



Violence against women is a pervasive public health and human rights problem affecting both the physical and mental health of women and girls worldwide. Its toll is enormous, costing billions of dollars in social, judicial and health costs, as well as further billions in lost productivity and wages. The World Health Organization estimated the percentage of women experiencing physical or sexual abuse by an intimate partner ranged from 15% in Japan to 71% in rural Ethiopia.

International Medical Corps routinely **integrates innovative strategies into its core programs** to address the problem of what's generally referred to as gender-based violence, or GBV. This is defined as actual or threatened physical, sexual and psychological violence that occurs either within the family or in the broader community.

Responding to Gender-Based Violence

Whether working in areas of armed conflict where rape has become an overt weapon of war, or in more stable development environments where gender-based violence is less visible, an International Medical Corps priority is to strengthen the ability of local health care workers to identify and treat survivors and work with local leaders to raise community awareness of the problem and modify beliefs and practices that perpetuate GBV. Our goal is to address GBV within existing programs ranging from primary health care screening and counseling for survivors to income-creation initiatives that boost the social status - and protection - of survivors.

International Medical Corps has conducted successful programs to prevent and respond to GBV in Africa, Asia, the Middle East, and Russia in a variety of settings. These programs are implemented in areas of armed conflict and post-conflict, as part of more stable community-based development and capacity-building projects, and as a component of integrated health programs related to HIV/AIDS, nutrition or reproductive health.

Several important factors help position International Medical Corps favorably to fight against gender-based violence and to do so in some of the world's toughest environments. Among these factors:

- ▶ Our core role as a primary health care agency allows us to integrate comprehensive GBV response services into our work so that survivors can be provided timely and effective treatment discreetly through local health facilities.
- ▶ Implementing our programs at the community level enables our staff to design and carry out innovative and culturally appropriate GBV programs in close collaboration with community opinion leaders—those most critical in any effort to reshape social attitudes and norms.



Through vocational training like sewing, hairdressing, computer literacy, daycare, and café management International Medical Corps is providing life-long skills to create economic opportunity and empowering the women of Iraq.



"We believe there should be no impunity for the sexual and gender-based violence committed by so many."

- Secretary of State Hilary Clinton, on her visit to International Medical Corps operations in DRC

In DRC, International Medical Corps' role as a primary health care agency often makes us the first point of contact for survivors of GBV.





Democratic Republic of Congo

We have operated in eastern Democratic Republic of Congo (DRC) since 1999, a region plagued with some of the highest GBV rates in the world. We currently provide emergency health care and a range of other support services to displaced civilian populations, returnees and other vulnerable communities in North and South Kivu provinces.

We offer GBV services in eastern DRC that include confidential physical exams and initial treatment plus follow-up psychosocial support. In cases where attacks have been so violent that survivors suffer potentially life-threatening injuries including fistula – a severe laceration caused by rape or complications from child birth – we work closely with Panzi Hospital, the only hospital in the remote region that can surgically repair the damage. In addition, International Medical Corps constructed the Kalonge Reproductive Health Complex in 2009 which serves a population of 48,000 Congolese women. It is the first hospital at the zonal level to provide life-altering fistula repair for women in need. Our local team at Kalonge can also refer patients to Panzi where surgeons – trained by International Medical Corps – provide advanced fistula repair.

We also offer GBV counseling and education programs in DRC and economic opportunities to help survivors recover emotionally and become self-reliant. To facilitate the ongoing process of physical and emotional healing, we teach basic skills such as sewing that can be used to generate income for survivors and vulnerable women – and with it, restore both pride and a degree of economic independence. The heightened social status attached to such income-earning skills also eases the process of reintegrating GBV survivors into communities that tend to shun them.



Pakistan

In Pakistan's volatile Northwest Frontier areas, our teams working in four Afghan refugee camps were able to overcome the initial resistance among conservative local leaders toward addressing the GBV issue by approaching freedom from such violence as a basic human right. Soon, these local community and religious leaders were reading our material at large meetings and offering constructive suggestions on how to improve the messages it contains. Female health workers, traditional birth attendants, and school teachers were also trained to raise awareness, while doctors were trained on how to manage GBV cases.

Chechnya

In Chechnya and neighboring Ingushetia, where GBV has been exacerbated by the breakdown of social norms during a bitter secessionist war with Russia, our teams have concentrated efforts on rural and economically disadvantaged areas, where the problem is more prevalent. We support locally staffed primary health clinics in ten locations, helping them identify GBV cases. We also helped build a strong, efficient, referral system that includes a network of local and international relief agencies offering specialized assistance ranging from psychosocial care to legal help. At the start of the program, data on GBV cases was sparse to non-existent. During the first 12 months of implementation, International Medical Corps identified hundreds of GBV survivors and provided psychosocial support and referral services to all of them. In addition to services, we conducted community awareness campaigns and worked closely with local health workers, government representatives, law enforcement agencies, students and teachers to improve their capacity to address and prevent GBV. As a result of participation in these activities, more than half of those surveyed reported a large increase in their knowledge of what GBV is, confidence in their ability to support someone who has experienced GBV, and significant willingness to take action to prevent GBV in their communities.



Burundi

In post-conflict settings, our teams conduct intensive technical training for service providers treating survivors as well as community stakeholders who implement robust public awareness programs. In Burundi, International Medical Corps trains health workers to provide GBV survivors with appropriate medical care and successfully negotiated an agreement with local public health authorities to allow GBV survivors to receive free medical treatment. We work with local public health authorities and influential community leaders to hold awareness sessions that discourage GBV and support survivors by offering livelihood skills training.

Iraq

In Iraq, we have worked in four governorates that have experienced high levels of violence to reduce GBV by empowering women to help themselves. The first step: establishing centers for women, supported by respected women in the local community and by both government and key non-government agencies. These centers help women press for their democratic and human rights and create improved access to jobs, including vocational training.



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 **International Medical Corps**

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