

NATIONAL FRAMEWORK

On 17 July 2020, the Minister of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia approved the state standard Protocol for Clinical Management of Rape Victims in Crisis/Emergency Situations. According to the protocol, the state covers all major stages for rape victims including emergency contraception, medical treatment, sexually transmitted disease testing and if necessary safe abortion. The State Health Care Programme Referral Services in 2021 includes: 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/ sexually transmitted disease testing and treatment for victims of sexual and gender-based violence. Safe and confidential spaces are available and accessible for survivors of GBV Managed by LEPL Agency for State Care and Assistance for the (statutory) victims of human trafficking (shelters and crisis centers). Medical Care Services for SGBV victims are funded by State and available at the PHC local level or field hospitals. The victim should contact the nearest medical facility after the incident, as soon as possible. Medical Care is provided 24 hours a day.

CHALLENGES

- 1. Lack of up to date referral system which links GBV services providers with medical facilities and services/*
- 2. Lack of awareness of service providers and women on medical assistance programmes for survivors*
- 3. Lack of capacity building of service providers on clinical management of rape*

IMPACTS

- a. Despite Ministry of Internal Affairs directs the victim to LEPL Agency for State Care and Assistance for the (statutory) victims of human trafficking and its structural units (shelters/crisis centers) as, at Legal Aid Bureau, there is no clear referral chain to medical facilities. There is a need to improve the knowledge and competence of structural units in identifying information, providing adequate referral to medical facilities.
- b. The State Health Care Programme Referral Services includes: 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/sexually transmitted disease testing and treatment for victims of sexual and gender-based violence. Despite this, service providers as well as women are not informed about medical assistance programmes and have no information on where and how to apply for service.
- c. Despite the Minister of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia approved the state standard Protocol for Clinical Management of Rape Victims in Crisis/Emergency Situations, there is no information regarding how to implement the process including any capacity building for service providers.

CHALLENGES

4. *The need of a guilty verdict of the court to allow the artificial termination of the pregnancy resulting from violence*

IMPACTS

- d. According to the protocol, the state covers all major stages for rape victims including emergency contraception, medical treatment, sexually transmitted disease testing and if necessary safe abortion. Nevertheless, after the expiration of the statutory period, the protocol requires a guilty verdict of the court to allow the artificial termination of the pregnancy resulting from violence. This violates women's right to bodily autonomy, bodily integrity and the highest standard of health.

RECOMMENDATIONS

1. Develop clear up-to date referral system, which links the various GBV service providers including health that can be leveraged during emergencies
2. Develop training programmes for medical service providers, particularly family/village doctors, on gender-based violence counselling; clinical care of rape, GBV case management.
3. Revise the State Standard for Clinical Management Rape (Protocol) to remove a guilty verdict decision of the court as a prerequisite to allowing safe abortion after 12 weeks;
4. Conduct public informational campaigns to disseminate information regarding available medical assistance for the population in case of emergency including post coital contraceptive/sexually transmitted disease testing and treatment for victims of sexual and gender-based violence.

SOURCES

1. IPPF, UNFPA MISP Readiness Assessment Assessing Readiness to Provide the Minimum Initial Service Package (MISP) for Sexual and Reproductive Health in Emergencies
2. Clinical Management of Rape in crisis/emergencies is available::
<https://www.moh.gov.ge/uploads/guidelines/2020/07/17/39ea249622560fccdd4e853ee50cb9d3.pdf>
3. Clinical Management of Rape , state standard(protocol)
<https://www.moh.gov.ge/uploads/guidelines/2020/07/17/374e78955d271c03f738a5dc200b2079.pdf>
4. SHADOW REPORT OF THE COALITION FOR EQUALITY, HERA XXI AND OTHER NGOS to the Group of Experts on Action against Violence against Women and Domestic Violence (GREVIO). Is available at: <https://rm.coe.int/coalition-for-equality-report-georgia/1680a4281a>