ECOM

ASSESSMENT REPORT

ON ACCESS TO HIV AND SOCIAL PROTECTION FOR GAY AND BISEXUAL MEN, OTHER MSM AND TRANS* PEOPLE IN GEORGIA

2022
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Assessment Report on Access to HIV and Social Protection for Gay and Bisexual Men, other MSM and Trans* People in Georgia. — Tallinn, 2022. – 54 p.

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The authors express their sincere gratitude to Gennady Roschupkin and Alexander Kondakov for their active participation and substantial assistance in the preparation of the report.

ECOM also expresses words of appreciation to David Kakhaberi to Giorgi Saminava for their comprehensive support in the assessment organization process.

The publication was prepared and published with financial support from UNAIDS.

ACKNOWLEDGMENTS

We would like to thank representatives of the following institutions for participation in the assessment process and their extensive support in the report preparation:

- The Ministry of Internally Displaced Persons from the Occupied Territories, Health, Labour and Social Affairs of Georgia
- Social Protection Agency of Georgia
- NCDC — The Global Fund Program in Georgia
- AIDS Center Georgia
- UNAIDS EECA Regional Office
- UNDP Istanbul Regional Hub
- UNDP Georgia
- UNFPA Georgia
- NGO Equality Movement
- NGO Temida
- NGO Tanadgoma
- NGO Identoba
- Georgian Harm Reduction Network
- AHF

For security reasons, we won't mention participants' names.

SUMMARY

This report presents the results of the assessment of the healthcare and social protection system of the country of Georgia by HIV and Social Protection Assessment Tool. The tool was applied by a team of 25 experts representing the Georgian government, global international organizations acting in the sphere of HIV, relevant regional organizations and local community organizations for people living with HIV and LGBTQI+ people.

The team selected existing policies and programmes in the sphere of healthcare provision and general social protection system. In the area of healthcare, five different schemes and three additional in-kind measures were identified. None of the schemes and measures was recognized as sensitive to gay and bisexual MSM or trans* people. This included private medical insurance packages which were not found sensitive, either.

As for social protection more generally (excluding healthcare services), five relevant schemes and three lower scale measures were identified. Again, even though they can help gay and bisexual MSM and trans* people, these schemes are not sensitive to their needs.

On the level of administering healthcare and social protection system in Georgia, the lack of representation of gay and bisexual MSM and trans* people was identified. Only one relevant programme attempted to include organizations of people living with HIV to its coordinating body, but it was unclear if the attempt was still operational.

The assessment identified many barriers on the way of accessibility to these healthcare and social protection services for gay and bisexual MSM and trans* people. In result, the report contains recommendations to remedy these barriers and make Georgian healthcare and social protection system sensitive to the needs of gay and bisexual MSM and trans* people.

INTRODUCTION

The first case of HIV in Georgia was detected at the end of its Soviet period in 1989[1]. Currently, the country is considered among those with low prevalence of HIV at the level of less than 0.3% together with neighbouring Armenia and Azerbaijan, even though the rate has grown over recent time to 0.4%[2]. In fact, it appears that the spread of HIV in Georgia is on the rise in the 21st century with the risk of fast-grown epidemic if no actions are taken. Thus, new registered cases of HIV went up right before the beginning of the new Coronavirus pandemic in 2015—19 which moderated the growth lowering new HIV cases down to slightly more than 500 a year in 2020—21[3]. Moreover, nonetheless, with the growth of registered cases, more people appear to die of AIDS-related causes[4].

Both national and UNAIDS statistics suggest that around 10,000 people live with HIV in Georgia[5]. The largest portion of people living with HIV (PLHIV) is concentrated in Georgia's capital city of Tbilisi. It had been believed that gay and bisexual men, other MSM and trans* people constitute a minority population among those living with HIV in Georgia because «transmission among men who have sex with men are rare, typically comprising less than 3% of total registered transmission»[6]. By 2022, however, this figure has risen to 12.6%[7]. UNAIDS suggested that MSM with HIV are one of the most disregarded risk groups in Georgia as specifically targeted to them programmes tend to remain on significantly lower coverage rate in comparison to other risk groups[8]. At the same time, the situation is gradually improving and various programmes are offered to MSM and trans* people through community services, including the provision of PrEP. Certainly, any risk group categories are intersectional, and conclusions should not be based on simplistic categorization. Rather, the question of access of gay and bisexual men, other MSM and trans* people to HIV treatment and social protection measures in Georgia is a question of social, cultural, and political visibility and stigmatization of LGBTQI+ people there.

Hence, as the brief overview above shows, the spread of HIV among gay and bisexual men, other MSM and trans* people in Georgia is becoming more and more obviously apparent. In response to the visibility of the risk group among those living with HIV, Georgian government and civil society introduced a number of measures and broadened existing services to target relevant populations. These services include a wide range from STI testing, counselling, treatment, and PrEP programme to outreach, dissemination of condoms and educational trainings. Yet, if stigmatization and silencing of LGBT+ people prevail, this simple offer of various social programmes is not enough. Indeed, as ECOM's study suggests, prevention services and testing, for example, cover only insignificant portion of gay and bisexual MSM leaving behind overwhelming majority of those who are walking the thin line[9].

[1] UNAIDS, 'Georgia: Country Progress Report', 5.
[2] Kvitsinadze, Tvildiani, and Pkhakadze, 'HIV/AIDS Prevalence in the Southern Caucasus'; UNAIDS, 'Country Progress Report — Georgia'.
[3] 'AIDS Center'.
[4] UNAIDS, 'Country Progress Report — Georgia', 5.
[5] 'AIDS Center'; UNAIDS, 'Country Progress Report — Georgia'.
[6] Kvitsinadze, Tvildiani, and Pkhakadze, 'HIV/AIDS Prevalence in the Southern Caucasus', 26.
[7] 'AIDS Center'.
[8] UNAIDS, 'Country Progress Report — Georgia', 22.
[9] Chikhladze, 'Brief on HIV among MSM in Georgia'.

Considering this situation, the question of access to social protection services related and unrelated to HIV for gay and bisexual MSM and trans* people is urgent. If coverage by such services is low, could obstacles to the access be part of these policies? In other words, what if exclusion of gay and bisexual MSM and trans* people from relevant HIV policies is officially inscribed into policy documents? This study is a review of relevant policies in Georgia on how sensitive they are to gay and bisexual MSM and trans* people's needs. It is based on the HIV and Social Protection Assessment Tool as described in the methodological section below. It is the first time this tool is used in the region. The report proceeds with an overview first covering social, cultural, and political context of operating HIV services for gay and bisexual MSM and trans* people in Georgia. It then turns to define the primary object of the study (sensitivity of social protection measures) and to present its results.

CONTEXT

Georgia represents an example of a country where wide-spread social attitudes and state-led actions are often at odds with each other. In other words, it is not rare that the Georgian government appears to be much more progressive than the people it represents in questions related to LGBTQI+ rights and inclusion. This creates a situation when LGBTQI+ people are relatively well included on the paper but may experience discrimination in practice as "street-level bureaucrats" implementing the policies disagree with written rules.

It was not always so that the government practiced a rather friendly approach to LGBTQI+ matters. On the contrary, Georgia is one of the few former USSR states that decriminalized male same-sex intercourse rather late in 2000. On the other hand, it is also among very few of the post-Soviet countries that have explicit prohibition of gender and sexual discrimination in law and explicit reference to gender and sexuality in hate crime legislation[10]. Yet, 2018 amendment to the Georgian Constitution recognized «marriage» as only a heterosexual enterprise with the primary purpose of rearing children. Hence, even though there is a strong commitment of some Georgian governments to advance equality and human rights for LGBTQI+ people in the country, there are important social and political forces that impact improvement and transform it into a matter of formality.

Until very recently, homosexuality was literally a taboo topic in Georgia[11]. Now, situation is gradually changing but the flare of secrecy still surrounds LGBTQI+ issues. More importantly, Georgian society appears to hold very homophobic beliefs with 86.1% of Georgians thinking that «homosexuality is never justifiable»[12]. This is a very strong sentiment: if compared with the Russian society, for example, the same survey shows a figure of 54.1% answering the question in this way. This hints to the idea that Russian government's homophobia seems to cater to a divided society, whereas Georgian government's commitment to human rights appears to contradict the Georgian population which is largely clear about its hostile attitudes towards LGBTQI+ people.

The mismatch between societal attitudes and political will can be understood as the workings of political forces which pull into different directions and, in result, produce different outcomes. One force is Georgian government and society's commitment to the European and other international institutions. After establishing its membership in the Council of Europe in 1999, Georgia has been on the track to greater integration with other European democratic institutions and the Georgian population has supported this. Moreover, after the invasion of Russian forces in Georgia in 2008, the country established its interest in Western military alliances, too[13]. These events and aspirations mark Georgia's gravitation to those international institutions that require adoption and enforcement of laws and policies which — among other things — provide for greater inclusion of LGBTQI+ people. Georgian governments appear to work strongly in this direction.

[10] Tolkachev and Tolordava, 'Shared Past, Different Future?'
[11] Quinn, 'Forced Out: LGBT People in Georgia', 25.
[12] Tolkachev and Tolordava, 'Shared Past, Different Future?', 448.
[13] Patalakh, 'Assessment of Soft Power Strategies', 102.

On the other side of the political spectrum is the Georgian Orthodox Church (GOC) and its allies, including Russian and international conservative movement. Even though studies suggest that personal church attendance is not significantly connected with expression of homophobic attitudes (at least in the country's capital city), the GOC is the most vocal opposition to LGBTQI+ rights, sometimes acting violently against LGBTQI+ activists and organizers[14]. Since many people in Georgia practice religion without attending churches (for example, the same study shows that 88% of Georgians trust fully or partly to religious institutions), GOC's rhetoric plays a very significant role in amassing support for homophobic initiatives and actions. In fact, starting from 2013, the GOC leadership successfully called upon mobs and attackers on LGBTQI+ events organized by local activists[15]. The GOC was particularly successful in its attempts to unite people around its cause due to a very specific role that it plays for the Georgian national identity:

> «Orthodox Christianity is not only a national unifying force, as the Church claims, but also a language by which political dividing lines are denoted. Deprived of the possibility of independently determining a shared future—whether due to the geopolitical situation, the nature of economic and administrative development, or the dead-end political game—Georgian society resorts to Orthodox Christianity in order to distance itself from the state»[16].

In other words, religious affiliation and rhetoric provides the venue for many Georgians to channel their oppositional sentiment: scepticism towards government's actions may always be articulated in support of religious ideas and the church at large. Hence, as the government grows more inclusive for LGBTQI+ people, the GOC exploits homophobia in order to represent a dissenting opinion oppositional to such innovations. This, in turn, constitutes two opposing forces in the society that struggle for power and influence. When the GOC wins, it tries to encourage the undoing of human rights-based legislation. When pro-Western government is established, laws and policies that comply with international institutions' standards are advanced.

This tension between more conservative and more progressive forces in Georgian politics and society informs the adoption of relevant laws. The overall hostile cultural attitudes toward homosexuality on the part of the Georgian society also impact the way these laws and policies are implemented. However, another important element of this contested field is probably the most significant. Social policy studies in Georgia suggested that due to the civil war and economic hardships at the outset of the country's independence, as well as due to the Russian recent aggression, whatever institutions the state constructs they find little resonance with the people who try to avoid state services because of their ineffectiveness and formalism and who try to address any issues they have on the shadow market[17].

[13] Patalakh, 'Assessment of Soft Power Strategies', 102.
[14] Mestvirishvili et al., 'Exploring Homophobia in Tbilisi, Georgia'.
[15] Serrano, 'The Georgian Church'.
[16] Serrano, 84.
[17] Balabanova et al., 'Navigating the Health System'.

A telling example is Georgia's efforts to combat domestic violence[18]. Even though the measures to prevent and fight domestic violence generally complied with relevant international documents, they brought little fruit. Currently, Georgia has anti-domestic violence laws and policies (national action plans), funding and a separate agency, but these efforts are described by the researchers as "symbolic": there is neither motivation, nor real power that the laws and agencies could use to address the issue[19]. A similar situation occurs in children rights: on the paper, Georgian policies easily and closely catch up with international standards, but if this translates into real action remains to be seen[20]. An even closer example comes from the area of hate crime: although crimes against LGBT+ victims are considered hate crimes in Georgia, there is little trust in the police from the Georgian LGBT+ communities and, therefore, issues with reporting such crimes[21]. One of the explanations is that the Georgian government follows international institutions' advice, but has little to no power to implement its decisions in real actions, meanwhile rank-and-file state officers on the ground resist «Western» innovations.

Literature suggests that some HIV-related state-led programmes also experience similar barriers at the level of implementation[22]. Although many instruments of prevention, control and treatment of HIV are in place, the coverage of these programmes is modest, especially among gay and bisexual MSM and trans* people. In fact, Georgia has achieved a lot in terms of creating all the necessary legal and practical solutions in this sphere: from establishing testing facilities to scaling up antiretroviral therapy (ART) availability. And yet, data on late diagnosis and growing numbers of deaths from AIDS-related causes evidence that there is a problem of a large-scale access to the established measures, especially for the MSM and trans* people[23]. For example, one study shows that Georgia claims to have «a 'successful' HIV treatment programme in that 77% of those on ART achieve viral suppression. However, with an estimated 48% of PLHIV in Georgia undiagnosed, viral suppression is only achieved in 20% of all PLHIV in Georgia»[24].

Indeed, a recent study of the situation of LGBTQI+ people in Georgia suggests that there are many barriers on the way to access healthcare in the country that are based on healthcare professionals' prejudice towards patients' sexual orientation or gender identity and expression (SOGIESC)[25]. The survey conducted for the said study identified that 36.5% of respondents reported low level of sensitivity to SOGIESC from medical staff; another 37.6% expressed fear of discrimination in medical institutions; and 39.6% had concerns about potential disclosure of personal information related to their sexuality by healthcare professionals. Only slightly over a half of respondents said that they were open about their sexuality with doctors, while others felt afraid of what doctors can do with such information.

[17] Balabanova et al., 'Navigating the Health System'.

[18] Javakhishvili and Jibladze, 'Analysis of Anti-Domestic Violence Policy Implementation in Georgia Using Contextual Interaction Theory (CIT)'.

[19] Javakhishvili and Jibladze, 329–30.

[20] Ulybina, 'Transnational Agency and Domestic Policies'.

[21] EMC, 'Social Exclusion of LGBTQ Group in Georgia', 56.

[22] Donoghoe, 'The HIV Cascade of Care in Georgia'; Tsereteli et al., 'HIV Testing Uptake among Female Sex Workers and Men Who Have Sex with Men in Tbilisi, Georgia'; Chikhladze, 'Brief on HIV among MSM in Georgia'.

[23] Donoghoe, 'The HIV Cascade of Care in Georgia'.

[24] Donoghoe, 2.

[25] EMC, 'Social Exclusion of LGBTQ Group in Georgia', 130

Hence, the question of access is vital in this respect. Even though access is a matter of practice in the sense that its best testing is whether or not people can get the services, it is still important if access to the services is part of policy or law design, too. In this aspect of access as part of policy design, it is understood as a degree of inclusivity that the policy provides on paper and facilitates in practice. At least three categories of the degree of inclusivity can be distinguished then:

1. Inclusive policy provides clear indication of its availability for LGBTQI+ people.
2. Non-inclusive policy neither lays ground for inclusivity, nor denies access of LGBTQI+ people.
3. Restrictive policy explicitly rejects LGBTQI+ people from its coverage.

HIV and Social Protection Assessment Tool gives a very good estimation of how inclusive a policy is. In the next section, this tool is reviewed with the purpose of adopting it for the study of social protection measures in Georgia given the social, political and cultural context of the country.

METHODOLOGY

In this study, we use HIV and social protection assessment tool for our review of existing policies (social protection system) in Georgia. The aim of this review is to find out how sensitive these social protection measures are to people's SOGIESC. In particular, we are interested in identifying existent barriers for gay and bisexual MSM and trans* people in Georgia to get relevant help and assistance from the state in the case of urgent need related to HIV or HIV detection.

HIV and social protection assessment tool was developed by members of the Inter-Agency Task Team (IATT) on social protection care and support. This team was co-chaired by UNICEF and the World Bank and coordinated by the UNAIDS Secretariat. In 2021 with support of UNAIDS, ECOM started implementing the tool in our assessment of social protection system in Georgia. In order to do so properly, we adapted the tool to the Georgian context by narrowing it down to policies and questions only related to gay and bisexual MSM and trans* people in the country. In this assessment exercise, we used UNAIDS definition of social protection:

> «Social protection is more than cash and social transfers such as food and vouchers. It encompasses economic support, social health insurance, employment assistance and social care to reduce poverty, inequality, exclusions and barriers to accessing social and medical services»[26].

This definition demonstrates that social protection includes an all-encompassing system of measures that supports a given society when it faces issues (health problems, economic inequality, social exclusion). As compared to occasional measures (food stamps, for example), social protection system is wider and more complex and, henceforth, includes government-generated policies, strategies, frameworks and laws.

The dimension of such social protection system that we are assessing is related to its sensitivity towards clients' SOGIESC, in particular the inclusion of gay and bisexual MSM and trans* people to the system's coverage. Our primary objective is such because we are investigating what UNAIDS terms as «HIV sensitivity» of social protection which is access of PLHIV and risk groups to state-organized social protection services.

Thus, according to *UNAIDS Global AIDS Strategy 2021-2026*:

> «Under an HIV-sensitive approach, people living with HIV and other vulnerable populations are provided with services together; this prevents the exclusion of equally needy groups. HIV-sensitive social protection is the most preferred approach, as it avoids the stigmatization that can be caused by focusing exclusively on HIV».

[26] 'Social Protection'.

> «Approaches to HIV-sensitive social protection include the following: financial protection through predictable transfers of cash, food or other commodities for those affected by HIV and those who are most vulnerable; access to affordable quality services, including treatment, health and education services; and policies, legislation and regulation to meet the needs (and uphold the rights) of the most vulnerable and excluded people»[27].

These clarifications demonstrate that we are assessing general social protection programmes, not necessarily those programmes that target gay and bisexual MSM and trans* people. Nonetheless, what we are interested in is precisely the sensitivity of these programmes to gay and bisexual MSM and trans* people.

The assessment was implemented by a large HIV and social protection assessment team which included representatives of all various groups of stakeholders: **(1)** the Georgian government was represented by the Ministry of Health and Social Protection Agency; **(2)** Global international organizations acting in the sphere of HIV were represented by the Global Fund, UNAIDS and others; **(3)** relevant regional organizations were represented by ECOM, UNDP Istanbul Regional Hub and others; **(4)** most importantly, local community organizations of PLHIV and LGBTQI+ people were represented by a large variety of groups from the Equality Movement to Identoba to Temida. The representatives of all these agencies and organizations were of various levels of seniority in their respective bodies. There were directors and deputy ministers, as well as programme or project managers and community officers. In total, 25 people took part in the assessment exercise.

The team assembled for this study looked at three different areas of social protection. First, they started with assessing health services in general. The team looked at MSM and trans* populations in this regard separately because they may have different needs in healthcare. Second, 25 experts looked at HIV-sensitivity of general social protection schemes (excluding health schemes), again separating MSM and trans* populations. Finally, the team looked at something called "coordination, management, and accountability mechanisms" which is the way social protection system is administered by the given government. Further below the results of their assessment are presented in this order. Detailed assessment is available in appendices.

[27] UNAIDS, 'UNAIDS Terminology Guidelines - 2015', 26.

GENERAL HEALTHCARE SERVICES

HIV and social protection assessment team started their review with five different healthcare provision schemes and three additional in-kind schemes. ***The first batch consisted of:***

- free health services at point of use;
- mandatory health insurance;
- voluntary health insurance;
- community-based health insurance;
- other ways to provide for healthcare.

Except for community-based care, four other schemes turned out to be operational in Georgia. Experts listed ten various policy documents for the first scheme and one document in each remaining area. Free healthcare services at point of use are available to a vast variety of eligible groups mostly comprising disabled populations, including people living with HIV considering programmes specifically targeting them. Most policies cover all expenses fully. The schemes are operated by the Ministry of Labour, Health and Social Affairs. Relevant full details can be found in Appendix 1.

Universal Health Care (UHC) Programme is available to all people legally residing in Georgia and earning less than GEL 40,000 (EUR 11,250) a year. In addition, municipalities operate their own social and healthcare assistance programmes for people in need (from single-parent families to veterans and honorary citizens). Among additional supports is an in-kind transport scheme also available to eligible populations of certain municipalities (see, Appendix 1 for details).

The assessment team identified barriers for gay and bisexual MSM in accessing health services at point of use in each available programme (see, Appendix 2). Thus, HIV / AIDS state programme amassed the most significant number of critical comments. The barriers included. ***The barriers included:***

1. The impact of stigmatization during service provision, including lack of confidentiality and lack of sensitivity of personnel — beneficiary's names and other private information are not handled with care and their confidentiality is oftentimes breached; the staff oftentimes uses inappropriate terminology.
2. Lack of information on availability of the programme among LGBTQI+ community, especially among migrant MSM; no availability of free medications for migrant HIV positive MSM.
3. Lack of additional supportive psychosocial rehabilitation services for ensuring continued retention: when a beneficiary has several challenges at the same time (for example, when a person is HIV positive, and has mental issues at the same time, or is residing in violent household, or is experiencing other health problems, or is homeless, etc.), these challenges intersect and create barriers to retention in the programme. In such cases, a social worker needs to do an individualized in-depth analysis of the needs and facilitate access to several programmes at the same time.

4. Complicated procedure: beneficiaries are unable to receive medication for several months as the process of making sure they are eligible is going on.

Other reviewed programmes in this area (health services at point of use) included such measures as State Programme for Elimination of Hepatitis C, Screening of Prostate Cancer, State Programme of Drug Addiction, Mental Health State Programme, Providing Special Medicines, Medications for Early Breast Cancer, Tuberculosis Management, Dialysis and Renal Transplantation, Urgent Emergency Assistance and Medical Transportation, and Palliative Care of Incurable Patients. In accessing all these programmes, some barriers for gay and bisexual MSM were identified (Appendix 2). ***The most significant barriers are:***

- the impact of stigmatization on access to the services;
- complicated and lengthy procedures for accessing the services;
- additional costs required prior to access to the free service or during provision of a free service;
- lack of clear information about the services among MSM;
- issues with availability of the services.

Universal Healthcare also comes with a baggage of problems for gay and bisexual MSM, as assessment demonstrates (Appendix 2). Stigmatization based on sexuality and HIV status is still prevalent within the medical community. Procedures for receiving healthcare are long and complicated; they are designed for an average «normal» person registered at one and the same address for a long period of time, not a vulnerable person in a precarious situation who might need them most. At the end of the day, many free medical services are accompanied with additional costs that are not covered by universal healthcare. Private healthcare schemes available on the market, on the other hand, are too costly and do not provide for any family discounts to gay and bisexual MSM who live in same-sex families due to the lack of legal recognition of such families. No private healthcare plans were identified that would cover STI detection and treatment.

The same programmes were also assessed on the question of accessibility for trans* people (see, Appendix 3). Experts identified all the same issues of access as previously only now in relation to trans* populations. It is worth stressing, though, that it appears that trans*-specific healthcare needs are not covered neither by state-provided healthcare schemes, not by private health insurance operators. This constitutes a big failure of the system to arrange care provisions vitally necessary to trans* individuals.

SOCIAL PROTECTION ACCESSIBILITY

After reviewing the provision of healthcare in Georgia, our team assessed social protection measures excluding healthcare schemes. ***Experts identified five relevant schemes:***

- conditional cash transfer;
- unconditional cash transfer with eight various operating programmes;
- student fee waivers;
- emergency support;
- non-contributory pensions.

. Three more in-kind schemes were identified in housing, transport and elderly care. None of these schemes and their respective programmes mentions anything related to HIV or gay and bisexual MSM and trans* people. Even though these are socially stigmatized groups who experience poverty and homelessness, they are not considered in these programmes as such. Gay and bisexual MSM and trans* people can access these social protection schemes by falling within general eligibility criteria. For example, to consider cash transfers, Social Service Agency calculates a rating score to identify the degree of neediness and assist with a relevant allowance in result. The score is calculated for a «family», though. Tuition waivers vary and mostly depend on socio-economic situation of a student's household. Pensions are universal, but gendered (begin at the age of 60 for women and at the age of 65 for men). Housing is available for every person registered as homeless. For more details see Appendix 4.

When assessing these schemes and policies specifically in relation to gay and bisexual MSM and trans* people, our team identified a number of accessibility problems. First, the following issues were detected for trans* people (see, Appendix 5) to access social protection programmes for allowances to help them pay their utility bills or otherwise sustain their living (conditional cash transfers):

1. Poverty and inequality: assistance might be cancelled if utility bills are too low or too high – there is constant oversight of the allowance receiver's everyday activities (vulnerable individuals sometimes have to turn off heating in fear of losing assistance).
2. Inadequate policy: homeless people are ineligible to access the programme, even though they might be in a situation when a guaranteed cash flow resolves many everyday issues.
3. Stigmatization of trans* individuals and consequent discrimination based on it by the social service personnel.
4. Complicated procedures: one month period is required only for an assessment visit (many trans* people frequently change their addresses) and social services sometimes inquire about the applicant among neighbours which creates personal security concerns as neighbours are encouraged to become vigilant about the scheme's applicants.

5. High cost of obtaining personal IDs (IDs are free for recipients of this assistance after official enrolment, but in order to become recipient, one needs to have an ID and those who don't have it prior to enrolment, find it hard to pay it out of pocket). This becomes an eligibility criterion.

In relation to other policies, trans* people experience both general and specific barriers. For example, a fee waiver programme could be helpful for trans* students, but trans* people avoid educational institutions due to the very well-founded fear of bullying, stigmatization and discrimination there. Besides, given that many trans* individuals experience poverty, they find it hard to be able to pay for repetiteurs, books and college uniform which become prerequisites for obtaining education. As for homeless shelters – a very urgent social protection measure for many trans* people in Georgia – safety concerns are among extremely troubled barriers to access them: many shelters are not trans*-inclusive or even aware, they are also far from the city centre and hard-to-reach. Some shelters require adobe registration which is inadequate. Trans* people who are engaged in sex commerce cannot fulfil the requirement to stay in the shelters at night which is another inadequate condition of the use of this social protection measure.

As for gay and bisexual MSM, the barriers that they face are not so different from those of trans* people. Our team identified the impact of stigmatization and discrimination on the access to social protection services; issues related to poverty and low socio-economic status of MSM social protection applicants; inaccessibility of the services due to complicated procedures and eligibility requirements, unavailability of services in immediate geographical area; and little to no relevant information specifically targeted at gay and bisexual MSM. More details are given in Appendix 6.

COORDINATION, MANAGEMENT AND ACCOUNTABILITY MECHANISMS

The final area that our team assessed was administration of the social protection schemes. We were particularly interested in how much various stakeholders are involved in coordination and management of relevant social protection measures. In accordance with the familiar slogan «nothing about us without us», greater involvement ensures accountability of the government operating their schemes. We assessed involvement along the lines of representation of PLHIV, especially gay and bisexual MSM and trans* communities. A variety of fora could be created for these communities to be able to voice their concerns and ideas regarding the social protection schemes. The ultimate goal of such fora could be the strengthening of HIV sensitivity of these governmental measures and policies.

Among all the policies and programmes assessed during this exercise, our team identified only six with some involvement of stakeholders at the level of their administration (see, Appendix 7). These were commissions, councils and boards where various representatives of the people targeted by this or that policy sit. Among these six programmes, only one had country coordinating mechanism which included representatives of groups related to HIV response. Even this was outdated, and it was unclear whether this coordinating mechanism was still active during assessment. In other words, Georgia lags quite behind in the area of representation of relevant stakeholders in bodies that ensure accountability of the state agencies when dealing with social protection and healthcare measures.

CONCLUSION

This study essentially investigated the degree of social protection that is guaranteed to PLHIV, as well as risk groups, gay and bisexual MSM and trans* people, when they try to access state-run and private programmes of healthcare and support. At the outset of the assessment exercise, we suggested that Georgian policies may be very well inclusive on paper but rather discriminatory in practice. Our team of 25 experts from state agencies, international institutions and community organizations identified many relevant healthcare and social protection schemes and programmes that gay and bisexual MSM and trans* people could use for their benefit and once they are in need. However, the result of their assessment is that these programmes are not sensitive to our key vulnerable populations neither on paper, nor in practice. Only a limited number of programmes — those directly related to HIV — mention risk groups, while other documents lack any awareness about vulnerable groups outside of Soviet taxonomy of welfare categories (people with disability, war veterans, needy families).

The results of this assessment show that Georgia secured many measures to support people in need. The state is ready to provide free healthcare for eligible groups, cover urgent medical needs for those who need it, handle modest cash flows in case of inability to pay the bills, waive college fees and provide shelter. However, procedures to get the help are complicated and lengthy. Many policies sound better on paper than they are in practice, especially when additional costs need to be borne by receivers of the state support on their own. Besides, as these policies and programmes are implemented by state officials on the ground, they might unconsciously or consciously exhibit signs of discrimination and prejudice. This is especially so in relation to gay and bisexual MSM and trans* people.

One of the possible solutions is to protect oneself at one's own expense. Private healthcare (as well as housing, transportation, etc.) is offered on the Georgian market. However, our experts identified no attempts at sensitivity of healthcare insurance policies from private companies. On the contrary, what was found is no awareness about specific needs that gay and bisexual MSM and trans* people may have in relation to healthcare. Thus, STI detection and treatment is not covered by private healthcare insurance companies. Trans*-related medical procedures are not covered, neither. Yet, this is only relevant for those gay and bisexual MSM and trans* individuals who actually have enough money to even consider a private medical insurance which is a rare case in Georgia. On top of this, there is little history of private medical insurance in all the post-Soviet countries, and so, many people may be unaware about how this works.

Overall, we found no evidence of sensitivity of Georgian social protection system in relation to the needs of gay and bisexual MSM and trans* people. There is a limited area of social support related to HIV where gay and bisexual MSM and trans* people may experience greater inclusion as risk groups. In this area, there are attempts to organize collective decision-making and consultation bodies where relevant stakeholders can be represented. Outside of this dedicated area, no sensitivity to vulnerable populations of our interest appears to exist.

RECOMMENDATIONS

The assessment results in many specific recommendations that can be reviewed in Appendices as corresponding to each of the reviewed policies. In this last section of the report, we present generalized recommendations broken down in groups. These recommendations can assist in furthering sensitivity of the Georgian social protection system as a whole and can serve as a source of indicative problematic areas that must be addressed in the future.

SENSITIVITY TRAININGS

Government officials, welfare officers, municipalities staff, medical personal and nurses, other relevant professionals who deal with vulnerable populations by facilitating provision of healthcare services or administering social protection measures to them should be properly trained on LGBTQI+ issues, including on the principles of confidentiality of information about one's sexual orientation or gender identity, HIV status, outing, bullying, etc.

INTRODUCE RELEVANT POLICIES

State institutions, medical institutions, private companies should introduce policies that stress confidentiality principles about their clients' sexuality, gender identity or health status; anti-discrimination policies protecting their staff and clients from prejudice based on their sexual orientation, gender identity or HIV status; anti-bullying policies, protocols, guidelines and departments to protect staff and clients from bullying based on sexual orientation, gender identity and expression, and HIV status.

INFORMATION CAMPAIGNS

Community organizations, state services, municipalities should design and conduct informational campaigns to raise awareness among gay and bisexual MSM and trans* people about healthcare and social protection services available to them, as well as among their staff about patient rights in relation to LGBTQI+ sensitivity.

Separate informational campaigns should target gay and bisexual MSM and trans* people who reside in Georgia but are stateless or are nationals of other countries to raise their awareness about healthcare and social protection services available to them.

Teachers at schools, colleges and universities should be introduced to anti-bullying trainings to ensure that they can facilitate sensitive to LGBTQI+ issues studying environment.

REFORM SOCIAL PROTECTION SYSTEM

The Georgian government should revise eligibility criteria and procedures of existent healthcare and social protection services to make them LGBTQI+ sensitive and to expand old-fashioned Soviet welfare taxonomy with contemporary categories of vulnerability to target people who are in real need.

Specific concerns about each policy or programme are available in Appendices and include, for example: remove procedure of inquiries among neighbours about social protection applicants as harmful act of outing; make HIV services accessible by decentralizing service provision and making it available at various clinics around the country; simplify procedures; remove the ID requirements for trans* people; making initial screenings that serve as a requirement to access a free service also free; remove permanent residence address requirement to obtain medical service through state insurance; etc.

SOCIAL PROTECTION INNOVATIONS

The Georgian government should initiate adoption of new laws and policies that provide for gender reassignment procedures in line with best practices and human rights; make HIV medications for HIV positive migrants available freely; incentivize employers to pay for medical insurance of their employees; obligate private insurance companies to cover STIs and add trans*-specific healthcare needs to their packages; legally recognize same-sex partnerships for the purposes of health insurance.

Civil society, community and international organizations should unite in support of these innovations by conducting campaigns and awareness raising.

EXPAND SOCIAL PROTECTION SERVICES

The Georgian government and municipalities should add LGBTQI+ sensitive services (such as psychological support) to the existing social protection system; open LGBTQI+ sensitive shelter for homeless people; add transport routes that can facilitate access to social protection services across the country.

ENHANCE TRANSPARENCY OF SOCIAL PROTECTION OPERATION

The Georgian government should establish decision-making protocols and guidelines, as well as adopt relevant legislation, that ensure transparency of operating healthcare and social protection programmes by including the representatives of populations to whom these programmes are served. Consultation and decision-making bodies that include relevant stakeholders should operate to make sure that social protection programmes remain adequate and reaching out the needy people.

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- ———. 'UNAIDS Terminology Guidelines - 2015'. Geneva: UNAIDS, n.d.

Appendix 1. Availability of health schemes

2.10 Are the following health schemes operational in your country? (Mark all that apply)	**2.11 Is the scheme operational?**		**2.12 If yes in 2.11 write the name of the scheme.** Otherwise skip to next row.	**2.13 What is the target population of the scheme?** (Select all that apply) Children, orphans and vulnerable children, men, women, pregnant women, pensioners, homeless people, poor and vulnerable people, rural populations, widows, transgender people, people living with HIV, people with TB, refugees, displaced people, migrants, formally employed workers, informal employed workers, other, NA.	**2.14 What is the age group of the target population?** (List all that applies) x in years 1. (<4) 2. (5<x<9) 3. (10<x<14) 4. (15<x<19) 5. (20<x<24) 6. (25<x<29) 7. (30<x<34) 8. (35<x<40) 9. (40<x<59) 10. (x>60) 11. All age groups	**2.15 Where applicable, what is the amount of the benefit, period, and time frame of the scheme?**		**2.16 What is the name of the implementing agencie(s)?**
	2.11a Yes	**2.11b** No				**2.15a** GEL	**2.15b** USD	
1. Taxation/ government financing that offers free health services at point of use	X		1. State Program for Elimination of Hepatitis C 2. HIV / AIDS State Program 3. State Program of Drug Addiction 4. Mental health state program 5. Providing Special Medicines 6. Medications for Early Breast Cancer 7. TB Management 8. Dialysis and Renal Transplantation	1. People living with C hepatitis 2. People living with HIV, prisoners, irrespective of the official ID documentation 3. Drug users 4. All citizens (in some cases — foreign citizens and permanent residents)	1. 11 2. 11 3. 11 4. 11 5. Various (see target populations) 6. 11 7. 11 8. 11 9. 11 10. 11	1. Full coverage 2. Full coverage 3. Full coverage 4. Full coverage 5. Full coverage 6. Free medical services and 80% of medication covered (in case of socially vulnerable families, state covers 100% of medicine costs)	1. N/A 2. N/A 3. N/A 4. N/A 5. N/A 6. N/A 7. N/A 8. Up to approx. $ 6369,43 9. N/A 10. N/A	Ministry of Labour, Health and Social Affairs

			9. Urgent Emergency Assistance and Medical Transportation 10. Palliative Care of Incurable Patients	5. Children and adults with diabetes, drug users, blind people, people in need of immunosuppressive medications after transplants, pregnant women within the component of antenatal supervision, people suffering from rare diseases (including for those suffering from hemophilia, food additives for phenylketonuria patients, for mucoviscidosis patients, for children under 18 years of age with Bruton's disease, for patients with growth hormone deficiency and turner syndrome, for children under the age of 18 who are suffering from juvenile arthritis, for those suffering from thalassemia), patients suffering from incurable diseases 6. For patients with HER2-positive breast cancer, at I-III stage 7. People with TB 8. Georgian citizens suffering from terminal renal impairment 9. Citizens of Georgia, persons living permanently in Georgia and persons living on the occupied territory of Georgia, persons on the territory of Georgia 10. Incurable patients who are the citizens of Georgia and are registered in Tbilisi, Kutaisi, Telavi, Zugdidi, Ozurgeti and Gori.		7. Full coverage 8. Full coverage / renal transplantation – up to GEL 20.000 9. Full coverage 10. Outpatient care is free of charge only for incurable citizens of Georgia • The cost of bed covered 70% • For students and citizens of Georgia with sharply expressed disability — 80% • For pension age persons — 90%		
2. Mandatory/ social insurance that targets specific population groups	X		Universal Health Care (UHC) Program	Citizens of Georgia, stateless people, persons with a neutral ID and a neutral travel document, as well as the individuals with the refugee and humanitarian status, asylum seekers earning less than GEL 40.000 a year.	11			Ministry of Labour, Health and Social Affairs

3. Voluntary health insurance	X		Private insurance companies offer health insurance packages					
4.Community-based health insurance		X						
5. Other health-care financing (Direct Reimbursements)	X		Social and Medical Assistance Programs (operated by municipalities)	- Persons registered in the unified database of socially vulnerable families, whose rating score* does not exceed 70,000; - Persons registered in the unified database of socially vulnerable families, whose rating score is 70,000-100,000; - Members of large families (3 and more children) registered in the unified database of socially vulnerable families, whose rating score is from 100,000 to 200,001; - Minors with severe or significant disabilities or with disabilities and their family members; - Veteran registered in the State Service of Veterans Affairs, a legal entity under public law; - A person with the status of lost a bread-winner; - Honored public figure, a person with the title of honorary citizen of Tbilisi or the status of a caregiver of Tbilisi; - Persons who, due to financial situation, need assistance on the basis of their own application.	11			Tbilisi City Hall and some Municipalities

In-kind schemes								
6. Short-term housing		X						
7. Feeding programme		X						
8. Transport scheme	X			1. Blind people registered in the capital and the person accompanying them on the move 2. Veterans of the World War II registered in the capital and persons equal to them 3. Veterans of combat operations for the territorial integrity of Georgia registered in the capital and persons equal to them 4. Veterans of combat operations on the territory of other states registered in the capital and persons equal to them 5. Veterans of the military forces registered in the capital 6. Family members of those deceased during World War II, Georgia's territorial integrity and other states' hostilities registered in the capital 7. Pupils of general education institutions located within the administrative boundaries of the capital 8. Inspectors of the Tbilisi Main Division of the Ministry of Internal Affairs of Georgia 9. 70,000 citizens registered in the state database of socially vulnerable families and citizens with low rating score living in Tbilisi 10. Students of licensed and accredited higher and vocational education institutions located within the administrative boundaries of the capital	11	1 – 8 - Free 9 – 10 Tetri 10 – 19 – 20 Tetri	9 - 0,3 USD 10 - 19 – 0,6 USD	Tbilisi City Hall

				11. Staff of preschool institutions, located within the administrative boundaries of the capital and funded by Tbilisi City Hall 12. Employees of public secondary education institutions located within the administrative boundaries of the capital 13. Employees of vocational education institutions located within the administrative boundaries of the capital 14. Victims of the Peaceful Protest Rally demanding Georgia's independence in Tbilisi on April 9, 1989 and Family members of the victims which are registered in the capital 15. Pensioners defined by the Law of Georgia on «About State Pension» registered in the capital 16. Students of Tbilisi Theological Academy and Seminary of the Patriarchate of Georgia 17. District doctors, pediatricians and family doctors employed in polyclinics owned by the Tbilisi self-governing unit 18. Resource officers working in educational institutions located within the administrative boundaries of the capital 19. Social Agents and Social Workers employed by the Social Service Agency in Tbilisi				

* Rating scores are indicators used by the government as an indirect method of assessing the level of welfare of the population.

Sources (Please fill in the source of your information for each scheme below):	
1. Taxation/ government financing that offers free health services at point of use	Ministry of Labour, Health and Social Affairs of Georgia Accessible online at https://www.moh.gov.ge/uploads/files/2019/Failebi/HSP.pdf
2. Mandatory/ social insurance that targets specific population groups	Ministry of Labour, Health and Social Affairs of Georgia Accessible online at https://www.moh.gov.ge/uploads/files/2019/Failebi/HSP.pdf
3. Voluntary health insurance	Response letters from the 3 biggest commercial insurance companies (GPC, Ardi, and Irao)
4. Community- based health insurance	
5. Other health- care financing (Direct Reimbursements)	Tbilisi City Hall, Accessible online at https://tbilisi.gov.ge/img/original/2021/3/12/02_komisiebi.docx McLain Association for Children, Georgia; Accessible online at https://macgeorgia.org/en/what-we-do/resources/social-services-agency/
In-kind schemes	
6. Short-term housing	
7. Feeding programme	
8. Transport scheme	Tbilisi Transport Company, http://ttc.com.ge/en/tariff/50
9. Other in-kind support (specify)	

Appendix 2. Sensitivity of healthcare services to gay and bisexual MSM

2.20 This section relates to the health schemes you identified as operational in 2.10 (Mark all that apply, if not go to question 3)	**2.20 Is population (1) identified in 2.0 facing the most barriers in accessing particular health schemes?** (Write name of scheme and check all barriers)								**2.21 What can be done to include this population in health financing schemes?**				
	2.20a Yes	2.20b No	2.20c Name of scheme	2.20d Barrier 1	2.20e Barrier 2	2.20f Barrier 3	2.20g Barrier 4	2.20h Any other barrier	2.21a What (Activity 1) can be done to remove barrier 1?	2.21b What (Activity 2) can be done to remove barrier 2?	2.21c What (Activity 3) can be done to remove barrier 3?	2.21d What (Activity 4) can be done to remove barrier 4?	2.21e What (Activity 5) can be done to remove barrier 5?
1. Taxation/ government financing that offers free health services at point of use	X		HIV / AIDS state program	Stigma during service provision, such as lack of confidentiality and lack of sensitivity of personnel – Beneficiary's names and other private information is not handled with care and their confidentiality is oftentimes breached; the staff oftentimes uses inappropriate terminology	**1.** Lack of information on availability of the program among LGBTQI community, especially among migrant MSM **2.** No availability for migrant HIV positive MSMs to receive medications for free	Lack of additional supportive psychosocial rehabilitation services for ensuring continued retention: when a beneficiary has several challenges at the same time (for example, when a person is HIV positive, and has mental conditions at the same time, or is residing in violent household, or is experiencing other health	Complicated procedure – beneficiaries are unable to receive doses of drugs for several months		**1.** Train AIDS Center personnel in LGBTQI issues and confidentiality principles **2.** Adopt confidentiality policy at the AIDS Center **3.** Decentralize HIV service provision and make it available at various clinics around the country	**1.** Raise awareness among LGBTQI community, especially among migrant MSM **2.** Make HIV medications for HIV positive migrant MSMs available freely	Create supportive rehabilitation services through multidisciplinary team: at minimum – social worker and psychologist/ psychiatrist	Simplify procedures by allowing HIV treatment participants to receive doses sufficient for 3 months	

						prob-lems, or is homeless, etc.), these challenges intersect and create barriers to reten-tion in the program. In such cases, a social worker needs to do an indi-vidualized in-depth analysis of the needs and facili-tate access to several programs at the same time							
	X		C Hepati-tis Elim-ination Program,	Poverty: medical ex-aminations are expen-sive prior to becoming eligible to enroll in the program	Frequent cases of not informing C hepatitis positive people about the outcome of their status after testing	Lack of additional supportive psychoso-cial reha-bilitation services for ensuring continued retention	Lack of availability of services in regions	Stigma and discrim-ination, including during service provision, such as lack of confiden-tiality and lack of sensi-tivity of personnel	Financial support – making initial screenings free	**1.** Train personnel on the im-portance of inform-ing the patients regard-ing their status/ results **2.** In-troduce adequate confi-dentiality policy	Create supportive psychoso-cial reha-bilitation services through multidis-ciplinary team	Add services through-out Georgia in a geo-graphically balanced manner	Train personnel on LGBTQI issues Adopt con-fidentiality policy

	X		State Program of Drug Addiction	Stigma and discriminative attitudes from personnel and other service users creating a hostile/ unwelcoming atmosphere	Lack of transparent eligibility criteria and decision-making process	Complicated procedures – big waiting lines and lack of availability to receive doses sufficient for several months	Lack of information among MSM on the service availability	Criminalization of drug use (fear of legal repercussions)	**1.** Train personnel to sensitize them on LGBTQI issues **2.** Establish anti-discrimination policy	Establish decision-making protocol / guideline	Simplify procedures – provide doses for several days	Increase awareness among MSM on availability of the service	Decriminalize use of drugs
	X		Mental health state program	Service is short and insufficient	Lack of additional supportive services	Discrimination and stigma: Lack of confidentiality during the service intake as well as at pharmacies to obtain medication	Requirement to pay additional fees		Improve service quality / train personnel	Create supportive services through multidisciplinary team	Simplify procedures, remove the need for IDs, establish confidentiality policies	**1.** Address poverty and inequality **2.** Include under fully covered services	
	X		Providing Special Medicines	High costs for devices and strips (not covered for Diabetes Type 1)					Make the devices and strips free				
	X		Medications for Early Breast Cancer	No information available									

	X		TB Management	Transportation problem – central TB center, which has several services unavailable in other TB clinics, is on Khudadov street, which is hard to reach	Stigma and discrimination - lack of confidentiality	Lack of qualification on TB among family doctors which results in belated diagnosis and referrals to TB center	Complicated procedures: requirement to videotape intake of medications	Lack of supportive services	Add services to other TB clinics	Establish confidentiality policies	Train family doctors, especially on extrapulmonary tuberculosis	Simplify procedure	Create supportive services through multidisciplinary team
	X		Dialysis and Renal Transplantation	Service is almost non-existent: vague procedures and/ or lack of regulations regarding transplantation, extensive waiting periods	High cost of preliminary examinations				Create and / or improve donation - transplantation policy	Make preliminary examinations free			
	X		Urgent Emergency Assistance and Medical Transportation	Lack of personnel (especially during COVID)					Add personnel				

	X		Palliative Care of Incurable Patients	Complicated procedures, frequent attempts by officials to get rid of the patient by never-ending referrals	Lack of information among MSM				Train personnel and simplify procedure	Raise awareness among MSM			
	X		Screening of prostate cancer	Age limit (50+)	Lack of information among MSM				Reduce age limit	Raise awareness among MSM			
2. Mandatory/ social insurance that targets specific population groups	X		Universal Health Care	Eligibility – low income is sufficient to become ineligible	Complicated procedures – frequently MSM people change their home addresses (including people from regions coming to the capital) and the need to be registered at a certain hospital based on the address makes services inaccessible	Stigma and discrimination among personnel	**1.** Complicated and long procedures **2.** Frequently insurance is not enough to cover all medical needs and medical staff does not intake such patients neither tells them about other opportunities to finance their medical needs	High out of pocket expenses	Improve eligibility criteria regarding income	Simplify procedure by removing address dependent requirement to obtain medical service through state insurance	Train personnel on LGBTQI issues	Simplify procedure, shorten waiting periods Train personnel and distribute information on patient rights	Increase coverage percentages for vulnerable groups

3. Voluntary health insurance	X		Private		MSM cannot obtain same family packages due to lack of same sex relationship legal recognition	High costs	Doesn't cover STIs			Legally recognize same sex partnerships	Obligate employers to pay for medical insurance of their employees	Obligate private insurances to cover STI	
4. Community- based health insurance	X												
5. Other health- care financing (specify)	X		Social and Medical Assistance Programs (operated by municipalities)	Lack of information among MSM	Lack of trust towards state institutions / fear of stigma and discrimination	Vague procedures and criteria	Long waiting periods			Raise awareness among MSM	Train personnel	Establish transparent policies, guidelines, and procedures	
In-kind schemes													
6. Short-term housing		X											
7. Feeding programme		X											
8. Transport scheme		X											
9. Other in-kind support (specify)		X											

Sources (Please fill in the source of your information for each scheme below):	
1. Taxation/ government financing that offers free health services at point of use	CCM Georgia, GEORGIA HIV/AIDS NATIONAL STRATEGIC PLAN 2019 – 2022 Available at: http://www.georgia-ccm.ge/wp-content/uploads/Georgia-HIV-AIDS-National-Strategic-Plan-2019-20222.pdf
2. Mandatory/ social insurance that targets specific population groups	Group discussion EMC, Социальная изоляция ЛГБТ в Грузии, 2020 Доступ по ссылке: https://socialjustice.org.ge/uploads/products/pdf/Social_Exclusion_of_LGBTQ_Group_1612128635.pdf
3. Voluntary health insurance	Group discussion EMC, Social Exclusion of LGBTQ Group in Georgia, 2020 Available at: https://socialjustice.org.ge/uploads/products/pdf/Social_Exclusion_of_LGBTQ_Group_1612128635.pdf
4. Community- based health insurance	Group discussion
5. Other health- care financing (specify)	Group discussion
In-kind schemes	
6. Short-term housing	Group discussion
7. Feeding programme	Group discussion
8. Transport scheme	Group discussion
9. Other in-kind support (specify)	Group discussion

Appendix 3. Sensitivity of healthcare services to trans people*

2.30 This section relates to the health schemes you identified as operational in 2.10 (Mark all that apply; if not go to question 3)	**2.30 Is population identified in 2.0 facing the most barriers in accessing particular health schemes?** (Write name of scheme and check all reasons for barriers)								**2.31 What can be done to include this population in health schemes?**				
	2.30a Yes	2.30b No	2.30c Name of scheme	2.30d Barrier 1	2.30e Barrier 2	2.30f Barrier 3	2.30g Barrier 4	2.30h Any other barrier	2.31a What (Activity 1) can be done to remove barrier 1?	2.31b What (Activity 2) can be done to remove barrier 2?	2.31c What (Activity 3) can be done to remove barrier 3?	2.31d What (Activity 4) can be done to remove barrier 4?	2.31e What (Activity 5) can be done to remove barrier 5?
1. Taxation/ government financing that offers free health services at point of use	X		HIV / AIDS state program	Stigma and discrimination, including during service provision, such as lack of confidentiality and lack of sensitivity of personnel	**1.** Lack of information among LGBTQI community, especially among migrant trans* individuals **2.** No availability for migrant HIV positive trans* people to receive medications for freea	Lack of additional supportive services for ensuring continued participation	Complicated procedure - Lack of availability to receive doses for several months		**1.** Train personnel in LGBTQI issues and confidentiality principles **2.** Adopt confidentiality policy **3.** Decentralize HIV service provision and make it available at various clinics around the country	**1.** Raise awareness among LGBTQI community, especially among migrant trans* individuals **2.** Make HIV medications for HIV positive migrant trans* people available freely	Create supportive services through multidisciplinary team	Simplify procedures by allowing HIV treatment participants to receive doses sufficient for 3 months	

X		C Hepatitis Elimination Program	Poverty and inequality: medical examinations are expensive prior to becoming eligible to enroll in the program	Frequent cases of not informing C hepatitis positive people about the outcome of their status after testing	Lack of additional supportive services for ensuring continued participation	Lack of availability of services in regions	Stigma and discrimination, including during service provision, such as lack of confidentiality and lack of sensitivity of personnel	Financial support – making initial screenings free	Train personnel	Create supportive services through multidisciplinary team	Add services in regions	Train personnel on LGBTQI issues
X		State Program of Drug Addiction	Stigma and discrimination n from personnel and other service users	Lack of transparent eligibility criteria and decision-making process	Complicated procedures – big waiting lines and lack of availability to receive doses sufficient for several doses	Lack of information among trans* individuals	Criminalization of drug use (fear of legal repercussions)	Train personnel and establish antidiscrimination policy	Establish decision-making protocol / guideline	Simplify procedures – provide doses for several days	Increase awareness among trans* individuals	Decriminalize use of drugs
X		Mental health state program	Service is short and insufficient	Lack of additional supportive services	Discrimination and stigma: Lack of confidentiality during the service intake as well as at pharmacies to obtain medication	Requirement to pay additional fees		Improve service quality / train personnel	Create supportive services through multidisciplinary team	Simplify procedures, remove the need for IDs, establish confidentiality policies	Address poverty and inequality	

X		Providing Special Medicines	High costs for devices and strips (not covered for Diabetes Type 1)					Make the devices and strips free				
X		Medications for Early Breast Cancer	No information available									
X		TB Management	Transportation problem – central TB center, which has several services unavailable in other TB clinics, is on Khudadov street, which is hard to reach	Stigma and discrimination - lack of confidentiality	Lack of qualification on TB among family doctors which results in belated diagnosis and referrals to TB center	Complicated procedures: requirement to videotape intake of medications	Lack of supportive services	Add services to other TB clinics	Establish confidentiality policies	Train family doctors, especially on extrapulmonary tuberculosis	Simplify procedure	Create supportive services through multidisciplinary team
X		Dialysis and Renal Transplantation	Service is almost non-existent: vague procedures and/or lack of regulations regarding transplantation, extensive waiting periods	High cost of preliminary examinations				Create and / or improve donation - transplantation policy	Make preliminary examinations free			

	X		Urgent Emergency Assistance and Medical Transportation	Lack of personnel (especially during COVID)	Stigma and discrimination				Add personnel	Train personnel on trans* issues			
	X		Palliative Care of Incurable Patients	Complicated procedures, frequent attempts by officials to get rid of the patient by never-ending referrals	Lack of information among trans* individuals				Train personnel and simplify procedure	Raise awareness among trans* individuals			
	X		Screening of prostate cancer	Age limit (50+)	Lack of information among trans* individuals				Reduce age limit	Raise awareness among trans* individuals			
2. Mandatory/ social insurance that targets specific population groups	X		Universal Health Care	Eligibility – low income is sufficient to become ineligible	Complicated procedures – frequently trans* individuals people change their home addresses (including people from regions coming to the capital) and the need to be registered at a certain hospital based on	Stigma and discrimination among personnel	**1.** Complicated and long procedures **2.** Frequently insurance is not enough to cover all medical needs and medical staff does not intake such patients neither tells them about	Lack of trans specific health needs coverage	Improve eligibility criteria regarding income	Simplify procedure by removing address dependent requirement to obtain medical service through state insurance	Train personnel on LGBTQI issues	Simplify procedure, shorten waiting periods Train personnel and distribute information on patient rights	Establish trans specific healthcare guideline and add it to the existing package

					the address makes services inaccessible		other opportunities to finance their medical needs						
3. Voluntary health insurance	X	Private		Trans* individuals cannot obtain same family packages due to lack of same sex relationship legal recognition	High costs	Doesn't cover STIs	Doesn't cover trans specific healthcare needs		Adopt legal gender reassignment procedures in line with best practices and human rights	Obligate employers to pay for medical insurance of their employees	Obligate private insurances to cover STI	Obligate to incorporate trans specific health needs	
4. Community- based health insurance		X											
5. Other health- care financing (specify)	X		Social and Medical Assistance Programs (operated by municipalities)	Lack of information among trans* individuals	Lack of trust towards state institutions / fear of stigma and discrimination	Vague procedures and criteria	Long waiting periods			Raise awareness among trans* individuals	Train personnel	Establish transparent policies, guidelines, and procedures	
In-kind schemes													
6. Short-term housing		X											
7. Feeding programme		X											
8. Transport scheme		X											
9. Other in-kind support (specify)		X											

Sources (Please fill in the source of your information for each scheme below):	
1. Taxation/ government financing that offers free health services at point of use	GEORGIA HIV/AIDS NATIONAL STRATEGIC PLAN 2019 – 2022 Available at: http://www.georgia-ccm.ge/wp-content/uploads/Georgia-HIV-AIDS-National-Strategic-Plan-2019-20222.pdf EMC, Social Exclusion of LGBTQ Group in Georgia, 2020 Available at: https://socialjustice.org.ge/uploads/products/pdf/Social_Exclusion_of_LGBTQ_Group_1612128635.pdf
2. Mandatory/ social insurance that targets specific population groups	Group discussion EMC, Social Exclusion of LGBTQ Group in Georgia, 2020 Available at: https://socialjustice.org.ge/uploads/products/pdf/Social_Exclusion_of_LGBTQ_Group_1612128635.pdf
3. Voluntary health insurance	Group discussion
4. Community- based health insurance	Group discussion
5. Other health- care financing (specify)	Group discussion EMC, Social Exclusion of LGBTQ Group in Georgia, 2020 Available at: https://socialjustice.org.ge/uploads/products/pdf/Social_Exclusion_of_LGBTQ_Group_1612128635.pdf
In-kind schemes	
6. Short-term housing	Group discussion
7. Feeding programme	Group discussion
8. Transport scheme	Group discussion
9. Other in-kind support (specify)	Group discussion

Appendix 4. Availability of social protection schemes (excluding health schemes)

3.10 Are any of the following programmes operational in your country? (Mark all that apply)	**3.10 Is the programme operational?**		**3.11 If yes in 3.10, write the name of the programme; otherwise skip to next row**	**3.12 What is the target population of the programme?**	**3.13 What is the age group of the target population** (list all that apply) (years) 1. (<4); 2. (5-9); 3. (10-14); 4. (15-19); 5. (20-24); 6. (25-29); 7. (30-34); 8. (35-39); 9. (40-59); 10. (>60); 11. All age groups	**3.14 What is the amount of the benefit of the programme per month?**		**3.15 What is the name of the implementing agency(ies)?**
	3.10a Yes	3.10b No				3.14a Local currency	3.14b US dollars	
1. Conditional cash transfer	X		1. Social allowance	Families with a rating score of 120 001-less	11	• Family with a rating score of less than 30,001 - subsistence allowance is set at 60 GEL for all family members; • Family with a rating score of 30,001 or more but less than 57,001 points - subsistence allowance is set at GEL 50 for all family members; • Family with a rating score of 57,001 or more but less than 60,001 points - subsistence allowance is set at 40 GEL for all family members; • Family with a rating score of 60,001 or more but less than 65,001 points - subsistence allowance is set at 30 GEL for all family members; • Families with a rating score of 120 001-less will earn GEL 100 per family member who is above 16	• 20 • 17 • 13 • 10 • 32	Social Service Agency

2. Unconditional cash transfer	X		1. Household subsidies 2. Social Package for persons who lost breadwinners 3. Social Package for persons with disabilities 4. Monthly assistance for each child under 18 years of age for socially vulnerable large families (Tbilisi) 5. One-time assistance for citizens who have reached 100 years of age (Tbilisi) 6. Assistance to socially vulnerable persons under 18 years of age with disabilities (Tbilisi) 7. Assistance to socially vulnerable people with severe disabilities — blind (Tbilisi) 8. Home care co-financing (Tbilisi)			These social protection focus on very specific groups, such as war veterans, former survivors of political repression, former high state officials and their family members		Social Service Agency
3. Scholarships		X						
4. Fee waivers	X		1. Program of student's social assistance 2. State Tuition Grant 3. Funding education of socially vulnerable students at the National Palace of Student Youth (Tbilisi) 4. Funding for the education of socially vulnerable students in art schools (Tbilisi) 5. Funding for the education of socially vulnerable students in sports schools and swimming pools (Tbilisi)	1. Students coming from conflict territories, students residing in high mountainous regions, students residing in specified villages, students who are family members of veterans, orphans, students who are under the state care, those who have a status of socially vulnerable and have less than 70,000 points, students with autism	4 & 5	1. Full tuition waiver at accredited universities 2. 100%, 70%, and 50% tuition waver grants at accredited universities 3. Various: GEL 25 – 50 4. Maximum GEL 40 5. Various: GEL 30 - 50	3. 8 - 17 4. 12 5. 10 - 17	1-2: Ministry of Education and Science of Georgia 3-5: Tbilisi City Hall

				2. Students who have passed National Exams and have received high evaluation points 3. Tbilisi registered students under 18 who are socially vulnerable and have points less than 70,000 4. Tbilisi registered students under 18 who are socially vulnerable and have points less than 70,000 5. Tbilisi registered students under 18 who are socially vulnerable and have points less than 70,000				
5. Food and nutrition programmes		X						
6. Public works programmes		X						
7. Emergency support	X							
8. Non-contributory pensions	X		State Pension	Men over 65 and women over 60	10	GEL 240 in general GEL 275 for pensioners over 70	77 88	Social Service Agency
9. Other regular cash payment		X						

In-kind schemes								
10. Housing subsidies	X		1. Bill subsidies (Tbilisi) 2.. Registration of homeless people in the territory of and provision of shelter / housing (Tbilisi and other municipalities)	1. Tbilisi registered socially vulnerable families who have points less than 200.000 2. Tbilisi registered homeless individuals	11	1. Up to GEL 106	1. 63	
11. In-school feeding		X						
12. School block grants		X						
13. Transport	X		Production of cards in service centers (initialization) for transportation at a reduced cost	Tbilisi registered socially vulnerable individuals who have points less than 200.000	11	Fee reduction for Tbilisi transport		
14. Other	X		Supporting the lonely elderly day center	Tbilisi elderly population	10	Day center		

Sources (Please fill in the source of your information for each scheme below):	
1. Conditional cash transfer	Social Service Agency http://ssa.gov.ge/index.php?lang_id=GEO&sec_id=35
2. Unconditional cash transfer	Social Service Agency http://ssa.gov.ge/index.php?lang_id=GEO&sec_id=29 http://ssa.gov.ge/index.php?lang_id=GEO&sec_id=31
3. Scholarships	
4. Fee waivers	Ministry of Education and Science of Georgia https://www.mes.gov.ge/content.php?id=253&lang=eng и https://www.mes.gov.ge/uploads/files/435.pdf Tbilisi City Hall https://tbilisi.gov.ge/page/3294
5. Food and nutrition programmes	
6. Public works programmes	

7. Emergency support	
8. Non-contributory pensions	Social Service Agency http://ssa.gov.ge/index.php?lang_id=GEO&sec_id=23
9. Other regular cash payment	
In-kind schemes	
10. Housing subsidies	Tbilisi City Hall https://tbilisi.gov.ge/page/3294
11. In-school feeding	
12. School block grants	Tbilisi City Hall https://tbilisi.gov.ge/page/3294

Appendix 5. Sensitivity of social protection schemes to trans people*

3.40 This question relates to the programmes that you marked in 1.00 (mark all that apply; if none, go to question 2)	**3.40 Is population 2 indicated in 3.20 facing the most barriers in the programme?** (Write the name of the population and choose the barriers)							**3.41 What can be done to remove barriers facing population 1 identified in 3.20 in accessing HIV-sensitive social protection programmes?** (list from the pull-down menu what can be done to include population 1 in social protection programmes)				
	3.40a Yes	3.40b No	3.40c If yes in 3.40a, list barrier 1	3.40d If yes in 3.40a, list barrier 2	3.40e If yes in 3.40a, list barrier 3	3.40f If yes in 3.40a, list barrier 4	3.40g If yes in 3.40a, list barrier 5	3.41a What (activity 1) can be done to remove barrier 1?	3.41b What (Activity 2) can be done to remove barrier 2?	2.31c What (Activity 3) can be done to remove barrier 3?	2.31d What (Activity 4) can be done to remove barrier 4?	2.31e What (activity 5) can be done to remove barrier 5?
1. Conditional cash transfer	X		Poverty and inequality: in case of low bills, assistance might be cancelled (when vulnerable individuals have to turn off heating in fear of losing assistance)	Inadequate policy: Homeless people are ineligible to access the program	Stigma and discrimination among personnel	Complicated procedure: **1.** One month period for assessment visit (many trans* frequently change their addresses) **2.** Personnel sometimes inquiries about the applicant among neighbors which creates security obstacles as neighbors are encouraged to start	High cost of obtaining IDs (IDs are free for recipients of this assistance after official enrolment, but in order to become recipient, one needs to have an ID and those who don't have it prior to enrolment, find it hard to pay it out of pocket)	Improve eligibility criteria to include homeless persons	Remove the requirement of having a registration at the place of living	Raise awareness among personnel on LGBTQI issues	Reduce visit window periods Remove procedure of inquiries among neighbors	Assist in obtaining documents for free

						finding out information about the person themselves						
2. Unconditional cash transfer	X		No information available									
3. Scholarships		X										
4. Fee waivers	X		Stigma, discrimination and bullying at schools which deters trans* people from obtaining education	Inequality and poverty – need to pay for private repetiteurs	Poverty - lack of financial resources in the context of buying clothes and/or books.			Train teachers and school personnel on LGBTQ issues and bullying	Adopt anti-bullying policies and guidelines	Add LGBTQI sensitive services (such as social workers, psychologists)	Assist financially	
5. Food and nutrition programmes												
6. Public works programmes												
7. Emergency support												
8. Non-contributory												
9. Other regular cash payment	X		Stigma, discrimination, and safety	Shelters are far from the city center and public transport doesn't reach it	Lack of information among trans* individuals	Inadequate policy: **1.** Requirement for registration in Tbilisi	No homelessness strategy exists	Train personnel Open a LGBTQI specific shelter	Add transport	Increase awareness among the community	Simplify procedure – remove the requirement to be registered in Tbilisi	Create a state homelessness strategy

						2. Requirement to be present during the night, which makes the shelter inaccessible for trans* individuals engaged in (survival) sex work					Remove the requirement to be present at the shelter during certain hours during night	
In-kind schemes												
10. Housing subsidies	X		Inadequate/ exclusive policy – mostly oriented at cis women who are victims of domestic violence					Simplify procedure and allow victims of other types of violence to be admitted	Recognize same sex relationships	Allow trans individuals to change their sex marker in their official documents without unnecessary medical or other types of interventions		
11. In-school feeding												
12. School block grants												
13. Teacher support		X	No information available									
14. Other in-kind support		X	No information available									

Sources (Please fill in the source of your information for each scheme below):	
1. Conditional cash transfer	Group discussion EMC, Social Exclusion of LGBTQ Group in Georgia, 2020 Available at: https://socialjustice.org.ge/uploads/products/pdf/Social_Exclusion_of_LGBTQ_Group_1612128635.pdf
2. Unconditional cash transfer	Group discussion EMC, Social Exclusion of LGBTQ Group in Georgia, 2020 Available at: https://socialjustice.org.ge/uploads/products/pdf/Social_Exclusion_of_LGBTQ_Group_1612128635.pdf
3. Scholarships	
4. Fee waivers	Group discussion EMC, Social Exclusion of LGBTQ Group in Georgia, 2020 Available at: https://socialjustice.org.ge/uploads/products/pdf/Social_Exclusion_of_LGBTQ_Group_1612128635.pdf
5. Food and nutrition programmes	
6. Public works programmes	
7. Emergency support	
8. Non-contributory pensions	Group discussion
9. Other regular cash payment	Group discussion
In-kind schemes	
10. Housing subsidies	Group discussion EMC, Social Exclusion of LGBTQ Group in Georgia, 2020 Available at: https://socialjustice.org.ge/uploads/products/pdf/Social_Exclusion_of_LGBTQ_Group_1612128635.pdf
11. In-school feeding	
12. School block grants	
13. Teacher support	
14. Other in-kind support	

Appendix 6. Sensitivity of social protection schemes to gay and bisexual MSM

3.30 This question relates to the programmes that you marked in 1.00 (mark all that apply; if none, go to question 2)	**3.30 Is population 1 indicated in 3.20 facing the most barriers in accessing programmes?** (Write the name of the population and indicate the barriers)							**3.31 What can be done to remove barriers facing population 1 identified in 3.20 in accessing HIV-sensitive social protection programmes** (list from the pull-down menu what can be done to include population 1 in social protection services)				
	3.30a Yes	3.30b No	3.30c If yes in 3.30a, list barrier 1	3.30d If yes in 3.30a, list barrier 2	3.30e If yes in 3.30a, list barrier 3	3.30f If yes in 3.30a, list barrier 4	3.30g If yes in 3.30a, list barrier 5	3.31a What (Activity 1) can be done to remove barrier 1?	3.31b What (Activity 2) can be done to remove barrier 2?	3.31c What (Activity 3) can be done to remove barrier 3?	3.31d What (Activity 4) can be done to remove barrier 4?	3.31e What (Activity 5) can be done to remove barrier 5?
1. Conditional cash transfer	X		Poverty and inequality: in case of high bills, assistance might be cancelled (when vulnerable individuals have to turn off heating in fear of losing assistance)	Complicated procedure: Homeless people are ineligible to access the program due to address registration requirements	Stigma and discriminative attitudes among personnel creating hostile/ unwelcoming atmosphere	Complicated procedure: **1.** One month period for assessment visit (many MSM frequently change their addresses) **2.** Personnel sometimes inquiries about the applicant among neighbors which creates security obstacles	High cost of obtaining IDs (IDs are free for recipients of this assistance, but in order to become recipient, one needs to have an ID and those who don't have it, find it hard to pay it out of pocket)	Update eligibility criteria by increasing the amount of monthly bills beneficiary should have to be eligible for the program	Remove the requirement of having a registration	Raise awareness among personnel on LGBTQI issues	Reduce visit window periods Remove procedure of inquiries among neighbors	Assist in obtaining documents for free

2. Unconditional cash transfer	X		These social protection programs are not relevant to MSM and trans population as they focus on very specific groups, such as war veterans, former survivors of political repression, former high state officials and their family members.									
3. Scholarships		X										
4. Fee waivers	X		Stigma, discrimination and bullying at schools which deters MSM from obtaining education	Poverty – need to pay for private repetiteurs	Poverty - lack of financial resources in the context of buying clothes and/or books.			Train teachers and school personnel on LGBTQ issues and bullying Adopt anti-bullying policies and guidelines Add LGBTQI sensitive services (such as social workers, psychologists)		Assist financially		
5. Food and nutrition programmes												
6. . Public works programmes												
7. Emergency support												
8. Non-contributory pensions												

9. Other regular cash payment	X		Stigma, discrimination, and safety issues from administration and from other beneficiaries	Shelters are far from the city center and public transport doesn't reach it	Lack of information among MSM on availability of the program	Inadequate policy: **1.** Requirement for registration in Tbilisi	No state homelessness strategy exists	Train personnel Open a LGBTQI specific shelter	Add transport which will facilitate adequate access to the city	Increase awareness among the community	Update procedure – remove the requirement to be registered in Tbilisi	Create a state homelessness strategy
In-kind schemes												
10. Housing subsidies	X		Complicated/ exclusive procedure – mostly oriented at cis women who are victims of domestic violence					Simplify procedure and allow victims of other types of violence to be admitted Legally Recognize same sex relationships				
11. In-school feeding												
12. School block grants												
13. Teacher support		X	No information available									
14. Other in-kind support		X	No information available									

Sources (Please fill in the source of your information for each scheme below):	
1. Conditional cash transfer	Group discussion EMC, Social Exclusion of LGBTQ Group in Georgia, 2020 Available at: https://socialjustice.org.ge/uploads/products/pdf/Social_Exclusion_of_LGBTQ_Group_1612128635.pdf
2. Unconditional cash transfer	Group discussion EMC, Social Exclusion of LGBTQ Group in Georgia, 2020 Available at: https://socialjustice.org.ge/uploads/products/pdf/Social_Exclusion_of_LGBTQ_Group_1612128635.pdf
3. Scholarships	
4. Fee waivers	Group discussion EMC, Social Exclusion of LGBTQ Group in Georgia, 2020 Available at: https://socialjustice.org.ge/uploads/products/pdf/Social_Exclusion_of_LGBTQ_Group_1612128635.pdf
5. Food and nutrition programmes	
6. Public works programmes	
7. Emergency support	
8. Non-contributory pensions	Group discussion
9. Other regular cash payment	Group discussion
In-kind schemes	
10. Housing subsidies	Group discussion EMC, Social Exclusion of LGBTQ Group in Georgia, 2020 Available at: https://socialjustice.org.ge/uploads/products/pdf/Social_Exclusion_of_LGBTQ_Group_1612128635.pdf
11. In-school feeding	
12. School block grants	
13. Teacher support	
14. Other in-kind support	

Appendix 7. Coordination, management, and accountability mechanisms

4.00 Are there coordinating mechanisms for social protection in your district for social protection and health services?	4.1 Are coordinating mechanism operational?		4.2 If yes in 4.1, write the name of the coordinating mechanism; otherwise skip to Health services. If no coordinating mechanism for health services exists, stop.	4.3 If yes in 4.1, is the AIDS response represented in the coordinating mechanism?		4.4 If no, what can be done to include the AIDS response in the coordinating mechanism?
	4.1a Yes	4.1b No		4.3a Yes	4.3b No	
1. Social protection		X				
2. Social protection		X				
3. Social protection		X				
4. Social protection		X				
5. Social protection		X				
Health services						
6. HIV program	X		Country Coordinating Mechanism	X		
7. C Hepatitis state program	X		National Council for the Elimination of Hepatitis C		X	
8. Mental health program	X		The deliberative body of the Minister of Internally Displaced Persons from the Occupied Territories, Labor, Health and Social Affairs of Georgia - Mental Health Policy Determining Council		X	
9. Specialized medicine provision program	X		Commission established to determine the list, price and conditions of a pharmaceutical product		X	
10. TB program	X		National Council for Tuberculosis Control		X	
11. Dialysis and kidney transplantation program	X		Transplantation board		X	

Sources (Please fill in the source of your information for each scheme below):	
1. Social protection	
2. Social protection	
3. Social protection	
4. Social protection	
5. Social protection	
6. Social protection	
Health services	
7. HIV program	CCM Georgia webpage http://www.georgia-ccm.ge/?author=2&lang=en
8. C Hepatitis state program	Official letter from the Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia Letter N: 01/21444
9. Mental health program	Official letter from the Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia Letter N: 01/21444
10. Specialized medicine provision program	Official letter from the Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia Letter N: 01/21444
11. TB program	Official letter from the Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia Letter N: 01/21444
12. Dialysis and kidney transplantation program	Official letter from the Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia Letter N: 01/21444


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