**Questionnaire on Women’s and girls’ sexual and reproductive health and rights in situations of crisis-Contribution by Greece**

**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?

The General Secretariat for Civil Protection and Crisis Management has been established under the Ministry of Citizen Protection. In addition, a Deputy Minister has been assigned with the portfolio of Civil Protection and Crisis Management. According to Law No. 4662/2020, a national mechanism for crisis and hazard management has been established, which is supervised by General Secretariat for Civil Protection and Crisis Management. The aforementioned institutions focus primarily on the structure of a national response and preventive measures to be employed in relation to hazards, risks, disasters, emergencies, susceptibility and vulnerability of citizens.

The Greek State is affected directly or indirectly by a number of world-wide challenges: refugee crisis, COVID-19 pandemic and economic crisis. There are policy frameworks in place to enhance the State’s response to these challenges, e.g. better coordination of agencies and services and increase of infrastructure to cover the needs for international protection, accommodation, healthcare and inclusion of asylum applicants or refugees entering the Greek territory; protective measures to prevent the spread of COVID-19; measures to support socially vulnerable groups.

There is no legal definition for the concept of crisis.

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

The Greek State is affected directly or indirectly by a number of global challenges: the refugee crisis, the COVID-19 pandemic and the economic and financial crisis.

Greece is a border country of the European Union and thus is a reception country for people seeking international protection or better living conditions. Continuous conflicts or dire predicaments in various countries have forced people to flee and try to seek refuge elsewhere. Greece has always been a host country for asylum seekers and migrants but since 2015 there has been an unprecedented increase of arrivals of people seeking safety. Therefore, regarding asylum procedures, the concept of “crisis” is mainly related to unprecedented influx of applicants for international protection through certain entry points for a sustained time period.

Additionally, In the civil protection area the concept of “crisis” relates, inter alia, to man-made and/or natural disasters. Especially in the case of the COVID-19 health crisis, which has challenged public health, the public health system and the financial situation of the country, the general coordination of all relevant authorities responding to the pandemic has been assigned to the General Secretariat for Civil Protection.

Moreover, Greece from 2009 and for over eight years, has suffered an economic and financial crisis. The concomitant disciplinary economic measures adopted in 2010 have compromised the state’s capacity in various sectors.

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

The National Mechanism for Crisis and Hazard Management is competent for the management of a crisis and it is enforced in situations that endanger public health or public safety (e.g. natural disasters or pandemics). The National Center of Social Solidarity (E.K.K.A) intervenes also in cases of natural disasters or in cases of accidents with a high number of victims and provides psychosocial support to victims and to their relatives.

The priorities include the protection of life, health, property, environment, cultural heritage, infrastructure, natural resources, vital services, tangible and intangible assets, from man-made and natural disasters or other emergency situations in peacetime.

**Challenges and good practices**

**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?

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

With regard to unaccompanied girls, access to non-biased and scientifically accurate information about sexual and reproductive health matters and services is ensured through visits to healthcare units; other than that the accommodation facility’s personnel always try to invite professionals to engage girls in conversations on various issues including on contraception and reproductive health.

**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;

All minors have access to the national health system; according to Law 4368/2016 vulnerable groups with no healthcare insurance have access to the healthcare services and medical treatment. Health care is delivered through public hospitals or hospitals or private law legal entities supervised and funded by the Ministry of Health, mental health units, primary healthcare units, municipal health clinics and rehabilitation and social care institutions supervised by the Ministry of Labor and Social Affairs. All personnel are accredited trained health care professionals. Medicinal care is provided by private pharmacies contracted with the National Organization for Healthcare Services Provision (EOPYY). High cost medicines can be distributed by the pharmacies of Hospitals, EOPYY and private pharmacies. Minors with legal residence permit (temporary or permanent) are able to access health services either by having a Social Security Number (children with an international protection status) or by having a provisional social security and health care number (PAAYPA; for children asylum applicants). Any underage girl or pregnant woman has healthcare for minimum a year, regardless the legal status.

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

All minors have access to medical treatment if they have a temporary or permanent legal residence permit and in all cases of hospitalization and emergency basis. Other than that, there are NGO-run medical settings that are funded by EU funds or other sources and provide free healthcare services to vulnerable groups. A challenge may arise in the cases of homeless persons, who do not have a carer to assist them e.g. with medication taking. University hospitals, though their medical staff, are highly educated, specialized and are often pioneers in research and methods of treatment in the country.

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

With regard to the post-exposure prophylaxis and treatment for HIV/AIDS as well as the prevention and treatment of sexually transmissible diseases (STDs), these are provided by public health services affiliated to the national health system. Moreover, HIV-positive are entitled to a specific benefit provided in a constant basis. Public health interventions and programs aiming at the prevention of such conditions are often delivered in schools and/or in accommodation facilities for unaccompanied minors. A promising practice has been the development of a regional referral pathway in Northern Greece to facilitate the access of UAC to relevant healthcare services.

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

With regard to pregnancy-related health services, including perinatal care, care during child-birth and emergency obstetric care, these are provided to girls through the national health system.

**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;

Specifically with regard to evidence-based contraceptive information and services, these are not offered to minors very widely; sporadically such information is delivered in schools as workshops organized by public healthcare workers together with school administration, and other than that by healthcare professionals in accommodation facilities, where unaccompanied minors live. More often information concerns the sexual and reproductive health of minors and their protection from transmissible diseases and basic information about contraception. Such workshops are primarily delivered upon the initiative of a school head or a regional education administration. The country does not have a comprehensive national action plan for the promotion of reproductive and sexual health for teenagers in general. Public hospitals with a gynecological clinic can provide the full range of information, if a minor visits such a hospital. International or local NGOs may offer, in line with the directions of the national organization of medicines, contraception services.

**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;

Abortion is permitted under specific circumstances. As provided in the Greek Penal Code (article 304 par. 4) abortion (termination of pregnancy) is permitted only after the woman's consent and if it is conducted only by a qualified obstetrician - gynecologist with the participation of an anesthesiologist in an organised medical unit, in case of:

• All pregnancies in the first 12 weeks of gestation.

• Pregnancies up to 24 weeks of gestation, if there are serious indications of a fetal anomaly that will have as a consequence the birth of an abnormal baby.

• Without any time, restriction, if there is inevitable danger of the woman's life or danger of serious and permanent physical or mental health injury, certified by a specialised physician.

• Pregnancies up to 19 weeks, if the pregnancy was a result of rape, seduction of minor, consanguination or abuse of a powerless to resist woman.

If pregnant women is under 18, consent of the parent or legal guardian is necessary.

Noteworthy, for unaccompanied minors the Public Prosecutor, as the temporary guardian by law for unaccompanied children and the competent authority to decide on important issues in case of parents’ incapacity or absence, has to approve such an act after having being informed on the circumstances and having heard professionals and girls’ opinion. Thus, with regard to abortions medical care is provided to unaccompanied girls.

**i)** Screenings and treatment for reproductive cancers;

Screening and treatment of reproductive cancers is provided by the national health system.

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

With regard to menstrual hygiene products, at the time these are provided for free only by NGOs; menstrual pain management and menstrual regulation is either supported by public hospitals or through NGO-run EU or otherwise funded clinics.

**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 times of crisis, it is highly possible to have an increase in the incidents of violations of the sexual and reproductive health rights of women and girls. In the specific case of the health crisis that we have experienced and continue to experience, violations of these rights have increased (especially during the period of confinement at home), resulting in the need to take measures to mitigate this phenomenon (both in terms of prevention as well as in dealing with the medical problems that arise and the psychosocial support that is needed). In our country, incidents of violence against women during the months of quarantine have increased and measures had to be taken to provide the best possible support services to women victims.

The agency responsible for preventing and combating violence against women in Greece is the General Secretariat for Family Policy and Gender Equality, which is an organizational unit of the Ministry of Labor & Social Affairs.

As part of the emergency measures to address and prevent the further spread of the Covid-2019, GSFPGE has sent instructions to all structures on their operation procedures in the current situation in order to protect the health of both employees and women victims addressed thereto. At the same time, the GSFPGE has also informed the local government bodies, in the framework of which the Counselling Centres and the Shelters are operating.

All structures continue to offer their services adapted to the emergency restrictive measures in force due to the corona virus, while teleworking and telephone support sessions have already been ensured and are being implemented.

The network of structures consists of:

The SOS 15900 helpline, a nationwide telephone line that provides immediate assistance in emergency cases on a 24-hour basis, all year long. At the same time, it is possible for women to communicate electronically through the e-mail address: sos15900@isotita.gr.

42 Counselling Centres that provide social, psychological, legal and employment support services, and

20 Shelters that offer safe accommodation to women victims of violence and their under-aged children.

Moreover, with continuous posts on the social media of our organization and in the media (press and electronic press, television news broadcasts) the possibility of increasing incidents of domestic violence is stressed in order to inform and raise public awareness. In the same time during quarantine period, women who remain at home are urged not to remain silent but report possible violence incidents. They are also informed on the support structures. Similar actions have been taken by the Research Centre for Gender Equality (KETHI), which is the legal entity of the General Secretariat for Family Policy and Gender Equality, responsible for the scientific supervision of the Network of Structures.

In emergency cases, the General Secretariat in collaboration with the Hellenic Society of Forensic Medicine, offer special accommodation, with free housing and meals throughout Greece.

In cases of women victims of violence, free of charge medical tests are be provided by the Hellenic Society of Forensic Medicine. Also free of charge medical tests for their children are offered by the Organization "the Smile of the Child".

A video spot has been created as part of the central campaign of the Greek Government "We Stay at Home", with the message "We stay at Home but We Don't Stay Silent", during the quarantine period.

The Research Center for Gender Equality (KETHI) conducted a sponsored information campaign on support structures for victims of violence on social media with a short video (Gif).

The General Secretariat for Family Policy and Gender Equality informs Civil Society Organizations on its actions, to address any emergencies of domestic violence that may have been directed at other agencies.

In addition, the statistical data collected by the department of documentation, research and digital support of the General Secretariat along with the statistical data (phone calls and emails along with demographics of the callers-victims and third parties ) provided by the SOS 15900 Helpline provide us with a holistic perspective of the phenomenon and enable us to format policy measures according to the data.

During the confinement period, our biggest concern was to be able to effectively manage any incidents requiring our aid. The General Secretariat for Family Policy and Gender Equality, in collaboration with the Hellenic Society of Forensic Medicine provided temporary shelters (with free accommodation and feeding ), during the lockdown measures, to women living in poverty, migrants and in situations of vulnerability, along with free medical examinations when required or needed.

Moreover, through the collaboration with the NGO ‘’The Smile of the Child’’, the under-aged children of these women had the possibility to be medically examined free of charge.

In addition, via the SURVIVOR project (Enhancing services for refugee and migrant GBV survivors), migrant women requiring assistance for domestic violence issues, can receive information regarding the transportation during Covid-19 translated in Farsi and Arabic while the Research Center for Gender Equality (KETHI) conducted the translation of information leaflets regarding the Covid-19 restriction measures in various languages.

A 3-party collaboration is ongoing among KETHI and NGOs providing translation services to women victims of domestic violence, when required.

With regard to 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:

About prevention actions, the State regularly cooperates with NGOs in order to draft together projects to be implemented in schools or in other contexts and raise the awareness of minors on protection issues. Apart from that, the state again cooperates with NGOs or state agencies to implement trainings to professionals in order to raise their awareness on children’s protections issues and be able to recognize indicators, make proper referrals and know how to manage suspicion or disclosure of abuse. About intervention (psychosocial support and medical treatment), investigation and punishment, there are special provisions for the protection of child victims of their personal or sexual freedom, as well as of children victims of domestic violence[[1]](#footnote-1) . Especially regarding unaccompanied minors third country nationals or stateless persons:

According to articles 39, 58 and 59 of Law 4636/2019 in the case where during the identification procedure a minor is found to be a victim of maltreatment, exploitation or torture, he/she shall be provided with the appropriate care and treatment. The National Identification and Referral System for Victims of Trafficking (national referral mechanism) is immediately notified when a trafficking victim is identified. When the victim of trafficking is an unaccompanied minor, according to article 49 of Law 4251/2014, as amended, the Public Prosecutor’s Office takes all necessary actions with regard to the child’s identification, family status, care and legal representation. A person is characterized as “victim of trafficking” by the Prosecutor’s act[[2]](#footnote-2) , while victims of torture, rape or other type of violence are certified by medical opinion in a public hospital or military hospital or appropriately trained doctors of public healthcare institutions[[3]](#footnote-3) . Victims of violence and exploitation enjoy support from the state in terms of material, psychosocial, interpretation and legal assistance, privacy and safety.

Special measures are taken also for the participation of minors victims of crimes against personal and sexual freedom or sexual exploitation in the penal procedure[[4]](#footnote-4) [[5]](#footnote-5). Moreover, Law 4478/2017[[6]](#footnote-6) provisions the founding of autonomous offices for the protection of minor victims, the “House of the Child” in the jurisdiction of the Minors Probation Officers and Social Assistance Services in Athens, Thessaloniki, Piraeus, Patras and Heraklion, responsible for the overall support of the victim[[7]](#footnote-7) .

Importantly, the Greek Penal Code, covers a very wide scope of behaviours to be punished and which are related with the broader concept of gender-based violence. However, in practice, most often, law enforcement and prosecutorial and judicial authorities do not consider an aggravated circumstance the motive of targeting a particular gender, e.g. girls rather than focus on the criminal act per se.

Challenges may be to empower girls to be willing to report the abuse or exploitation and go through the entire process. Moreover, lack of information on the procedure is a factor that impedes victims from gaining a sense of control on the process. Lack of information is often the result that interpretation is not available for free at all stages and caseworkers supporting a victim may not be aware of the steps of the process or its duration. Additionally, penal procedure duration varies from case to case and method of investigation may vary from person to person (e.g. the person receiving the deposition of the victim).

**l)** Measures to prevent and prohibit practices such as female genital mutilation and child, early and forced marriage;

Female genital mutilation and child/forced marriages are types of violence against women and are prohibited in Greece. Specifically, by provisions of the criminal code:

Female genital mutilation: Criminal Code, article 310 paras. 2-3 (grievous bodily harm with intent);Criminal Code, article 325 (illegal detention);Criminal Code, article 330 (illegal violence) ;Criminal Code, article 333 para. 1 (threat).

Forced marriage: Civil Code, articles 1350, 1378 (annulment, following, inter alia, a request by the Public Prosecutor, of a marriage involving a child, if the marriage took place without the court’s consent); Criminal Code, article 355 (punishing whoever persuades somebody by fraudulent means to proceed to a void or voidable marriage); Criminal Code, article 327 par. 1 (involuntary abduction with the purpose of marriage);

Law 3500/2006 on domestic violence, article 7 (coercion to action, omission or tolerance of an action from the part of the victim).

Extraterritoriality: Criminal Code, articles 6 and 7 (under the precondition of dual criminality - see also art. 9 CC).

Apart from the above we should mention the Law 4351/2018 that ratifies the Council of Europe’s Convention on Preventing and Combatting Violence against Women (Istanbul Convention), which specifically prohibits FGM practices and forced marriages (articles 37 and 38).

Female genital mutilation and child, early and forced marriage is prohibited by law. Only with a court decision where the best interests of the child is weighted may a minor of 16 year of age and above get married. FGM is considered a form of violence against women and is punished. The Public Prosecutor can ex-officio intervene in such cases and punish people carrying out the practice. The challenge regarding the latter is to identify the victims in the same spirit to raise the awareness of certain ethnic communities implementing this practice that it constitutes a discriminatory act against women and girls and is not an inextricably part of their culture, as they claim, which inevitably they have to “honour” in order for girls to be considered socially accepted.

**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;

With regard to 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: given that professionals offering such services are either public servants or in any case are professionals adhering to their specialty’s code of conduct and given that failing to secure information related to a patient or beneficiary is a crime punished in the penal code, any abuse of conduct may be investigated and punished. Given that health-related services are provided by the state for free through the public health system, there are delays. A challenge may be to inform unaccompanied minors on the process of complaint in their own language and such a process may not be easily accessible for a minor or for a person not speaking Greek. Apart from this process, also the Ombudsman receives and examines complaints of citizens who have their rights violated by a public service or authority. This process is more widely known among professionals working with unaccompanied children and they tend to use this path whenever a problem rises. The Ombudsman’s office, especially for cases of emergency, intervenes promptly and acts in the child’s best interests.

**n)** The affordability of SRH services especially for those in situations of vulnerability;

SRH services are affordable and accessible because these services are also provided through the national health system.

**o)** Other pertinent information that may affect the availability accessibility, affordability, acceptability and quality of SRH services and information;

Special provisions in L.4531/18, L.4604/19 and L.4636/19 define the legal framework related to gender based approach for asylum claims. These provisions are horizontal and vertical and apply both to normal and crisis situation during asylum applications processing.

These provisions refer to gender sensitive approach in asylum process, but also the measures taken regarding the reference to other institutional stakeholders when gender issues or human rights protection are identified through the asylum procedure. The gender approach of asylum applicants is also related to vulnerability (art.39 para.5 L.4636/19, as amended by art.2 L.4686/20) identification (if vulnerability is identified at a later stage in the asylum procedures) : SRHR is both indirectly and directly related to a) women in pregnancy ,b)women victims of trafficking, c)women victims of torture, rape, or other forms of sexual, physical and psychological violence. Women also may belong to the category of UASC or be members of a family, where as family unity must be taken into account. Apparent vulnerability in applicants requires necessary measures from the Greek Asylum Service caseworkers such as excemption from personal interview, where as not obvious vulnerability require a certification from medical public authorities.

These measures include:

1) interview by female case workers for female asylum applicants , provided that this is also requsted by the applicant (art.77 para.5 L.4636/19).

2) Caseworkers are especially trained for special needs of women, children and victims of violence and torture (art. 77 para.12 a L.4636/19).

3)Beneficiaries of international protection in pregnancy acquire access to health services for 1 year (PAAYPA, national health issurance card, art. 118 L.4636/19)

4) Furthermore, female applicants in pregnancy are prioritized, and may be referred to regular procedures with justification (applicants under the border procedure)

Experiences of crisis

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

Greece during the last five years encountered some major crisis. The country has been profoundly affected by the global financial and economic crisis, with wide-ranging economic, social and political consequences. The adoption of horizontal budget cuts (as a result of the austerity measures in 2010) in healthcare expenditure have impacted the healthcare system. The financial crisis has been followed by the refugee crisis in Greece initiated in 2015, where the management of a large influx of refugee and migrant population has been proved challenging for the Greek state due to structural gaps in the system. The Greek state adapted numerous legislative, policy and practice-related developments relating to the asylum procedure, reception conditions and content of international protection. : The devastating forest fires in Mati area (2018), in 2020, the pandemic of COVID 19 affected the Greek population as well as the refugee and migrant population based in Greece.

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

**a.** 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 ?

During the last 10 years, our country is in a state of crisis, on the one hand due to economic difficulties and on the other due to the geopolitical conditions that created a parallel humanitarian (refugee-migrant) crisis.

The economic crisis has disproportionately affected women; as statistics show there is a clear feminization of poverty (see 17th E-Bulletin of the GSFPGE Observatory, http://www.isotita.gr/wp-content/uploads/2018/09/Observatory-17th-e-bulletin-Feminized-Poverty.pdf ).

This fact in combination with the refugee crisis that followed, is closely linked to the effort of the GSFPGE to support, within its competences, women refugees, victims or potential victims of violence and to their children. To this end a Protocol of Cooperation was signed in 2016 with all the relevant stakeholders, aiming at adopting a common framework of procedures for identifying, referring and hosting, as well as providing counseling services and actions to women refugees, victims or potential victims of violence and to their children, as well as women refugees heads of single parent families, through the Network of Structures of the GSGE. Moreover, the GSFPGE focused its policy of intervention on women belonging to vulnerable social groups or multiple discriminations, including, women at the poverty line and long-term unemployed women, in addition to women victims of violence, torture or trafficking, women refugees or asylum seekers.

In general, focus was put in policies on women who belong to vulnerable social groups or suffer multiple discrimination, including, but not limited to:

1. Women at the poverty line

2. Women heads of single parent families

3. Homeless women

4. Roma women

5. Migrant women

6. Women refugees or asylum seekers

7. Women victims of violence, torture or trafficking in human beings

8. Women with disabilities / chronic diseases

9. Drug-addicted women

10. Prisoners or prison released

11. Older women

12. Long-term unemployed women

In this context, the following 3 objectives were included in Priority Axis 1 "Social Inclusion and Equal Treatment of Women facing Multiple Discrimination" of the National Action Plan on Gender Equality:

- Objective 1: Integrating gender dimension in legislation and public policies on socially vulnerable groups.

- Objective 2: Strengthening the GSFPGE in the formulation of targeted policies for women who suffer multiple discrimination and the creation and dissemination of gender-disaggregated data.

- Objective 3: Ensuring equality and eliminating discrimination for women who suffer multiple discrimination.

The result of these policy objectives was the institutionalization of a relevant organizational unit within the GSFPGE. The newly established Department for Social Protection and Combating of Multiple Discriminations, under the Directorate of Social Protection and Counseling Services, was established in the last organizational chart of the Ministry of Interior with article 25 of the PD. 141/2017 (Government Gazette 180 A). Specifically, the newly established Department of Social Protection and Combating Multiple Discrimination (Directorate of Social Protection and Counseling Services) is responsible for:

- The elaboration and promotion of measures to tackle gender discrimination faced by persons belonging to vulnerable social groups (migrant women, refugee women, single parent families, Roma women, etc.) with a view to their social inclusion and social cohesion.

- Co-operation and networking with all relevant stakeholders to mainstream gender into vulnerable social groups within the framework of national, regional and local social policy planning.

- Design, coordinate and implement social networking and cooperation actions with transnational bodies and international organizations, as well as with national bodies, on issues of multiple discrimination.

- Providing first-line services and counseling services on psychosocial support and legal counseling to women who face multiple discrimination (eg migrant women, refugees, single parents, disabled people) etc.

- Participation in collective bodies, working groups and committees of the public sector and local government for the elaboration of specialized actions for the prevention and combating of multiple discrimination.

- Review of studies and researches on sexism and gender identity issues and on the other hand the implementation of training interventions in cooperation with stakeholders to combat discrimination related to gender identities and sexual orientation.

- The development of awareness raising activities on the issues of its competence and their implementation in cooperation with the competent Department of Administrative & Financial Support and Publicity of the GSFPGE.

The healthcare system in the country is fragmented and the provision of primary healthcare services in urban cities is weak. As a result, refugee and migrant women and girls face the same challenges with the local population. Free access to health care for beneficiaries of international protection is provided under the same conditions as for nationals. Unaccompanied girls have access to the national healthcare system if they have a temporary or a permanent residence permit and in all cases of hospitalization and emergency basis. Additionally, the have access to healthcare services provided to vulnerable groups from NGOs working in the protection of refugee and migrant population. Unaccompanied girls might face further challenges due to the lack of proper information of accessible services in a language and in a way, they can understand, if they are not yet placed in accommodation arrangement and also due to the lack of trained cultural mediators in the healthcare system. Such group need to be further empowered and informed about the existing system, their rights and possible referral pathways to be able to ask for support and help.

a. Unaccompanied girls entering the Greek territory are temporarily placed in Reception and Identification Centers (RICs) in border locations or might temporarily live in precarious conditions, if they have entered the country without being identified and registered yet. Thus, in such situations they can be even more vulnerable due to possible exposure to risks for their health.

**b.** 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 ?

In Greece, under the economic conditions of the previous years, women were often victims of weakness and bad health. The adverse effects of the economic crisis had a negative impact on health indicators such as life expectancy, morbidity, mental health, mortality, suicide, domestic violence, etc . In addition, the crisis is exacerbating social inequalities, poverty and social exclusion, while problems arise in the funding of the health systems.

In view of all of the above, in the programming period 2017-2020, the GSFPGE promoted policies and actions in the field of health so as to integrate the gender perspective into health policies implemented mainly by the public sector (Ministries, Healthcare Regions, National School of Public Health, Health Services of all levels, National Assisted Reproduction Authority, National Bioethics Committee, Local and Regional Government etc.). Regarding the private sector, actions included partnerships with Civil Society and Health Professionals Associations.

Based on the above, the GSFPGE promoted gender mainstreaming in the planning and provision of health services, the orientation of health education programs and the treatment of citizens by health professionals. The removal of gender stereotypes in the health sector was also a priority, both as regards diagnosis, prevention and treatment, as well as staffing of health services (e.g. selection of medical specialties and positions of responsibility in health units).

Lastly, particular attention was paid to the needs of specific and vulnerable groups of female population who suffer multiple discrimination (girls or women without income, in poverty, pregnant women, single mothers, homeless women, women with physical or mental illness, with disability, elderly women, women with no supportive social environment, prisoners with no income, released from prison, refugees, migrant women, victims of violence).

For this reason, under the National Action Plan for Gender Equality 2016-2020 three distinct objectives were set:

OBJECTIVE 1: inclusion of gender perspective in health policies.

OBJECTIVE 2: removal of gender stereotypes in health and health services

OBJECTIVE 3: health issues for special groups of population

Under the two first objectives actions of cooperation and networking with the Ministry of Health have been undertaken, in order to inform staff of the Ministry about the importance of designing health policies considering the gender perspective. Moreover, seminars of the staff of hospitals have been implemented in cooperation with the National School of Public Administration to educate among other public servants, medical and paramedical staff on gender equality issues.

Under the third objective the following actions have been implemented:

Since November 2012, the GSFPGE has signed and implements an Agreement with the General- Maternity District Hospital “Helena Venizelou” for the joint implementation of actions in the fields of protection of sexual and reproductive health of women, as well as the prevention and combating of gender-based violence. Since then, individual counseling services have been provided by a Nurse-Counselor of Reproductive and Sexual Health at the Counseling Center for Women in Athens to women who request it. The GSFPGE also collaborates with the Ministry of Education and Religious Affairs and provides information on sexual education to secondary school students either at the Counseling Center for Women in Athens or in the schools. Finally, women victims of gender-based violence have free access to medical examination tests in public hospitals.

Unaccompanied girls living in precarious conditions and not being registered or referred to the existing system yet might be exposed to risks of violence, trafficking etc. due to the fact that they are not well settled and fully protected, they might have experienced violence in their country of origin or during their journey thus remaining vulnerable and need protection and individualized support. Thus, it is important for unaccompanied girls to be immediately identified, referred and registered to the system and then to be informed about their rights, the existing referral system and the support services.

c. 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?

As main obstacles in identifying and addressing the impact of the crisis on women’s and girls’ SRHR, the following might be mentioned: the high influx of refugee and migrants thus impeding a more individualized approach during the identification process, the limited and stable coordination mechanisms among state and non-state actors involved in the management of refugee and migrants and the lack of continuous trained and experienced front line personnel to early identify and support such cases.

**d.** What measures were adopted during and 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?

All minors, regardless of their legal status, have free access to Public Health Institutions and nursing, medical and medicinal care[[8]](#footnote-8). Healthcare is delivered by the National Health System through hospitals and clinics of both public and private sectors affiliated and accountable to the Ministry of Health, mental health units, primary healthcare units, municipal health clinics (Ministry of Health); and rehabilitation and social care institutions supervised by the Ministry of Labor and Social Affairs. Regarding SRHR services included in the public system following the L. 3235/2004 (A’ 53/18.2.2004), family planning is included in the primary health care system that should be provided by the National Health System. Family planning includes counselling and treatment for different issues; contraception methods, abortion, childbirth, pregnancy in adolescence, fertility issues etc. Currently three family planning departments in gynecological clinics in university hospitals are operational; Alexandra Hospital, Araiteo Hospital and Atticon Hospital. Scientifically responsible in these departments are appointed either doctors of the public health system or academic doctors with specialization in family planning or reproductive health.

The National Public Health Organization (NPHO) is a legal entity of Private Law supervised by and accountable and affiliated to the Ministry of Health. NPHO’s mission is to provide services that contribute to the protection and improvement of health and increase the life expectancy of the population by enhancing the capacity of the National Healthcare System, with particular focus on public health services, to effectively respond to threats to human health by both communicable and non-communicable diseases through the early detection, monitoring and evaluation of risks, reporting and submission of evidence-based proposals and intervention measures. NPHO’s personnel is also present in the RICs providing medical and psychosocial support to migrant and refugees. In 2017, The United Nations Population Fund (UNFPA), handed over to NPHO, educational material on sexual and reproductive health and gender – based violence[[9]](#footnote-9). During COVID – 19 pandemic, NPHO handed over specific guidelines on how to manage such cases inside open accommodation facilities for refugee and migrants.

**e.** 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 General Secretariat for Family Policy and Gender Equality (GSFPGE), organisational unit of the Ministry of Labour and Social Affairs, is the governmental agency competent to plan, implement, and monitor the implementation of policies on equality between women and men in all sectors. Targeted interventions aiming to prevent adverse reproductive and sexual health outcomes due to GBV have been implemented by the General Secretariat and more specifically:

- Coordination together with other competent actors of the implementation of the Cooperation Protocol singed in 2016 and refers to the identification, accommodation and provision of supporting services to refugee and migrant women and their children, victims or possible victims of GBV.

- Provision of services to refugee and migrant women and to their children, victims or possible victims of GBV through the existing network of prevention and confrontation of violence which consists of 41 counselling centers throughout Greece, a 24/7 hotline providing counselling Greek and English and 21 shelters for victims of GBV.

For more targeted intervention on behalf of the GSFPGE regarding the COVID-19 pandemic more information can be found in the following link http://www.isotita.gr/wp-content/uploads/2020/05/Actions-taken-by-the-General-Secretariat-for-Family-Policy-and-Gender-Equality-during-the-COVID-19-pandemic.pdf

The National Rapporteur on trafficking in human beings in collaboration with other actors and more specifically through the National Referral Mechanism managed by the National Center of Social Solidarity facilitates the identification process and further support of victims or possible victims of trafficking through targeted interventions including the refugee and migrant population. Specific actions are implemented such as provision of trainings to front line professionals, development of SOPs, appointment of focal points to involved services and establishment of cooperation mechanisms among stakeholders.

**f.** Were women’s rights organizations involved in the needs and impact assessments and the recovery policies? If not, please indicate why?

Women rights organisations are usually involved in the service provision and empowerment of refugee and migrant women and girls. Through the provision of services and the collaboration of organizations with the state, policies and practices can be further developed.

**g.** 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 ?

Regarding the provision of services during emergency responses to migrant and refugee women and girls, some examples of national and international organisations are the following; Diotima, Melissa Network, SolidarityNow, MSF which operates additionally to other services gynecological clinics targeted to migrant and refugee women and girls. IRC and ActionAid has been also involved in the provision specialised services to refugee and migrant women and girls. UNHCR, UNICEF and IOM are also involved either through the provision of experts to support state agencies or through direct provision of services and necessary equipment in the field. National state actors, apart from the above mentioned in f. the National Commission of Human Rights and the Greek Ombudsman intervene to specific violations of human rights of refugee and migrant women and girls.

**h.** How were the emergency responses funded and to what extent did they rely on foreign aid or 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 ?

Emergency responses are funded mainly through EU funds through different fund operators that can be national actors (AMIF) or international organisations (mainly IOM, UNHCR).

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

The main obstacle in the efforts to deliver sexual and reproductive services on behalf of civil society organizations are identified in the cultural aspects involved in such provisions of services. Migrant and refugee women might find it difficult to understand and accept some concepts due to their cultural background; Thus, acceptance of the need to receive both information and services related to their sexual and reproductive health is necessary.

**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?

Unaccompanied girls need specialized support and care provided by trained and experienced professional in a protective environment where they will be able to be well informed about their sexual and reproductive health. Thus, immediate identification and stable referral pathways are necessary in the system. The role of the guardian in cases of unaccompanied girls is significant aiming to early provide all the necessary support. Unaccompanied and separated girls may not be immediately spotted or identifiable as unaccompanied or separated for a variety of reasons which connects to the specific dynamics of their travel experience, the patterns of their journeys, and their level of information and awareness of their surrounding environment. Many girls travelling with families might be assumed by frontline workers and national authorities as part of the families they are travelling with. Girls themselves may be reluctant to self-identify to relevant authorities especially if they are travelling with extended families or other adults assumed to be family. Thus, there is a significant need to develop appropriate tools and resources for frontline workers, service providers and national authorities to identify girls. They should be based on evidence, good practices and data and should be accompanied by comprehensive initiatives at local, national and regional level. The Special Secretariat for the Protection of Unaccompanied Minors has been established by the Presidential Decree 18/2020 (art. 1 para 3) and its authorities are provided in L. 4636/2019 (art. 60 para 3, as amended by law 4686/2020). These include all aspects regarding the accommodation and integration of a child, his/her potential relocation within the EU, the safeguarding of his/her well-being and the development of national strategy for the protection of unaccompanied minors, its implementation and monitoring. Specific focus in the National Strategy for unaccompanied children will be given to the identification, protection and support of unaccompanied girls.

**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?

Humanitarian aid programmes include actions aiming to cover immediate needs of refugees and migrants such as shelter, primary health care, psycho-social support, improved hygiene conditions, the provision of interpretation for health and protection.

**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 main challenges that women and girls face when their sexual and reproductive rights are violated are:

- Socio-economic and cultural barriers to equal access to justice. These include feelings of fear and shame, lack of information about the official procedures and available assistance, and financial dependence.

- Legal and procedural obstacles to equal access to justice, leading to reduced or complete lack of confidence in the justice system by women victims.

In addition, lengthy criminal proceedings, low sentencing rates and discriminatory practices pose serious obstacles to justice efforts, especially in the case of women victims of violence. The groups of women most affected are those who are characterized by the existence of multiple and intersecting discriminations. These groups of women due to the multiple discrimination they face have additional difficulty in accessing justice and support services due to language barriers and other situations/statuses (migrant and refugee women, women with disabilities, Roma women, LGBT women, poor women, older women and women prisoners).

With regard to victims of trafficking, as soon as they are identified by authorities, a time period of up to 5 months is allowed for reflection, until the victim decides to cooperate with law enforcement authorities[[10]](#footnote-10) . During this time, according to articles 49-53 of the Immigration and Social Integration Code[[11]](#footnote-11) , and the PD 233/2003 regulating all issues of support provided to victims of the respective crimes[[12]](#footnote-12) , a victim of trafficking has the right to support, protection and benefits from the state. More specifically, the victim has the right to be informed on his/her legal rights and services available, to receive any support necessary and to communicate with the help of an interpreter[[13]](#footnote-13) in case he/she does not speak Greek[[14]](#footnote-14) . The victim shall have access to medical and pharmaceutical care and to psychological support services and access to education. At the same time, he/she has the right to adequate conditions of living, protection, safety, and cannot be deported. Even if there is a deportation decision issued against him/her, he/she has the right to apply for residence permit on humanitarian grounds[[15]](#footnote-15) .

Special measures are taken also for the participation of minor victims of crimes against personal and sexual freedom or sexual exploitation in the penal procedure[[16]](#footnote-16),[[17]](#footnote-17). Moreover, Law 4478/2017[[18]](#footnote-18) provisions the founding of autonomous offices for the protection of minor victims, the “House of the Child” in the jurisdiction of the Minors Probation Officers and Social Assistance Services in Athens, Thessaloniki, Piraeus, Patras and Heraklion, responsible for the overall support of the victim[[19]](#footnote-19) . The legislator, in order to protect the privacy and ensure the safety of minors, provisions penalties for anyone who would reveal information about the minor’s identity for the duration of the penal procedure[[20]](#footnote-20) . Extensive provisions for the protection of private life, without penalties, are also included in article 67 of Law 4478/2017. If deemed necessary, an order shall be issued for the removal of the perpetrator and prohibition of communication[[21]](#footnote-21) . Additionally, victims of trafficking have a right to free legal assistance for all their penal and civil claims, either after their own application or ex-officio by the prosecutor, investigator, judicial council or court of law – depending on the stage the case is in and the needs identified[[22]](#footnote-22) . The victim may claim compensation by the perpetrator according to the Civil Code[[23]](#footnote-23) . In case the perpetrator is unknown or has not adequate resources to compensate the victim, or the penal procedure has finally absolved him/her, the victim may apply to the Hellenic Assisting Authority within a year from the incident, submitting the respective documents or the depositions of the victim or/and other witnesses[[24]](#footnote-24) .The examination and prosecution authorities have the obligation to inform the victim about this possibility and procedure[[25]](#footnote-25) .

Preparedness, recovery and resilience

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

Special provisions in L.4531/18, L.4604/19 and L.4636/19 define the legal framework related to gender based approach for asylum claims. These provisions are horizontal and vertical and apply both to normal and crisis situation during asylum applications processing.

These provisions refer to gender sensitive approach in asylum process, but also the measures taken regarding the reference to other institutional stakeholders when gender issues or human rights protection are identified through the asylum procedure. The gender approach of asylum applicants is also related to vulnerability (art.39 para.5 L.4636/19, as amended by art.2 L.4686/20) identification (if vulnerability is identified at a later stage in the asylum procedures) : SRHR is both indirectly and directly related to a) women in pregnancy ,b)women victims of trafficking, c)women victims of torture, rape, or other forms of sexual, physical and psychological violence. Women also may belong to the category of UASC or be members of a family, where as family unity must be taken into account. Apparent vulnerability in applicants requires necessary measures from the Greek Asylum Service caseworkers such as excemption from personal interview, where as not obvious vulnerability require a certification from medical public authorities.

These measures include:

1) interview by female case workers for female asylum applicants , provided that this is also requsted by the applicant (art.77 para.5 L.4636/19).

2) Caseworkers are especially trained for special needs of women, children and victims of violence and torture (art. 77 para.12 a L.4636/19).

3)Beneficiaries of international protection in pregnancy acquire access to health services for 1 year (PAAYPA, national health issurance card, art. 118 L.4636/19)

4) Furthermore, female applicants in pregnancy are prioritized, and may be referred to regular procedures with justification (applicants under the border procedure)

**a.** To what crisis does it apply? What situations are excluded?

In the field of civil protection, there is the National Risk Assessment, plus planning for a series of emergencies, applying to crises related to man-made and natural hazards.

The Emergency Planning & Response Directorate of the General Secretariat for Civil Protection has published, inter alia, General Emergency Response Plans for forest fires, floods, earthquakes, volcanoes, major technological accidents and accidents during the transport of dangerous goods.

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

International human rights mechanisms can support Greece by proving concrete guidelines and experts experienced in matters of crisis and SRHS in order to enhance the development of action plans and mechanisms that may be enforced in conditions of crisis and moving a step further than emergency response. Importantly, the input and guidance of experts have to be based in needs assessments and must be in accordance with the country’s profile, structure and situation. Often ready-made recipes are ineffective and for this reason solutions must country-specific.

1. Noteworthy that Greece has ratified the 2nd Optional Protocol to the UN Convention on the Rights of the Child on the sale of children, child prostitution and child pornography (L. 3625/2007), the Council of Europe Convention on the protection of children against sexual exploitation and sexual abuse (L. 3727/2008), UN Convention against Transnational Organized Crime & the three Protocols (L. 3875/2010), the Council of Europe Convention on preventing and combating violence against women and domestic violence (L. 4531/2018). [↑](#footnote-ref-1)
2. L. 4251/2014, art. 1, para. 1 case (k). [↑](#footnote-ref-2)
3. L. 4636/2019, art. 61 [↑](#footnote-ref-3)
4. L. 4478/2017, art. 69. [↑](#footnote-ref-4)
5. Indicatively, a number of core provisions of the Code of Penal Procedure are described below: when the minor is called to testify before a police officer or Investigator or judge, he/she is examined by a psychologist or child psychiatrist in order to prepare the minor for his deposition (CPP 227). The mental health professional through a number of sessions with the minor assesses and gives a written opinion on his/her cognitive ability and mental state, in order to understand if the child is in a position to testify. The deposition is written and (in practice, if possible) is recorded in electronic audiovisual medium, in order to substitute the natural presence of the child in following stages of the penal procedure. Correspondingly, there are specific provisions in place for adult and child victims of trafficking who are called to testify (CPP 228). The child victim of trafficking or sexual abuse may be subjected to a special examination of physical and mental health to assess if there is a need of treatment (PC 352a). [↑](#footnote-ref-5)
6. Transposition of Directive 2012/29/ΕU for the establishment of minimum standards on the rights, support and protection of victims of crime and adaptation of Greek legislation, as amended by L. 4640/2019. [↑](#footnote-ref-6)
7. art. 74. [↑](#footnote-ref-7)
8. L. 4368/2016, art. 33 “Health care for uninsured and vulnerable groups” para. 1 and 2 [↑](#footnote-ref-8)
9. https://eody.gov.gr/en/unfpa-commends-training-material-to-hcdcp/ [↑](#footnote-ref-9)
10. L. 4251/2014, art. 49 [↑](#footnote-ref-10)
11. L. 4251/2014 [↑](#footnote-ref-11)
12. “Protection and support according to article 12 of L. 3064/2002 (GG 248 A’) to the victims of crimes under articles 323, 323Α, 323Β, 348Α, 349, 351 and 351Α of the Penal Code, and under articles 87 paras 5 & 6 and 88 of L. 3386/2005”. [↑](#footnote-ref-12)
13. See also art. 60 L. 4478/2017. [↑](#footnote-ref-13)
14. Under art. 59 of L. 4478/2017 victims have in general the right to be informed about their case. [↑](#footnote-ref-14)
15. art. 49 para. 3; art. 50 para. 1; art. 52 and art. 53. [↑](#footnote-ref-15)
16. L. 4478/2017, art. 69. [↑](#footnote-ref-16)
17. Indicatively, a number of core provisions of the Code of Penal Procedure are described below: when the minor is called to testify before a police officer or Investigator or judge, he/she is examined by a psychologist or child psychiatrist in order to prepare the minor for his deposition (CPP 227). The mental health professional through a number of sessions with the minor assesses and gives a written opinion on his/her cognitive ability and mental state, in order to understand if the child is in a position to testify. The deposition is written and (in practice, if possible) is recorded in electronic audiovisual medium, in order to substitute the natural presence of the child in following stages of the penal procedure. Correspondingly, there are specific provisions in place for adult and child victims of trafficking who are called to testify (CPP 228). The child victim of trafficking or sexual abuse may be subjected to a special examination of physical and mental health to assess if there is a need of treatment (PC 352 Α). [↑](#footnote-ref-17)
18. Transposition of Directive 2012/29/ΕU for the establishment of minimum standards on the rights, support and protection of victims of crime and adaptation of Greek legislation, as amended by L. 4640/2019. [↑](#footnote-ref-18)
19. art. 74. Very important provision for child victims to be examined there following the Barnahus Islandic model (www.bvs.is/media/almenningur/Barnahus,-an-overview.pdf). [↑](#footnote-ref-19)
20. PC 352b [↑](#footnote-ref-20)
21. PC 352a para. 4 [↑](#footnote-ref-21)
22. art. 1 para. 3 of L. 3226/2004, as amended. [↑](#footnote-ref-22)
23. E.g. art. 932 CC: monetary compensation for the moral harm he/she sustained due to the unjust act committed against him/her, or art. 914 CC [↑](#footnote-ref-23)
24. L. 3811/2009 “Compensation of victims of intentional crimes of violence (in compliance with Directive 2004/80/ΕC of the Council of European Union of 29 April 2004) and other provisions”, as amended. [↑](#footnote-ref-24)
25. L. 3811/2009, as amended, art. 15. [↑](#footnote-ref-25)