

Ensuring Access to Life Saving Reproductive Health Services during Humanitarian Crises

Georgia

Women, especially during pregnancy, belong to a group of the population which is vulnerable to disasters. Their specific needs must be taken into account in disaster preparedness policy, as well as during the implementation of disaster prevention, assessment, preparedness and response measures.

National Disaster Risk Reduction Strategy of Georgia

EMERGENCY RISK ¹

Located in a ‘highly disaster-prone region’, Georgia is exposed to a range of natural hazards: droughts, earthquakes, floods, landslides, storms and volcanoes. Emergencies triggered by such incidents have led to economic losses exceeding \$14 billion in the past 40 years. In 2015, a 2-day heavy rainfall episode directly affected 700 people, causing flooding and landslides which led to injuries and deaths as well as severe damage to infrastructure.

Georgia’s exposure to natural hazards has been compounded by civil unrest and armed conflict in the 1990s; when about 1 million people left the country and more than 250,000 became internally displaced from the conflict-affected regions.

Why Preparedness Matters

When emergencies occur – as a result of a natural hazard or human actions – regular development programs and policies can be disrupted or brought to a halt. Governments may redirect funds and stop focusing on development programs in order to address acute emergency needs – and individuals affected by the crisis may also prioritize immediate necessities, to the detriment of their sexual and reproductive health. However, emergencies also exacerbate SRH risks: as health service delivery mechanisms are disrupted – when both infrastructure and human resources can be affected – and traditional social safety networks often break down; women and girls may become more vulnerable to gender-based violence, including sexual violence and discrimination; risks of transmission of STIs and HIV may increase; and maternal and newborn health may deteriorate as women become unable to deliver with proper medical care.

This scenario highlights the importance of developing mechanisms and procedures in order to be better prepared to continue providing essential SRH services when emergencies occur. The Minimum Initial Service Package (MISP) for Reproductive Health in Emergencies provides an evidence-based guidance on how key interventions can be put in place to save lives and

1. Global Facility for Disaster Reduction and Recovery

reestablish comprehensive care once the acute phase of the crisis is over. More broadly, the importance of crisis preparedness has been acknowledged through the initiative Global Partnership for Preparedness (2016) – and whose objectives are to reach an essential level of readiness in order to reduce the suffering and loss of life and dignity from disasters.

The Minimum Initial Service Package (MISP) for Reproductive Health is a set of life-saving priority activities to be implemented at the onset of every humanitarian crisis. In 2013, the Eastern Europe and Central Asia Inter Agency Working Group for Reproductive Health in Humanitarian Settings developed an assessment tool, consisting of 38 indicators, to measure the level of preparedness at national level. The tool was first applied in 2014, and follow up assessment in 2017 - as part of a region wide assessment of how prepared countries are in addressing reproductive health needs in emergencies.

Emergency preparedness: readiness to provide priority sexual and reproductive health (SRH) services

Progress in the country's preparedness to implement the MISP on the onset of an emergency is advancing. Most importantly, a coordination mechanism has been set up under the leadership of the government – with representation Emergency Situation Coordination and Urgent Assistance Center at MoH MoH, HERA XXI, UNFPA and other counterparts. The group is working cohesively to address MISP preparedness in a holistic manner, in coordination with the UN Disaster Management Country Team (DMCT) within the Health Cluster led by WHO.

WHO Protocol on Clinical Management of Rape MISP preparedness action plans- are 3 pillars of the country's strategy to advance MISP implementation. Significantly, key life-saving RH components drawn from the MISP were integrated into the Maternal and Newborn Health Strategy and Action plan 2018-2020. Moreover, the development of SoPs to address GBV in emergencies was an important achievement.

Despite this progress, there is still some resistance to investing on preparedness, and hence advocacy efforts must continue. In the coming years, the SRH country team is planning to engage in interventions that will cover all 6 priority areas of the MISP. Among others, efforts will continue to incorporate the GBViE SoPs referral mechanism into the National Legal and Policy Framework; to obtain formal endorsement of the Clinical Management of Rape (CMR) Protocol, and to further build national human resource capacities to coordinate and implement MISP.

2. <https://www.agendaforhumanity.org/initiatives/3840>

