

## ***Women's and girls' sexual and reproductive health and rights in situation of crisis***

*Information is prepared by the Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia*

### ***1. Please provide information on the legal and policy framework used by your State to manage situations of crisis and on how the concept of "crisis" has been defined or framed.***

A crisis is defined as a singular event or a series of events that are threatening in terms of health, safety or well-being of a community or large group of people. It may be an internal or external conflict and usually occurs throughout a large land area.

According to the law of Georgia on Civil Security, emergency situation is determined as a situation/combination of situations created on a certain territory/territories or a facility/facilities, during which the normal living conditions of people are disrupted and which poses, or may pose clear threat to human life and/or health, and/or which may cause significant damage to the environment, the property of natural/legal persons, the State and/or a municipality.

The law also defines an emergency risk - an expected consequence of a possible or developed emergency situation within a certain period, which is reflected in the adverse effects on human life and/or health, environment or the property of natural/legal persons, the State and/or a municipality.

Emergency Response - Measures taken to protect human life and health, the environment and property, including firefighting, localization and liquidation, rescue work, emergency rescue and other emergency work.

### ***2. Please list the type of situations that would fit the concept of "crisis" in your State and indicate what situations are excluded.***

Emergencies, which often have a combination of natural and man-made elements, and different causes of vulnerability and a combination of factors leads to a crisis. Examples include food insecurity, armed conflicts, disasters, public health emergencies and displaced populations and etc. All the emergencies that will result from the situation referred to in the above definition constitute a crisis.

For example, following the declaration of COVID-19 as a pandemic by the World Health Organization (March 11, 2020), countries began to take special measures and Georgia was not an exception. An emergency situation has been declared in Georgia on 21.03.2020 to prevent the possible spread of the new coronavirus. The government has identified a number of special measures. According to that, during the emergency situation, the agency operated remotely.

Also, based the Order N01-123 /o of the Minister Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia, on March 25, 2020 "on Measures to be taken to prevent and manage the spread of infection caused by the New Corona Virus (SARS-CoV-2) (COVID-19)", the following recommendations were approved in accordance with the recommendations of the World Health Organization: "to prevent the spread of new coronavirus (SARSCOV-2) infection (COVID-19) in 24-hour public care facilities." "Recommendations for Mental Health Services in the Prevalence of New Coronavirus (SARS-CoV-2) Infection (COVID-19)",

"Recommendations for the spread of new coronavirus (SARS-CoV-2) infection (COVID-19) for the elderly"; "Recommendations for People with Disabilities in the Prevalence of New Coronavirus (SARS-CoV-2) Infection (COVID-19)", "Preparedness and Response to the Spread of New Coronavirus (SARS-CoV-2) Infection (COVID-19) in Long-Term Care Homes (Temporary Recommendation)".

### ***3. What institutional mechanisms are in place for managing a crisis and how are priorities determined?***

Emergency and crisis management in the country is governed by three laws on civil security; on State of Emergency and Martial. The country has a national civil security system, which is a unified network of Georgian authorities, legal entities under public law and state agencies, autonomous republics, municipal bodies and state representatives (subjects of the national system) at the strategic (political), operational and tactical levels. Using appropriate resources and tools, implements appropriate complex measures to protect human life and health, the environment and / or property from a state of war, incident caused by a natural and / or human factor.

The subjects of the national system provide:

- A) Emergency risk management - identifying the threat, analyzing the emergency risk and its impact, and developing an emergency risk management plan based on it;
- B) planning and implementation of emergency prevention measures, including planning and implementation of emergency risk reduction measures;
- C) preparedness for an emergency situation;
- D) incident / emergency response;
- E) protection of people, environment and property from incidents / emergencies;
- F) development of incident / emergency notification system, including early warning system;
- G) timely notification of the incident / emergency situation and informing about the rules of conduct during the incident / emergency situation;
- H) carrying out restoration works;
- I) to promote the safe and stable operation of a vital facility;
- J) in case of emergency, if necessary, create shelter for people, supply of basic necessities, food and water, mobilization of individual / collective protection means and other material resources;
- K) organizing humanitarian aid events;
- L) collection, processing and exchange of information in the field of civil security;
- M) development of an emergency management plan;
- N) training Georgian citizens in the field of civil security and raising their awareness about the emergency situation;
- O) take necessary measures to save people and property before the fire / rescue unit arrives at the scene of the incident / emergency situation;
- P) assist in organizing the evacuation of people and, if necessary, placing them in a shelter;
- Q) maintaining the qualitative characteristics of the shelter in their use;

**The Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia**, among other measures, manages medical care measures in case of emergencies through relevant medical institutions at the national level.

**The Center for Coordination of Emergency Situations and Emergency Assistance** provides quality emergency medical and referral care in case of various types of disasters and war situations and to improve the health of the population on a daily basis. Center is a coordinating body of medical

transportation in case of various types of disasters and war situations and emergencies between appropriate medical facilities on a daily basis.

**The National Center for Disease Control and Public Health** ensures epidemiological control and biological safety in the field of public health. The Center is responsible for ensuring the functioning of a unified epidemiological surveillance system; To determine the causes of epidemics; Implementation of anti-epidemic and preventive measures; Conducting epidemiological studies including dangerous pathogens and other infections.

**Agency for State Care and Assistance for the (Statutory) Victims of Human Trafficking** has been functioning under the state control of the Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia.

One of the aims of the Agency includes Protection, assistance and rehabilitation of the victims/statutory victims/alleged victims (both adults and minors) domestic violence and/or violence against women and/or sexual abuse and/or of human trafficking regardless of the race, skin color, language, sex, age, religion or belief citizenship, origin, property or social status, place of residence, political or other opinions, national, ethnic or social affiliation, profession, marital status, health status, disability, sexual orientation Orientation, Gender Identity and Expression, regardless of liturgical or other beliefs or other signs. The Georgian legislation prohibits any kind of discrimination in public and private spheres. The internal regulations of the State Fund are in accordance with the Georgian legislation.

The agency provides victims/statutory victims/alleged victims of human trafficking and/or domestic violence and/or violence against women and/or sexual abuse with services within the Shelters and the Crisis Centers.

During the crisis, the Agency determined that the priority was to operate properly, without hindering. The suspension of the Agency would result a direct harm to the Agency's beneficiaries - victims of violence against women / domestic violence / sexual violence and victims of trafficking.

The Agency is also responsible for guardianship and state care. During the emergency situation, the agency continued working remotely in this field.

It should be noted that shelters and crisis centers worked and served the beneficiaries in compliance with the recommendations of the International Health Organization (WHO) during the emergency situations without delaying.

The helpline for assistance to victims of violence also operated 24 hours a day, 7 days a week. Consequently, during the crisis, the beneficiaries had the opportunity to use the services of the agency, including the services of the shelters / crisis centers.

The beneficiaries used the services of a lawyer of the shelters and crisis centers. The lawyer provided them with legal advice, as well as representation in court and administrative bodies.

***4: Please highlight any challenges faced in the provision of SRH services and good practices in ensuring women's and girls' SRHR in situations of crisis, including, for example, measures concerning timely access to the following types of services and aspects of care***

The following is an example of a victim of violence located in shelter or crisis centers in order to be provided reproductive services during the emergency situations.

***4.a. Access to non-biased and scientifically accurate information about sexual and reproductive health matters and services;***

A victim of violence who is to become a beneficiary of a shelter or crisis center will be instructed with information about his/her rights and the center's services upon registration with the center. This also includes caring for the beneficiary's health.

***4.b. Access to medical professionals and health service providers, including traditional birth attendants, with adequate provision for their training and safety including personal protective equipment;***

The shelter's beneficiaries receive the medical services which includes:

- a. Organizing / receiving primary and emergency medical service.
- b. Organizing / receiving outpatient / inpatient services as needed;
- c. Ensuring of basic medicines.
- d. Provide receiving medication prescribed by a doctor during his/her stay in the shelter.
- e. Medical examination of victims of sexual exploitation (trafficking) and sexual violence for sexually transmitted diseases 48 hours after admission in the shelter.

***4.c. Access to essential medicines as prescribed by the WHO, equipment and technologies essential for the quality provision of sexual and reproductive health services;***

Beneficiaries of the Agency shelters/crisis centers are maintained with either basic medicines or medicines prescribed by a doctor (Such kind of medicines are procured by the Agency within the appropriating from the state budget).

***4.d. Prevention of HIV transmission, post-exposure prophylaxis and treatment for HIV/AIDS as well as the prevention and treatment of sexually transmissible infections;***

Shelter beneficiaries are informed about HIV/AIDS upon registration. Including information about its nature, spread, screening, treatment, and other issues related to the disease. After the agreement of beneficiary, he/she will be screened for HIV/AIDS.

***4.e Pregnancy-related health services, including pre- and post-natal care, assistance during child-birth, and emergency obstetric care***

The principle of protecting the universal rights of Georgian population has been achieved in healthcare sector from 2013s the whole population of Georgia is insured for basic medical service under state Universal Health Care program. Pregnant women, mothers, children under 0-5 and 5-18 are covered planned ambulatory care, emergency out-patient and in patient services, elective surgery, Chemo-hormone- and radiotherapy, delivery and C-section.

In order to decrease number of mortality of mothers and children, also number of perinatal death from iron deficiency anemia, and number of early delivery and inborn anomalies, from June 2014 all pregnant population is provided with folic acid up to 13th week of pregnancy and in case of iron deficiency anemia – with, iron deficiency anemia medication from 26th week of pregnancy. From 2018 under Maternal and child health state program Government covers 8 antenatal visits by WHO new guidelines.

Maternal and child health state program includes:

- Antenatal screening for HIV / AIDS, H & C and hepatitis and syphilis
- Screening for genetic pathologies
- Prevention of hepatitis B, HIV / AIDS and syphilis in pregnant women and transmission of hepatitis to mother from mother
- New-born and child screening on hypothyroidism, phenylketonuria, hyperphenylalaninemia and mucosididase
- Screening for newborn hearing screening

From 2018, pregnant women registered within the Antenatal Care Program are provided with 8 visits instead of 4. Also, selective contracting and regionalization process of antenatal care providers has been started.

The routine clinical audit of cases of stillbirth and maternal and neonatal mortality has been introduced by the MoLSHA in 2017 with aim to advance practice of obstetrics and neonatal care and improve the quality of services through detailed clinical analysis of selected mortality cases. The comprehensive audit process allows identification of root causes of gaps and deficiencies in existing practices and in the health system and planning the corrective policy and practice measures at the local and national level.

***4.f The full range of modern contraceptive information and services, including emergency contraception, as well as family planning information and services related to the number, timing and spacing of pregnancies and infertility treatments;***

The Global Fund is working closely with the Ministry to provide condoms and modern contraceptives free of charge to high-risk groups. The state referral service program provides post-coital contraception / STD testing and treatment for victims of sexual violence

***4.g Safe abortion services including surgical and non-surgical methods of termination of pregnancy and humane post-abortion care, regardless of the legal status of abortion;***

In 2014, the Ministry developed a package of abortion regulating mechanisms that includes the following documents:

1. On amendment to the Law of Georgia on Health Care (related to increase of deliberation period before an abortion to 5 days)
2. „National protocol on safe termination of pregnancy“
3. „Abortion procedure“ - patient version of the protocol
4. Draft Order of the Minister of Labour, Health and Social Affairs on "approval of the rules for the artificial termination of pregnancy"

The issue of access to abortion will be regulated by the normative order of the Minister of Labour, Health and Social Affairs on "approval of the rules for the artificial termination of pregnancy", which determined the types of medical services (outpatient or inpatient) for abortions at different terms and by different methods; for example, in the period up to 7 weeks of pregnancy surgical termination is performed in an outpatient or inpatient facility by a physician-specialist - an obstetrician-gynecologist, while surgical termination of pregnancy after 7 weeks is performed only in an hospital-

type facility that has a right to provide Obstetrics-Gynecological service. Medication abortion up to 10 weeks of pregnancy can be done in an outpatient facility. After 12 weeks of pregnancy abortion by any method is allowed only in case of medical and social indications and is performed only in hospital-type facilities that have a right to provide Obstetrics-Gynecological service.

When a health care provider for any reason, refuses to perform an abortion, in accordance with the "national protocol on safe termination of pregnancy" he/she is obliged to refer the patient to another facility providing the service.

Abortion complications are funded from the universal health care program.

***4.h Treatment for pregnancy-related morbidities such as obstetric fistula and uterine prolapse, among others***

Treatment for pregnancy-related morbidities such as obstetric fistula and uterine prolapse, among others are funded by Universal Health Care State program.

***4.i Screenings and treatment for reproductive cancers;***

Early Detection and Screening Program covers breast cancer screening; Cervical cancer screening; Colorectal cancer screening; Management of prostate cancer.

***4. j. Menstrual hygiene products, menstrual pain management and menstrual regulation;***

Beneficiaries of the Agency Shelter are getting hygiene items, including menstrual hygiene products. In addition, each toilet and bathroom has necessary hygiene items. It should be mentioned that hygiene items, including menstrual hygiene products, are provided upon arrival of shelter's new beneficiary.

***4.k. Prevention, investigation and punishment of all forms of gender-based violence, and access to timely and comprehensive medical interventions, mental health care, and psychosocial support for victims and survivors;***

In order to prevent domestic violence and sexual violence, the agency is actively working to raise public awareness. To achieve this goals, the agency conducts informational meetings, trainings, spreads information (social network, information brochures, information clips) about the helpline and agency's services.

20 information meetings / public lectures about domestic violence and violence against women were held In 2018.

This number of the information meetings/public lectures about domestic violence and violence against women in 2019 was 35.

Beneficiaries of the Agency Shelter / Crisis center receive the services from highly qualified psychologist.

Psycho-social rehabilitation / assistance includes:

- a. Psychological counseling, assistance and / or rehabilitation;
- b. crisis intervention;
- c. Emotional and psychological support;

- d. Psychoeducation;
- e. Individual and group work with the beneficiary;
- f. Raising awareness of human trafficking, violence against women, domestic violence, sexual violence, violence against children;
- g. Help determine future prospects and regain control of his/her own life;
- h. Finding information about resources available in the field of social assistance and providing this information to the beneficiary;
- i. providing information on access to education;
- j. Depending on the needs of the beneficiary, contacting various administrative bodies, services, specialists and coordinating services also referral;
- k. Provide appropriate measures for arranging / receiving identifying documents of victims / victims of trafficking, violence against women and / or domestic violence and / or sexual violence and their dependents;
- l. Help integration in family and community;
- m. Facilitation in getting job;
- n. Another measure that will be identified by the beneficiary's need for psychological and social rehabilitation / assistance.

***4.m Legal and policy safeguards against abuses and delays in the provision of SRH services for example in relation to confidentiality, referrals, informed consent, conscientious objection, and third party consent requirements;***

The confidentiality is protected by the agency and it is reflected in various actions:

- a. The violence victims support helpline (116 006) is confidential;
- b. The security of the beneficiaries of the Agency is protected, the address of the shelter is confidential;
- c. The shelter and crisis centers protect the privacy of the beneficiary's personal data / personal information, for which:
  1. Shelter staff, volunteers, interns are required to protect the privacy of beneficiaries personal information which includes information about: his/her correspondence, telephone conversations, e-mails, personal meetings, information received during the provision of medical, psychological-social, legal services, etc.
  2. Beneficiaries are required to maintain the confidentiality of other beneficiaries and their related information, as well as the location (address) of the shelter.
  3. Information about the beneficiary is kept secret and secure by the shelter administration. This information is only available to authorized persons.
  4. Prior to spread of confidential information about the beneficiary (prior to transfer to a third party) receive written agreement of beneficiary or his/her lawful representative. Except in exceptional cases prescribed by law;
  5. Shelter staff have the right to use the beneficiary's personal information only during the work process;
  6. Shelter staff are not allowed to talk or discuss the beneficiary's private life in private conversations;
  7. If necessary or desired, beneficiary or his/her lawful representative is authorized to get information about his/her personal file which protected in the shelter.

***5. Please list the situations of crisis experienced by your State in the last five years.***

The biggest crisis in the last five years has been the pandemic caused by the new coronavirus.

***6. What was the impact of those crises on women and girls? Please provide information in particular on the following aspects.***

The World Health Organization declared the public health emergency of international concern on January 30, 2020, and a pandemic on March 11. Accordingly, Georgia implemented all recommendations of World Health Organization.

The National Center for Disease Control and Public Health (NCDC) has been playing an important role in Georgia's response against COVID-19. Responsibilities of the Center, among others, covers preparedness and response measures. These include real-time epidemiological surveillance, management of novel coronavirus laboratory diagnostics and supervision of compliance with standards, epidemiological surveillance over confirmed and suspected cases, tracing, isolation recommendations, and monitoring.

*Communication campaign related to COVID-19*

Informational and educational materials were prepared, published, and disseminated, including for ethnic minorities in Armenian and Azerbaijani languages; evidence-based educational materials are being translated and adapted continuously from CDC and WHO and other international sources. Visual materials, educational posts, infographics, video materials were made and disseminated through their social network. In collaboration with the donor organizations, informative electronic banners were created and posted on various websites and video portals. Also, several video clips were made in partnership with donor organizations. At the beginning of the pandemic, informative advertisements on street monitors were prepared and posted. Among these educational materials were also posters and buckets about antenatal, natal, and postnatal care.

*Antenatal care*

During the pandemic, antenatal care facilities antenatal and natal care clinics continued working routinely. However, during the lockdown antenatal care clinic started working online based on the national guideline on “distance Antenatal care during COVID-19 pandemic period” link: <https://www.moh.gov.ge/ka/guidelines/>, also the same approach was implemented for the natal and post-natal care. All medical facilities implemented the new guidelines. To prevent pregnancy-related complication and raise awareness of pregnant women about COVID19 and generally about pregnancy

NCDC with the collaboration of UNICEF implemented an online awareness-raising project “Virtual Antenatal Care Consultation for Every Pregnant”. The purpose of the project is to inform all pregnant women by newly developed thematic recommendations and pathways related to COVID19.

*Screenings and treatment for reproductive cancers*

All medical facilities were working routinely during the pandemic. In order to make decisions about treatment of cancer patients during COVID pandemic, recommendations given by the CDC (Atlanta) and American Society of Clinical Oncology (ASCO) was taken into consideration at the country level: conclusions about the schedule of treatment were made individually for each case - the risks of tumor progression with delay in definitive surgery, chemo or radiotherapy were weighed against the potential added burden on hospital resources, case complexity and patient risk of exposure to COVID-19. In the cases, when these treatments were not considered as “elective”, they have been given without delay.



In addition, according to the ASCO recommendations, - to reduce patient contact with health care facilities, cancer screening procedures such as screening for breast, cervical, and colorectal cancer was postponed (canceled) for three months, when COVID new cases were high; now screening procedures are updated and they are ongoing in full compliance with safety rule.

#### *Prevention of HIV transmission*

Number of HIV tests performed in the country has declined due to the COVID-19 pandemic, although it is gradually increasing already. As for the post-exposure prophylaxis for HIV and treatment for HIV/AIDS or other sexually transmitted infections, no delays have been identified, as the government, Ministry of Internally Displaced Persons from the Ministry of Occupied Territories, Labour, Health and Social Affairs of Georgia clinicians ensured timely delivery of the medications regardless the lockdown.

#### **7. Could you identify any lessons learned? Please indicate if and how these lessons have been applied in preparedness strategies or in subsequent situations of crisis**

The Ministry of IDPs, Labour, Health and Social Affairs of Georgia gained an important experience in crisis management, which will be used in similar situations.

Medical consultations on reproductive health have been successfully transferred to the distance mode during the Covid-19 pandemic. Noticeably, despite restricting the freedom of movement, access to the necessary services was still ensured for women, including allowing the pregnant women to go to the clinic or address the doctors even in case of non-scheduled visits. Even in the "red zones" requests were manually assessed by the inter-agency council and passes issued for such cases. Additionally, with the support of international organizations, such as UNFPA, the so-called "dignity kits" have been distributed in "red zones" (i.e., municipalities under strict quarantine measures), including items of personal hygiene for women

#### ***8. If your State has humanitarian aid programmes, please indicate whether SRHR are explicitly covered in the humanitarian aid strategy and how priorities on SRHR are set.***

In 2017, with the technical and financial assistance of the United Nations Population Fund, a minimum package of reproductive health services was developed, which is integrated into emergency preparedness and response plans.

#### ***9. Please indicate the main challenges, if any, encountered by women and girls to access justice and obtain reparations for violations of their SRHR, including any procedural barriers, and the types of assistance available to access legal and other remedies. Please also indicate the groups of women and girls most affected. Where applicable, please indicate the role played by a national truth and reconciliation commission (or a similar body) in ensuring the recognition of human rights violations in relation to women's and girls' SRHR and reparations.***

The alleged victim of violence is immediately notified about the legal protection measures provided by the legislation of Georgia. At the request of the beneficiary, the Agency's lawyer provides legal protection to the beneficiary, which includes:

- a. Legal consulting;
- b. If necessary, prepare an application/lawsuit;
- c. Representation/advocacy in judicial/law enforcement bodies (human trafficking, determining/continuing the status of victims of violence, issues of establishing/extending the

status of a victim of violence, compensation for damage caused by human trafficking, violence / crime, divorce, alimony, determining the place of residence (of child), establishing paternity, property and inheritance issues, other issues related to human trafficking or violence.

Having the status of a victim / victim of domestic violence and / or sexual violence and / or trafficking in human beings in order to use the shelter service is the main challenge for agency. As of today, the shelter service is not provided to a person who does not has a valid status.

As for the status procedure, it is necessary for the person to apply to either the police or the court or the victim identification group (for status determination).