Factsheet – 3rd cycle

Universal Periodic Review of Georgia

Right to Health:
Access to Family Planning Services for Rural Women and girls

SUMMARY OF KEY ISSUES FROM PREVIOUS CYCLES

In 2015, Georgia accepted 191 of 203 recommendations issued by other member states, among which two reccommendations directly outlined ensuring access to **to quality reproductive and sexual health services, including contraception services, especially to women in rural areas.** Denmark; 118.42. Brazil; 118.43 and both reccomendations were supported by Georgia. National Document of SDGs also includes adjusted indicators (5.6.1. ; 5.6.2.) that guarantee women aged 15-49 access to sexual and reproductive health care. In addition, concluding observartion of CEDAW to Georgia reccomends state to provide access to family planning services and affordable contraceptive methods, including all modern forms of contraception, especially for women in rural areas;

NATIONAL FRAMEWORK

Despite adjusted indicator 5.6.2. of SDGs, there is no specific law or communication strategy on SRHR that guarantee access to sexual and reproductive healthcare. Despite National Strategy of Maternal and Newborn Health for 2017-2030 and its action plan for 2017-2019 includes integration of contraception and youth friendly SRH services in universal health coverage, the state has no budget allocated to ensure implementation of the plan, and the service packages of State programs or private insurance companies do not cover such services. The State also does not include contraceptives on the list of medications that are part of State health care programs. Key obstacles about family planning usage in Georgia are the following: low level of Sexual and Reproductive health information and education; fears, myths and misconceptions about modern methods of contraception; unavailability, low readiness and inaccessibility of quality family planning services.

CHALLENGES

1.lack of access to SRHR services in Rural areas

2. Access to Information on Family Planning and Contraception

IMPACTS

A. Nowadays, the State recognizes the need to address challenges associated with availability and accessibility of SRHR services including contraception and family planning, however, they fail in terms of implementation. SRHR services are not readily available in rural areas, and women have to travel long distances to have access to the SHR services. It presents a geographical and financial obstacle for women, which requires additional transportation costs and time.

B. There is no nationwide state communication strategy on SRHR and therefore lack of information, widespread myths and misconceptions on modern methods of contraception often promoted by medical personnel cause lack of knowledge of family planning methods, which create an additional barrier to protecting women against unwanted pregnancy. The girls have limited access to SRH services and information and as a result rural girls are trying to avoid pharmacies and medical institutions when they need these services. According to 2018 Georgia MICS survey, 65.6% of rural women age 15-49 years currently married or in union are not using any contraceptive method and 9.2. % are using traditional methods.

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CHALLENGES

3. Lack of continuous education and knowledge on modern technologies among village doctors

4. Unmet Need of Contraception

IMPACTS

C. There are no training or accessible continuing education for family/village doctors, midwives and nurses on the modern medical achievements on SRHR. The absence of continuing education among medical staff significantly reduces the quality of maternal health services. Violation of the standards of medical ethics, the dignity of women, the right to choose and violation patient confidentiality are a significant barrier to accessing high-quality services, especially in densely populated regions of Georgia.

D. In Georgia, there is no access to free or subsidized contraceptives since 2015, which creates obstacles for preventing unwanted pregnancies as well as STIs spread. Lack of affordability, together with the lack of overall accurate information on effectiveness of modern contraceptive methods also contributes to their low use and high unmet need. . The State also does not include contraceptives on the list of medications that are part of State health care programs. Despite progress in fullfiling adjusted SDG indicator3.7.2: Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group target: decrease by 40% by 2019 compared to 2010, it is still one of the highest rate in European region.

RECOMMENDATIONS

1. *Develop a state communication strategy and action plan on SRHR with focus and consideing specifics of the regions and rural areas of Georgia.*
2. *Ensure defacto implementation of Georgian Maternal and Newborn Health Strategy (2017-2030) and action plan "2017-2019" activities regarding integration of provision of contraceptives and familly planning counselling, as well as youth friendly SRH services.*
3. *Include provision of contraceptives in the Basic Package of the Universal Health Care Program of Georgia particularly for socially vulnerable groups of women, internally displaced persons, youth, students, women and young people living in rural areas.*
4. *Integrate accredited continuous education programs based on innovative techniques for family/village doctors to provide quality and human rights based sexual and reproductive health counselling techniques on family planning, contraceptive methods and counselling principles, including patient confidentiality, prohibition of discrimination, and the provision of services favorable to young people.*

SOURCES

Sexual and Reproductive Health and Human Rights: National Assessment, Public Defender's Office Georgia, 2019

NGO NATIONAL PARALLEL REPORT of the Implementation of the Beijing Declaration and Platform for Action Beijing +25 GEORGIA by Coalition for Reproductive Rights

Georgia MICS Multiple Indicator Cluster Survey 2018

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