



NATIONAL FRAMEWORK

Georgia achieved some progress in the country's preparedness to implement the MISP (The Minimum Initial Service Package for Reproductive Health). National Center for Crisis Management of the Office of the National Security Council, within its competence, ensures the coordinated work of state agencies during the national crisis situation (Resolution # 337 of the Government of Georgia, 2019). In addition, the 17 functions are described in the National Civil Security Plan. Under the Security plan According to N6, the Ministry of Health carries out the following main activities during emergencies: Providing emergency medical care and coordinating the implementation of medical care; Ensuring the readiness of medical forces and facilities in case of emergencies; Provision of sanitary-hygienic and anti-epidemic measures; Registry of death; Organizing medical and psychological assistance to the population in the emergency zone; Ensuring protection of the population from particularly dangerous pathogens; Providing medical transport.

CHALLENGES

- 1. No formal coordination mechanism to discuss SRH in Emergencies at the national level ensuring participation of national stakeholders at national level;*
- 2. Lack of appointed SRH Focal Points at national and/or sub-national level to assist with emergency preparedness and response;*
- 3. Lack of inclusion of civil society/community based organizations working with marginalized groups of population in coordination mechanisms;*

IMPACTS

- a. Such a group existing only as part of under UN DMCT. The SRH Working Group is the platform among the key stakeholders which ensures harmonization of donor support as well as SRH policy consultation in country and advice on future integration of SRH in all aspects of preparedness, disaster risk management and emergency. Since 2011, key partners - Ministry of Labor, Health and Social Affairs (MoLHSA); - UNFPA-Georgia; - Association HERA-XXI, MA Georgia/IPPF EN working in SRH have been cooperating in the field of SRH in emergencies. SRHR working group has an informal status. No formal coordination mechanism exists.
- b. In case of emergencies, the national "Coordinating Council for Maternal and Child Health" can be defined as SRH focal point. However, there are no clear responsibilities defined and delegated to specific focal point.
- c. There is no formal coordination mechanism established which may include civil society/community based organizations working with marginalized groups of population representing the needs and voices of women and men with disabilities, people living with HIV, people of diverse SOGIESC, youth groups, religious leaders, sex workers, ethnic minorities, etc.)

COORDINATION MECHANISMS FOR SEXUAL AND REPRODUCTIVE HEALTH DISASTER MANAGEMENT

MISP Factsheet N2
Association HERA XXI



RECOMMENDATIONS

1. Establish formal coordination mechanism for sexual and reproductive health disaster management at national level with involvement of informal SRH working group members as well as civil society organization working with women and men with disabilities, people living with HIV, people of diverse SOGIESC, youth groups, religious leaders, sex workers, ethnic minorities, etc
2. Increase the consultations around the thematic issues with the "Coordinating Council for Maternal and Child Health" under Ministry of Healthcare;
3. Ensure clear definition and delegation of responsibility within the Coordination Council for Maternal and Child Health" including assignment of SRH focal point.

SOURCES

1. Association HERA XXI, [The evaluation of National Maternal and Newborn Health Action Plan 2017-2019](#)
2. IPPF, UNFPA MISP Readiness Assessment Assessing Readiness to Provide the Minimum Initial Service Package (MISP) for Sexual and Reproductive Health in Emergencies

Authors:

SRH Working Group (WG) for preparedness and response in Georgia
(UNFPA Georgia CO;
MOH's Emergency Situations Coordination and Urgent Assistance Center;
Association HERA XXI, MA IPPF-EN
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