THE HEALTH RESPONSE TO GENDER-BASED VIOLENCE IN EMERGENCIES: A WEBINAR

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Webinar Outline

- WHO's GBV in Emergencies project background
- GBV definitions, types, scope and magnitude of violence
- Components of a health response to GBV
- Role of the Health Cluster and health partners
- Resources

PROJECT BACKGROUND

Project Background

Goal

Health sector has improved capacity to deliver services to GBV survivors and to enhance prevention.

Rationale

As the United Nations lead agency for health and the IASC designated cluster lead agency for health in humanitarian settings, WHO is well placed to institutionalize the health sector response to GBV in crises, within a gender equality and human rights perspective.

Outcome

Health sector/health care providers' capacity to prevent and adequately respond to GBV is enhanced.

Coordination between the health cluster and the GBV AoR is strengthened.

Project Background

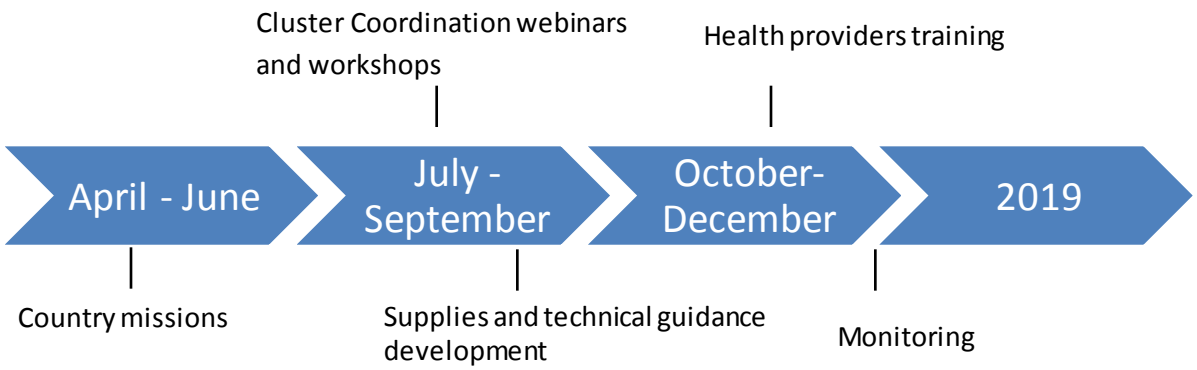
Activities

➢**GBV strengthened within health cluster responses**
In the following countries/sites: *Afghanistan, Bangladesh (Cox'Bazar), DRC (Kasais), Iraq, Nigeria (northeast), Whole of Syria*

➢**Updated technical and normative guidelines and tools**
In particular the *Clinical Management of Rape Survivors* and *Training materials on mental health, first line support and IPV*

➢**Strengthened WHO participation in relevant interagency initiatives**

Timeline



GBV DEFINITIONS, TYPES, SCOPE AND MAGNITUDE OF VIOLENCE

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GBV: Definitions

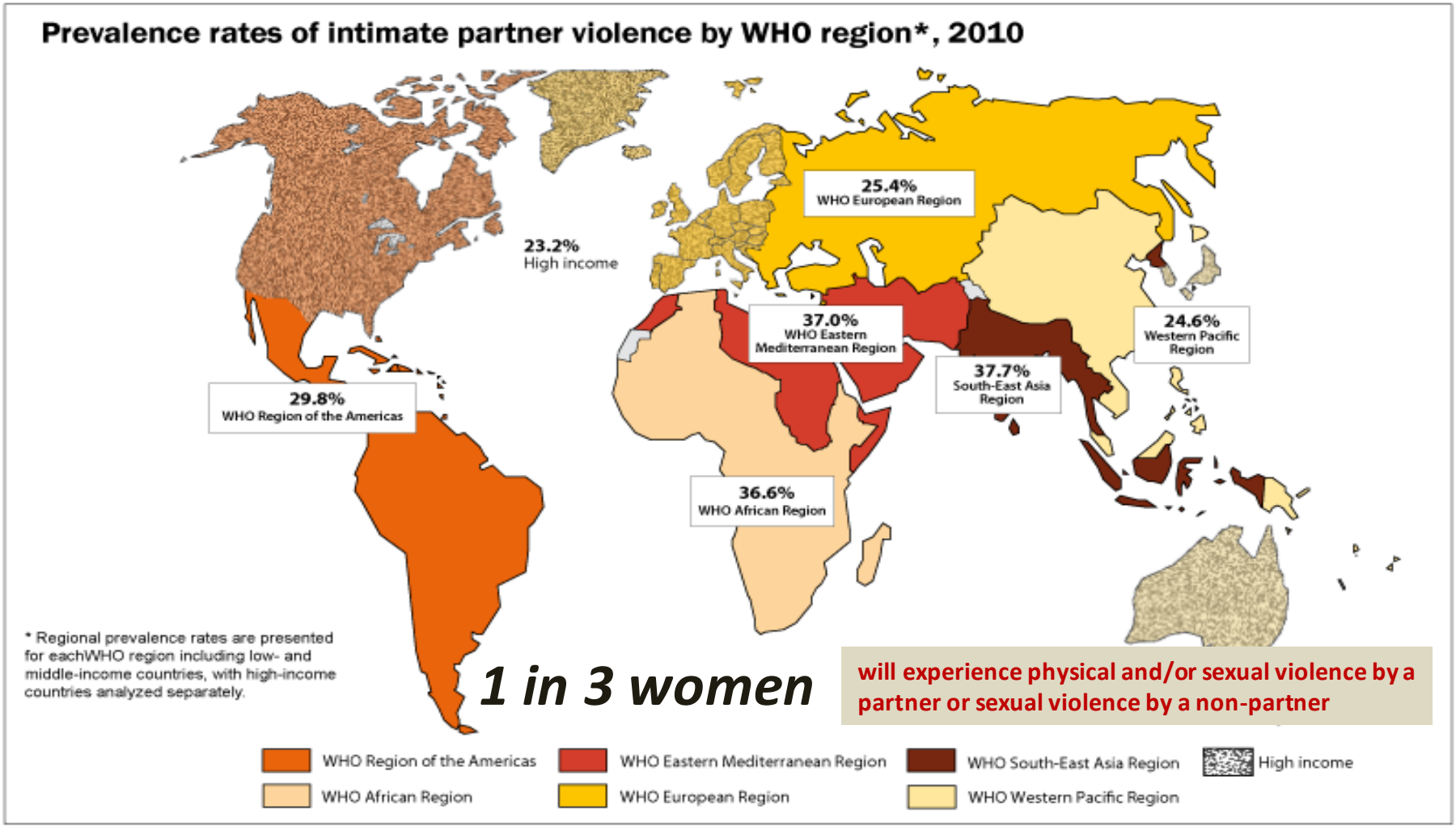
- Gender-based violence (GBV) is an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e. gender) differences between males and females.
- GBV against women is a life-threatening global health and human rights issue.
- While men may experience GBV, in general women experience more sexual violence, more severe physical violence, and more control from male partners.

GBV: Common types of Violence

Sexual assault *by someone a woman knows or by a stranger.*

Intimate partner violence *that can include physical violence, sexual violence, emotional/psychological abuse, and controlling behaviors.*

GBV: Scope and magnitude of the problem



Data Source: *Global and regional estimates of violence against women.* WHO, 2013.

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Child marriage, sexual violence and domestic violence. If we compare the level of vulnerability of females vs. males, we see that women and girls are mentioned eight times more frequently as 'particularly vulnerable to violence' than boys and men.
(Voices from Syria, 2017)

21% of Iraqi women (ages 15-49 years) reported physical violence perpetrated by husband, while 33% revealed being subjected to "emotional violence". South/Central Iraq shows a higher level of CRV in areas that were controlled by ISIL.
(UNFPA GBV assessment, 2016 ; GBV Sub cluster strategy 2016)

87% of Afghan women experience at least one form of domestic violence and 62% experience multiple forms of violence. Health indicators for women remain excessively poor, and women and men experience different vulnerabilities and health risks.
(Global Rights, 2008 "National Report on Domestic Abuse in Afghanistan)

Demographic and Health Survey (DHS) data in Congo analyzed to assess risk and protective factors for IPV and the role of women's status.

68.2% of respondents had experienced at least one of the three types of IPV (physical, sexual, emotional).

Risk factors - attitude of acceptance toward spousal violence, alcohol use by partner

Protective factors – monogamous unions

The study's results indicate that IPV occurs frequently and is justified as acceptable by many women in the DRC.

(Myers Tlapek S., Journal of Interpersonal Violence 30(14) · October 2014)

65% of women and girls experience physical and/or sexual violence in their lifetime.

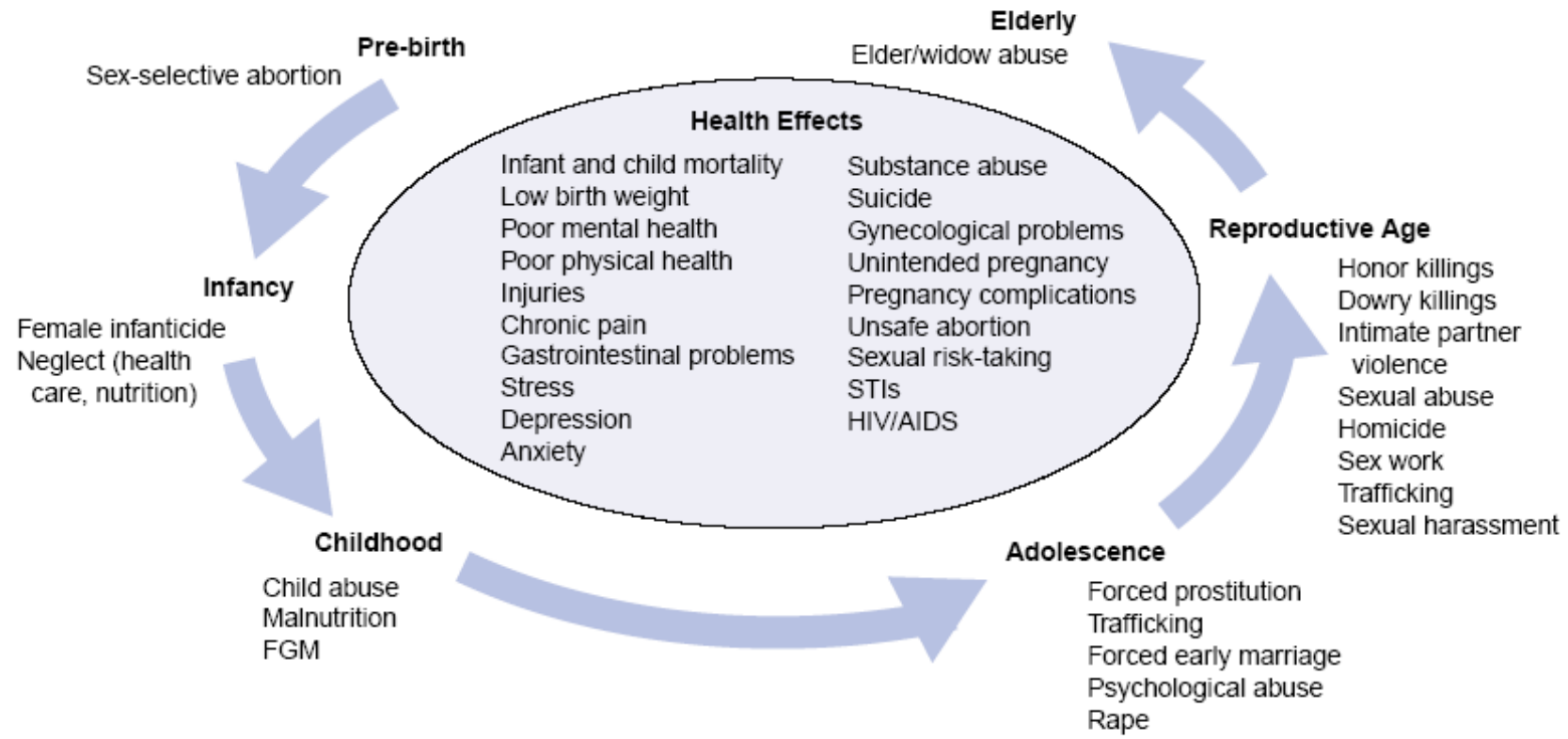
Up to 33% of women experienced sexual violence from a non-partner, Almost a quarter of women who experienced this violence reported that they experienced multiple incidents of sexual violence.

Indirect experiences of conflict impact on violence in the home. In Rumbek alone, 73% of women who are or have been partnered reported they experienced IPV in their lifetime.

(CARE, George Washington University, IRC, 2017)

Health Impacts of Violence

Figure 1. The Life Cycle of Violence Against Women and Its Effects on Health*



*The categories of abuse and resulting health effects listed here are representative, not comprehensive.

Based on information from Watts and Zimmerman, 2002[3] and Campbell, 2002.[4]

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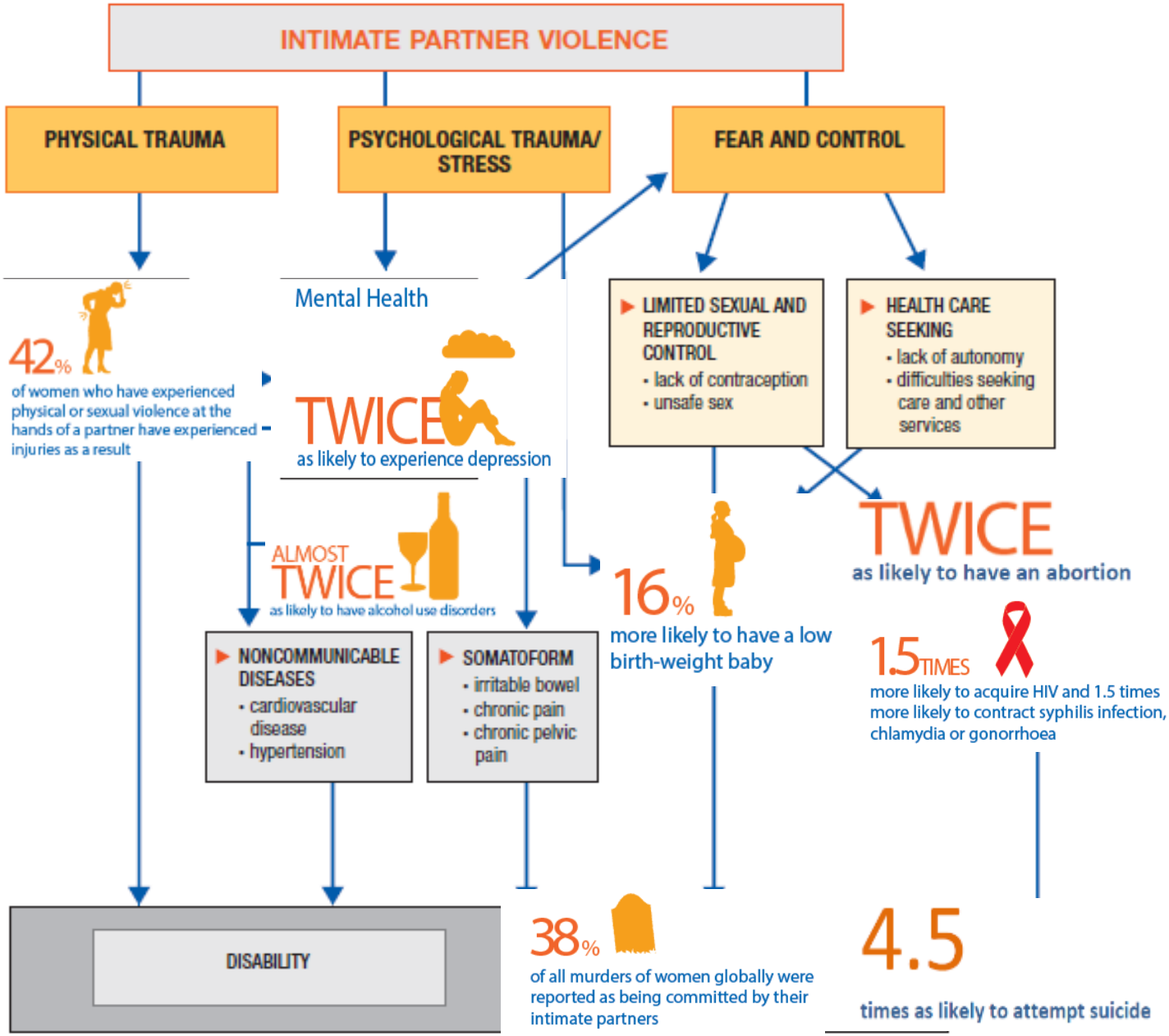
Pathways and health effects of IPV



COMPONENTS OF A HEALTH RESPONSE TO GBV

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Health: A Critical Service for Survivors

Health providers and health systems have a critical role in supporting women, minimizing the impact and preventing violence from happening.

Why health systems?

- Women and girls experiencing violence are more likely to use health services.
- Health care providers are often women's first point of professional contact.
- All women are likely to seek health services at some point in their lives.

Discussion Point

- **What are some of the reasons that GBV is not always addressed by the health sector at the very outset of a crisis?**

In an emergency, health actors may be reluctant to focus on GBV issues because of the prioritization of other acute health needs. Nevertheless, health sector response to GBV is a crucial, lifesaving response for survivors and is part of the Minimum Initial Services Package series of crucial actions required at the onset of every emergency.

Consequences of Provider Behavior

Provider behavior	***Possible consequences***
Blames survivor	Emotional distress
Doesn't recognize GBV behind chronic conditions	Inadequate medical care
Fails to provide adequate care	Unwanted pregnancy; STIs/HIV/AIDS; unsafe abortion
Breaches privacy or confidentiality	Exposure to further violence by partner or family
Ignores signs of fear or emotional distress	Woman is later injured, killed or commits suicide

The Health Response to GBV

ROLE OF THE HEALTH CLUSTER AND HEALTH PARTNERS

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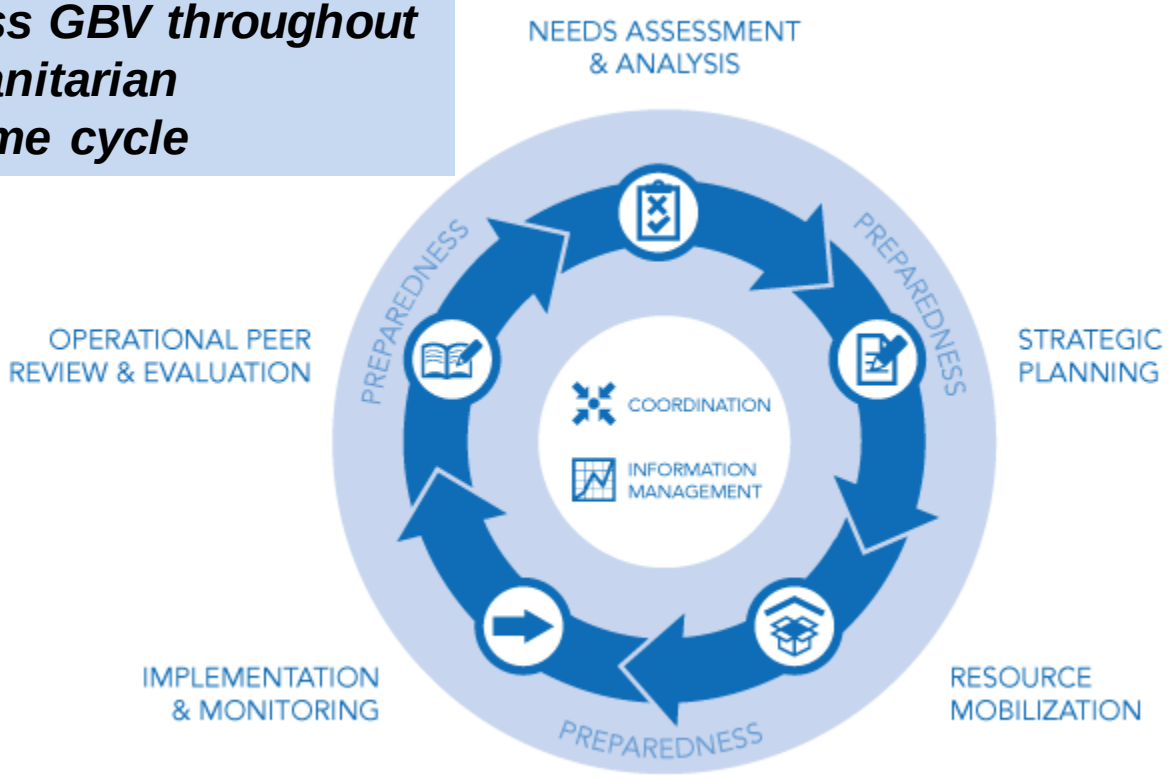
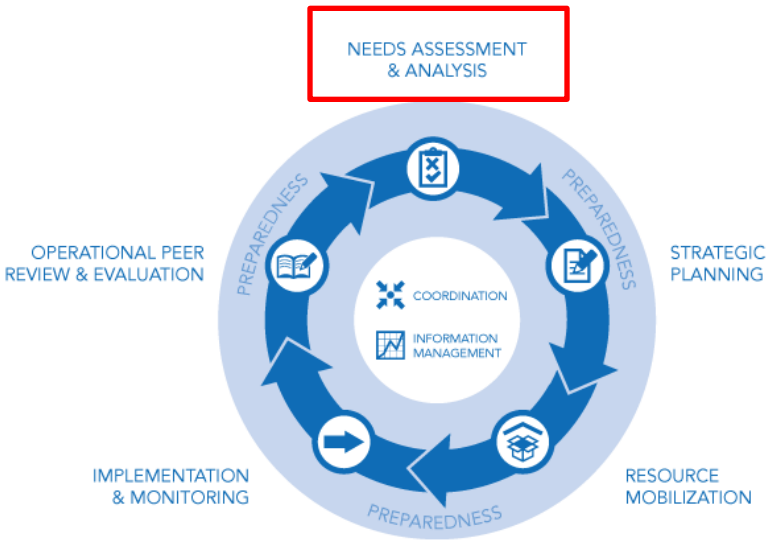
The Role of the Health Cluster

Integrate essential actions to address GBV throughout the humanitarian programme cycle



The Role of the Health Cluster



- ✓ Incorporate GBV-related questions into health assessments
- ✓ Ensure GBV is addressed within the Humanitarian Needs Overview

Example: How many health facilities provide clinical care for survivors or rape and other forms of GBV?

Example: Are there written protocols/SOPs for provision of health care to survivors?

What information is needed

Key Point: Assume GBV Is Taking Place

It is important to remember that GBV is happening everywhere. It is under-reported worldwide, due to fears of stigma or retaliation, limited availability or accessibility of trusted service providers, impunity for perpetrators, and lack of awareness of the benefits of seeking care. Waiting for or seeking population-based data on the true magnitude of GBV should not be a priority in an emergency due to safety and ethical challenges in collecting such data. With this in mind, all humanitarian personnel ought to assume GBV is occurring and threatening affected populations; treat it as a serious and life-threatening problem; and take actions based on sector recommendations in these Guidelines, regardless of the presence or absence of concrete 'evidence'.

----- IASC GBV Guidelines

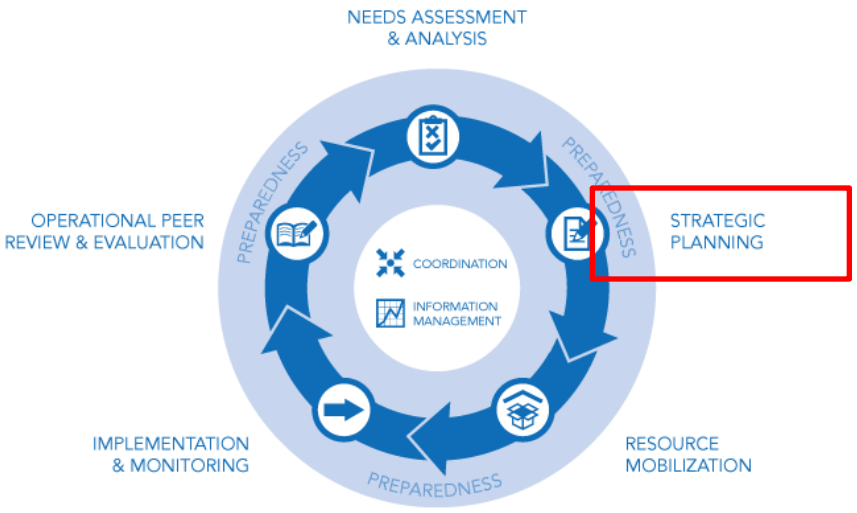
Critical Sources of Information

- Existing health services
- Existing service-delivery statistics and demographic health surveys
- Information on barriers women face in accessing services
- Laws and policies

Tips:

- ✓Speak to your GBV leads. Use GBV and gender assessments to understand context.
- ✓Take advantage of the MISP calculator to project supply needs.
- ✓Take advantage of global statistics and existing data

The role of the Health Cluster



- ✓ **Understand the impact of GBV on health outcomes and ensure these are addressed within the health objectives of the Humanitarian Response Plan.**

Example: Include services for gender-based violence survivors within your definition of "life-saving services".

Example: Include information on the availability of GBV services in the summary of needs.

Example: Include at least 1 target on GBV in the health sector plan, e.g. 90% of health facilities provide clinical care to GBV survivors.

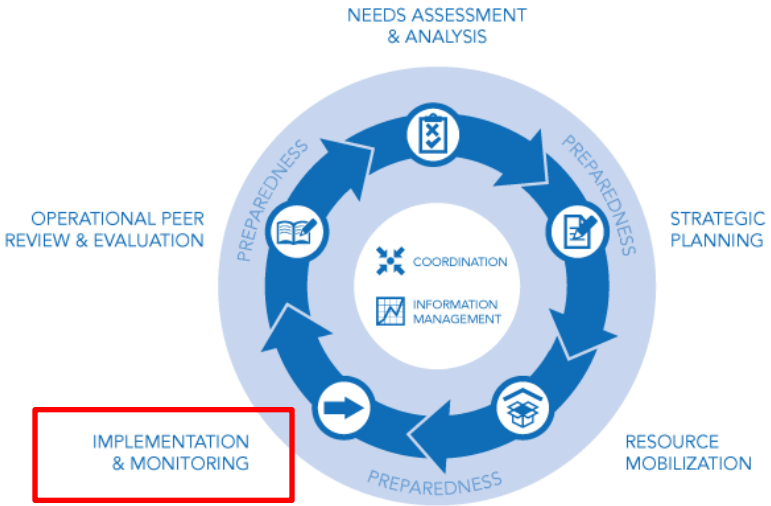
The role of the Health Cluster

- ✓ **Request funding for health-related GBV prevention and response activities in project proposals from the outset so that they show up in Flash and Consolidated Appeals**

Example: Include funding for commodities, training and supplies for post-rape care into the budget of your health care project.

Example: Monitor funding for health services for survivors and advocate with donors around gaps.

The role of the Health Cluster



- ✓ Include GBV services in the essential package of health services
- ✓ Ensure availability of PEP, STI treatment, EC, and hepatitis B vaccine.
- ✓ Include indicators to measure the outcomes of GBV interventions.

Example: # of health facilities with a functioning referral pathway for survivors.

Example: Ensure medical staff have skills to clinically manage survivors of GBV.

Example: Design health facilities to include private, confidential spaces.

Example: Link survivors to other needed services.

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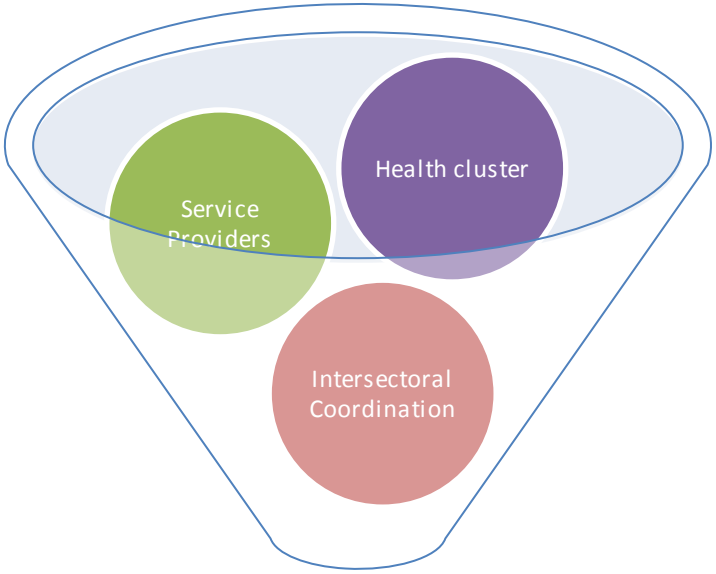
Coordination across Sectors



GBV integrated response in emergencies

Health
MHPSS RH

Protection
GBV CP

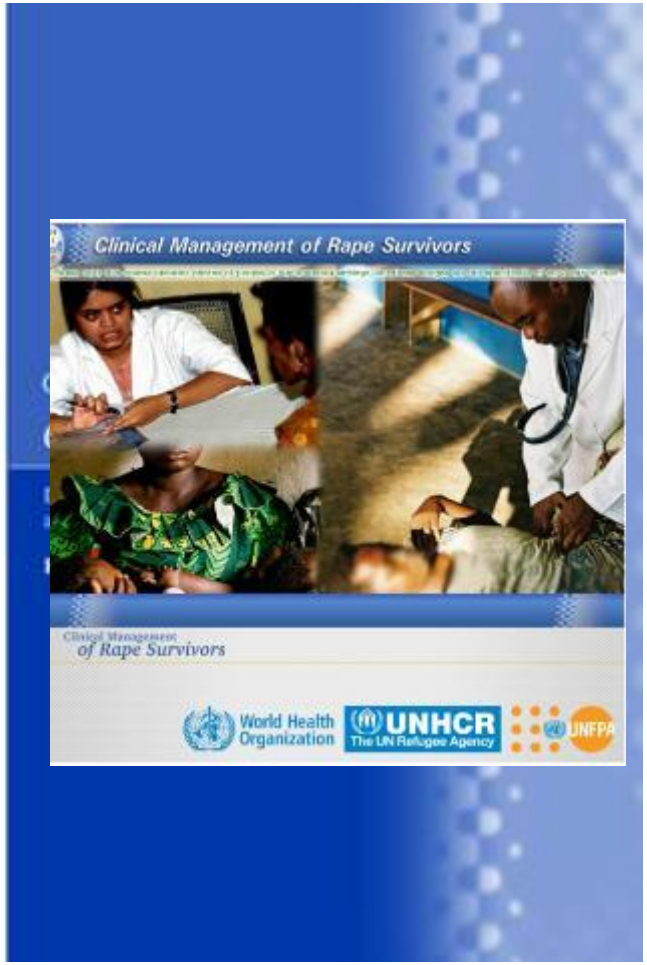
✓Mapping and analysis of services gaps

✓Advocacy and outreach on joint areas

✓Development of referral pathways and SOPs

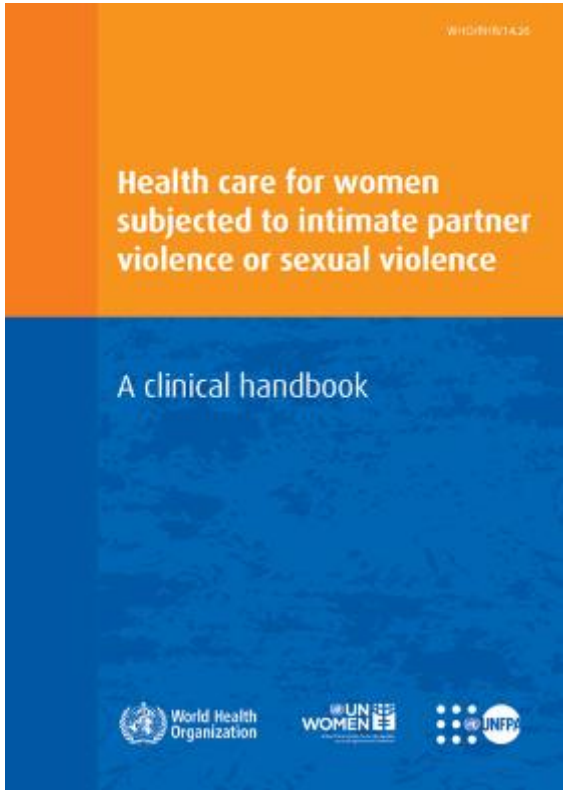
RESOURCES

Key Resource

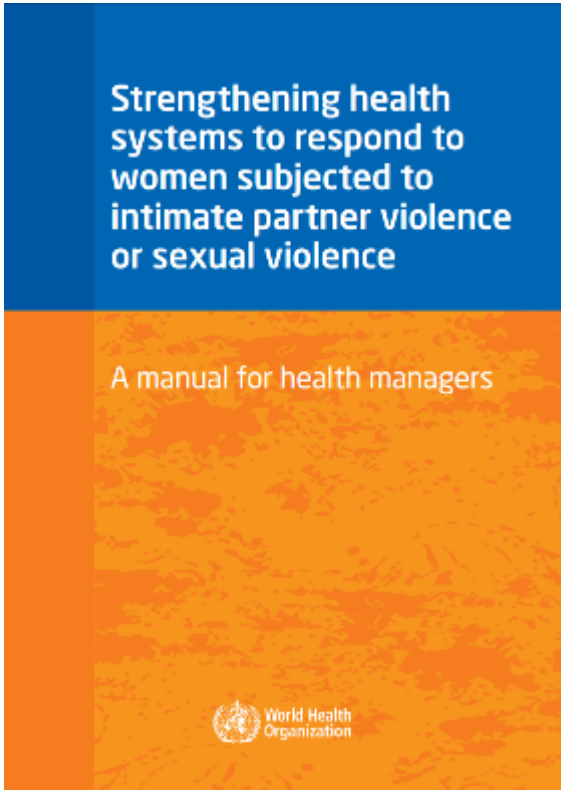


- Detailed guidance on the clinical management of survivors of rape.
  - To be updated to include IPV and more guidance on mental health for GBV survivors
- E-learning

More Key Resources



Provides guidance to **health-care providers** on how to respond to IPV and SV



Provides guidance to **health managers** to plan and manage services

What's Next

Upcoming Webinars:

- October: GBV Coordination
- December: A more in-depth look at Tools and Resources for Responding to GBV

Questions

For more information:

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- **Maria Caterina Ciampi**, GBV in Emergencies Advisor for the Regional Office for Africa (AFRO) with special focus on Nigeria (Northeast) and DRC (Kasais). Email: ciampim@who.int.