



Association HERA-XXI

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I. Introduction

About Us

Based in Tbilisi, Georgia, Association HERA XXI is a women's rights organization working from the feminist perspective. It has been actively working in the fields of healthcare, Sexual and Reproductive Health and Rights (SRHR) and gender equality since 1998.

HERA XXI offers comprehensive education to vulnerable societal groups, makes quality SRHR services more accessible, promotes development of institutions of volunteerism and activism and enhances strengthening and engagement of youth and community groups.

Evidence-based advocacy, partnerships, awareness-raising, and results-oriented monitoring are essential approaches for achieving HERA XXI's programmatic goals.

Vision - HERA XXI envisages a democratic and harmonized society, where all individuals have access to sexuality education and high quality Sexual and Reproductive Health and Rights (SRHR) services and realize their sexual and reproductive rights;

Mission - HERA XXI supports empowerment of volunteers and realization of SRHR through providing Comprehensive Sexuality Education (CSE) and quality services and advocating SRHR at the national/international levels;

Organizational Profile

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State obligations and due diligence

- Georgia made significant legislative developments to harmonise its legislation in recent years. While the current legal framework is largely in compliance with international standards, the failure to enforce these laws, the persistence of gender stereotypes and the manifestly adverse role of the Georgian Orthodox Church inhibit the effective implementation of the Convention on the Elimination of All Forms of Discrimination Against Women (hereafter the 'Convention'). In addition, the introduction and effective implementation of anti-discrimination mechanisms remains partly unfulfilled in both public and private sectors. Hence, achieving de facto, substantive equality between men and women remains a challenge.
- The global pandemic caused by COVID-19 has further exacerbated the problems encountered by various groups of women in Georgia. Namely, the number of cases of violence against women have increased; the economic situation of women, especially of those belonging to ethnic minorities and/or residing in rural areas, has worsened; the social and economic oppression suffered by LGBTI women heightened the risks of losing homes and discrimination; etc. The measures taken by the Government of Georgia to alleviate the impact of the pandemic on some women were insufficient, while the needs of some others have been completely overlooked by the anti-crisis plans.

II. Integrated policies and data collection

(Chapter II of the Convention, Articles 7 to 11)

Convention requirements:

- 1) Parties shall take the necessary legislative and other measures to adopt and implement State-wide effective, comprehensive and co-ordinated policies encompassing all relevant measures to prevent and combat all forms of violence covered by the scope of this Convention and offer a holistic response to violence against women.
- 2) Parties shall ensure that policies referred to in paragraph 1 place the rights of the victim at the centre of all measures and are implemented by way of effective co-operation among all relevant agencies, institutions and organisations.
- 3) Measures taken pursuant to this article shall involve, where appropriate, all relevant actors, such as government agencies, the national, regional and local parliaments and authorities, national human rights institutions and civil society organization..

Situation regarding implementation

1. In Georgia, women and girls experience serious forms of violence, including domestic violence, femicide, sexual violence, forced marriage, forced abortion, sexual harassment, and female genital mutilation. According to the Government of Georgia, during the pandemic, the rate of reports of violence against women and domestic violence did not increase significantly in comparison with 2019.^{vii} However, during the same period, the rate of women seeking support from NGOs working on these issues has increased. Unfortunately, the measures taken by the Ministry of Internal Affairs of Georgia (hereafter the 'MIA') to combat the circumstances brought about by the pandemic have been insufficient.

2. Despite the information campaigns conducted by the MIA, a large portion of the population, particularly ethnic minorities and those lacking higher education, is not aware of the means of reporting, including the 112 mobile or what services are available to victims of domestic violence. In addition, in the initial 4 phase of the pandemic, it was nearly impossible to call 112 and report domestic violence due to the overall excessive number of emergency calls. In some cases, investigators who were under quarantine/self-isolation did not have replacements, which obstructed the course of investigation.

6. In addition to the pandemic-related challenges, victims of encounter a variety of problems at multiple levels. Police officers do not accurately/fully record the information provided by the victims. Consequently, statements do not record the facts which reflect the presence of aggravating circumstances or which are crucial to identifying the discriminatory gender motive which results in the crime being considered less grave. Generally speaking, although the index of identifying the discriminatory gender motive has been increasing, it nevertheless remains low in the Prosecutor's Office. Besides, police officers do not ask all of the relevant questions included in the risk-assessment checklist and fill out some parts of the assessment by themselves. Such a superficial approach serves as a barrier to effectively identifying risks and providing necessary protection to victims.

7. Another challenge is the lack of female experts at the Levan Samkharauli National Forensics Bureau, which has been identified as gender discriminatory by the Public Defender of Georgia.^{xv} Even though the law allows the transfer of a person under examination to another branch or invitation of an expert of the same sex if the person so requests, this does not work in practice.

8. Victims of domestic violence, particularly in the regions, consistently refer to the lack of psychological assistance. When a psychologist is involved, it is often pro forma. Besides, as practice has shown, the absence

of additional appropriate victim support programmes (securing the payment of the rent, providing vocational trainings, etc.) at the local level compel women to either return to the abuser, or stay on the street after leaving the shelter. (<https://rm.coe.int/istanbul-convention-workshop-georgia-report-june-2018/16808d2a68>).

9. Despite significant improvements regarding sexual harassment, as practice has shown, low public awareness of both the essence of sexual harassment and the mechanisms guaranteed by law against harassment remains a challenge. Lack of sensitivity among state authorities and work of the police are also problematic in this regard. (<https://rm.coe.int/georgia-state-report/1680a0a4e6>).

Recommendations

- Take effective measures to identify domestic violence cases during COVID-19;
- Effectively investigate cases of violence against women and prosecute and punish perpetrators with the gravity of the crime;
- Increase awareness about remote services and programmes available to victims of domestic and sexual violence, particularly in regions populated by ethnic minorities;
- Provide police departments with an adequate number of personnel to allow for the transfer of cases to substitute officers and accelerate investigation;
- Consider audio/video recording of the victim to avoid re-interrogation of the victim and to ensure the accuracy of the statement;
- Carefully fill out the risk-assessment checklists and decide on necessary protective measures accordingly;
- Consider gender-related motives in all cases of violence against women and femicide and apply these motives as aggravating circumstances when imposing punishment;
- Increase the number of female experts at the Levan Samkharauli National Forensics Bureau. Provide the experts with training on domestic and sexual violence;
- Increase the number of psychologists working with victims of violence throughout the country and provide them with relevant trainings;
- Develop supportive programmes for victims of after leaving shelters;
- Carry out public awareness raising campaigns about sexual harassment and mechanisms for its eradication; Raise awareness, as well as sensitivity, of investigators and judges on sexual harassment.

Prevention

(Chapter III of the Convention, Articles 12 to 17)

Article 12

General obligations

Despite positive changes with regards to the state actions on domestic violence and violence against women, the implementation of effective preventive measures remains a challenge. Key challenges are: lack of unified disaggregated statistic information; Lack of preventive response and supportive programs; Lack of national referral mechanism on GBV, lack of knowledge on sensitive reporting among mass media representatives; Underreporting of Violence Cases in the State of Pandemic.

Article 14

Lack of sex education

The lack of information on sexual and reproductive health rights is primarily caused by the absence of ageappropriate sexual and reproductive health and rights education according to UNESCO standards.

the Ministry of Education and Science started to revise the subject standards and introduced the Healthy Life Skills (HLS) education into the general education curriculum. The National Standard elaborated covers grades 1-9 of the schools, grades 7-9 being approved in May 2018.

The EU Association Agreement provides a solid base for introducing Healthy Life Style into the educational curriculum. However, the coverage of the topics is not comprehensive and does not respond to UNESCO's recommendations.

While emphasis is made on the prevention of gender-based violence and the female reproductive system, there is no information provided on reproductive and sexual rights or safe abortion. 16. Even though the new reform of the education system 2018-2023 provides for a comprehensive approach to all areas of education and ensures the creation of a unified education system by 2023, the reform does not prescribe education around sexual and reproductive health and rights.

According to the studies, the attitudes of parents and teachers towards teaching of sexual and reproductive health and rights topics are positive, but they lack specific capacity and skills to deliver age-appropriate education in school-based settings especially in the regions. The lack of political will and conservative attitudes among decision makers is the key challenge for integration of sexual education in the formal education system of Georgia.

Recommendations:

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

Article 15

Training of professionals

There are no training or accessible continuing education for family/village doctors, midwives and nurses on the modern medical achievements on SRHR. The absence of continuing education among medical staff significantly reduces the quality of maternal health services. Violation of the standards of medical ethics, the dignity of women, the right to choose and violation patient confidentiality are a significant barrier to accessing high-quality services, especially in densely populated regions of Georgia.

Article 17

Availability, Accessibility, Acceptability and Quality of SRH services

1. Availability and accessibility to high-quality services are still critical problems in Georgia.
2. SRHR services are not readily available in rural areas, and women have to travel long distances to have access to the SHR services. It presents a geographical and financial obstacle for women, which requires additional transportation costs and time.
3. Nowadays, the State recognizes the need to address challenges associated with availability and accessibility of SRHR services including contraception and safe abortion, however, they fail in terms of implementation.
4. Violation of the standards of medical ethics, the dignity of women, the right to choose and violation patient confidentiality are a significant barrier to accessing high- quality services, especially in densely populated regions of Georgia.
5. There are no training or continuing education requirements for family, rural doctors, midwives and

nurses on the modern medical achievements on SRHR, that significantly reduces the quality of maternal health services.¹

6. Government of Georgia is failing to comply with theon the ensuring the accessibility information and services on SRHR.

7. Special issues have women and girls with disabilities who often avoid visiting medical facilities for SRH services until it becomes a health emergency unless it concerns their serious health issues. This is mainly caused by the existing stereotypes, non-confidential environment and unadopted gynecological services for the person with special needs.²

8. The main obstacles on family planning/contraception services for women with disabilities are that they lack information on SRH services and medical persons lack knowledge on the specificity of the services delivery for the women with disability. This creates a strong barrier in receiving necessary and adequate services.³

9. In Georgia, medical facilities are not accessible to women with physical disabilities. Gynecological chairs and examination rooms are not wheelchair accessible. In most cases, even entrance or inside infrastructure facilities are not adapted for wheelchair users.⁴

RECOMMENDATIONS FOR ACTION

10. Ensure that sexual and reproductive health services, including abortion and contraception services and information, are available, accessible and affordable to all women and girls.

11. Provide training to medical facilities management on the principles of gender-sensitive, human rights-based, patient-centered services; Ensure continuous education for family and rural doctors to provide quality and human rights based sexual and reproductive health counselling techniques.

12 Ensure the implementation of quality control mechanisms provided under the guidelines and protocols and implement internal and external audits to ensure the Availability, Accessibility, Acceptability and Quality of SRH services.

13. Integrate the needs, experiences and meaningful participation of women and girls with disabilities in the development, implementation and monitoring and evaluation of existing and forthcoming state policies and programs and ensure that their rights are respected, protected and fulfilled.

14. Ensure adaptation of healthcare facilities based on the needs of women with disabilities

III. Protection and support (Chapter IV of the Convention, Articles 18 to 28)

Article 20 – General support services

Victims of domestic violence, particularly in the regions, consistently refer to the lack of psychological assistance. When a psychologist is involved, it is often pro forma. Besides, as practice has shown, the absence of additional appropriate and sufficient victim support programmes (securing

¹Sexual and Reproductive Health and Human Rights: National Assessment, Public Defender's Office Georgia, 2019.

² Thematic Inquiry on Accessibility of Healthcare Services for Women and Girls with Disabilities, available at:

http://parliament.ge/ge/ajax/downloadFile/133083/%E1%83%97%E1%83%94%E1%83%9B%E1%83%90%E1%83%A2%E1%83%A3%E1%83%A0%E1%83%98_%E1%83%9B%E1%83%9D%E1%83%99%E1%83%95%E1%83%9A%E1%83%94%E1%83%95%E1%83%90_%E1%83%A8%E1%83%A8%E1%83%9B_%E1%83%A5%E1%83%90%E1%83%9A%E1%83%94%E1%83%91%E1%83%98%E1%83%A1%E1%83%90_%E1%83%93%E1%83%90_%E1%83%92%E1%83%9D%E1%83%92%E1%83%9D%E1%83%9C%E1%83%94%E1%83%91%E1%83%98%E1%83%A1_%E1%83%9B%E1%83%98%E1%83%98%E1%83%A1%E1%83%90%E1%83%AC%E1%83%95%E1%83%93%E1%83%9D%E1%83%9B%E1%83%9D%E1%83%91%E1%83%90_%E1%83%AF%E1%83%90%E1%83%9C%E1%83%93%E1%83%90%E1%83%AA%E1%83%95%E1%83%98%E1%83%A1_%E1%83%A1%E1%83%94%E1%83%A0%E1%83%95%E1%83%98%E1%83%A1%E1%83%94%E1%83%91%E1%83%96%E1%83%94_-_WWD_VF_2

³“Research on sexual and reproductive health needs and barriers in young people and women with disabilities”, Association HERA-XXI, 2019 <http://hera-youth.ge/wp-content/uploads/2020/07/HERA-RESEARCH-REPORT.pdf>.

⁴ Ibid.

the payment of the rent, providing vocational trainings, etc.) at the local level compel women to either return to the abuser, or stay on the street after leaving the shelter.

Recommendations:

- Increase the number of psychologists working with victims of violence throughout the country and provide them with relevant trainings;
- Develop supportive programmes for victims of VaW after leaving shelters;

Georgia has strengthened national institutional and policy framework related to women's rights to health. However, the obligations taken through national action plans have not been implemented. Indeed, the lack of allocation of sufficient financial resources, weakness and no readiness of health system especially primary healthcare system hinders the possibilities to implement those policies into the practice. SRH/Family planning services are not fully integrated into primary healthcare services and are unsystematically undertaken as part of the duties of different specialists. PHC services are significantly underutilized. Since the UHC introduction outpatient per capita visits per annum increased by 61% (2018) in Georgia, however, it is twice lower compared to the WHO European region estimate. Moreover, PHC in Georgia has a poor gatekeeping role, it fails in effective management of preventive and support services including SRH services.

There are no accessible training or continuing education for family/village doctors, midwives and nurses on the modern medical achievements on SRHR, that significantly reduces the quality of maternal health services.

E. There is no official list of nurse's specialists neither registry to identify those specialized for PHC. Unlike to other medical personnel, there is no professional competences and responsibilities of nurses written and approved by the ministry.

Georgia's health system demonstrated lack of readiness and weak capacity to protect people amidst a major healthcare crisis through late response of engaging family/village doctors in the management of cases, lack of knowledge on modern and innovative technologies to provide hotline and online counseling and support during the second outbreak of the virus. Under the conditions created by COVID-19 pandemic, women employed in the service sector in medical facilities, found themselves under serious psychological pressure and stigma from the side of both their family members and relatives, as well as from the side of the community. The lockdown from the COVID-19 pandemic and the subsequent transportation restrictions left rural women and girls isolated, and aggravated existing affordability and accessibility barriers. Online digital alternatives of services were also inaccessible due to lack of knowledge of innovative technologies and technical barriers.

Family Planning

1. Despite National Strategy of Maternal and Newborn Health for 2017-2030 and its action plan for 2017-2019 includes integration of contraception and youth friendly SRH services in universal health coverage, the state has no budget allocated to ensure implementation of the

plan, and the service packages of State programs or private insurance companies do not cover such services. The State also does not include contraceptives on the list of medications that are part of State health care programs. The obligation included in The National Strategy of Maternal and Newborn Health for 2017-2030 and the Action Plan for 2017-2019 regarding financial allocations for contraception in state universal healthcare package for vulnerable groups of population has not been

implemented. Lack of affordability, together with the lack of accurate information on effectiveness of modern contraceptive methods, contribute to low use and high unmet need for contraceptives. According to the 2018 Georgia Multiple Indicator Cluster Survey, 65.6% of rural women age 15-49 years (married/in a relationship) are not using any contraceptive method, and 9.2% are using traditional contraceptive methods.

2. Key obstacles preventing use of family planning methods in Georgia are the following: insufficient SRH information and education; fears, myths and misconceptions about modern methods of contraception; and unavailability, low readiness and inaccessibility of quality family planning services.

IV. Substantive law **(Chapter V of the Convention, Articles 29 to 48)**

Article 36

Sexual violence, including rape

As in previous years, sexual violence against women remains one of the most serious, covert and unpunished forms of gender-based violence, which is caused by existing legislative, structural and systemic problems.

Firstly, it should be noted that the definitions of rape and other sex crimes are still inconsistent with international standards. In particular, according to the current version, the lack of consent of the victim is not sufficient to consider rape as a crime, but it is necessary for the person to assault the victim, threaten them with violence or use the helpless position of the victim.

Furthermore, regarding the cases of sexual violence, there is a rigid, inadequately high and discriminatory standard of evidence, which virtually precludes the punishment of the perpetrator in most such crimes. For example, in many cases the initiation of criminal proceedings for sexual offenses and the conviction depend on the presence of physical injuries on the victim's body and biological material.

It is also noteworthy that during the reporting period, an alarming number of cases of sexual violence was recorded against juveniles, which highlighted the problem of investigating sexual assault cases and the correct qualification of the crime. In 2020 alone, investigation was launched in 254 cases of sexual violence and sexual exploitation against juveniles, of these 31 were committed within the family.

Recommendations:

- Bring the definitions of sex crimes in the Criminal Code in line with the Istanbul Convention and other international standards;
- Increase the number of psychologists and social workers to work intensively and effectively with children victims of sexual violence;
- Create a specialized unit in the Prosecutor's Office, which will provide procedural guidance on the investigation of sexual violence cases;
- Change inadequately high and discriminatory requirements of evidence for cases of sexual violence;
- Train investigators, prosecutors and judges in the technique of obtaining various types of evidence of sexual violence crimes/assessing the evidence obtained.

Article 37

Early marriage of children

Unfortunately, the practice of early marriage and engagement still remains one of the major challenges. As in previous years, the problem is managing and avoiding specific cases of early marriage and engagement.

According to the cases of marriage / engagement at an early age, the coordinated work between the Ministry of Internal Affairs of Georgia, the educational institution and the social service and the proper functioning of

the referral mechanism are still problematic.

Although the number of early marriages reported by social services has risen sharply compared to the previous year, monitoring has found that the school often still hides early marriages / engagements and does not report them to the authorities.

safe abortion

1. Availability and accessibility to high-quality services are still critical problems in Georgia. Safe abortion services are not easily available and financially affordable for all women.

2. Violations of standards of medical ethics, the right to privacy, the right to choose, and the right to dignity, bodily autonomy and decision making about sexual and reproductive matters are highly prevalent and pose significant barriers to accessing high-quality services, especially in densely populated regions of Georgia.

3. According to HERA-XXI research findings, doctors in many clinics refuse to provide abortion services on the grounds of conscientious objection and will not even provide referrals for procedures. They try to influence women's decision-making in relation to abortion. In some cases, they refer women seeking abortion services to religious leaders, which can lead to intense feelings of grief for women.

Geographical and financial barriers and access to quality services

1. According to HERA-XXI research findings, reproductive services are not readily available in rural areas and women have to travel long distances to have access to safe abortion.

2. Women and girls, especially in rural areas, face additional financial barriers in accessing abortion services incurring high transportation costs. Often, they need to take loans to cover these costs. Lack of affordability of abortions leads to the use of unsafe methods to terminate pregnancies, which can carry significant health risks[1].

3. The lockdown from the COVID-19 pandemic and the subsequent transportation restrictions left rural women and girls isolated, and aggravated existing affordability and accessibility barriers. Online digital alternatives of services were also inaccessible due to lack of knowledge of innovative technologies and technical barriers.

4. The Ministry of Labor, Health and Social Affairs of Georgia identified 655 medical facilities that have a license for provision of gynecological services in the country. However, only 17% of facilities provide abortion services and 95% of medical facilities are secondary health care facilities. Generally, secondary health care facilities are multi-profile clinics and functioning in cities. Only 5% of primary health care facilities provide abortion and family planning services.

5. Medical facilities are privatized in Georgia: it is up to the management of facilities to choose whether they want to offer specific services and then go through the respective accreditation process. This is a systemic problem. There are no State regulations defining which services should be provided by medical facilities, or by primary health care facilities. The decisions of medical facilities management are based on cost-effectiveness and potential profits from services, and therefore create a huge gap in provisions of abortion and other SRH services.

Domestic Violence and Violence against Women

1. During the past ten years, Georgia significantly improved legislative framework on Gender Equality, Domestic Violence, and Violence against Women. Legislative amendments aimed to bring domestic

legislation in compliance with international requirements set by pertinent international instruments Georgia is a party to. Georgia signed Convention on Preventing and Combating Violence against Women and Domestic Violence (hereinafter referred to as Istanbul Convention) in 2014 and ratified on 19 May 2017.

2. Despite positive changes with regards to the state actions on domestic violence and violence against women, the implementation of effective preventive measures remains a challenge.

3. According to the National Study on Violence against Women in Georgia 2017 conducted by UN Women and National Statistics Office of Georgia (Gesotat), 1 in 7 women (14 %) has experienced intimate partner violence, and 1 in 4 women in Georgia has experienced at least one form of Gender-based Violence. In January-February 2020 eight women were killed by family members.

4. The crisis caused by the pandemic, numerous restrictions imposed as a result of the state of emergency, deteriorating economic situation in the families have further increased the burden of responsibilities and obligations placed upon women. Against this background, constant stress and psychological problems have negatively affected women's daily life. Women have been subjected to constant psychological pressure and have often become victims of various explicit or implicit forms of domestic violence.

5. According to survey of Fund Sokhumi 34% of respondents noted that the situation created as a result of the pandemic had "increased the number of family conflicts and the prevalence of domestic violence"⁵ The mechanism for identifying cases of violence against women, domestic violence and cases of family conflicts, as well as for working with the victims and ensuring appropriate response to the problem has been revealed to be rather weak; there has been inadequate attention and response to the problem on the part of the State;

6. Being locked in the same space with abusers and restricted social contacts left women without support, alone to face their own problems and tragedy. The study has revealed that under the conditions created by the COVID-19 pandemic, victims are reluctant to disclose or report their own problems, because they feel ashamed to talk about their own problems given the current situation as they consider it an issue that is not a priority for the public, the police and the State in general.

7. Under the conditions created by COVID-19 pandemic, women employed in the service sector in medical facilities, found themselves under serious psychological pressure and stigma from the side of both their family members and relatives, as well as from the side of the community.

8. One of the key issues related to the violence against women and domestic violence issues is that there are almost no supporting services for victims after they leave shelters. Given the specific nature of the problem, effective coordination among the state, institutions is crucial. The government of Georgia drafted the National Referral Mechanism on Violence against Women and Domestic Violence Issues, but the official document still is not approved. The State has neither a referral program/services for adults, nor appropriate financial obligation to provide actual assistance to victims/survivors of violence.

9. Psycho-social rehabilitation and educational programs in shelters for victims of domestic violence remain insufficient for supporting victims. It is imperative to have more time and resources dedicated to planning and implementing rehabilitation programs and activities. Besides, these programs must be

⁵ „Impact of COVID-19 on Domestic Violence, Situation of Women Victims and the Access to the Support Services“, Fund “Sokhumi”, 2020, available at: <https://fsokhumi.ge/index.php/en/news/publication/6619-impact-of-covid-19-on-domestic-violence-situation-of-women-victims-and-the-access-to-the-support-services>.

more inclusive. The shelters fail to properly ensure the self-realization of beneficiaries, their empowerment, and psycho-social rehabilitation.

10. The problems that persist include the provision of housing and financial support to victims after they have left shelters and collection of information about the health of beneficiaries upon their admittance to shelters.

RECOMMENDATIONS

1. Approve Referral Procedures on Violence against Women and Domestic Violence Issues.
2. Develop supportive programs for victims of Domestic Violence and Violence against Women after leaving shelters. Introduction of flexible and transparent mechanisms for monitoring the survivors' social status after leaving the shelter.
3. Provide continuous education of social workers from State Social Service Agency in the issues of domestic violence and strengthening their role in supporting victims/survivors of such violence, especially in the direction of conducting preventive monitoring of high-risk families.
4. Increase number of crises centers to have geographical coverage of services for victims of Domestic Violence and Violence against Women.
5. Take steps to raise public awareness on Gender Equality issues by informational campaign of Ministry of Internal Affairs. Encourage population to increase their involvement and participation in the effort to reveal and identify cases of violence in the face of isolation and increased insecurity faces by victims;
6. Raise gender sensitivity and awareness of the increased risk of gender-based violence among police officers; and properly informing them of the necessity of ensuring confidentiality of the victims reporting cases of violence;
7. Support for the staff working in the field of provision of medical and other services in health care facilities of public stigma and psychological pressure and preventing their marginalization in society and in their families, due to the performance of their professional duties.
8. Ensure that the basic needs of the most vulnerable groups of population are met under the conditions created due to the pandemic and promoting cooperation between the opposing parties in humanitarian issues: focusing on serving the basic needs of the vulnerable groups of population: elderly, children, women, citizens with medical needs, persons with disabilities.

Table 2: In-service training

	NUMBER OF PROFESSIONALS TRAINED	MANDATORY NATURE	AVERAGE LENGTH OF CURRICULUM	PERIODICITY	FUNDING SOURCE	BODY MANDATED TO CARRY OUT/CERTIFY IN-SERVICE TRAINING	TRAINING EFFORTS SUPPORTED BY GUIDELINES AND PROTOCOLS
Police and other law-enforcement officials							
Prosecutors							
Judges							
Social workers							
Medical doctors							
Nurses and midwives							
Psychologists, in particular counsellors/ psychotherapists							
Immigration/asylum officials							
Educational staff and school administrators							
Journalists and other media professionals							
Servicemen and women							
Any other relevant category							