



**REGIONAL SYNTHESIS REPORT ON
LGBTQI+ YOUTH SRHR
INCLUSIVENESS IN
ARMENIA, GEORGIA,
KAZAKHSTAN, KYRGYZSTAN,
AND UKRAINE**





Disclaimer

This joint regional report synthesizes findings from national LGBTQI+ Youth SRHR Inclusiveness Scorecards and narrative reports developed by country-based youth researchers and civil society organizations in Armenia, Georgia, Kazakhstan, Kyrgyzstan, and Ukraine.

The analysis reflects the perspectives, assessments, and lived experiences documented by the respective country teams and participating youth contributors at the time of data collection. While ECOM provided methodological coordination and technical support, the country-level findings remain the responsibility of the national teams.

The views and interpretations expressed in this report do not necessarily represent the official positions of ECOM, partner organizations, donors, governments, or affiliated institutions. References to national legislation and policies are included for analytical purposes within the scope of SRHR access and do not constitute formal legal analysis.

Given the evolving legal and political contexts across the region, findings should be understood as reflective of conditions during the reporting period and may not capture subsequent developments.

This report is intended to inform evidence-based dialogue, policy development, and programmatic improvement related to the sexual and reproductive health and rights of LGBTQI+ adolescents and young people.



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- *National LGBTQI+ and youth-led organizations that coordinated data collection, validation, and contextual interpretation;*
- *Community health advocates and service providers who contributed technical input;*
- *Regional partners who supported methodological development and peer review.*

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What is LGBT Youth SRHR Inclusiveness Scorecard?



There is currently no regional mechanism that systematically captures LGBT youth perspectives on SRHR inclusiveness [12]. Building on global movements such as #UPROOT Scorecards on HIV and youth-led accountability practices [1], ECOM developed a standardized LGBT Youth SRHR Inclusiveness Scorecard and a regional campaign to amplify findings.

The findings presented in this joint regional report are based on the LGBT Youth SRHR Inclusiveness Scorecard. The LGBT Youth SRHR Inclusiveness Scorecard is a youth-led accountability and community monitoring tool designed to assess how national sexual and reproductive health and rights (SRHR) systems function for LGBTQI+ adolescents and young people aged 15–29. The Scorecard was designed in response to a persistent regional gap: while national HIV and SRHR strategies frequently refer to “youth” and occasionally to “key populations,” there is no systematic mechanism capturing whether these frameworks are inclusive of LGBTQI+ youth specifically [12]. As a result, structural barriers—including discriminatory legislation, lack of inclusive sexuality education, and stigma within healthcare facilities—often remain underreported in formal health monitoring systems [12]. The tool gathers qualitative and structured policy-based evidence through participatory consultations with LGBTQI+ youth and youth-focused civil society organizations. It measures the degree to which national systems are inclusive, accessible, and protective across five domains:

1. Services and Commodities
2. Information and Education
3. Facility Experience and Quality

4. Laws, Policies and Governance
5. Community Safety and Environment

Across these domains, the tool includes 29 indicators assessed through anchored scenario-based scoring on a 1–3 scale:

- 1 Exclusion: Absent, discriminatory, or legally restricted
- 2 Partial: Exists but limited, inconsistent, or stigmatized
- 3 Inclusive: Available, affirming, affordable, and accessible

Each indicator score must be supported by documented justification, including references to laws, policies, clinical guidelines, or lived experience evidence collected through youth consultations. This requirement ensures that scoring reflects not only perceptions, but verifiable structural conditions.

To enable comparability across countries, domain scores are standardized to a 10-point scale, and the overall country score represents the average of the five domains. A red-flag rule applies when criminalization or restrictive “propaganda” laws affecting LGBTQI+ youth are present, recognizing that certain legal barriers fundamentally undermine SRHR inclusiveness regardless of service availability.

Background: SRHR, Human Rights, and HIV Context in Armenia, Georgia, Kyrgyzstan, Kazakhstan, and Ukraine

Regional Context: SRHR, Human Rights, and HIV in EECA

Eastern Europe and Central Asia (EECA) remains one of the most structurally complex regions in relation to HIV and sexual and reproductive health and rights (SRHR) [12]. The HIV epidemic in the region is concentrated among key populations, particularly men who have sex with men (MSM), transgender people, and other LGBTQI+ individuals. Structural determinants—including stigma, discrimination, restrictive legislation, and shrinking civic space—continue to shape both vulnerability to HIV and access to prevention and treatment services [4,12].

Across EECA, human rights monitoring demonstrates persistent violations against LGBT people, including violence, discrimination in healthcare, and barriers to legal protection [2]. In several countries, restrictive laws and anti-LGBT political narratives contribute to marginalization and undermine inclusive health policy development. Civil society space has narrowed in parts of the region, affecting community-led HIV service delivery and advocacy [5,6].

Regional analysis of the MSM HIV cascade across Armenia, Georgia, Kazakhstan, Kyrgyzstan, and Ukraine reveals a consistent pattern: the largest gap lies in the first “95” target—knowledge of HIV status—while ART coverage and viral suppression are comparatively stronger once individuals enter care [4]. This indicates that structural barriers primarily affect testing uptake and early linkage to services.

Youth-focused initiatives across the region emphasize the importance of youth engagement in HIV and SRHR responses, recognizing that young

LGBTQI+ people face intersecting vulnerabilities related to age, stigma, and limited institutional support [12].



Armenia

In Armenia, HIV prevalence among MSM remains significant within a concentrated epidemic context. Cascade data demonstrate substantial gaps in diagnosis, despite relatively strong retention and viral suppression among those on treatment [4,10].

The National Report on Violations of the Rights of LGBT People in Armenia documents ongoing discrimination, hate speech, and barriers to healthcare access [7]. Although same-sex conduct is not criminalized, Armenia lacks comprehensive anti-discrimination legislation explicitly protecting sexual orientation and gender identity (SOGI), limiting legal recourse in cases of discrimination [7].

The MSM continuum of care analysis highlights stigma and fear of disclosure as major barriers to HIV testing, particularly in smaller cities and rural areas [10]. Community-based organizations play a critical role in outreach, peer navigation, and linkage to care; however, sustainability remains closely tied to donor funding structures.



Georgia

Georgia demonstrates comparatively stronger cascade performance among the five pilot countries, particularly in ART coverage and viral suppression [4]. However, the diagnosis gap remains below global targets.

Georgia has adopted anti-discrimination provisions inclusive of SOGI protections; however, legislative analysis indicates enforcement gaps and inconsistencies in implementation [11]. Human rights monitoring reports

continue to document hate speech, public hostility, and periodic violence against LGBTQI+ individuals [2].

Although Georgia's civic space remains more open than in some Central Asian contexts, political volatility around LGBTQI+ issues creates an unstable policy environment. Structural stigma continues to affect healthcare access, particularly outside major urban centers [2].



Kyrgyzstan

Kyrgyzstan presents one of the most restrictive environments among the five countries in terms of civic space and LGBTQI+ rights. The country has experienced significant backsliding in democratic governance and civil liberties [6], and was placed on the CIVICUS Watchlist due to restrictions on freedoms of association and expression [5].

The National Report on Violations of the Rights of LGBT People in Kyrgyzstan documents cases of violence, discrimination, police extortion, and misuse of legal provisions affecting LGBT individuals [8]. Kyrgyzstan lacks comprehensive anti-discrimination protections inclusive of SOGI, and criminalization provisions related to HIV transmission create additional legal risks for people living with HIV [8].

Cascade data indicate that Kyrgyzstan has one of the lowest proportions of MSM aware of their HIV status among the five pilot countries [4]. Although ART coverage among diagnosed individuals is relatively strong, shrinking civic space and pressure on community-based organizations threaten outreach capacity and service accessibility.



Kazakhstan

Kazakhstan has achieved high ART coverage and strong viral suppression rates among MSM who are diagnosed [4]. However, diagnosis gaps persist.

The National Report on Violations of the Rights of LGBT People in Kazakhstan documents ongoing discrimination, violence, and barriers to legal protection for LGBT individuals [9]. Kazakhstan does not have comprehensive SOGI-inclusive anti-discrimination legislation.

Research on barriers and facilitators for PrEP delivery in Kazakhstan identifies structural obstacles, including limited provider training, stigma within health services, and insufficient awareness among MSM populations [3]. Although PrEP programs are expanding, uptake remains below estimated need.

While Kazakhstan's civic space has not contracted to the same degree as Kyrgyzstan's, broader regional democratic backsliding trends remain relevant to the sustainability of community-led health interventions [6].



Ukraine

Ukraine demonstrates the strongest cascade indicators among the five pilot countries in terms of MSM awareness of HIV status and treatment retention [4]. However, the ongoing war has introduced systemic strain, displacement, and service disruption.

Despite conflict-related challenges, Ukraine maintains comparatively stronger institutional engagement of civil society in the HIV response. Nevertheless, human rights violations against LGBT individuals, including discrimination and violence, continue to be documented at the regional level [2].

War-related migration has also affected continuity of HIV treatment and access to prevention services, both within Ukraine and across neighboring countries [4]. The resilience of community-based networks has been critical in maintaining service delivery.



Cross-Country Structural Patterns




Across Armenia, Georgia, Kyrgyzstan, Kazakhstan, and Ukraine, several common structural themes emerge:

- 1** **Diagnosis Gap:** All five countries remain below the 95% target for MSM knowing their HIV status [4].
- 2** **Strong Treatment Retention:** ART coverage and viral suppression are comparatively high once individuals enter care [4,10].
- 3** **Persistent Human Rights Violations:** Violence, discrimination, and stigma remain widespread [2,7,8,9].
- 4** **Weak or Inconsistent Legal Protections:** Comprehensive SOGI-inclusive anti-discrimination frameworks are absent or weak in most countries [7,8,9,11].
- 5** **Shrinking Civic Space:** Particularly acute in Kyrgyzstan and reflected in broader regional democratic backsliding trends [5,6].
- 6** **Dependence on Civil Society:** Community-based organizations remain central to HIV service delivery and rights protection across all five contexts [2,4].

Overall, HIV outcomes in the five pilot countries are inseparable from the broader human rights and SRHR environment. Structural discrimination, legal insecurity, and civic space restrictions directly shape access to testing, prevention, treatment, and inclusive SRHR services.

Purpose and scope of the joint analysis based on the Scorecards



This joint report synthesizes findings from five national LGBTQI+ Youth SRHR Inclusiveness Scorecards and accompanying narrative reports developed in Armenia, Georgia, Kazakhstan, Kyrgyzstan, and Ukraine. The objective of the analysis is to move beyond country-level descriptions and identify systemic, cross-country patterns affecting access to sexual and reproductive health and rights (SRHR) for LGBTQI+ youth in the region, while also highlighting context-specific barriers and strengths.

Scorecard implemented through participatory processes. These included youth consultations, evidence review, and validation workshops designed to ensure that findings reflect lived realities while maintaining participant safety and confidentiality.

ECOM provided methodological guidance, training, aggregation of national data, and regional synthesis. However, country-level scoring and contextual interpretation were led by national partners, reinforcing the principle of youth ownership and accountability.

2. Overall regional picture

Across the five countries, no country reached the “inclusive” (green) threshold overall. Only Ukraine scored in the amber range (6.09), while Kyrgyzstan (5.69) remained just below the threshold. Armenia and Georgia (both 4.95) and Kazakhstan (3.95) fall clearly within the exclusionary range. Two countries (Kazakhstan and Georgia) triggered a red-flag indicator (D2 = 1), indicating the presence of legal or political measures that directly

restrict LGBTQI+ visibility, information, or organizing, significantly undermining SRHR access.

A consistent regional pattern emerges:

- Service availability (A) scores are higher than all other domains, largely due to NGO-led and donor-funded HIV and SRHR services.
- Facility experience and quality (C) is the weakest domain across all five countries, indicating that the main barrier is not only whether services exist, but how young LGBTQI+ people are treated when they attempt to access them.
- Laws, policies, and governance (D) act as a multiplier: where the legal environment is restrictive or hostile, gains in service delivery are fragile and easily reversed.

This confirms a regional trend where community systems compensate for weak or hostile state systems, but cannot fully replace them.

3. Domain-by-domain cross-country analysis

A Services and commodities: availability without security

Services and commodities represent the strongest domain across the five countries, with average scores above 6. This reflects the long-standing presence of community-based HIV services, condom and lubricant distribution, and peer-led outreach.

- Ukraine and Kyrgyzstan score highest (7.27), reflecting relatively wide NGO coverage and diversified service models.
- Armenia and Georgia score moderately (6.06), with services concentrated in capitals and major cities.

- Kazakhstan, despite some NGO provision, scores lower (4.24), reflecting limited reach and high access barriers.

However, narrative reports consistently show that service availability does not equal service security:

- Many services depend on short-term project funding.
- Access is geographically uneven, with rural and secondary cities largely excluded.
- PrEP and PEP access is inconsistent or absent in several countries.
- Gender-affirming healthcare is either unavailable, informal, or accessed through unsafe pathways.

As a result, LGBTQI+ youth often rely on informal networks, self-medication, or cross-border options, especially for trans-specific care.

B

Information and education: systemic exclusion from formal systems

Scores for Information and Education (B) remain low across all five countries, reflecting the near-total exclusion of SOGIESC-inclusive content from formal education systems.

Key regional findings:

- Comprehensive sexuality education (CSE) is either absent or explicitly excludes LGBTQI+ topics.
- Schools and universities rarely provide accurate information on sexual orientation, gender identity, or diverse SRHR needs.
- Young people rely on NGOs, social media, and peer educators as their primary information sources.

In Kazakhstan and Georgia, legal and political narratives actively discourage inclusive information, reinforcing self-censorship among

educators and health professionals. In Ukraine and Kyrgyzstan, while censorship is less explicit, institutional silence persists, leaving community actors to fill the gap.

This creates a two-tier system:

- Youth connected to LGBTQI+ organizations access reliable SRHR information.
- Youth outside these networks remain uninformed, misinformed, or exposed to stigma-based narratives.



Facility experience and quality: the most consistent barrier

Facility experience and quality (C) is the lowest-scoring domain in every country, with scores clustered around 4–4.7.

Narrative reports describe highly similar experiences:

- Fear of disclosure due to anticipated stigma.
- Health workers lacking knowledge of LGBTQI+ youth needs.
- Use of inappropriate language or moralizing attitudes.
- Absence of clear complaint or accountability mechanisms.

Even in countries with better legal frameworks (e.g. Ukraine), public healthcare facilities rarely have standardized protocols for LGBTQI+-inclusive SRHR services. As a result:

- Youth “shop” for friendly providers through informal recommendations.
- Access becomes dependent on personal connections rather than rights.
- Negative experiences discourage future care-seeking.

This domain illustrates that policy change alone is insufficient without provider-level transformation.

D **Laws, policies, and governance: decisive structural factor**

The governance domain (D) shows the greatest divergence between countries and is the key factor explaining overall score differences.

- Ukraine (6.67) benefits from a comparatively more enabling policy environment, despite implementation gaps.
- Kyrgyzstan*, Armenia, and Georgia score around 4–4.7, reflecting partial protections combined with weak enforcement.
- Kazakhstan (3.33) scores lowest, reflecting both legal gaps and restrictive practices.

In Kazakhstan and Georgia, red-flag indicators reflect legal or political conditions that:

- Restrict LGBTQI+ expression or organizing.
- Legitimize stigma through official discourse.
- Create a chilling effect on service provision and advocacy.

*Although the country team completing the Scorecard assessed indicator D2 as “Some restrictions, ambiguous enforcement,” ECOM staff consider that the more accurate classification is “Active restrictive laws,” given the existence of legislation prohibiting so-called “LGBT propaganda” among children in the country.

Narratives confirm that in such environments, even well-designed services remain precarious, as organizations must operate cautiously to avoid sanctions or harassment.



Community environment, safety, and protection: resilience under pressure

Scores for Community environment and safety (E) are moderate (4–6.7) but mask high levels of risk and resilience.

Common findings include:

- High prevalence of harassment and violence in public spaces.
- Low trust in police and justice systems.
- Limited access to shelters or crisis services for LGBTQI+ youth.

At the same time, community-based organizations provide critical protection functions, including:

- Safe spaces and peer support groups.
- Crisis hotlines and emergency assistance.
- Informal mediation and accompaniment.

In several narratives, youth explicitly describe migration or internal displacement as a safety strategy, highlighting the depth of insecurity in some contexts.

4. Country-specific patterns within the regional context

While trends are shared, country contexts shape how barriers manifest:

- Kazakhstan represents the most restrictive environment, where legal ambiguity, policing practices, and lack of inclusive education combine to severely limit access.
- Georgia shows a contradiction between service availability and legal/political hostility, resulting in unstable access and high safety concerns.

- Armenia demonstrates moderate service access but weak institutional commitment and persistent stigma.
- Kyrgyzstan shows relatively strong community service delivery, but governance weaknesses threaten sustainability.
- Ukraine, despite war and systemic strain, benefits from a comparatively enabling policy environment, allowing higher overall inclusiveness.

5. Key conclusions

1. Community systems are carrying the SRHR response for LGBTQI+ youth, but are overstretched and structurally insecure.
2. Facility-level stigma and poor quality of care are the most consistent barriers across all five countries.
3. Legal and political environments directly shape SRHR outcomes, either enabling gradual progress or neutralizing service gains.
4. Information gaps remain profound due to exclusion from formal education systems.
5. Safety concerns fundamentally condition access, particularly for trans and gender-nonconforming youth.

6. Consolidated regional recommendations

I. For Governments

1 Institutionalize LGBTQI+ Youth SRHR within National Health Systems

Governments should:

- Explicitly include LGBTQI+ adolescents and young people in:
 - National SRHR strategies
 - Adolescent health policies

- HIV and STI national action plans
- Mental health frameworks
- Develop age-specific clinical protocols that ensure:
 - Confidential SRHR services without mandatory parental disclosure where legally permissible.
 - Clear guidance for providers on working with LGBTQI+ minors.
 - Safe referral pathways for gender-affirming care (where legal), mental health support, and sexual health services.
- Remove administrative barriers that prevent youth from accessing:
 - HIV testing
 - PrEP/PEP
 - Contraception
 - STI treatment
without parental consent, in line with best-interest-of-the-child principles.
- Ensure public youth clinics display visible statements affirming:
 - Non-discrimination based on sexual orientation and gender identity.
 - Confidentiality for adolescents.

2

Strengthen Legal Protections Specifically for LGBTQI+ Youth

Governments should:

- Explicitly prohibit discrimination against minors and young people based on SOGIESC in:
 - Schools
 - Healthcare settings
 - Social services
 - Juvenile justice systems
- Introduce or strengthen:

- Anti-bullying legislation inclusive of sexual orientation and gender identity.
- Clear disciplinary procedures for school staff engaging in discriminatory practices.
- Confidential reporting systems for youth experiencing harassment in educational settings.
- Establish youth-accessible ombudsperson or complaint mechanisms that:
 - Do not require parental involvement.
 - Guarantee confidentiality and protection from retaliation.

3

Implement Inclusive Comprehensive Sexuality Education (CSE) for Adolescents

Governments should:

- Integrate SOGIESC-inclusive content into national CSE curricula starting in early adolescence.
- Ensure curricula cover:
 - Consent and bodily autonomy.
 - Diverse sexual orientations and gender identities.
 - STI/HIV prevention inclusive of same-sex behaviors.
 - Healthy relationships and prevention of gender-based violence.
- Train teachers and school psychologists specifically on:
 - Supporting LGBTQI+ students.
 - Recognizing mental health risks linked to stigma.
 - Preventing and addressing bullying.
- Monitor implementation through:
 - Youth feedback surveys.
 - Anonymous reporting channels in schools.
 - Independent oversight mechanisms.

II. For Donors and International Partners

1 Provide Multi-Year, Flexible Funding for Youth-Led LGBTQI+ SRHR Services

Donors should:

- Prioritize funding for youth-led and youth-serving LGBTQI+ organizations, not only adult-led NGOs.
- Ensure funding models include:
 - Safe spaces for adolescents.
 - Digital peer support platforms.
 - Youth outreach and mobile services in rural areas.
- Include dedicated budget lines for:
 - Youth mental health support.
 - Emergency relocation or crisis response for minors facing violence.
 - Legal aid for youth experiencing discrimination.
- Support long-term institutional capacity of youth-led movements, including governance and safeguarding systems.

2 Invest in Youth-Specific Provider Training and Quality Improvement

Donors should:

- Fund development of training modules on:
 - Adolescent confidentiality.
 - Trauma-informed care for LGBTQI+ youth.
 - Ethical engagement with minors.
- Support piloting of:
 - Youth satisfaction surveys.
 - Mystery client assessments involving young people.

- Youth advisory boards in healthcare facilities.
- Ensure monitoring frameworks disaggregate data by:
 - Age group (10–14, 15–19, 20–24).
 - Gender identity.
 - Urban/rural location.
 - And other

3 Support Youth-Led Monitoring and Accountability

Donors should:

- Fund community-led monitoring initiatives conducted by LGBTQI+ youth.
- Support digital documentation tools designed for young users, ensuring:
 - Data protection.
 - Anonymous reporting.
 - Secure case tracking.
- Integrate youth-generated data into national HIV and SRHR review processes.

III. For Civil Society Organizations

1 Strengthen Youth-Focused Referral and Protection Systems

CSOs should:

- Develop referral networks tailored to adolescents and young adults.
- Maintain confidential directories of youth-friendly providers.
- Provide accompaniment services for minors accessing health or legal services.
- Establish child safeguarding protocols within LGBTQI+ organizations.

2 Expand Safe Spaces and Crisis Response for LGBTQI+ Youth

CSOs should:

- Operate physical and virtual safe spaces specifically designed for adolescents.
- Provide:
 - Mental health counseling.
 - Peer support groups.
 - Crisis hotlines.
 - Emergency assistance for youth facing family rejection.
- Develop school outreach strategies where feasible.
- Ensure inclusion of trans, intersex, disabled, and rural youth.

3 Build Cross-Movement Youth Alliances

CSOs should:

- Partner with:
 - Youth climate movements.
 - Feminist youth groups.
 - HIV youth networks.
 - Disability youth organizations.
- Advocate jointly for:
 - Youth-inclusive anti-discrimination laws.
 - CSE reform.
 - Protection from violence.
- Ensure LGBTQI+ youth are:
 - Co-designers of programs.
 - Represented in decision-making bodies.
 - Included in national youth councils and policy consultations.

Cross-Cutting Priority

All stakeholders should ensure that:

- LGBTQI+ youth are not treated as a “subset” of adult programming.
- Policies and services recognize the specific vulnerabilities of:
 - Adolescents dependent on families.
 - Youth in school systems.
 - Young people facing housing instability.
 - Trans and gender-diverse minors.

Structural reform must combine:

1. Legal protection,
2. Age-appropriate confidential services,
3. Inclusive education,
4. Stable youth-led community infrastructure,
5. Continuous accountability grounded in youth experience.

Appendices

The following documents form the evidence base for the Joint Regional Report on LGBTQI+ Youth SRHR Inclusiveness:

Appendix 1. National Narrative Reports

- Appendix 1.1 – Narrative Report: Armenia: [Narrative Report Armenia](#)
- Appendix 1.2 – Narrative Report: Georgia: [Narrative Report Georgia](#)
- Appendix 1.3 – Narrative Report: Kazakhstan: [Narrative Report Kazakhstan](#)
- Appendix 1.4 Narrative Report: Kyrgyzstan: [Narrative Report Kyrgyzstan](#)
- Appendix 1.5 – Narrative Report: Ukraine: [Narrative Report Ukraine](#)

These narrative reports provide country-specific contextual analysis, legal and policy references, youth consultations findings, and qualitative explanations supporting the scorecard results.

Appendix 2. National Scorecards

- Appendix 2.1– LGBT Youth SRHR Inclusiveness Scorecard: Kyrgyzstan: [Scorecard Kyrgyzstan](#)
- Appendix 2.2 – LGBT Youth SRHR Inclusiveness Scorecard: Armenia: [Scorecard Armenia](#)
- Appendix 2.3 – LGBT Youth SRHR Inclusiveness Scorecard: Georgia: [Scorecard Georgia](#)
- Appendix 2.4 – LGBT Youth SRHR Inclusiveness Scorecard: Kazakhstan: [Scorecard Kazakhstan](#)
- Appendix 2.5 – LGBT Youth SRHR Inclusiveness Scorecard: Ukraine: [Scorecard Ukraine](#)

These scorecards contain domain-level scoring, indicator-level justifications, and standardized calculations forming the quantitative basis of the regional synthesis.

Appendix 3. Methodological Tools

- Appendix 3.1 – [LGBT Youth SRHR Inclusiveness Scorecard \(Automated Template Example\)](#)

This appendix includes the standardized tool template with scoring formula, traffic-light system, and red-flag rule applied across countries.

Reference:

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