



STRENGTHENING HEALTH RESPONSE TO GENDER-BASED VIOLENCE IN HUMANITARIAN EMERGENCIES

Nearly 1 in 3 women globally face sexual and/or physical intimate partner violence (IPV) or non-partner sexual violence in their lifetime. During humanitarian emergencies, the risk of these and other forms of gender-based violence (GBV) increases due to mass displacement and the breakdown of social protections. GBV has significant and long-lasting impacts on physical and mental health including injury, unintended pregnancy and pregnancy complications, sexually transmitted infections (STIs), HIV, depression, post-traumatic stress disorder, and even death. Adequate health services to address GBV are essential to ensure life-saving care for women, girls and other at-risk groups, and also foundational to supporting health system recovery and resilience from natural disaster, conflict, and disease outbreak.



The World Health Organization (WHO) is the United Nations lead agency for health and the IASC designated lead agency of the Global Health Cluster.

In 2020, WHO entered into the third year of a global initiative to improve GBV prevention and response in health emergencies. The initiative aims to:

- enhance accountability within WHO to address GBV in health emergencies;
- strengthen the capacity of Health Cluster partners and health providers to coordinate and deliver GBV services; and,
- promote learning within the health sector on effective responses to GBV.

WHO, in collaboration with partners, is undertaking this work by producing guidelines and implementation tools, supporting health workforce development and capacity building, and deploying GBV experts to respond to public health emergencies.

2020 GLOBAL HIGHLIGHTS:

- 12 public health emergencies supported by dedicated GBV advisors at regional and country level
- Over 4,000 health workers trained to offer firstline support, clinical care, and other support or referral GBV survivors
- Over 105 health facilities provided with commodities, equipment, and/or quality monitoring for GBV-related health services
- 25 master trainers trained in updated *Clinical Management of Rape and Intimate Partner Violence (CMRIPV)* protocols for humanitarian settings in collaboration with UNFPA and UNHCR



Guidelines & Implementation Tools

WHO is updating standard-setting guidelines and testing implementation tools to strengthen the health sector response to GBV in humanitarian emergencies.

Updated Clinical Management of Rape and Intimate Partner Violence Guidance and E-Learning

WHO issued updated protocols for CMRIPV in emergencies in 2019 in collaboration with UNFPA and UNHCR. The expanded guide details best practices for provision of clinical care for sexual violence survivors and introduces new, step-by-step

instruction on identification and treatment of IPV. In 2020, the manual and accompanying e-learning were produced in English and translated into Arabic, French, Spanish, and Bengali and are anticipated for release in early 2021.

Guidance on Provision of Mental Health Care for GBV Survivors

Treatment gaps and barriers to mental health care persist in emergency settings. While most GBV survivors recover with basic support and services, some experience lasting mental health symptoms that require more specialized care. WHO is currently developing a practitioner manual and training curriculum to strengthen the capacity of mental health care providers to respond to the

unique needs of GBV survivors and appropriately respond with survivor-centered and trauma-focused approaches.

Health Workforce Development & Training

WHO is building the knowledge and skills of health providers to offer timely, high-quality clinical care for GBV survivors. Over 4,000 health workers have received training in 2020 on topics such as first-line support, clinical management of rape and IPV (CMRIPV), and mental health and psychosocial support (MHPSS) for GBV survivors. WHO is also working across agencies to improve uptake of recently updated guidance. In a global training organized with UNHCR and UNFPA, WHO equipped 25 emergency health coordinators and managers with the knowledge and skills to train health providers on CMRIPV. These master trainers have initiated country-level trainings in 6 humanitarian response settings since successfully completing the global training in September...

WHO MOBILE TEAMS OFFER GBV FIRSTLINE SUPPORT

Over 150 mobile medical team staff have been trained to provide GBV firstline support and referral in northeastern Nigeria. In Borno State, a woman receives health services from trained mobile team staff.



WHO also provides supplies and materials to clinics and hospitals and works with health managers to ensure that health facilities are able to provide care in line with standards.

"After taking the GBV protocol training, I now realize that GBV cases should be given priority in the clinic. Now I know how to apply survivor-centred skills in a practical way. I also learned about proper documentation of GBV cases and how to store documents in a confidential way."

MIDWIFE, AFGHANISTAN

GBV Prevention in Emergencies

In 2019, WHO, UN Women and other partners and funders, published *RESPECT: A Framework for Prevention of Violence Against Women*. It summarizes the evidence on prevention interventions at different levels of the ecological model. WHO is working with health partners to adapt this framework for preventing GBV in emergencies.

Responding to New Health Emergencies

WHO continually monitors events happening worldwide to determine the potential impact on public health and whether an emergency response is required. WHO is strengthening its leadership role and approach to

emergency response by mobilizing and rapidly deploying GBV experts to ensure effective and timely integration of GBV risk mitigation and response into health sector/cluster coordination actions. To date, WHO has responded to sudden onset emergencies in Burkina Faso, Sudan, and Mali under the auspices of this initiative.

Addressing GBV in Health Response to COVID-19

Response efforts to control the spread of COVID-19 in 2020 including extended quarantines, stay-at-home orders, and mobility restrictions increase the risk of GBV by limiting options for survivors to distance themselves from perpetrators of violence and by impeding access to health and psychosocial support services.

Tools & Resources

In the first weeks of the pandemic response, WHO produced an information brief,

Clinical management of rape and intimate partner violence survivors

Developing protocols for use in humanitarian settings



COVER, CMRIPV GUIDELINE (2019)

Violence Against Women and Covid-19: What the Health Sector Can Do, with key actions that health managers and providers can take to ensure clinical care for GBV survivors remains prioritized as an essential health service. It is currently available in 7 languages. WHO also published a Questions and Answers webpage and a series of health risk communication infographics. These products have been circulated externally through interagency fora including the Global Health Cluster and GBV Area of Responsibility (AoR).



QUALITY ASSURANCE OF GBV HEALTH SERVICES

Rohingya women wait at a health facility in a refugee camp in Cox Bazar, Bangladesh. Approximately 93% of primary health care centers in these camps conduct routine monitoring of the quality of GBV health services using tools and standards established by the Health Sector (31 of 33 total facilities). As the designated health cluster/sector lead agency,

WHO is replicating this interagency work in partnership with Ministries and health partners in Sudan, Iraq, and Nigeria in 2020.

COVID-19 RESPONSE HIGHLIGHTS:

- Assessed access, availability and/or readiness of health sector to continue providing essential health services to GBV survivors in Afghanistan, Bangladesh, Burkina Faso, Iraq, Nigeria, Somalia and Sudan
- GBV-related health services prioritized in COVID-19 humanitarian appeals and/or response plans in approximately 83% of public health emergencies supported by the initiative (10 of 12 in total)
- Over 2,000 trained in the Eastern Mediterranean region in telemedicine approaches and related e-learning packages for health care workers to provide firstline support

Furthermore, clinical management of rape and IPV are indicated as essential health services in the WHO publication on *Maintaining essential health services: operational guidance for the COVID-19 context*. It recommends practical actions that countries can take at



USING TELEHEALTH TO MAINTAIN GBV SERVICES DURING COVID-19 RESPONSE

Movement restrictions and curfews due to the COVID-19 outbreak threaten health service accessibility in Iraq. WHO has partnered with Viyan NGO to ensure safe delivery of MHPSS services to GBV survivors using video or mobile devices for counseling and referral.



WHO/ Chloe Sharrock 2020

strengthening the health workforce to make GBV services available. In May 2020, Health Clusters in Somalia, Afghanistan, and Iraq were supported to survey health partners on accessibility of health services for GBV survivors amid the COVID-19 response efforts in May 2020.

On average, approximately 45% of health partner organizations surveyed observed an increase in health service utilization by GBV survivors, particularly women enduring IPV.

"We call on countries to include services for addressing domestic violence as an essential service that must continue during the COVID-19 response...There is never any excuse for violence. We abhor all violence, of all forms, at all times."

DR. TEDROS ADHANOM GHEBREYESUS
WHO DIRECTOR-GENERAL
COVID-19 VIRTUAL PRESS CONFERENCE
APRIL 3, 2020

The GBV in emergencies initiative expanded to the Americas region in 2020. Following scoping missions in Peru and Colombia, plans are underway in the next year to bolster interagency coordination of the health response to GBV in both countries as COVID-19 intensifies vulnerability to sexual violence and IPV for Venezuelan refugees and migrants.