**Joint submission**

**Alternative Report**

**for the 76th CEDAW Session (June 29 – July 09, 2020)**

**Situation of Women who Face Intersecting Forms of Discrimination in Kyrgyzstan**

Submitted by the CEDAW Informal Coalition: Harm Reduction Network Association, Asteria, Ganesha, Women's Network of Key Communities, Kyrgyz Indigo, Labrys, Podruga, Positive Dialogue, Prosvet, Tais Plus, Tais Plus Two, Country Network of Women Living with HIV, Country Council of Patients, Ulukman Daryger, Shah-Ayim, Lawyers for Human Rights, AFEW-Kyrgyzstan

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**Introduction**

1. The report has been prepared by the NGO Coalition consisting of organizations created by the communities of people with intersecting discrimination, organizations that provide various services to groups who face intersecting forms of discrimination and human rights organizations.
2. The report has been prepared in accordance with the articles of the Convention as well as provides information relating general recommendation #35 about violence against women who face intersecting forms of discrimination - the LBT community, women who use drugs, sex workers and women living with HIV. The report presents the issues that are both common and specific to all the four groups of women. The report also describes the consequences of the COVID-19 crisis.
3. The informal Coalition submitted to CEDAW the Alternative Follow-Up Report[[1]](#footnote-1) (2018) and the Joint Submission to Generate a List of Issues[[2]](#footnote-2) (2019).

**Article 1. Definition of Discrimination**

1. **Discriminatory legislative initiatives**
   1. Bill No. 6-11804/14 “For building a positive attitude towards non-traditional forms of sexual relations”[[3]](#footnote-3), known as the bill on “gay propaganda”, has not been recalled. In 2015, the CEDAW Committee recommended the recall of the bill.
2. **Discriminatory legislation**
   1. Women living with HIV are not eligible for adoption and guardianship under the regulation[[4]](#footnote-4) on adoption procedures.
   2. Since January 2019, new legislation has entered into force as a result of the reform. Some of the main goals of the reform are to humanize justice and to move away from repressive measures of criminal law. At the same time, humanization did not touch on articles related to drugs and HIV.
   3. In the new edition of the Criminal Code **(Article 149)[[5]](#footnote-5)**, **punishment for HIV transmission** implies correctional labor for up to 3 years, fines from 3,150 to 4,300 USD and imprisonment from 2.5 to 7 years depending on the part of the article. Any correctional labor can worsen the health status of a person living with HIV, while fines are not comparable to the average income in the country.
   4. **Punishment for the acquisition and possession of drugs without sales purpose[[6]](#footnote-6)** has been tightened. The fines have become disproportionately high in relation to average wages (221 USD[[7]](#footnote-7)), cost of living (75 USD[[8]](#footnote-8)), unemployment rate and social status of women who use drugs. For example, the mildest punishment for possessing 3.2 grams of hashish[[9]](#footnote-9) by a drug user under Article 268 of the Criminal Code[[10]](#footnote-10) is a fine of 3,500 USD. Subject to the holding of a permanent job, the person can pay off the fine on a monthly basis with on average 146 USD due every month. Given the average income, the repayment will take two (2) years. But according to Article 68 of the Criminal Code[[11]](#footnote-11), the failure to pay the fine within one (1) month doubles the amount, and if the fine is not paid off within a period longer than 2 months, the court replaces the fine with imprisonment up to 2.5 years. In fact, the criminalization of drug use has been tightened, although formally, there is no article on drug use.
   5. **At the local level, there are some provisions against sex workers that are contrary to national law.** In 2014, the Osh City Parliament adopted a decree “On the work against prostitution carried out in the city”[[12]](#footnote-12), which, among other things, requires the police to conduct monthly “anti-prostitution raids”[[13]](#footnote-13) together with the media.
3. **The discriminatory application of legislation** is accompanied not only by a violation of procedural rules, but also violence.
   1. **Women who use drugs.** Criminalization of the acquisition and possession of drugs for personal use leads to abuse by the police, and also makes it difficult and sometimes impossible to report extortion, coercion to cooperate, and refusal to provide access to state-guaranteed legal assistance. There are cases of using the withdrawal syndrome in order to obtain information, which is equivalent to the use of torture.
   2. The police take measures against **sex workers** as if there was a legal ban on sex work. Police systematically arbitrary detain sex workers, take fingerprints and enter them into a computer database, all of which are accompanied by extortion and other types of violence.
   3. According to the study “Attitude of Key Services Representatives to **LGBTI** in Kyrgyzstan” by ECOM (2018)[[14]](#footnote-14), 94% of police said that there was no place for homosexuality in society. This implies the existing stigma against LGBTI people by the police and is one of the factors of discriminatory application of the law, as well as a barrier to access to justice.
4. **Discrimination in access to justice.** Women who face violence practically cannot use legal protection tools or count on other state guarantees that are designed to protect women. In the vast majority of cases, women from all these groups rarely file official complains against violators, fearing repeated violence, pressure from the police and investigating authorities, and court bias, which ultimately leads to milder sentences against offenders.
5. **Discrimination in health care facilities**
   1. According to a 2017 study, 50% of **LBQ women** surveyed reported difficulties in accessing health facilities due to cost, quality, fear, stigma or discrimination. Four (4) out of 10 **trans people** seek assistance only from friendly medical specialists with the support and accompaniment of LGBT organizations.
   2. **Women who use drugs** face discrimination expressed as a refusal to provide medical care at the primary health care level (PHC) and during hospitalization. Such refusals are backed by formal reasons such as the lack of documents, residence registration or registration with a medical institution.
   3. **Sex workers.** Many doctors, having learned about the occupation, humiliate and insult sex workers and disclose their personal information. As a result, sex workers avoid contacting state health care facilities.
   4. Many **women living with HIV[[15]](#footnote-15)** prefer not to be tested for their HIV status in the place where they live. They are willing to go to another region for this. Pregnant women who fear censure by health workers refuse to be checked. Often, information on the status of women becomes available to third parties due to a breach of confidentiality principle in health care facilities.
6. **Discrimination in the exercise of the right to raise children and other social issues**
   1. All groups of women face the threat or actual deprivation of parental rights or illegal isolation from children. If a **woman who uses drugs** is registered in the Center of Narcology and accordingly has an official diagnosis, then Article 74 of the Family Code can be applied to her, which states that “patients with chronic alcoholism or drug addiction[[16]](#footnote-16)” may be deprived of parental rights. This state of affairs can be used against a woman for blackmail purposes, for example, by the police.
   2. Women living with HIV face the fact that relatives isolate children and prevent them from communicating. Health care staff sometimes disclose HIV-status of women, kindergartens administrations deny children of HIV-positive women or/and HIV-positive children access to kindergartens, parents do not allow their children to come into contact with HIV-positive children.
   3. Sex workers face discrimination in social protection services when applying for social benefits. Having learned about a woman’s occupation, service employees believe that she does not need any benefits, since, in their opinion, she earns a lot.
7. **Discrimination in public space.** According to the study, in 2019, the LGBT community was one of the main targets of discrimination in the media, the Internet, and public discourse. Homophobia and transphobia accounted for 20%[[17]](#footnote-17) of the total number of discriminatory statements, including media and visual content, statements demonstrating a negative attitude towards LGBT people, calls to prevent them from being “formalized” in the country, open calls for violence and discrimination. Most often, the authors of such statements were Parliament members, religious figures or influential people in society.
8. **Discrimination in the exercise of the right to peaceful assembly** is highlighted in details in the Submission by 8/365 Movement.
9. **Discrimination in the workplace**
   1. If a woman is registered in the Center of Narcology with a diagnosis “Mental and behavioral disorders caused by the use of psychoactive substances”, she will not be eligible to obtain a driver’s license, go to university and get a job in many places that require certificates from the Narcology and Psychiatry Service.
   2. Women living with HIV often face unlawful requirements to provide HIV status certificates when obtaining employment. By law, such certificates are required for employment only in certain positions. If HIV status becomes known later, the employer is likely to force the woman to quit.
   3. LBT women face discrimination in the workplace due to their sexual orientation and gender identity (SOGI). If a trans woman is not able to change documents, it is almost impossible for her to get a job or she will be employed in a low-paid sector without a formal employment contract.

**Article 2. Policy Measures to Combat Discrimination**

1. An important achievement and a state measure to combat discrimination against trans people (in the framework of the CEDAW recommendation made in 2015) is the Guidelines on Medical and Social Assistance for Transgender, Transsexual and Gender Non-Conformal People, approved by the Minister of Health in 2017. While the Ministry of Health approved a less traumatic examination procedure for trans people, the State Registration Service under the Government of the Kyrgyz Republic abolished the Instruction, which allowed trans people to change the name and gender in documents. Now there is only a law that does not provide any details on changing a name, a gender and a personal identification number.
2. The Interagency HIV Prevention Guidelines for Key Groups (2014)[[18]](#footnote-18) aims to protect, among others, these groups of women. AFEW-Kyrgyzstan on a regular basis monitors the implementation of these Guidelines with a focus on harm reduction programs. Based on the monitoring reports, there is a tendency to improve the situation for people who use drugs, while the dynamics for women are much less pronounced than for men. No monitoring of the implementation of these Guidelines is carried out in relation to other groups.
3. As part of the implementation of the State HIV Program for 2017-2021, the Ministry of Internal Affairs approved a departmental plan in 2019. The steps contained in the plan could improve the status of women. At the same time, the presentation of the plan demonstrated that the Ministry of Internal Affairs was not ready to begin the implementation. The sex workers who participated in the presentation spoke openly about their situation, which was followed by an aggressive reaction from the Ministry of Internal Affairs; moreover, some of the women were detained by the police on their way home.
4. The order of the Ministry of Internal Affairs of the Kyrgyz Republic dated December 14, 2017 No. 946-p “On improving the activities of the internal affairs bodies of the Kyrgyz Republic when working with representatives of vulnerable groups of the population” contains a direct reference to the provision of various kinds of support to sex workers and women who use drugs. The CEDAW Committee has asked Kyrgyzstan about the implementation of this provision[[19]](#footnote-19), but no clarification has been received from the state.
5. **Anti-discrimination legislation (ADL)**. The State party does not report anything in response to a CEDAW question about the ADL implementation status. At the same time, according to the state report submitted for the 35th UPR session (January 2020), Parliament members had developed a bill “On ensuring equality” (paragraph 168)[[20]](#footnote-20). The bill was presented for public comment in 2018[[21]](#footnote-21). There was no further registration of the bill in Parliament. Another wave of prosecution of NGOs and civic activists, discriminatory legislative initiatives by Parliament members and inconsistent steps by the Government to combat discrimination indicate a lack of political will to ensure the promotion and adoption of comprehensive ADL.

**Article 3. Guarantees of Fundamental Human Rights and Freedoms on an Equal Footing with Men**

1. **The National Action Plan on Gender Equality for 2018-2020** does not openly mention any women groups who face intersecting discrimination, but only implies them in Section 3 “Non-discrimination”.
2. **The National Human Rights Action Plan for 2019-2021**[[22]](#footnote-22) mentions three (3) groups of women only in the section on healthcare, while women who use drugs are not included. A measure to prevent discrimination and violence is included only for LGBTI people.
3. The Strategy for Integrating the SDG until 2030 into the strategic programs of the health sector of Kyrgyzstan and the country development strategy until 2040[[23]](#footnote-23) use the concept of “vulnerable groups” without any detail.
4. The following national plans, programs and reviews can be considered progressive:

* An action plan to implement the CEDAW recommendations following the consideration of the 4th periodic report approved in 2017[[24]](#footnote-24). Most of the Committee's recommendations were included in the plan.
* State HIV Program for 2017-2021.
* An interagency action plan for 2019-2022[[25]](#footnote-25) on the implementation of the recommendations of the Committee on the Elimination of Racial Discrimination.
* Beijing + 25: a national review of the implementation of the Beijing Declaration and the Beijing Platform for Action[[26]](#footnote-26), which describes the situation of all four (4) groups of women who face intersecting discrimination. It provides a solid basis for the next NAP on gender equality to explicitly include measures to eliminate discrimination against these groups.

**Article 4. Temporary Special Measures to Achieve Equality**

1. In concluding **observation 34b**, the CEDAW Committee recommended that all women, in particular women who face intersecting forms of discrimination, be provided access to sustainable, non-discriminatory and unbiased services. As it was indicated in the Joint Submission to the 76 PSWG the Minimum Standards for Social Services by counseling (crisis) centers with anti-discrimination clauses were not adopted by the State-party. In this regard, at the initiative of the civil sector, the Standards were submitted to the Center for Standardization and Metrology under the Ministry of Economy (Kyrgyzstandard), which approved[[27]](#footnote-27) them with the effective date of April 1, 2019. These standards are implemented in crisis centers based on NGOs.
2. In concluding **observation 34c**, the CEDAW Committee recommended adopting legislative measures and a targeted strategy to combat multiple forms of discrimination. The strategy has not been developed. The issuance of individual orders[[28]](#footnote-28) could be considered as a progress but there is no consistency in actions like further implementation of these orders and follow-up supervision.

**Article 5. Gender Roles and Stereotypes**

1. Gender stereotypes are deeply rooted, with numerous regulatory instruments providing declarative commitment to gender equality. For details, see the Submission by 8/365 Movement.

**Article 6. Trafficking and Exploitation of Prostitution**

1. In paragraph 64 of the 5th periodic review, the State Party reports on measures to implement Concluding Observation 22c on the establishment of an oversight mechanism for monitoring violence against sex workers by the police. Specifically, the Prosecutor General’s Office developed Methodological Recommendations for monitoring the implementation of the [Law](http://cbd.minjust.gov.kg/act/view/ru-ru/1747?cl=ru-ru) on HIV/AIDS. Firstly, this document is not publicly available, and secondly, the document focuses on forced HIV testing which is indeed not observed for a long time, but the monitoring of violence against sex workers by the police has remained without attention. Recommendation 22c has not been implemented. The scale of police arbitrariness and violence has increased since 2015 (see the description in the General Recommendation No. 35 section). In the list of issues, the CEDAW Committee asked Kyrgyzstan to specify measures to strengthen the role of the Prosecutor's Office[[29]](#footnote-29), but the state has not provided an answer to this question.

**Article 7. Participation in Political and Public Life**

1. In 2019, another bill was initiated which obliges NGOs to additionally publicly report on their income and expenses. The bill, if adopted, will have **a negative effect** on all NGOs, including organizations that provide social services to the public. New requirements may lead to a reduction in foreign investment in the non-profit sector and thus result in a further reduction in social services, which are currently in low supply[[30]](#footnote-30). At the same time, amidst the state of emergency caused by the COVID-19 outbreak, parliamentary hearings of this bill were announced. NGOs made an open appeal requiring not to hold hearings during the state of emergency. The hearings were held with a limited number of participants: no more than 60 people were authorized, and it is obvious that loyal NGOs were given preference.
2. Also, during the state of emergency in May 2020, Parliament introduced a bill on information manipulation for public discussion, which in essence could restrict freedom of speech and expression, introduce control over Internet users[[31]](#footnote-31) and prosecution of civil activists who express their opinions regarding socially and politically significant events.
3. There are few successful examples of recognition of the activities of NGOs working with women who face intersecting forms of discrimination: in 2019, PF “Asteria”, an organization of the community of women who use drugs, was awarded a grant as part of a competition under the state social contracting program of the Ministry of Labor and Social Development.
4. In the context of **the COVID-19 crisis**, an emergency situation was declared in Kyrgyzstan, and a state of emergency and curfew were imposed in certain territories, including Bishkek. People could leave their houses only for food, medicine and to see the doctor and had to carry identity documents and a route sheet. The first order of the Bishkek Commandant’s Office introduced a ban on the activities of all public organizations[[32]](#footnote-32) without taking into account the specifics of their work. Under the new conditions, NGOs worked at their own peril and risk. Trying to deliver services to the most needy women, they often had to violate the established rules related to restricted movement. Attempts to obtain an official permit were unsuccessful.

**Article 10. Equal Rights to Education**

1. During the **COVID-19 crisis**, kindergartens and schools were closed, and all schoolchildren switched to online education. Children of women who face intersecting forms of discrimination encountered significant problems with access to such education, as many of them lacked equipment (televisions, laptops, tablets or smartphones) and a stable high-quality Internet connection.
2. Specifically, according to a survey held during the quarantine period, 85 women who use drugs and have children of school age who were in contact with NGOs were unable to ensure continued studies during the quarantine period.
3. An example of the situation faced by children of sex workers: due to the lack of technology, teachers sent educational information by regular SMS, and children also sent their homework by SMS. Eventually, teachers got tired and began to send only home assignments.

**Article 11. Employment**

1. Restrictive measures related to **COVID-19** have led to an almost complete halt in economic activity. Everyone who is paid on a daily or weekly basis lost income. For the most part, women who face intersecting forms of discrimination do not have any savings to be able to support themselves and their children during quarantine.
2. For example, 43%[[33]](#footnote-33) of women who use drugs have unstable temporary earnings / part-time jobs. Sex workers also lost income due to movement restrictions. Some sex workers (33%[[34]](#footnote-34)) earned extra income mainly in the service and trade sectors. Women living with HIV mainly worked in cafes, in the fields, in the markets. All of them lost daily wage.

**Article 12. Healthcare and Family Planning**

1. Access to medical care is hampered due to the rules of population registration with PHC facilities. To obtain this registration, a person must have identity documents and be registered at the place of residence. Despite the 2015 amendments to the rules that make it possible to receive medical care without registration using a certificate from an NGOs, this mechanism does not allow the use of free services provided for insured citizens. In order to receive the services, women who receive medical care using a certificate from an NGO must purchase a mandatory health insurance policy (MHI). It causes difficulties, an identity document is required for the purchase. Often women who face with intersecting forms of discrimination do not have any documents or registration at the place of residence.
2. Typically, women who maintain stable contact with NGOs turn to friendly doctors with whom NGOs cooperate. Services in this case may be free for women if they are included in the project costs, or provided at a reduced price. Friendly doctors are trained and have experience interacting with women, are able to make contact, understand the specifics of problems and, most importantly, they use non-discriminatory and non-judgmental approach.
3. If there is a need for inpatient treatment, women decide on hospitalization in the most extreme case.
4. In the event of violence, many women prefer not to seek medical help because of shame, fear of a judgmental attitude and disclosure of personal information.
5. Responding to a question about access to affordable modern contraceptive methods, the State party reports on measures taken, including the development of a program to increase state funding to meet the needs of 50% of women at high medical and social risks of maternal mortality, and to determine the categories of women at medical and social risk, a mechanism for monitoring and evaluating the use of contraceptives purchased through the state budget. At the same time, there is not a single document in the public domain that lists the categories of women or a mechanism that will allow access to contraceptives for women who face intersecting forms of discrimination, who usually do not go to PHC facilities, and many of whom do not have a mandatory health insurance policy. According to a study[[35]](#footnote-35), about 25% of the population are not insured – they do not have a mandatory health insurance policy; the share of uninsured among women who face intersecting forms of discrimination is even higher.
6. According to the Needs Assessment Survey of **LBQ women** (2017), 77% of respondents are not aware of the specific risks face by LBQ women: only one fourth indicated the names of some STIs. Half of the respondents had difficulty accessing health facilities because of the cost, quality, fear, stigma or discrimination. According to the **Trans People** Needs Assessment Survey (2016), half of the respondents are uncomfortable with unfriendly professionals due to unethical attitude, pressure, and the imposition of personal beliefs. For example, a doctor says: “You are a girl”, and I say: “No, I am a trans\*person, I have a certificate. You are a doctor, you should know”. Doctor: “No, still you are a girl, you have a female body”.
7. According to the 2019 study[[36]](#footnote-36), the most requested service in women who use drugs is a gynecologist's consultation (28% needed one, 21% had access to one) and an ultrasound examination (19% needed one, 9% had access to one), hospitalization was required in 7% of cases, while 0% was actually hospitalized.

**Case:** A woman who uses drugs living with HIV, with stage 3 liver cirrhosis requires hospitalization. Social assistance, the presence of a medical history and a medical record did not contribute to obtaining the necessary outpatient or inpatient care. Doctors redirected the woman from one hospital to another refusing to hospitalize her. Reasons for refusal: drug use, lack of veins, severity of the condition (“We are unable to help her”), and a potentially fatal outcome in the hospital. None of them agreed to refuse hospitalization in written. In January 2020, a woman died at home without receiving medical assistance.

1. Harm reduction services are provided at syringe exchange points (SEPs) at NGOs, at public health facilities and within the penitentiary system. As of June 30, 2019, 17,365 people uses services in 25 SEPs, the share of women is 11.3%[[37]](#footnote-37). Harm reduction services need better gender sensitivity and an expanded range of services that target women.
2. Methadone maintenance therapy is provided at 24 locations throughout the country, including nine (9) in penitentiary facilities. As of June 30, 2019, 84 out of 1,043, i.e. 8% of women participated in the program[[38]](#footnote-38). One of the MMT participation requirements is to be registered in Center of Narcology. The registration model remains repressive with many of the elements being inherited from the USSR times. This type of treatment is not acceptable for women, as it entails a number of negative consequences, including when applying for a job, being admitted to study, the threat of deprivation of parental rights, and stigma from the inner circle.
3. One of the basic needs of **sex workers** is sexual and reproductive health services. Sex workers, even with identity documents and a residence permit, will not go to health facilities because of stigma and unwillingness to face a judgmental attitude, and in small towns because of the threat of personal information disclosure. As part of HIV and STI prevention programs with sex workers that operate mainly with the support of external donors, sex workers had access to an STI service until 2016, when external funding was seized nationwide. In the capital, an STI service is partially funded by another international project until the end of 2020. In other cities, sex workers continue seeking assistance from friendly doctors with whom NGOs cooperate. Conditions vary, many doctors agree to accept lower renumeration than that of average private doctors. In oblasts, sex workers try to be examined in a rayon or town different from the one they live in, where they have no acquaintances. An additional barrier to receiving services is police actions. Repressive measures drive sex workers underground, force them to migrate. Due to this sex workers lose contact with NGOs, do not have access to HIV and STI services and become subjected to a higher risk of violence against them.
4. **Women living with HIV** are eligible for health care under the state guarantee program. The national plan for adherence to ARV treatment[[39]](#footnote-39) is not gender sensitive and does not take into account all the barriers women may face.
5. In the context of restrictive measures caused by the COVID-19 outbreak, access to services was extremely hampered even for those who urgently needed them.

**Case 1.** A woman who uses drugs has a trophic ulcer, which she tried to treat on her own at home. Trophic ulcers heal poorly, often recur and require qualified medical care. The woman was looked after by her daughter. They quickly ran out of bandages and care products. The family did not have money to buy the necessary medicines. Due to the state of emergency, the family lost earning opportunities. For several days, they had to use toilet paper to treat the wounds. The ambulance team who arrived at the call delivered the woman to the hospital. But she was denied hospitalization. Doctors did not admit her citing the COVID-19 quarantine measures. The family turned for assistance to a paralegal who was able to secure hospitalization in a few hours.

**Case 2.** A sex worker experienced uterine bleeding at night for unknown reasons. She went to the hospital, but since she did not have documents and a doctor’s referral, they did not let her through the checkpoint.

1. An express survey conducted with 55 **women living with HIV** showed that two thirds of respondents could not buy masks and other protective equipment, and the vast majority indicated lack of money as the reason. Almost half of the respondents (25 people) needed medical assistance, and only six (6) were able to receive it.

**Article 13. Economic and Social Benefits**

1. During the state of emergency caused by the COVID-19 outbreak, a food support program was launched for the most needy citizens of the country. Women who face intersecting forms of discrimination could not gain access to this support. When filling out an electronic application for help on the state portal <https://1227.tunduk.kg/> they had to indicate personal data. The issue is that many of them did not have identity documents and a permanent place of residence. In addition, the instructions indicate that priority assistance will be given to people living below the poverty line - those who receive various types of social benefits, pensioners with low pensions, unemployed, and people who have been left without work. In all these cases, the potential recipients had to provide documentary evidence of their status.
2. As a result, women who face intersecting forms of discrimination, being invisible to the state, could not get access to such assistance in the vast majority of cases. The main support was provided by NGOs that had worked with the women before the crisis, and women themselves were looking for support opportunities in charitable organizations.
3. The activities of public organizations during the state of emergency were prohibited, the Commandant’s Office refused to issue permits for distributing groceries. NGOs had to break the regime in order to deliver groceries around the city. Since leaving the city was impossible, women came on foot from the suburbs.
4. Those who rent apartments faced eviction because they could not pay the rent.
5. The express survey conducted with 55 **women living with HIV** showed that three fourth of the respondents needed groceries and soap products. All respondents with children reported that they did not have money for infant formulas.

**Article 15. Equality Before the Law**

1. Women who face intersecting forms of discrimination do not have access to justice, try not to file complaints against rapists and perpetrators, fearing repeated violence, exhausting and lengthy investigation, degrading treatment and not believing in the justice of the courts.
2. The Committee asked a question (p. 21) to the State party about measures taken to ensure access to justice for vulnerable women, including women living with HIV, women who use drugs, and LBT women, as well as steps to combat discrimination and violence against women on the part of the police in adverse situations. The State party fails to provide specific answers to these questions and merely refers to the provisions enshrined in the Constitution, the Criminal Code and the Criminal Procedure Code.

**A case of a trans woman who turned to the police in May 2019 following an attack.** At first, the interrogator refused to accept the complaint and then he made a video recording of the woman with his phone. Then he said that next time she should come in men's clothes for taking evidence. He stated that it was not safe for a person identified as a male in his passport to be in the police department in women's clothing.

1. **Women who use drugs**: according to the study (2019)[[40]](#footnote-40), the majority of women turn to NGOs directly for solving legal / law problems: 54% (36 of 67 needing) received services in women's centers, six (6) women were able to solve their problems on their own and two (2) women sought help from a methadone maintenance program social worker.
2. According to the 2018 study[[41]](#footnote-41), only 5% of **sex workers** who experienced violence by the police or clients turned to the police, 39% turned to other sex workers for help, 20% went to NGOs and lawyers, 36% did not contact anyone. Reasons for the latter: over 57% answered “Nothing will change anyway”, 18% expressed concern that their actions could aggravate their situation, almost 18% admitted that they were ashamed to talk about what happened.

**General Recommendation №35. Gender Violence Against Women**

1. Violence and the threat of violence are a daily reality for women who face intersecting forms of discrimination.
2. **LBT women** face physical, psychological, sexual and economic violence. Violence is mainly used by relatives, homophobic / transphobic people and law enforcement agencies. The latter commit violence everywhere. Homophobic and transphobic people threaten, shoot LBT women on cameras and extort money or use physical violence. Relatives may illegally keep LBT women locked up after a coming out or outing. There is even a case of corrective rape of a trans-man, assisted by his father. There were also cases of violence by religious figures (moldo, imam) who strangled and beat LGBT people with kamcha in order to “expel Jinns”.
3. When the state speaks of domestic violence, it does not mention that LBT women can also be subjected to violence. Specifically, a lesbian who was beaten at home by her parents turned to an NGO, which in turn called the police. The police refused to issue a restraining order, as the incident did not fall under the state definition of “domestic violence” and thus the Law “On Protection from Family Violence” cannot protect women in such cases.
4. **Women who use drugs.** According to the 2019 study[[42]](#footnote-42) that covered 100 women from two large cities, 84% of women were subjected to psychological pressure, 58% - to physical pressure, 24% - to sexual violence and 43% - to financial restrictions. Most often, women are abused by sexual partners (69%, n-52). There are high rates of discrimination by law enforcement agencies: 22% reported having encountered illegal actions by police. Out of 52 women who reported violence, only nine (17%) sought help. The reasons why women do not seek help vary. Out of 43 women who did not seek help, nine (9) reported that they were afraid of negative consequences, another nine (9) women felt discomfort and shame, eight (8) women did not believe in justice and six (6) women did not know who to contact.
5. **Sex workers.** The main source of **violence** is police officers. Comparison of data from national studies in 2015 and 2018[[43]](#footnote-43) demonstrates an increase in the number of the most frequent violations of rights and violence against sex workers:

* Threats, blackmail, pressure - by 3.2 times
* Illegal detention – by 2.4 times
* Bullying, coercion and humiliation of dignity – by 2.2 times
* Extortion of money – by 1.6 times

1. Trans-sex workers are the most targeted group subjected to even more brutal violence by both the police and clients. They are often filmed, and the video is then used for threats and blackmail and distributed on the Internet.
2. In 2017, 459 cases of violence and violations of rights against sex workers were documented, 560 and 473 - in 2018 and 2019, respectively. The main source of violence is police officers. Complaints about arbitrary detention and extortion made up 80-90%[[44]](#footnote-44) in all these years.
3. **Women living with HIV.** In 2018, a study was conducted in 12 countries of the EECA region as part of the campaign “No Excuse for Violence!”. The study involved 36 women living with HIV from Kyrgyzstan. Seven (7) out of 10 women reported having experienced physical violence, a half - sexual violence, while two thirds of physical violence cases and three fourth of sexual violence cases were associated with HIV status. Psychological and economic violence was reported by four (4) out of five (5) women. Forms of psychological violence included insults, humiliation, forcing to use separate dishes and utensils, isolation from children; economic violence included cases when women were drove out of the house by the husband’s relatives or even their own relatives, prohibitions of ARV treatment, tuberculosis treatment and medical supervision, which led to deaths of women. Only one third of women sought help after being subjected to violence in the year preceding to the survey.
4. During the **COVID-19 crisis,** domestic violence has increased throughout the country. Between January and March 2020, law enforcement authorities registered 2,319 cases of domestic violence, which is a 65% increase compared to 2019[[45]](#footnote-45). All crisis centers were full and / or rejected beneficiaries because of quarantine restrictions. Towards the end of the state of emergency, as part of the global Spotlight Initiative, a shelter program was launched in the country.
5. PF Asteria, working with **women who use drugs**, notes that the incidence of domestic violence in March-April increased by 37% compared to January-February 2020. Women mainly faced psychological and physical violence. Specifically, during the state of emergency, the number of applications for a safe place among women who use drugs increased three (3) times, compared with the period before the state of emergency.

1. During the state of emergency, **sex workers** did not work with clients, while police continued extorting money and threatening that they would take the sex workers out during curfew and leave them on the street. For curfew violations, sex workers would be detained until morning, and would have to pay a fine. In one of the cities in the south of the country, policemen learned that sex workers lived in a sauna and went there to threaten and extorted money. Since the sex workers had no money, police officers took away passports from two women saying that they would return them after quarantine.

**Recommendations**

1. Adopt comprehensive anti-discrimination legislation that will also protect women who face intersecting forms of discrimination - LBT women, women who use drugs, sex workers and women living with HIV.
2. Review and repeal discriminatory legislation, including the prohibition of adoption for HIV-positive people, the punishment for HIV transmission, the punishment for the acquisition and possession of drugs without sales purpose, and also repeal local provisions that are contrary to national law (regulation on raids against sex workers in Osh).
3. End discriminatory practices against women who face intersecting forms of discrimination.
4. Make the standards “Social Services of Counseling and Prevention Centers for Women”, containing provisions on non-discrimination, mandatory for crisis centers that receive state funding.
5. Ensure the accessibility, effectiveness and acceptability of sexual and reproductive health services for women who face intersecting forms of discrimination, including access to contraception.
6. Take measures to protect women’s personal data and to ensure confidentiality at health care facilities level.
7. Ensure gender sensitivity of the narcological assistance, including changing the procedure for registration and deregistration in the narcological clinical rolls, reviewing the collection of anamnesis taking into account gender specifics, registering and documenting cases of violence and torture.
8. Bring regulations governing drug use into line with human rights and non-discriminatory definitions.
9. Ensure that appropriate oversight mechanisms are in place to effectively implement Concluding Observation No. 22c (2015), which will be used to actually monitor illegal actions of the police against sex workers and allow sex workers to file complaints without fear of repeated violence, intimidation and pressure.
10. Ensure that mechanisms are in place to protect women who face intersecting forms of discrimination in accordance with the National Law on Protection against Domestic Violence and existing by-laws that mention women who face intersecting forms of discrimination, including:
    1. Development additions to by-laws that protect LBT women from domestic violence.
    2. Development and implementation of a mechanism for interaction between organizations providing assistance and support to women who face intersecting forms of discrimination and entities providing protection and support to women victims of violence (supplement to the Government Decree No.390 “On the Procedure for Protection against Family Violence” of August 1, 2019).
11. Ensure the visibility of women who face intersecting forms of discrimination in national plans and programs, including the NAP on gender equality for 2021-2023, as well as in national statistics on violence, unemployment, poverty, etc.
12. Develop and implement a mechanism for collecting data on the needs of women who face intersecting forms of discrimination in order to provide state social support.
13. Ensure the continuity of the provision of social services for women by NGOs in the context of restrictive measures related to COVID-19.
14. Encourage the State party to implement the National Recommendation Tracking Database (NRTD), which OHCHR provides assistance with.

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