



NATIONAL FRAMEWORK

Georgia achieved some progress in the country's preparedness to implement the MISP (The Minimum Initial Service Package for Reproductive Health) the implementation process has been significantly hampered by pandemics. To ensure the continuation of SRH services during ongoing COVID-19 pandemic, both, the state and international donors, including UNFPA, locally procured & distributed the most needed PPEs & IPC materials for Maternity care providers in three healthcare facilities; those that have been designated by the MoH to serve pregnant women with suspected and/or confirmed COVID-19 cases and had special maternity wards (Order # #01-100/5). The state Health Care Program "Referral Services", 2021 included: medical assistance for population in case of emergency (nature disasters; crisis; catastrophes; for citizens affected by conflict regions and other cases defined by the Government of Georgia), including provision of post coital contraceptive/STD testing and treatment for victims of SGBV. (State Resolution #828 01.01.2021). Despite free emergency medical care is available as part of universal health care, specifically MISP services isn't provided.

CHALLENGES

1. *Lack of access to SRH services for marginalized and underserved groups.*
2. *Healthcare System/Low Readiness of PHC to fully integrate SRH services.*
3. *Lack of clear referral chain at PHC level.*
4. *Lack of Preparedness and adequate response of PHC in state of public health crisis/pandemic.*

IMPACTS

- a. Despite being part of the state 2017-2019 and 2021-2023 Maternal and Newborn Action Plans, modern methods of contraceptives still has not been integrated in the Basic Package of the Universal Health Care for marginalized and underserved groups (e.g., women, people with disabilities, People living with HIV, people of diverse SOGIESC, youth, sex workers, ethnic minorities, etc.).
- b. PHC services are significantly underutilized. The PHC in Georgia has a poor gatekeeping role, it fails in effective management of preventive services including SRH services. Readiness of Primary healthcare system to integrate SRH services are challenging due to various reasons: The absence of relevant indicators on SRHR in primary healthcare level for all groups of the population during whole life-cycle, approaches focused on the dissemination of information on family planning and contraceptives by the State creates significant barriers to accessing services.
- c. Family planning services are not fully integrated into primary health care services and are unsystematically undertaken as part of the duties of different specialists. Service provision at PHC level is fragmented and PHC referral System is vague resulting in nonadequate implementation of quality control mechanisms provided under the guidelines/protocols/SOPs and external audits.
- d. Georgia's health system demonstrated lack of readiness and weak capacity to protect people amidst a major healthcare crisis through late response of engaging family/village doctors in the management of cases, lack of knowledge on modern and innovative technologies to provide hotline and online counseling and support during the second outbreak of the virus. The lockdown from the COVID-19 pandemic and the subsequent transportation restrictions left rural women and girls isolated, and aggravated existing affordability and accessibility barriers. Online digital alternatives of services were also inaccessible due to lack of knowledge of innovative technologies and technical barriers.

Readiness to Provide Services as Outlined in the MISP:

MISP Services

MISP Factsheet N3

Association HERA XXI



CHALLENGES

5. *No training curriculum or other relevant trainings, including on online platforms, for health staff integrate health emergency management on MISP.*
6. *Lack of access to information on SRH-related topics.*

IMPACTS

- e. There is no accredited postgraduate health care training curriculum or other relevant trainings, including on online platforms for healthcare staff which integrates health emergency management and/or the MISP. As the telemedicine is just evolving as part of the COVID-19 national response, system is still on the stage of development to support remote delivery of services (e.g., digital health, telemedicine, online consultation, etc.). The European Union (EU), 4 UN organisations (WHO, UNFPA, UNICEF, UNOPS) and the Ministry of IDPs from the Occupied Territories, Labour, Health and Social Affairs of Georgia launched a new initiative on digital health: “Minimizing the impact of the COVID-19 outbreak in Georgia through telemedicine and digital health solutions”. This assistance is an integral part of the ongoing WHO technical assistance under the UHC-Partnership to support the commitment of national authorities to primary health care reform and the advancement of UHC in Georgia.
- f. The marginalized and underserved groups face Limited access to comprehensive information on FP/Modern methods of contraception; safe abortion services; There is still no State Communication Strategy/ Action Plan on SRHR with focus and considering specifics of emergencies in Georgia.

RECOMMENDATIONS

1. Ensure the implementation of the 2021-2023 Maternal and Newborn Health action plan related to provision of modern methods of contraceptives in the Basic Package of the Universal Health Care;
2. Ensure full integration of SRH services at Primary Healthcare level for all groups of the population.
3. Ensure the implementation of quality control mechanisms provided under the guidelines/protocols/SOPs & external audits.
4. Strengthen capacities of medical providers from PHC on electronic Health Management Information System and ensure Case registration Medical Provider Reporting and Patient Confidentiality
5. Develop State Communication Strategy/ Action Plan on SRHR with focus and considering specifics of emergencies in Georgia.

SOURCES

1. 2017-2030 Maternal and Newborn Health Strategy and the 2021-2023 Action Plan
2. the State Standard for Clinical Management Rape (Protocol) №01-351 / O
3. Association HERA XXI, [The evaluation of National Maternal and Newborn Health Action Plan 2017-2019](#)
4. IPPF, UNFPA, MISP Readiness Assessment Assessing Readiness to Provide the Minimum Initial Service Package (MISP) for Sexual and Reproductive Health in Emergencies

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