**Submission on**

***Women’s and girls’ sexual and reproductive health and rights in situations of crisis***

***Association HERA XXI***

***Georgia***

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**Questionnaire**

Concept/definition of crisis

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.

According to the law of Georgia on public safety*,[[1]](#footnote-2)Emergency risk – the probability of occurrence of an emergency that is defined by negative consequences and impacts the life, health, and property of humans facing the threat, as well as by negative consequences and impact on the environment.*

In the wake of the global pandemic, Georgia, like a number of countries (Estonia, Latvia, Moldova, Romania, Armenia), declared a state of emergency by presidential decree of 21 March 2020, [[2]](#footnote-3)within which Georgia had enacted Article 15 of the Council of Europe’s Convention for the Protection of Human Rights and Fundamental Freedoms, considering deviation from the Convention and restricting certain rights in order to manage a state of emergency.

1. Please list thetype of situations that would fit the concept of “crisis” in your State and indicatewhat situations are excluded.

State of emergency is defined and regulated by the constitution of Georgia and the law of Georgia on public safety. [[3]](#footnote-4) As it was already mentioned, according to the article 5 of the law of Georgia on public safety *a crisis situation in certain territories or organisations that is characterised by the disturbance of normal living conditions of the population, caused by disasters, large industrial accidents, fire, natural disasters, epidemics, epizooty, epiphytoty, or by use of the implements of war, and that poses and/or may pose a threat to the life and/or health of the population, and causes or may cause victims, human injuries, and/or significant material damage.*

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

Order #14 of the Head of Emergency Management Service, establishes a National Center for Crisis Management of the Emergency Management Service, which coordinates the existing emergencies and crisis across the country. The centre has a crisis management department that coordinates during the crisis and carries out its activities based on the Constitution of Georgia and international agreements.

During the COVID-19 situation, the Prime Minister Giorgi Gakharia set up an Inter-Agency Council for Coordination Against the Coronavirus (IACC), made up of representatives of every major government agency, to manage the situation. IACC developed anti crisis action plan and set relevant priorities. [[4]](#footnote-5)

After the first session of the Council, the authorities presented to the public the four priority directions in the fight against COVID-19 and the persons responsible for each area: 1. Healthcare – The protection of the health and lives of the population; 2. The economy – The management and recovery of the Georgian economy in the face of the global economic crisis; 3. Safety – The protection of citizens; 4. Supplies and logistics – The management of an uninterrupted supply of food to the population.However no special measures were undertaken to support SRHR during the crisis. According to the survey conducted by the Association “HERA-XXI” the Government plan was not focused on the specific needs of women and girls and their sexual and reproductive rights. [[5]](#footnote-6)

If we consider the pandemic COVID-19 as a crisis in terms of reproductive and sexual rights, the priorities for overcoming the crisis should be as follows:

*A. The state should ensure that restrictions imposed by the state during fight against a pandemic creates no discriminatory and unequal environment. It is important for the state to recognize that social, cultural and gender roles and relationships affect the vulnerability of women and girls.*

*B. The state should pay close attention to sexual and reproductive health during COVID-19, given that the spread of the virus will have a severe impact on these issues. In such circumstances, the state must ensure safe pregnancy and childbirth. Mentioned issues are particularly problematic for women living in poverty, persons with disabilities, IDPs and sexual minorities.*

Challenges and good practices

1. 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 the following types of services and aspects of care:
2. Access to non-biased and scientifically accurate information about sexual and reproductive health matters and services;
3. **Access to medical professionals and health service providers, including traditional birth attendants, with adequate provision for their training and safety including personal protective equipment;**
4. **Access to essential medicines as prescribed by the WHO, equipment and technologies essential for the quality provision of sexual and reproductive health services;**
5. **Prevention of HIV transmission, post-exposure prophylaxis and treatment for HIV/AIDS as well as the prevention and treatment of sexually transmissible infections;**
6. **Pregnancy-related health services, including pre- and post-natalcare, assistance during child-birth, and emergency obstetric care;**
7. **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;**
8. **Safe abortion services including surgical and non-surgical methods of termination of pregnancy andhumane post-abortion care, regardless of the legal status of abortion;**
9. Treatment for pregnancy-related morbidities such as obstetric fistula and uterine prolapse, among others;
10. Screenings and treatment for reproductive cancers;
11. Menstrual hygiene products, menstrual pain management and menstrual regulation;
12. 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;
13. Measures to prevent and prohibit practices such as female genital mutilation and child, early and forced marriage;
14. 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;
15. The affordability of SRH services especially for those in situations of vulnerability; and
16. Other pertinent information that may affect the availability accessibility, affordability, acceptability and quality of SRH services and information.

Experiences of crisis

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

On February 26, 2020, COVID-19 was recorded in Georgia as well as in most other countries of the world. On March 21, 2020, due to a virus, a state of emergency was declared on the basis of a presidential decree, under which rights envisaged by the Constitution of Georgia, restriction of which were directly correlated with the management of the epidemiological situation in the country had been limited for the terms of the state of emergency. Freedom of movement, freedom of assembly, property rights, labor rights and right to education had been limited for the citizens of Georgia. All these restrictions served protection of human life and health, this is why they were legitimate and proportionate.

1. What was the impact of those crises on women and girls? Please provide information in particular on the following aspects:
2. Which groups of women and girls were most affected and how, taking into account different factors, such as age, geographic location (including urban and rural areas), ethnic and social origin, disability, marital status, migratory status, citizenship status or other status?

Assessing the developments in the state, we can say that the pandemic affected the rural population and vulnerable groups such as the elderly, people with disabilities, people prone to mental disorders, minors, women, LGBT people, ethnic minorities, and women who lost their jobs and were left without income, consequently created financial problems for their family members. The pandemic also affected migrant women and girls who were restricted in their freedom of movement, as well as creating problems in the delivery of services such as health and education services.

1. What was the impact on their SRHR?Were any specific risk factors and needs identified? Do you have data and/or qualitative information disaggregated by the factors listed under question 6(a)? If not, please explain why.

Current crisis has certainly affected the reproductive and sexual rights of girls and women, in particular, the problem of providing health services in the state, as the country's healthcare system was not ready for a financial or institutional crisis similar to that of COVID-19.

Information requested from the Ministry of Internal Affairs during the pandemic confirms that one of the main challenges was increase in domestic and gender-based violence against women.

1. What were the main obstacles encountered by the State, if any, in identifying and addressing the impact of the crisis on women’s and girls’ SRHR?.

Emergency response to COVID-19 also means that resources for sexual and reproductive health services may be diverted in response to the virus explosion, which may lead to an increase in maternal and neonatal mortality, also contraceptive needs can no longer be met, or can the number of unsafe abortions and sexually transmitted infections increase.

1. What measures were adopted duringand after the crisis to ensure women and girls’ access to sexual and reproductive health services? Please indicate which SRHR services are recognized as essential services in the health policy or laws of your State and are funded through the health system. What steps were taken to ensure the continuity of services and access during the crisis?

On the basis of the decree issued by the President of Georgia on March 21, 2020, a state of emergency was declared and certain rights and freedoms provided by Chapter 2 of the Constitution of Georgia were restricted. However, the decree covered only those rights and freedoms whose restriction was critical to the management of the epidemiological situation. The decree also delegated certain issues of regulatory powers to the Government of Georgia, however, the purpose, objectives and scope of the powers delegated to the government were also defined by the decree.

Health services

•In order to ensure continuity of medical services, recommendations were developed and issued on the need to tighten infection control for mental health centers, reproductive and perinatal service providers, dental clinics, and other planned outpatient services.

•In order to provide continuity of medical services, beneficiaries of specific medication programs (including insulin-dependent individuals) as well as the state program for the treatment of chronic diseases over the age of 70 and persons with disabilities were provided with the necessary medication (including insulin).

•To receive antenatal services, pregnancy registration was made remotely.

•Beneficiaries registered in psychiatric institutions in Tbilisi and regions, especially in Kvemo Kartli region, were continuously provided with the necessary medicines according to the need and demand.

•Due to the suspension of public transport in Tbilisi, transportation from home of the beneficiaries of the hemodialysis program to the medical facility and back was provided by the Social Service Agency completely free of charge.

•For Hepatitis C Elimination Program beneficiaries who were unable to visit and receive medication at their medical facilities due to emergencies and long-distance travel, services were provided on a temporary basis using the Georgian Post service remotely.

1. What other protocols or systems were put in place to prevent adverse reproductive and sexual health outcomes due to the common risks triggered by crisis including, for example, gender-based violence and child marriage? Were any special measures adopted for specific groups of women and girls?

The Government of Georgia prioritiesdto fight against violence against women and ensured non-stop access to state-provided services for domestic violence survivors, including shelters and crisis centers. [[6]](#footnote-7)

Since the onset of the crisis, the Georgian government has taken proactive measures to protect the social, civil and economic rights of vulnerable groups and minorities, including providing access to access to information for persons with disabilities, large families, single parents, the elderly, ethnic, religious, sexual and other minorities.

Despite the crisis, the priority for the state was to take appropriate measures against women and domestic violence. That is why the Interagency Commission on Gender Equality, Violence against Women and Domestic Violence of the Human Rights Council developed a communication strategy on domestic violence and violence against women during the COVID-19 crisis and implemented it proactively with partners during the crisis. However other SRHR issues were not covered under the crisis plan.

1. Were women’s rights organizations[[7]](#footnote-8)involved in the needs and impact assessments and the recovery policies? If not, please indicate why.

The cooperation of non-governmental organizations was successful in some cases, the cooperation of non-governmental organizations during the crisis was quite effective. The Government actively cooperated with the non-governmental sector on human rights, as well as the coordinated work of NGOs in the regions and the local municipality to distribute humanitarian aid.

However, according to the survey conducted by the Association “HERA-XXI” NGOs working on SRHR consider to have more organized and coordinated work in the future to share experiences, share resources in times of crisis, and work together to address the needs of beneficiaries on SRHR issues. [[8]](#footnote-9)

1. Which actors or institutions played a role in the provision of emergency responses? Please describe their role and explain what roles were played, if any, by national women’s rights or human rights mechanisms, or other similar bodies as well as civil society organisations.

Both government agencies and the non-governmental sector were involved in the crisis response process. According to NGOs, the state has shown flexibility and timeliness in the fight against the new coronavirus, but has delayed other priority issues, such as women's rights, the situation of people with disabilities, LGBT issues, and temporarily abolished or postponed appointments regarding refinement of legislation. It should also be noted that the action plan against COVID-19 developed by the state was incomplete and did not take into account self-employed women, ethnic minorities, members of the LGBT community.

During the COVID 19 pandemic, the Inter-Agency Commission on Gender Equality and Violence against Women issues actively coordinated government work during the crisis for the gender perspective response. The commission developed Communication Strategy and did some activities for the prevention of the violence against women with relevant state agencies.

1. How were the emergency responses funded and to what extent did they rely on foreign aidor assistance, if any? Please also indicate how in your State adequate financing of women’s sexual and reproductive health is ensured more generally on an ongoing basis.

The state of course finances emergency medical as well as planned medical services according to the social status of a particular citizen.

As for women's reproductive health, only pregnancy / childbirth is funded by state programs, which is very important, the State does not finance the postnatal period, breastfeeding, contraceptives, abortion, which is a significant challenge for the state.

Certainly, medical services are financed both from the central state budget and from the funds allocated by the World Health Organization.

1. What obstacles have civil society organisations encountered in their efforts to deliver sexual and reproductive services?

The COVID-19 pandemic emergency has been met with unpreparedness by most non-governmental organizations, however, according to the organizations surveyed, they were soon able to adapt to the new situation and develop an action plan. For the most part, the crisis response plan was developed by the management of the organizations and included both office work and the transfer of existing services and programs to the online space. Prevailing tendency was that current pandemic crisis response plan was tailored to pandemic-only constraints and emergencies. Consequently, it is less useful for other types of emergencies (e.g., war), which means that organizations are still unprepared to face a new type of crisis situation.[[9]](#footnote-10)

1. 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.

Switching to remote services was a necessity for organizations; switching to remote services is a positive experience brought about by the crisis and using this method for another time will result in significant savings for both government agencies and the non-governmental sector.

1. 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.

The state has a social welfare strategy for citizens, but reproductive and sexual rights certainly are not a priority.

Social packages:

•Relevant target groups (pensioner, person receiving compensation, person receiving social package) continued to receive state benefits (state pension, compensation, social package, etc.).

•The appointment / renewal of the pension / compensation / social package was done using electronic services, without a visit to the LEPL Social Service Agency, in particular, on the basis of an electronic application submitted by the applicant to the agency and an electronic copy of the material document.

•For families with a rating score of less than 100,001 registered in the database, the provision of cash social assistance - subsistence allowance continued uninterruptedly, regardless of the competence and authority defined by the initiative or relevant legal acts and / or verified information obtained and / or discovered from various sources. Except when a re-examination of the socio-economic status of the family was requested by the family itself.This sub-paragraph also applies to suspension of subsistence allowance from 1 January 2020. The regulation affected about 3,000 families (8,500 people).

•Within the framework of the targeted state program to improve the demographic situation, according to which in the regions of Georgia where there is a natural decline, families receive assistance for every third and subsequent child - in the highland region - in the amount of 200 GEL, and in the non-mountainous region - 150 GEL.The Social Services Agency did not verify the actual residence of the beneficiary families (to verify the fact of the beneficiaries' lives) and those families who received cash assistance until February and were suspended assistance in March, resumed payment from April and were reimbursed in March.Consequently, assistance under this regulation (excluding visits) continued for approximately 7,000 families.

•Funding was extended to service providers under various sub-programs (Early Childhood Development, Child Habilitation / Rehabilitation, Day Care Center sub-programs, etc.), food vouchers were issued to day care beneficiaries, and remote services were introduced under various sub-programs.

1. 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 typesof 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.

Despite the crisis, the state is obliged to take proactive measures to ensure the social, civil and economic rights of vulnerable groups and minorities, იncluding the rights of persons with disabilities, large families, single parents, the elderly, ethnic, religious, sexual and other minorities;In particular: access to vital information and health services.

Despite the crisis, the priority for the state was to take appropriate measures against women and domestic violence.For this purpose the state has developed a communication strategy for domestic violence against women. The enactment of all these mechanisms has facilitated access to the right to justice.

Preparedness,recoveryand resilience

1. Is there any preparedness or risk management strategy/plan/policy in your State? If so, please provide information on the following aspects:

To what crisis does it apply? What situations are excluded?

1. Does it contain a definition of crisis? If so, please indicate the definition used.

Article 5 of the law of Georgia on public safety provides the following definitions:

*2. Emergency - a crisis situation in certain territories or organisations that is characterised by the disturbance of normal living conditions of the population, caused by disasters, large industrial accidents, fire, natural disasters, epidemics, epizooty, epiphytoty, or by use of the implements of war, and that poses and/or may pose a threat to the life and/or health of the population, and causes or may cause victims, human injuries, and/or significant material damage.*

*6. Emergency risk – the probability of occurrence of an emergency that is defined by negative consequences and impacts the life, health, and property of humans facing the threat, as well as by negative consequences and impact on the environment.[[10]](#footnote-11)*

1. Does it include measures concerning womenand girls’ SRHR? If so, please describe the measures included and any special measures envisaged and/or adopted for specific groups of women and girls concerning both preparadeness and recovery.

N/A

1. How were the risks related to women and girls’ sexual and reproductive health and rights, in urban and rural areas, identified and assessed?

N/A

1. Were women’s rights organizationsinvolved in:i) the development of the strategy/plan/policy; ii)assessment of the risks concerning SRHR; iii) the design of the measures implemented; and iv) the monitoring of the strategy/plan/policy? Please indicate the steps taken to ensure their participation and to include a gender-perspective in crisis preparedness, management and recovery.

N/A

1. Please indicate if the strategy/plan/policy has undergone any assessments to date. If so, what were the main findings and recommendations concerning women’s and girls’ SRHR?

N/A

1. If your State does not have a plan that can immediately go into effect in a time of crisis, please explain why it is so.

 N/A

1. Are there specific ways in which international human rights mechanisms can support States in their efforts to address a crisis?

As for the international mechanisms, Georgia is a member of the Council of Europe and the Council of Europe Convention came into force as soon as the state of emergency was declared.

1. <https://matsne.gov.ge/en/document/download/2363013/3/en/pdf> [↑](#footnote-ref-2)
2. <https://matsne.gov.ge/en/document/view/4853172?publication=0> [↑](#footnote-ref-3)
3. <https://matsne.gov.ge/en/document/view/30346> [↑](#footnote-ref-4)
4. <https://stopcov.ge/en/Gegma> [↑](#footnote-ref-5)
5. <http://hera-youth.ge/wp-content/uploads/2020/07/Report_HeraXXI-ANOVA_2020-2.pdf> [↑](#footnote-ref-6)
6. GoG, Human Rights during COVID 19, 2020 [↑](#footnote-ref-7)
7. The expression women’s rights organizations should be understood as encompassing organizations of women of different ages, backgrounds and identities. [↑](#footnote-ref-8)
8. <http://hera-youth.ge/wp-content/uploads/2020/07/Report_HeraXXI-ANOVA_2020-2.pdf> [↑](#footnote-ref-9)
9. <http://hera-youth.ge/wp-content/uploads/2020/07/Report_HeraXXI-ANOVA_2020-2.pdf> [↑](#footnote-ref-10)
10. <https://matsne.gov.ge/en/document/download/2363013/3/en/pdf> [↑](#footnote-ref-11)