children avoid seeking medical and social support because of the risk of being deprived of parental rights. Based on Art. 1206 of the Civil Code of Georgia, chronic alcoholism or drug addiction are sufficient grounds for deprivation of parental rights.

The client divorced her first husband with whom she had a child. Social services helped the husband to take the child, citing his wife's bad habits. Guardianship was transferred to the father because the mother did not have the means to support the child. Moreover, she was not even allowed to see the child.

Since the woman did not have support from a social worker of the state social service, she decided to find another social worker and contacted us. In response, the social worker from the social services promised to make every effort to deprive the client of parental rights.



VIOLATIONS OF RIGHTS BY LAW ENFORCEMENT AGENCIES AND PENITENTIARY STAFF

Since all types of behavior, to one degree or another, related to drug use are under administrative or criminal prohibitions, people who use drugs become extremely vulnerable to human rights violations, primarily by the police.

During the reporting period, 5 cases were recorded with the participation of the police. Victims report pressure, blackmail, coercion to inform, and the use of force by law enforcement officials.

⁵ Joint Submission of Georgian Harm Reduction Network and Eurasian Harm Reduction Network to the Committee on the Elimination of All Forms of Discrimination against Women, 58 Session. Georgian Harm Reduction Network and Eurasian Harm Reduction Network. 2012. Online: https://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/GEO/INT_CEDAW_NGO_GEO_17406_E.pdf Last access 9.08.2020.

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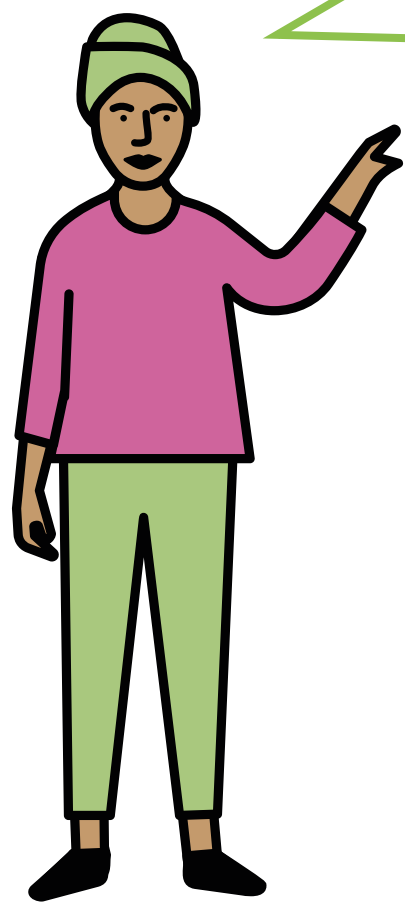
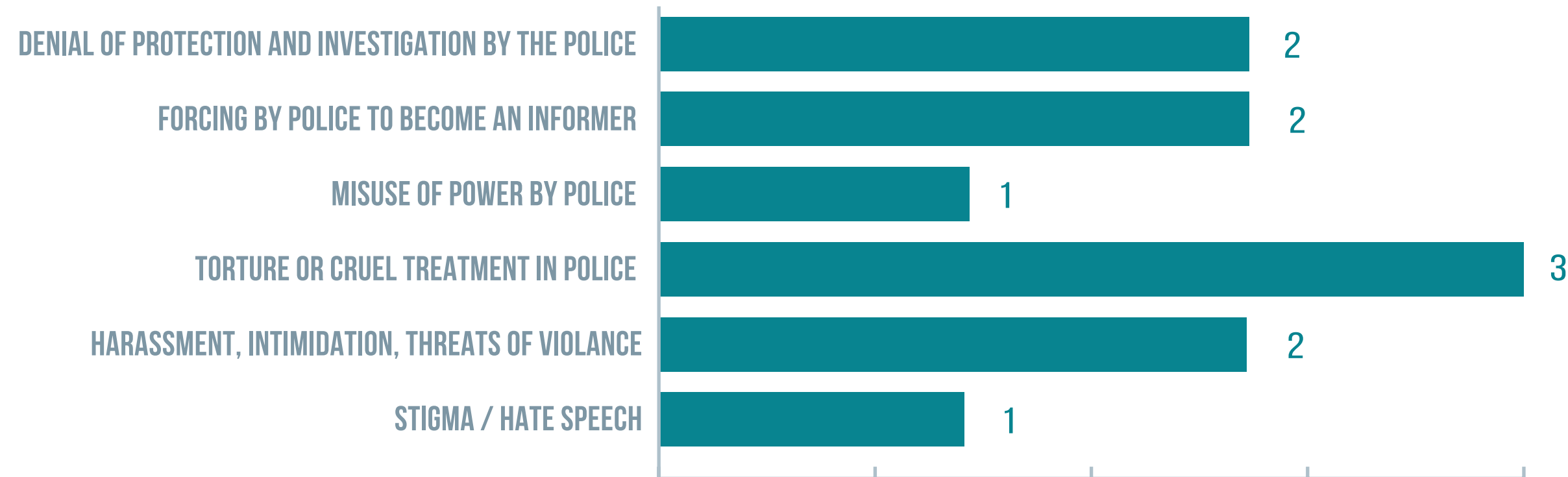
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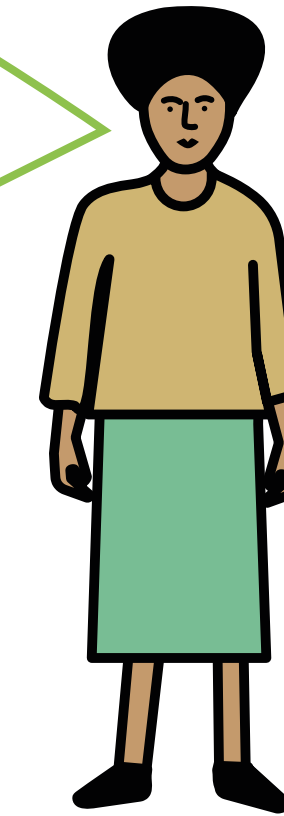
Types of human rights violations in PWID by law enforcement agencies



The client uses drugs, is involved in sex work. The police officer insulted and blackmailed her to make her an informant. Threatened to tell the family about her affairs. After the involvement of REActors and his organization, this police officer was fired.

In two cases of domestic violence to sexual partners, **the police refused to provide protection**, to investigate, and even “threw the victim out with threats to jail for the use.” The police officer not only **did not provide protection**, but also threatened to open **a criminal case on drug trafficking** in case of repeated calls to the police.

The partner forced the victim to work, and took the money away, buying drugs for himself and only leaving her a little. According to the client, 2 years ago she went to the police, but she was thrown out, and even threatened to jail for drugs.



The consequences of such threats can be extremely negative, since in such cases the police not only essentially leave the victim of violations one-on-one with the violator, but also enhance the negative impact of such violence, emphasizing the victim’s vulnerability.

In some cases, representatives of marginalized groups do not seek help from the police due to mistrust to them.

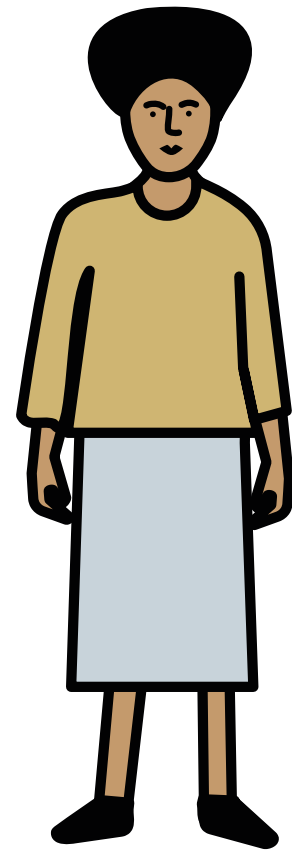
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The client has a drug addiction and is on OST. During lockdown, her partner took her drugs for a week without permission and used it with friends. On this occasion, they had a violent quarrel, and the partner severely beat the woman. She didn't go to the police because she didn't believe that they would help a drug addict with a criminal past.

Two incidents of violence were registered in penitentiary system by staff of institutions, which resulted in severe bodily injury, disability and loss of ability to work.

The client is using drugs. Several years ago he was in prison for this. Once in prison, when he was praying in front of the icons, a supervisor came up from behind and started hitting his head with a heavy object. As a result of the beating, the client had severe visual and speech impairments, the left hand was paralyzed. After leaving prison, the client is incapacitated, but does not receive payments, the family is in poverty. He lives with his brother's family. His sister-in-law regularly insults him, throws him out to live in a shelter, where he is not admitted due to drug addiction. The client is in a very difficult situation.



At the same time, REAct did not record a single case of violations of the rights of people who use drugs in connection with criminal prosecutions for crimes related to drug trafficking, including cases of drug testing, cruel treatment of drug users in the police, human rights violations by guardianship authorities, human rights violations in connection with police raids. According to information from national experts, there is currently no repression against drug users in the country. Actions related to COVID-19 lockdown measures, including curfews, have redirected police attention to tackling more serious crimes and protecting public order. In addition, since 2015, the Constitutional Court has issued a number of judgments, which recognized imprisonment for possession of marijuana up to 70 grams for personal use unconstitutional. At the next stage, criminal liability for the use of marijuana was declared unconstitutional. Imprisonment for possession of a certain amount of desomorphine was ruled unconstitutional. Also criminal liability for possession of an unsuitable amount of drugs was declared unconstitutional. All criminal cases of drug possession should be considered individually with the assistance of an expert. All of these Constitutional Court rulings help ease police pressure on drug users. During the pandemic, drug users had little contact with the outside world. Services were also provided at the place of residence.

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BREACHES OF PRIVACY OF MEDICAL DATA AND STIGMA FROM HEALTHCARE STAFF

Despite the fact that opioid substitution (maintenance) therapy (OST) is one of the most effective treatments for opioid dependence, OST patients often experience stigma from both doctors and the general population.

In the REACT system, 3 cases were documented, in which the perpetrator was a representative of the public health sector, and the victim a person who uses drugs, among all. At the same time, 2 out of 3 cases record a stigmatizing and humiliating attitude towards OST patients precisely at the OST sites.

*On the OST website located in ***, human rights regarding confidentiality and anonymity were violated, the client was discriminated against on the basis of his religious beliefs. When he came to the site to join the program, the doctor spoke to him in a room where other people could hear them – the site staff and other clients were there. The client asked for confidentiality, did not want to answer personal questions. He was very uncomfortable. The doctors only laughed at his request. One of them said that he shouldn't surprise them with their answers, since they had heard worse things. After that, the doctor, with irritation and aggression, placed a screen between this client and the others, which did not protect against eavesdropping and did not provide confidentiality. The client had to take the survey in such uncomfortable conditions. He was very depressed. He also noted that the doctor asked questions with inappropriate irony and reacted to answers with condemnation.*



Health care providers may not exercise adequate protection of medical secrecy in relation to OST patients, which affects the recruitment and retention of patients in the treatment program. OST patients also experience additional difficulties with an extremely broad system of control over their behavior, which is associated with the fact that they receive narcotic drugs, as well as with an outdated system of registration of people with drug addiction. Thanks to such a control system, information constituting medical secrets often becomes known to a wide range of representatives of state or municipal services, which can increase the risks of disclosing medical information.

REAct also recorded one case of **disclosure of medical data** by representatives of non-medical government agencies.

The client is a PWUD receiving OST. He lost his ID. When he went to the Department of State Registration, the official asked directly if he was on methadone substitution therapy. The client was with a neighbor and was shocked by this question. He did not understand why it was asked. Also, the neighbor was not aware of the client's personal affairs before that incident.

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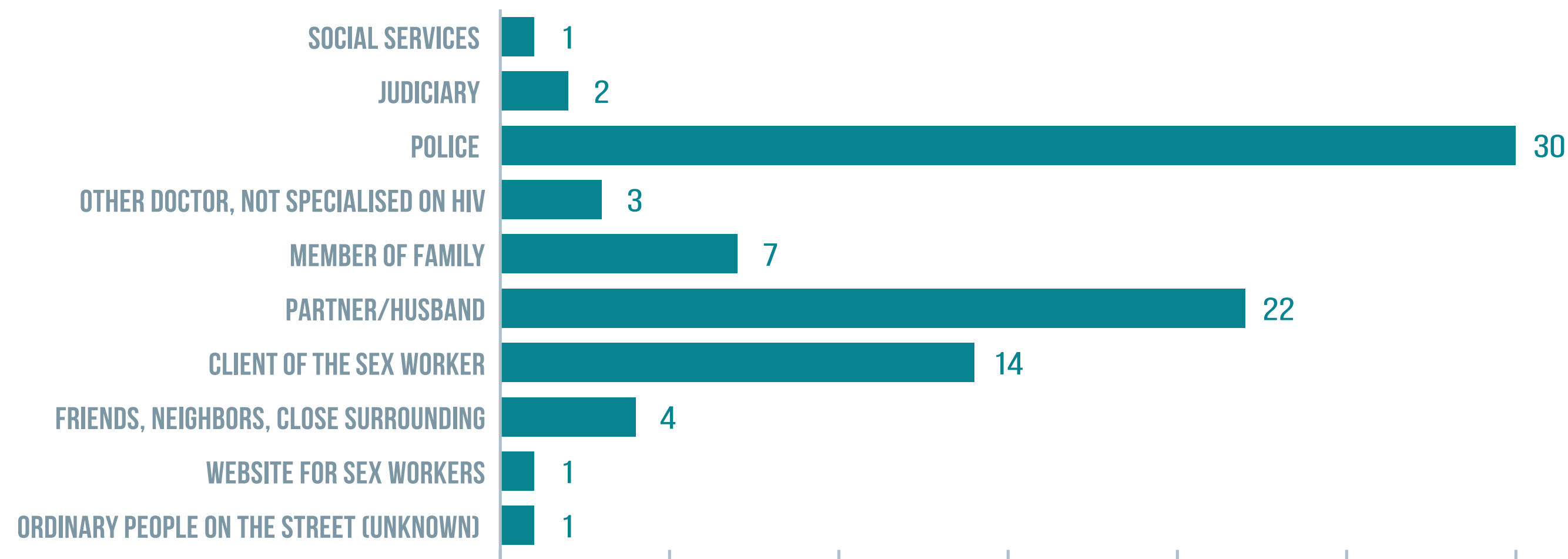
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During the reporting period, 74 cases were recorded in which the victim was a sex worker among all. Out of 74 cases, 3 were assigned to another key group, which is also represented by the client, since the type of violation was not directly related to sex work.

Out of 71 cases, 7 are not qualified as violations of rights, since they describe everyday difficulties or conflicts and quarrels between individuals that do not require police intervention.

Number of registered cases in sex workers, by perpetrator



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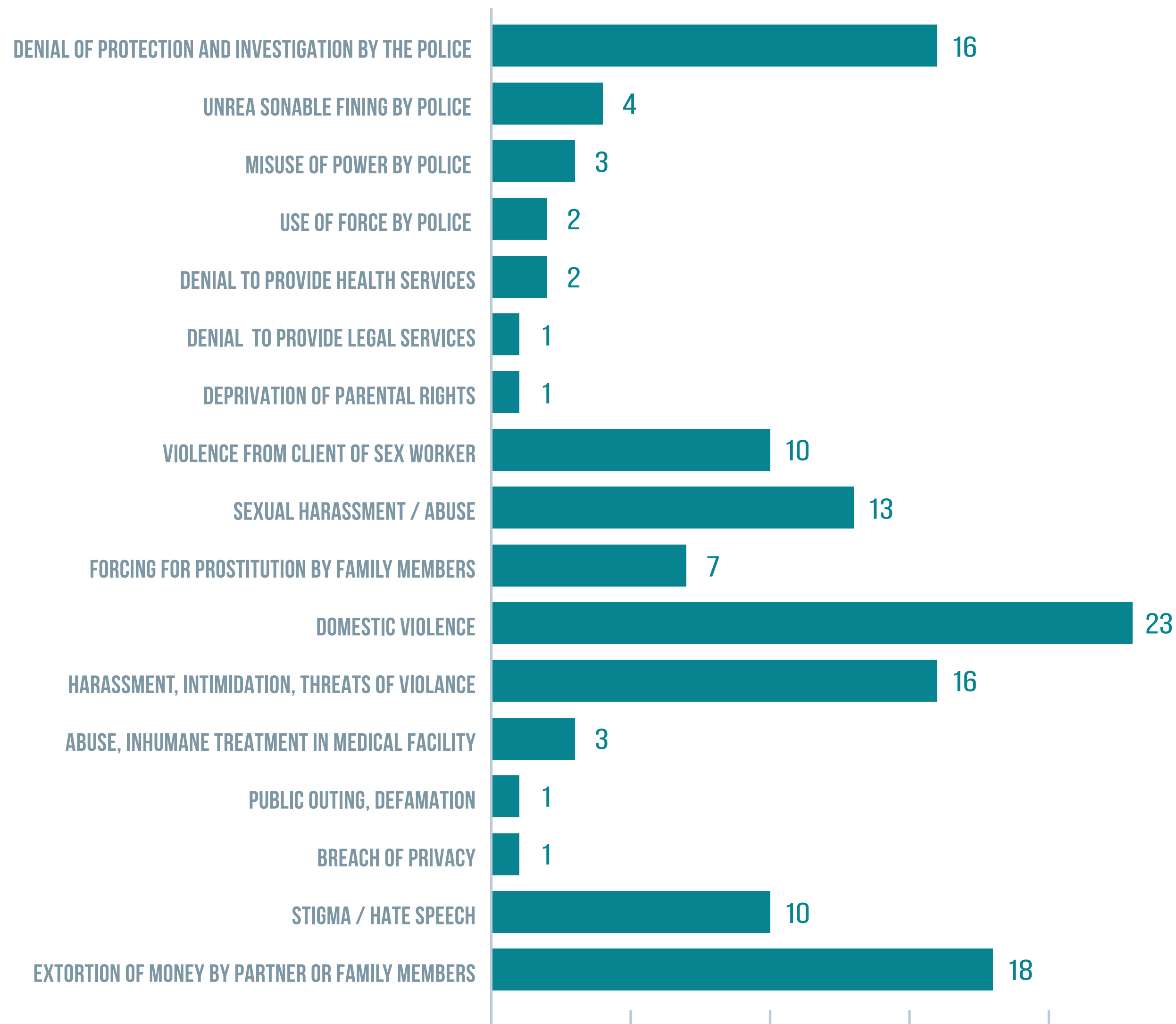


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Types of human rights violations in sex workers



ANALYSIS OF LEGISLATION

According to Art. 172³ Administrative Code of Georgia⁶ prostitution is an administrative offense that is punishable by a fine of up to half the minimum wage, and if it is repeated within one year after the imposition of an administrative penalty, a fine of up to half of the minimum wage.

Involvement in prostitution, promotion of prostitution, illegal production or sale of a pornographic materials or other objects, involvement of a minor in the production of such materials, offering to meet a minor for sexual purposes are crimes based on Art. 253-255² Criminal Code of Georgia.

Thus, as in the case of people who use drugs, sex work in Georgia falls under a wide network of administrative and criminal law prohibitions, which creates conditions for increased vulnerability of sex workers to human rights violations, primarily by the police, and also creates a barrier for sex workers from seeking protection from the state in cases of violation of their rights, violence or threats of violence, including from clients.

⁶ <https://matsne.gov.ge/en/document/view/28216?publication=381>

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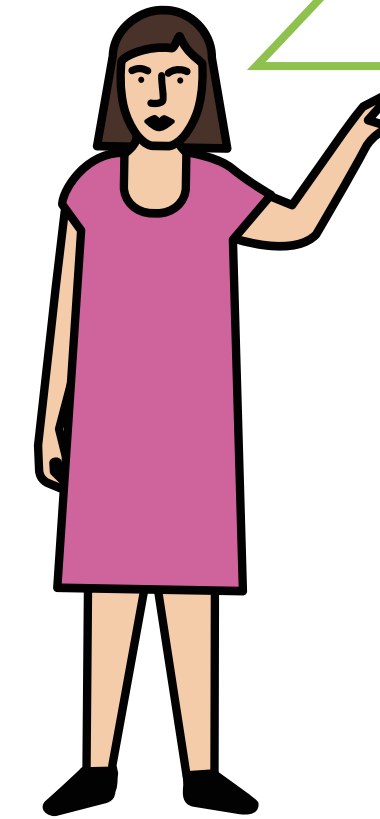
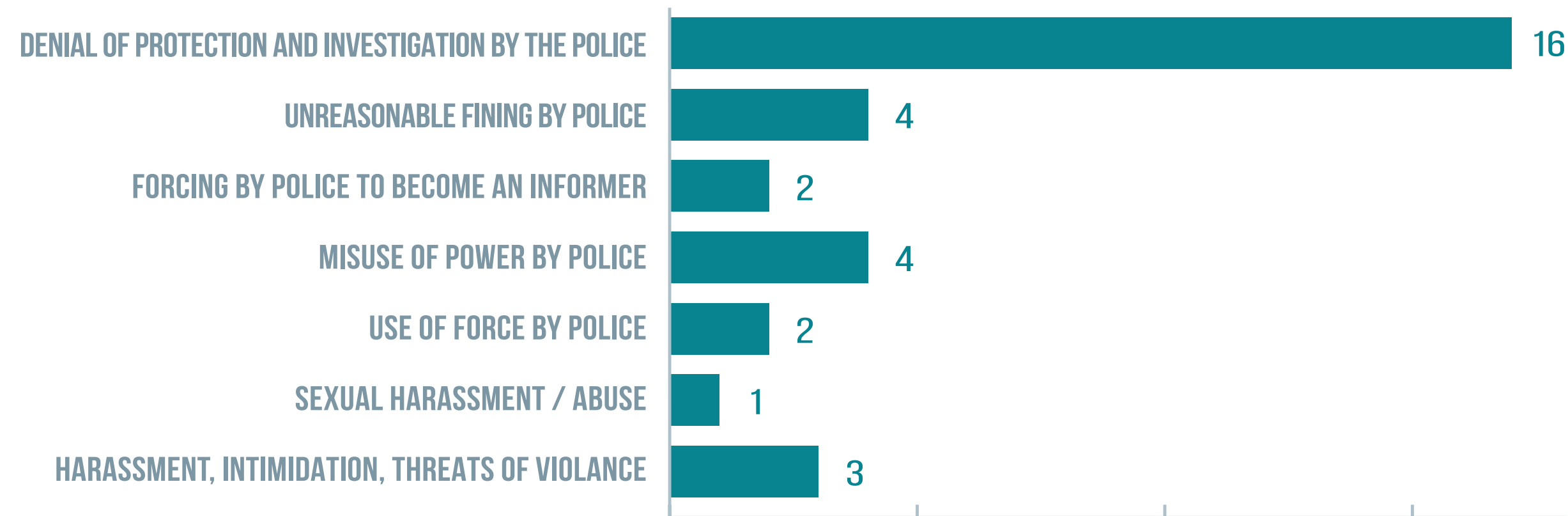
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LAW ENFORCEMENT INACTION

Thirty cases have been registered in which the perpetrator is, among others, a police officer.

Types of violations by law enforcement agencies in sex workers



According to the client, another sex worker forces her to change the location, where she works, and uses force. The client turned to the patrol police, but they reacted inadequately and took the side of the perpetrator. The client considers her to be a police informant. The client does not want to file a complaint because she is afraid of revenge.

The most common violation of the rights of sex workers by the police **is police failure to act** despite reports of abuse, even when there are reports of harm or real threats to the victim's life.

By displaying a **demonstrative indifference** to reports of human rights violations towards representatives of key groups, the police create barriers to contacting the police. In all recorded cases of violations, the victims of violations were women, who more often than men are involved in sex work.

Many women who have children and families are involved in sex work. Bringing to administrative or criminal responsibility for acts related to prostitution entails the registration of a woman in police databases with

Her partner has been forcing her to engage in sex work for many years. He beats her, takes the money. (...) She applied (...) to the police twice, but she was refused. Only with the help of Tanagdoma, the client received advice from a lawyer. He helped her to draw up a complaint and apply to the appropriate authorities. An injunction was received. But her partner violated it, and finally he was brought to justice. Our social workers communicate with this family (...).



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the threat of disclosing such information. Women involved in sex work prefer not to fight for their rights in order to avoid disclosing information about their activities.

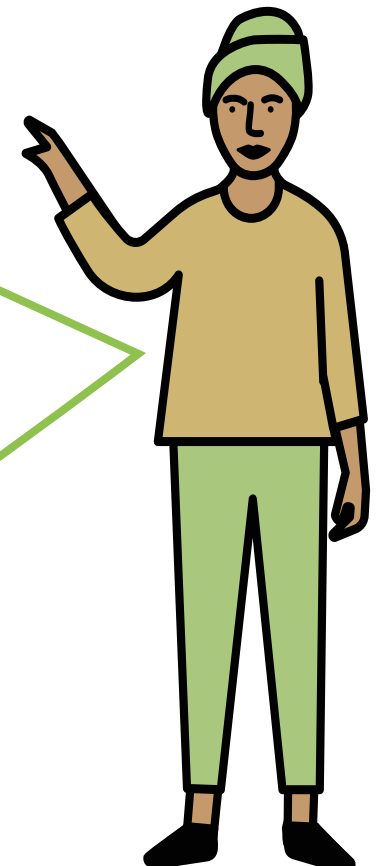
According to current legislation, sex work is an administrative offense, but not a criminal offense. Forcing and blackmailing a person into prostitution is punishable under the criminal law. Involvement in prostitution, promotion of prostitution, illegal production or sale of a pornographic work or other object, involvement of a minor in the production of such materials, offering to meet a minor for sexual purposes are crimes under Art. 253-255 of the Criminal Code of Georgia.

Thus, as in the case of people who use drugs, sex work in Georgia falls under a wide network of administrative and criminal law prohibitions, which creates conditions for increased vulnerability of sex workers to human rights violations, primarily by the police, and also discourages sex workers from seeking protection from the state in cases of violation of their rights, violence or threats of violence, including from clients.

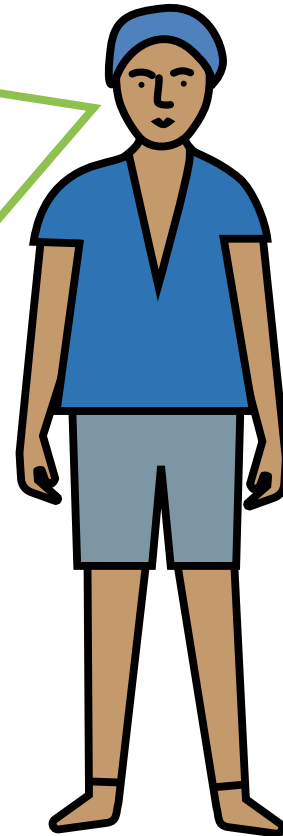
According to the law, sex work is an administrative offense, for which a warning or a fine of up to half the minimum wage is provided.

Harassment of sex workers by individuals/clients is more common than by government officials. And cases where individuals/clients restrict rights of sex workers are presented in our case studies.

Practice shows that sex workers are not fined for this activity, but mostly fined for resisting the police. A common practice is a fine of GEL 400. Four such cases were recorded, when sex workers were fined for allegedly resisting the police. There are no reported cases of rights violations against sex workers in connection with the prosecution of sex workers for sex work.



The patrol police demanded that the client (sex worker) leave the location where she worked. She politely refused. Then the police issued a 400 GEL fine to her for resisting the police. The client does not want to involve a lawyer, because she is afraid that this will cause big problems.



The client had a conflict with another sex worker who, she said, wanted to steal money from her. The patrol police were involved and simply issued a 400 GEL fine to both for resistance, without investigating the incident. The client does not trust the court and therefore does not want to appeal. She thinks that whatever punishment the police give, the court will uphold the sentence.

At the same time, based on the description of the cases, only 2 cases with the participation of the police are related to the curfew in connection with COVID-19 and relate to sex workers, from whom the police demanded to leave their place of work in connection with the curfew. There were no other direct cases related to COVID-19 in the database for Georgia.

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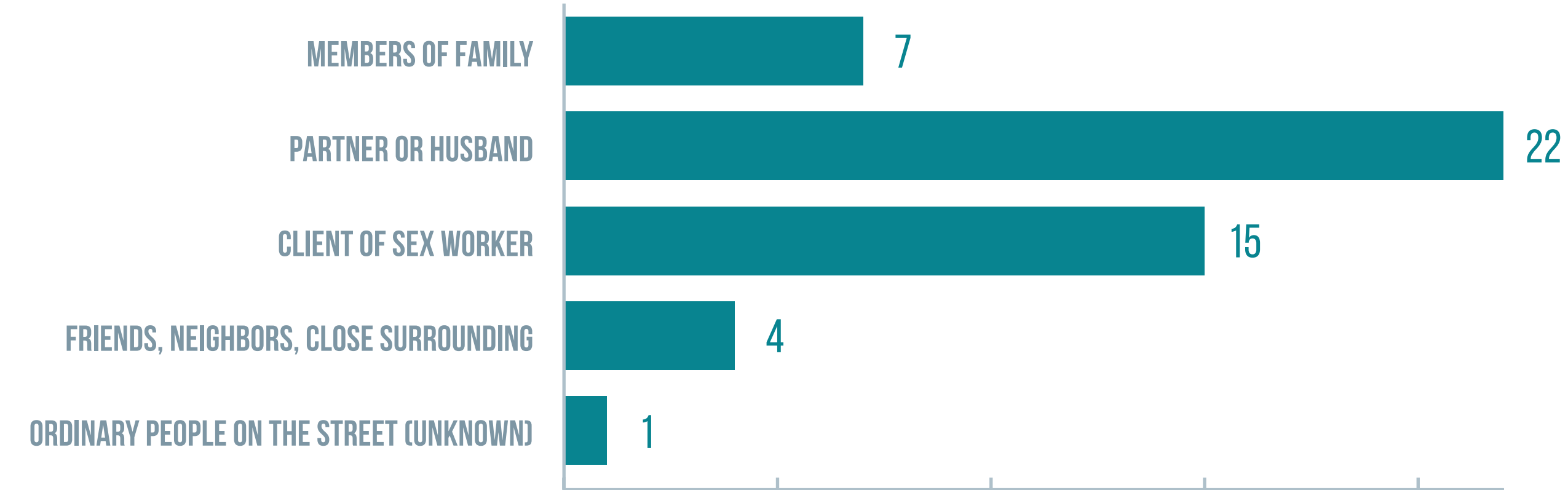
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DOMESTIC VIOLENCE AND THE USE OF FORCE BY CLIENTS

There are 48 registered cases, where a perpetrator is a private person. In 60% of cases, the victims endure **physical and sexual violence, humiliating treatment, blackmail** from relatives or sexual partners. Also, sex workers often suffer from **beatings, use of force, coercion into unwanted sexual contact (or type of contact)** by clients. Often in such cases, if there were any complaints to the police, they were not completely satisfied by the law enforcement agencies.

Sex workers tend to experience the **stigma** associated with sex work and negative attitudes associated with stereotyping the role of women in society as the guardian of the home and family traditions. In the eyes of many in the general population, sex work is incompatible with the **stereotypical role of women**. Increased stigma makes women involved in sex work particularly vulnerable to human rights abuses.

Number of cases in sex workers, by perpetrators – individuals



Types of incidents in sex workers involving individuals



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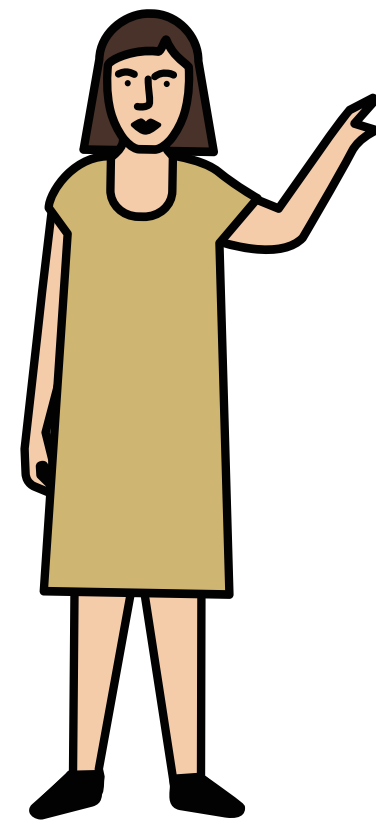
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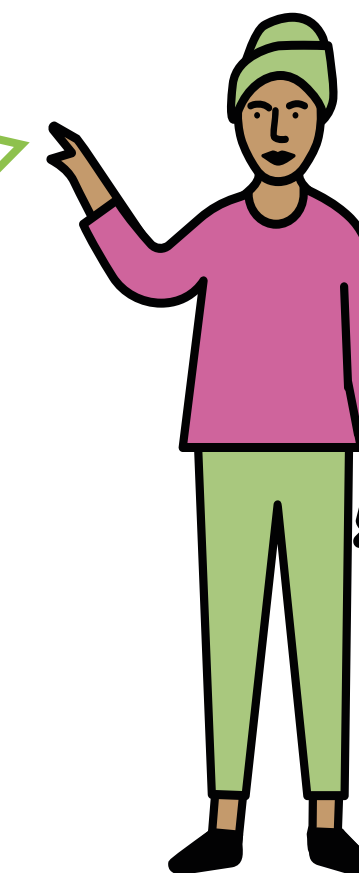
It is also important to note that 7 cases of a unique type of violation were registered, which we were able to document only in Georgia. This is the **coercion of a girl by her relatives into prostitution** in order to earn money for the whole family. In fact, a woman becomes the only breadwinner in the family, and all the money she earns is confiscated by the exploiter. It happens that a girl is forced to sell her body by her sexual partner or even her husband.

We also managed to record cases of, if not coercion into sex work, then the **confiscation of all the money** earned in this way by relatives.



The client said that she was forced into sex work by her mother and stepfather. They beat her and take the money. Stepfather tried to rape her several times. They also do not allow her to visit her children, who live with them in the village. She went to the police several times, but to no avail. Then she turned to us. With the help of the lawyers of the Georgian Young Lawyers Association (GYLA), we applied to the relevant authorities and only after our active involvement was our stepfather put in prison. A woman with children began to receive benefits.

The partner beats, controls the victim, forces her to engage in sex work on the street. She turned to her mother and brother for help, but they scolded and drove her away. She is afraid to contact the police, as her father is a policeman, and forbade her to do so, so that his colleagues would not make fun of him. She applied to Tanagdoma. With our help, she got into the shelter for women. At first, she refused to write a statement against her partner. After a while, she did it, but by this time he had already imprisoned for another crime.



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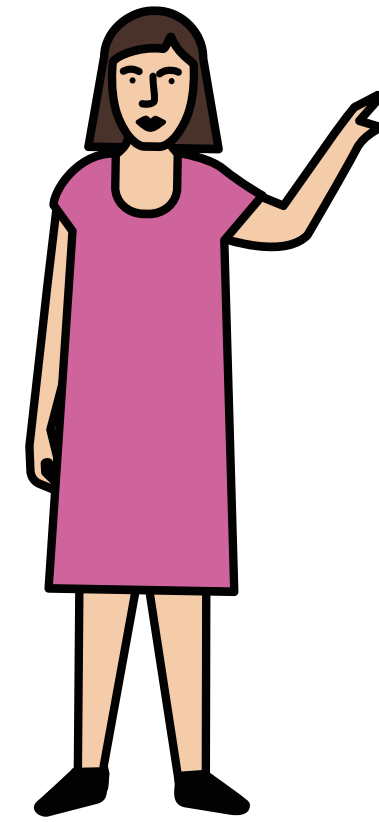
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HUMILIATING TREATMENT IN HEALTH FACILITY

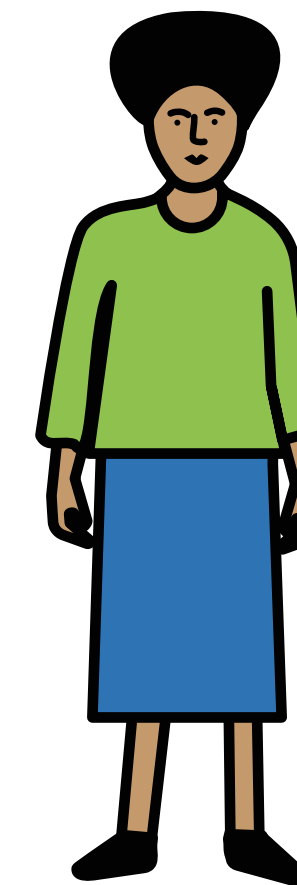
There are only 3 cases registered in the REAct system, where the perpetrator is a representative of public health, and the victim is a sex worker.

In all cases, health workers displayed stigmatizing attitudes towards representatives of key populations. Also, as in many cases with the police, in a number of cases of violations of rights by medical workers, the intervention of a lawyer helped restore rights.



The client was visiting a venereologist. The doctor and the nurse insulted the client, called them obscene words, and refused medical assistance. They said there was no point in provision of medical care because the client was a sex worker. The victim applied to Tanagdoma. A meeting was held with the director. The director showed understanding, the client was offered free services.

The victim was denied medical services. She was told that such women would still get all infections. She applied to Tanagdoma. The administration was involved. The doctor was reprimanded. The client received the necessary services.



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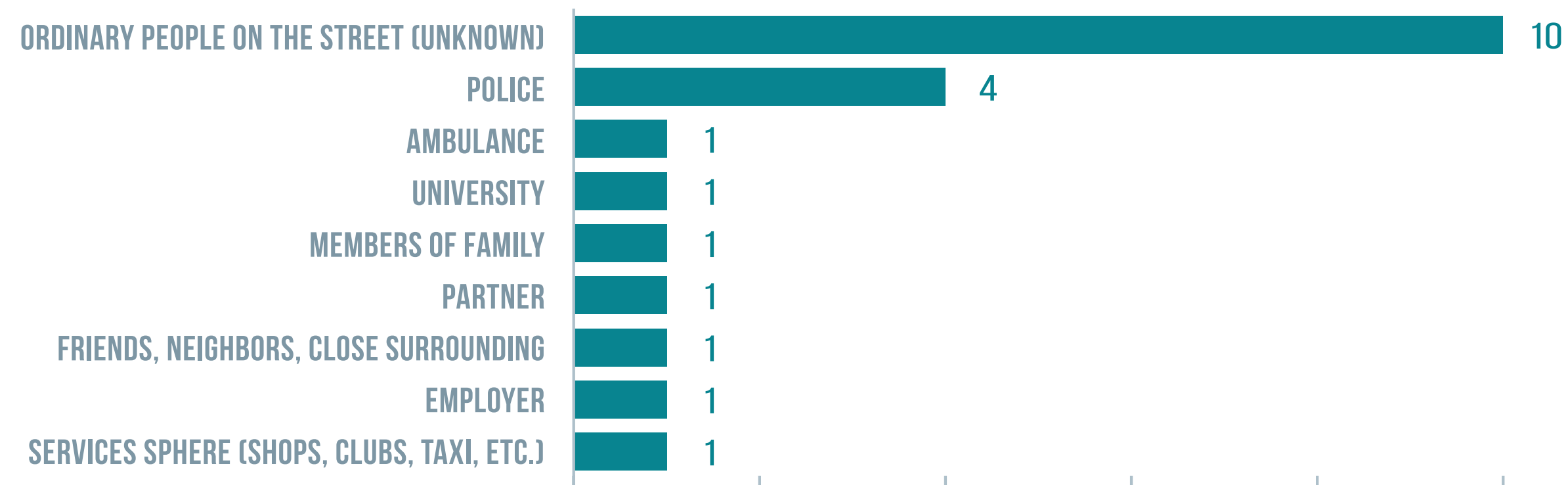
MSM AND TRANSGENDERS

There were 28 registered cases where the victim is a representative of the LGBT community (25 – MSM, 3 – transgender). Four cases are not directly related to the sexual orientation or gender identity of the victim; therefore, these cases are included in the statistics of other key groups to which the victim also belongs. Six cases were not qualified as human rights violations due to lack of solid evidence, connection with state responsibility or corpus delicti.

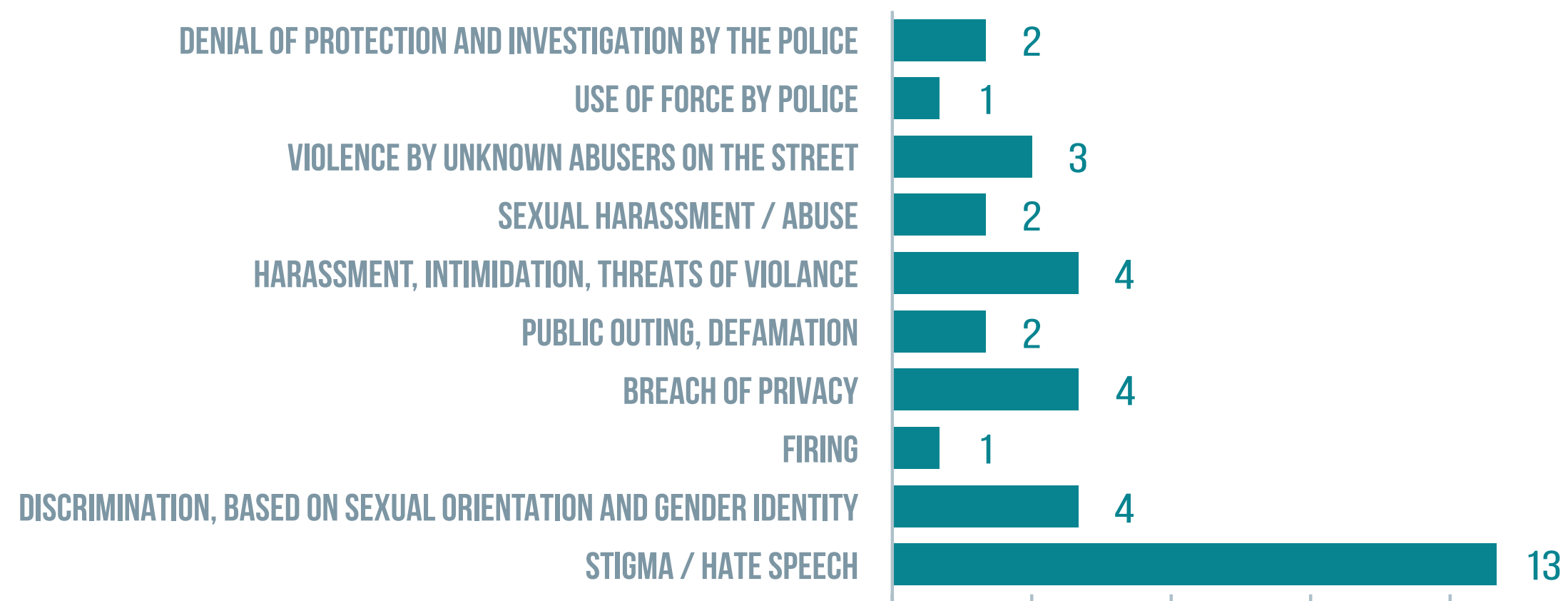
ANALYSIS OF NATIONAL LEGISLATION

Georgia is one of the most progressive countries in the Eastern Europe and Central Asia region in terms of legislative prohibitions on discrimination based on sexual orientation.

Number of registered cases in MSM and transgender people, by perpetrator



Types of human rights violations in MSM and transgender people



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On the basis of the Law of Georgia “On Elimination of All Forms of Discrimination”, discrimination of any kind is prohibited in Georgia, including discrimination based on sexual orientation, gender identity and expression⁷. In 2012, amendments were made to the Criminal Code of Georgia, which provide for the commission of a crime motivated by intolerance on the basis of sexual orientation, gender, gender identity as aggravating circumstances. (Art. 53¹ Criminal Code of Georgia).

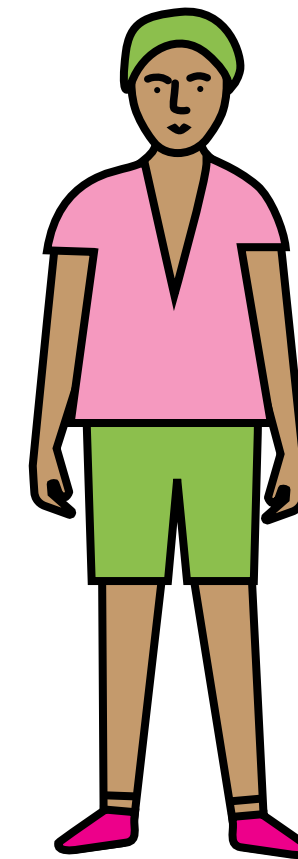
Despite the positive changes, there is still a high stigma in Georgia towards representatives of the LGBT community. In 2017, amendments to the Georgian Constitution were adopted that changed the gender-neutral language of the constitution and effectively prohibited the recognition of same-sex marriages, although the Georgian Civil Code already contained a definition of marriage as a union between a man and a woman. (Art. 1106 Civil Code of Georgia⁸). Discussions that took place against the background of political changes showed a high stigma towards LGBT people both in political life and in general from the community.

HATE SPEECH

In 13 cases, hatred towards LGBT people was expressed verbally in the form of **insults, public humiliating statements** about the victim by strangers and ordinary passers-by on the street, in a store, in public transport.

⁷ Law of Georgia “On Elimination of All Forms of Discrimination” No. 2391-lic dated 02.05.2014. Consolidated version as of 19.02.2019. Online: <https://matsne.gov.ge/ru/document/view/2339687?publication=1> Last access 9.08.2020.

⁸ Civil Code of Georgia. Law No. 786 of 26.06.1997. Consolidated version as of 2.09.2019. Online: <https://matsne.gov.ge/ru/document/view/31702?publication=105> Last access 10.08.2020.



The victim and his partner traveled by public transport. The two men began to insult them using discriminatory language. The victims did not contact the police to avoid additional stress and coming out.

*When the victim entered the market on **** street, the young people standing there began to insult her. The reason was that they visually identified her as a transgender woman. The client did not go to the police because of a bad experience.*



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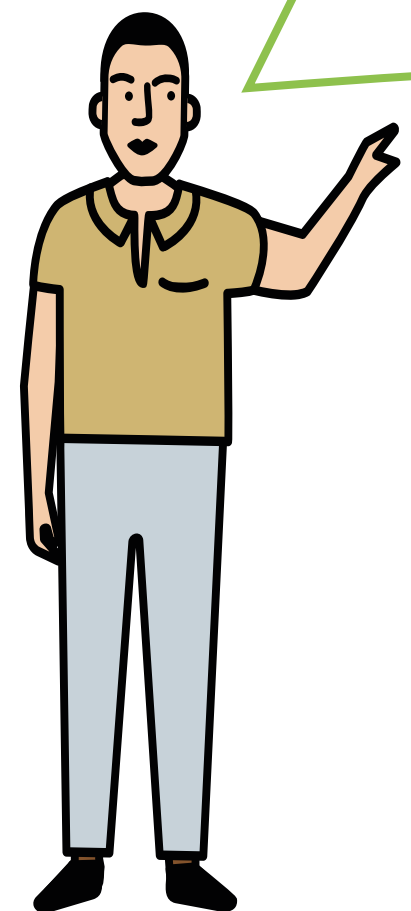


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Several cases documented **the deepest stigma and rejection of non-traditional sexual orientation** from relatives, which often leads to regular **domestic violence, forced resettlement, deprivation of material support** and banal moral support from relatives.



The victim lives with his aunt. She accessed his Facebook profile and read personal correspondence. So she realized that her nephew was gay. After that, she began to blackmail him, threatening to tell everything to his parents, and that she would kick him out of the house. During one of the fights, she threw a cup at his back. The client did not contact the police, fearing that his father would find out about his orientation, as well as a homophobic attitude from the police.

VIOLENCE ON GROUND OF HATRED

In 4 cases there were **threats of physical violence and harassment** from unknown persons, and in 3 cases hatred was revealed in the form of **individual and group** beatings.

*** – year old gay was harassed by an unknown person during the Pride week. He followed the client to the toilet and began to insult him using hate speech. He said that all the f***Ts should die. The victim was scared and did not leave the booth until other people entered the toilet. He didn't go anywhere, because he didn't want to come out.*



*The victim was in a nightclub *** with his friends. They were dressed extravagantly and wore earrings. The other guests of the club didn't like it and beat them. The client's company called the police. They arrived quickly, but did not conduct an investigation or other response to the incident.*



In one case, physical abuse was committed by law enforcement agencies. Also, in a number of other cases of manifestation of hatred and violence against representatives of the LGBT community, it can be judged that there are no officers in the police who are able to show the necessary sensitivity when dealing with victims of hate crimes against LGBT people. Although there is a case where filing a formal complaint against a police officer led to a positive result.

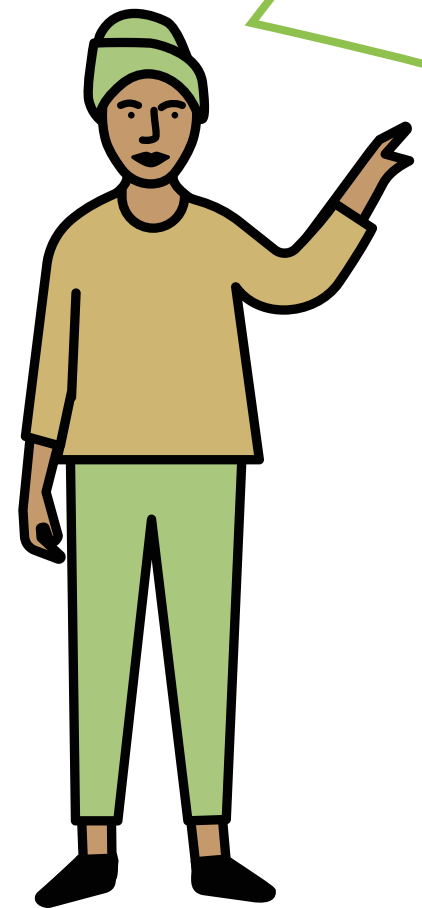
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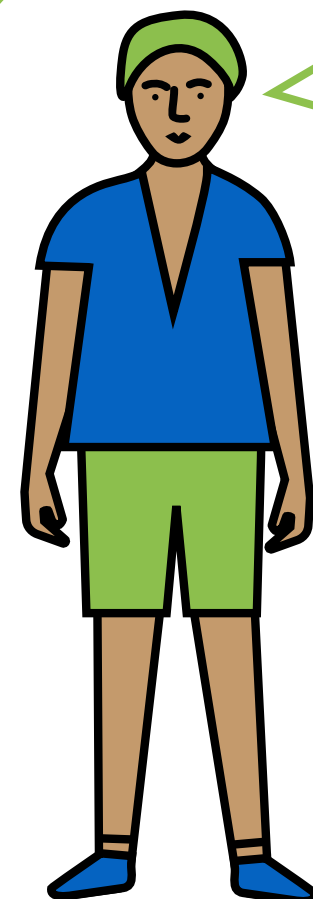
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*A security guard chased two men at the bus station ***. He had a knife and an ax in his hands. He threatened them, insulted them with the use of hate speech. The victims called the police. The police detained the criminal on the spot. However, the investigator demanded that the victims confirm or deny their LGBT affiliation. The victims did not answer this question and called the General Inspectorate. As a result, the investigator was replaced by another.*

It is precisely because of mistrust to law enforcement agencies, as well as negative experiences in the past, that victims often **do not seek help from the police**, but seek help and protection in service organizations and apply to REActors.

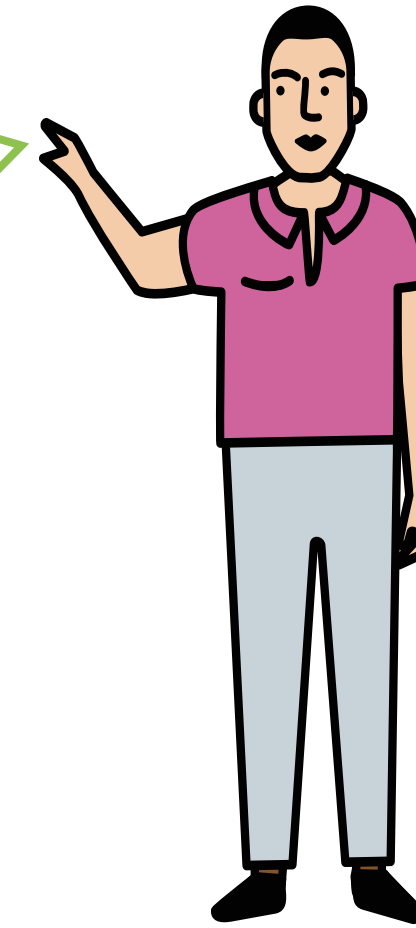


*While working in a supermarket *** the victim was insulted by a customer. He called the police and wrote a statement. The client turned to an Equality Movement lawyer. The case was resolved. The attacker was punished under the relevant article.*

STIGMA AND DISCRIMINATORY ATTITUDES IN EVERYDAY LIFE

After discovering statements related to sexism, homophobia, xenophobia, transphobia in the learning materials of Tbilisi State University, the student turned to a lawyer of the Women's Initiatives Support Group. Materials will be studied, a request will be made to the University to change the terminology or learning materials in general.

In one case, there was a double manifestation of **discriminatory attitudes towards a transgender woman** on the part of the **management of a private business**. On the one hand, the private business management did not



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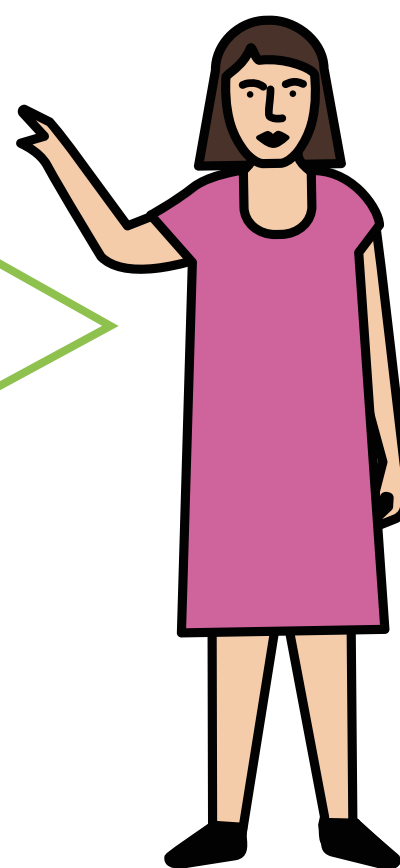
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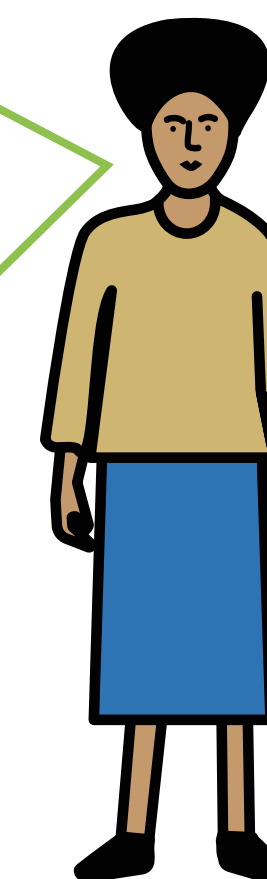
take measures to protect their employee from the manifestation of hatred from clients. On the other hand, managers prevented the transgender woman from defending her rights by contacting the police. As a result, this led to the **illegal dismissal of a transgender woman**, which may entail negative legal consequences for business management. Such cases well illustrate the need to develop basic anti-discrimination rules for business owners, especially if the business interacts with people from different social groups. The presence of such rules shows the social responsibility of the business and is one of the components of due diligence for the management of the business.

In another case, REAct recorded a **discriminatory attitude** towards a transgender woman on the part of the ambulance staff. In such cases, the reason for discriminatory attitudes is usually insufficient training of medical personnel on human rights issues of vulnerable groups. Health care providers are often unfamiliar with the rules for dealing with transgender people, in particular that the treatment should, if possible, be consistent with how the person asks to be called. From a formal legal point of view, a medical professionals can believe that they are right, as they refer to a transgender woman, based on the gender marker in the documents. However, in terms of ethics and best practices in working with transgender people, there is a violation of the **transgender person's right to self-identification**, which is part of the right to privacy, the right to dignity and the right to be free from discrimination.

A transgender woman was fired from a Spar supermarket because she once called the police in response to insults from a customer. The manager did not like that the police were involved and the woman was fired without explanation. The victim turned to a lawyer, the incident is being investigated.



A transgender woman called an ambulance. The doctor of the arrived team addressed her as a man and by a man's name. He rejected a request to use a preferred name rather than a name in the documents, was rejected. A transgender woman called the police, but the doctor did not change his behavior.



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According to the available statistics, it can be said that in Georgia, within the framework of REACT, beneficiaries who contacted reactors because of violation of their rights – received appropriate services. Also, in case of need, victims were redirected to another organization to receive other specific services.

Legal consultations and assistance were provided to the beneficiaries by both the REActors and other attorneys involved in the REAct project.

It is important to note that at this stage, based on the data of the first 6 months, we can say that most of the documented cases are in the process, while only a small part has already been resolved at this stage. The React team in Georgia is actively working towards a positive outcome.

A number of cases show that when a lawyer from a friendly NGO is involved, the police react to cases of human rights violations. Probably the most effective tactic for improving human rights abuses could be a campaign to educate key populations about their rights and how they can be protected, using positive examples of police responding to reports of abuse.

Examples of such positive cases are recorded in REAct and relate to a wide range of violations to which the police have adequately responded, including cases of domestic violence, hate crimes, violence and theft against a sex worker by a client.

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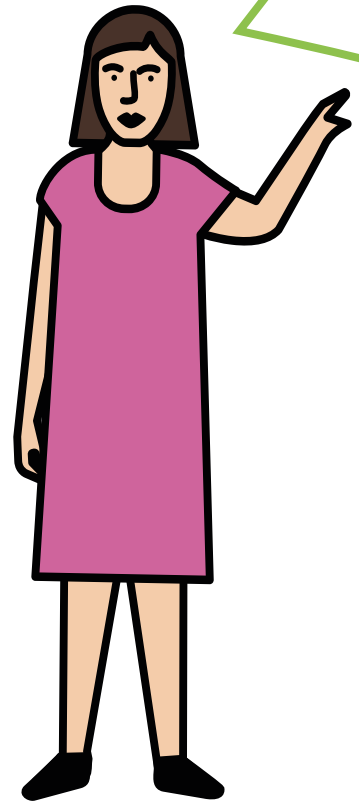
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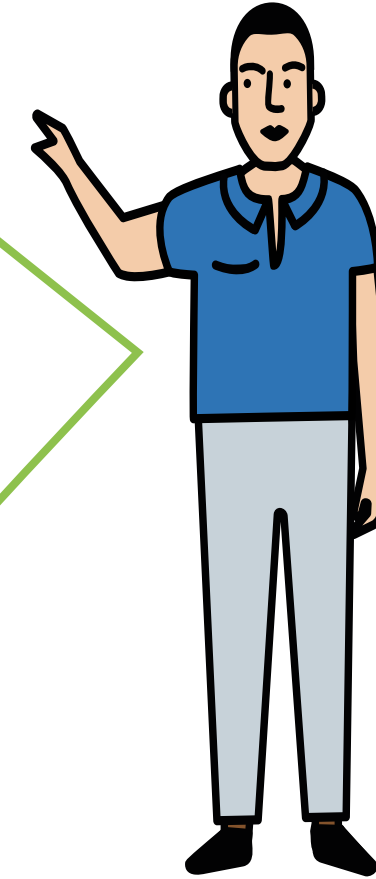
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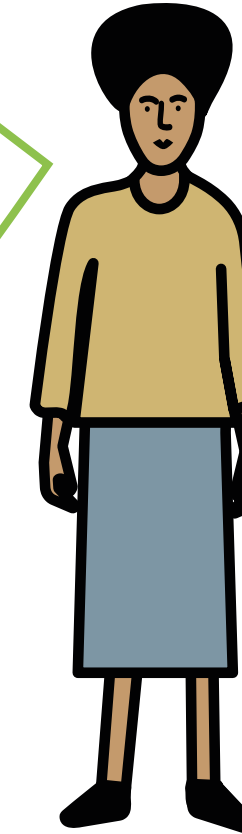


Violence (ex-husband used physical and psychological violence, extorted money, blackmailed, threatened to tell the children about her work. The client applied to Tanagdoma. With the help of the Georgian Young Lawyers Association (GYLA), the relevant authorities were involved. Abuser was imprisoned for 4 years. According to the victim, she had contacted the police before, but without results).

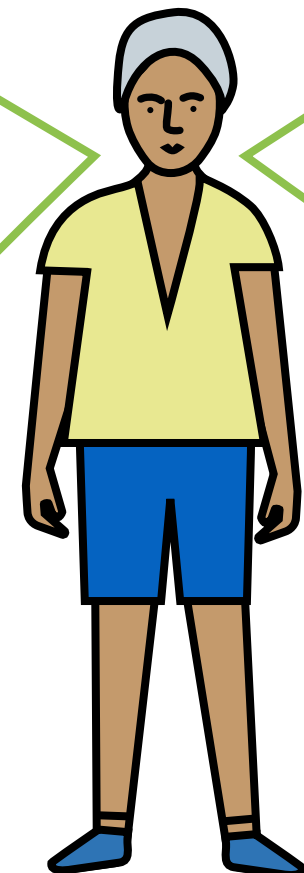
Hate speech (Client was verbally abused by a client while working at Spar. He called the police and filed a complaint. Client was consulted by an Equality Movement lawyer. The case was closed. The perpetrator was punished under applicable law).



Violence from a SW client. (The victim was forced into an unwanted form of sexual intercourse by the client. The client also took the money from her. She called the police. The rapist was arrested).

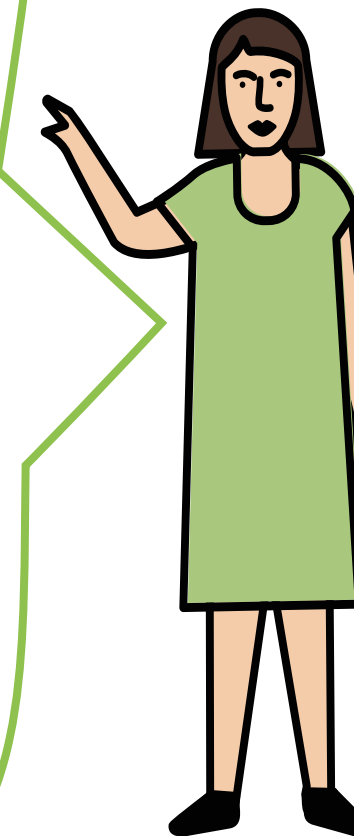


Violence on the part of her husband. (According to the client, her husband forces her to sex work on the street and takes the money she earned, controls her spending, actually makes her starve. If he finds hidden money, he beats her. She went to the patrol police twice. According to her, the police say that there are no witnesses, and they can do nothing. A lawyer was brought in).



Violence from a SW client. (The victim is harassed, verbally abused and threatened with disclosure of sex work by an acquaintance of the client. The client demands to satisfy his desires. The victim has contacted the police several times, but to no result. Following the intervention of the Georgian Young Lawyers Association (GYLA), an immediate restraining order was issued).

Prompt response from the police. (The victim had problems with the client, who demanded unprotected sex. The client became aggressive, threatened to kill. The victim called the patrol police. The patrol detained the rapist. According to the victim, similar episodes have happened before, but s/he did not call the police. The victim is pleased with the actions of the police).



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The cases revealed in the first six months of REAct's work in Georgia with signs of violations of the rights of representatives of key groups in general indicate that representatives of PWUD, MSM, TG, PLHIV are subjected to deep stigma and discrimination both in the private sphere, from relatives, and in the public life from strangers.

At the same time, REAct recorded the three most obvious reasons why representatives of key groups are not ready to defend their rights:

- ➔ **1.** Police officers often act as violators of the rights of key groups, or show deep stigma towards them, or demonstratively inaction, or refuse assistance and accompany refusals with threats of criminal prosecution or fines.
- ➔ **2.** Public and private health workers who could provide support to key populations often exhibit deep stigma and discrimination themselves.
- ➔ **3.** Representatives of key populations often face stigma and even violence from those closest to them, which, on the one hand, is likely to cause them even more serious trauma than cases of stigma from strangers, and on the other hand, it prevents them from seeking help.
- ➔ **4.** Representatives of key groups and even social workers who provide them with support demonstrate a lack of knowledge and skills on the question of what actions can and should be done to help restore violated rights.

A common feature for all four reasons is the vulnerability of representatives of key groups to manifestations of stigma, discrimination and gross violations of their rights, including violence. The existence of stigma and discrimination, as well as vulnerability from them, creates obstacles for the government to fulfill its obligations to respect, protect, promote and fulfill the right to health in relation to people who are especially vulnerable to HIV infection and other socially significant diseases, taking into account that their particular vulnerability is directly related to stigma and discrimination. From this point of view, it must be stated that REAct has shown its ability to play an important role in documenting cases of human rights violations.

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STRATEGIC FUTURE STEPS FOR REACT

Based on this information, following the results of six months of REAct's work, work to promote and protect human rights, as well as work on advocacy and the formation of strategic partnerships, could be developed in the following most significant areas:

- ➔ 1. Increasing the sensitivity of REAct to violations of the rights of key groups through additional trainings for REActors on the most common violations of the rights of representatives of key groups.
- ➔ 2. Raising awareness of representatives of key groups about their rights and the most effective ways to protect them, using examples of successful protection, including successful cases recorded by REAct, so that people understand:
 - a) the existence of such cases;
 - b) the need to work on such cases;
 - c) the possibility of working on such cases by specific means, including informing a wide range of participants in order to ensure the existence of a wide network of support for victims and intolerance of such cases on the part of society as a whole.
- ➔ 3. Development and implementation of short-term and long-term plans for the development of partnerships with human rights defenders, community organizations, the media, other partners, for the purpose of legal education of the police, doctors, development of social advertising to reduce stigma towards representatives of key groups.
- ➔ 4. Involvement of former or current police officers, medical workers to participate in the planning and implementation of the most effective actions in the above areas.

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FOR NATIONAL AUTHORITIES ON HOW TO FULFILL THEIR HUMAN RIGHTS RESPONSIBILITIES

- ➔ 1. Continue the development of alternative measures to control drug trafficking, including the abolition of criminal and administrative measures for possession of drugs without the purpose of marketing, as well as other actions related to drug use (including social distribution), rather than commercial distribution (Articles 45 and 451 of the Code of Administrative Offenses of Georgia,⁹ (Art. 260-2731, Art. 274 Criminal Code of Georgia)).
- ➔ 2. Conduct an assessment of compliance with international practices and the principle of proportionality of large and especially large amounts of narcotic drugs and psychotropic substances for

⁹ Code of Administrative Offenses of Georgia. Resolution of the Supreme Soviet of the Georgian SSR No. 161 of 12/15/1984. Consolidated version (final) on 07/17/2020. Online: <https://matsne.gov.ge/ka/document/view/28216?publication=465> (in Georgian). Last access 8.08.2020.

the purposes of criminal and administrative liability. Consider upscaling based on the assessment.¹⁰

- ➔ 3. Consider the issue of the complete abolition of responsibility for the creation of a threat of deliberate transmission of HIV infection to another person and a significant limitation of the application of the norms on criminal liability only for acts of HIV transmission in the presence of only direct intent Art. 131 of the Criminal Code of Georgia.
- ➔ 4. Consider canceling liability for concealing the source of venereal disease and contacts with patients Art. 46 of the Administrative Code of Georgia.

¹⁰ Appendix No. 2 to the Law of Georgia "On Narcotic Drugs, Psychotropic Substances, Precursors and Narcological Assistance". No. 6245-Is dated 22/05/2012. Consolidated version as of 06/25/2020. Online: <https://matsne.gov.ge/ka/document/view/1670322?publication=17> (in Georgian). Last access 9.08.2020.

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- ➔ 5. Abolish the punishment for prostitution and consider abolishing Art. 1723 of the Administrative Offenses Code of Georgia, as well as on significant restrictions on the application of Art. 253-2552 of the Criminal Code of Georgia only in relation to acts not related to voluntary acts of a sexual nature between adults.
- ➔ 6. Conduct an assessment of the conformity of national legislation and practice of its application for compliance with the Convention on the Elimination of All Forms of Discrimination against Women. Based on the results of the analysis, consider the issue of measures to protect women from stigma and discrimination associated with stereotyping the role of women in society, with special attention to women from vulnerable groups.
- ➔ 7. Include in mandatory training, retraining and advanced training programs for police and health workers the respect, protection and fulfillment of the rights of representatives of vulnerable groups, including drug users, people living with HIV, sex workers and LGBT people.
- ➔ 8. Provide social campaigns to combat stigma and discrimination in society in general and in relation to representatives of people who are especially vulnerable to human rights violations.
- ➔ 9. Provide political and financial support to public organizations that provide social and legal assistance to people from groups of the population vulnerable to human rights violations.
- ➔ 10. Increase the involvement of the Office of the Ombudsman in the provision of low-threshold services to protect the rights of vulnerable groups.
- ➔ 11. The Ministry of Justice shall conduct an audit of regulations for compliance with international standards for the protection of human rights in relation to the most vulnerable groups of the population and propose measures to fill the identified gaps.

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