INTER-AGENCY FIELD MANUAL

ON REPRODUCTIVE HEALTH IN HUMANITARIAN SETTINGS

2018

IAWG

INTER-AGENCY WORKING GROUP
ON REPRODUCTIVE HEALTH IN CRISES

- GBV also has a large impact on the social health of the individual and the community in terms of stigma, isolation, and rejection of survivors and children born as a result of rape (including by husbands and families), losses in women's income potential, interrupted education of adolescents, and homicide (e.g., so called "honor" killings and female infanticide)

Although GBV is a global issue the nature and extent of specific types of GBV vary across countries and regions. GBV is often underreported, but various forms of GBV have been documented during humanitarian crises and it should be assumed that GBV is occurring from the start of a crisis regardless of whether prevalence data are available.

Gender-based violence may occur throughout and across the life cycle (see Fig. 10.1). Some people are more vulnerable than others based on their membership in different identity groups.

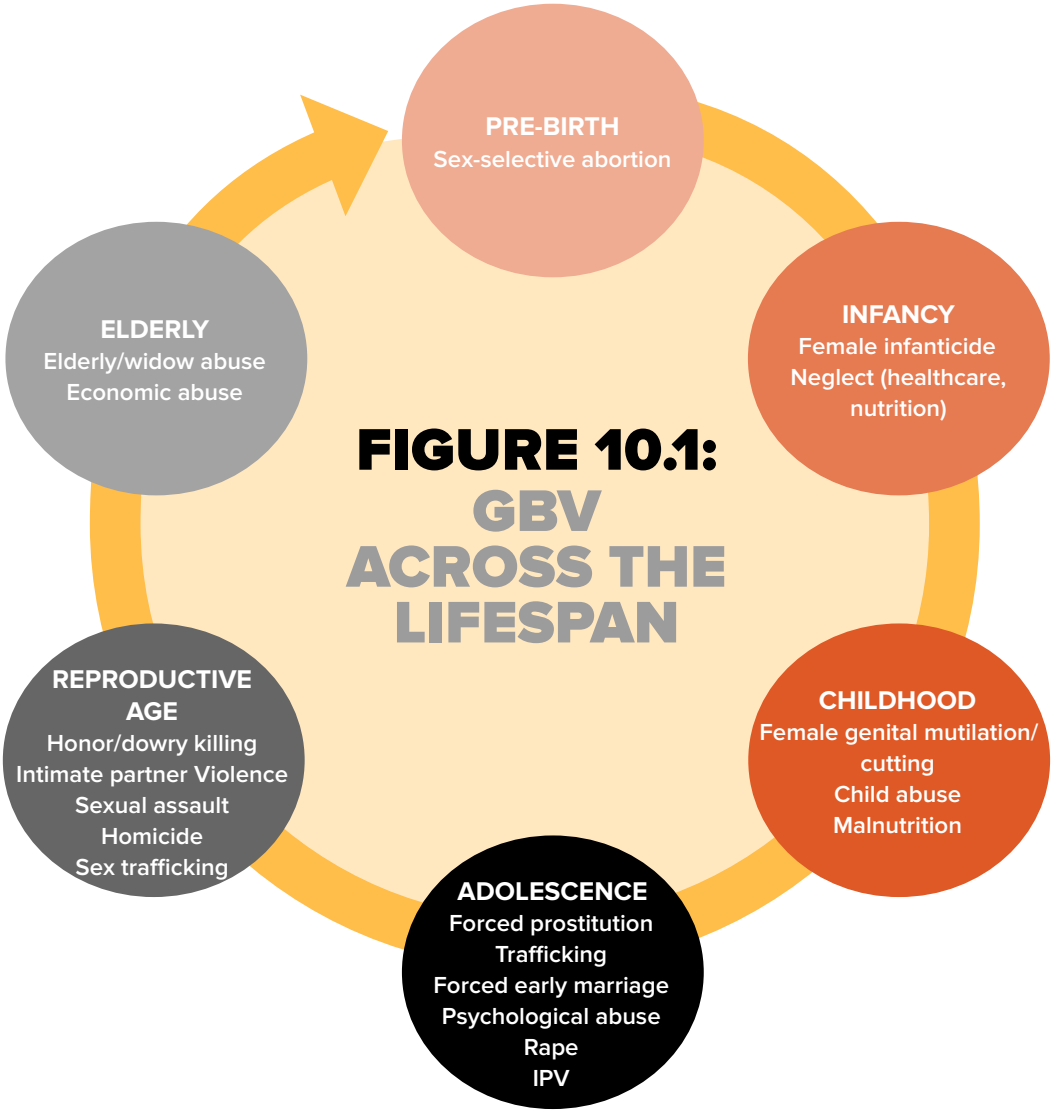

FIGURE 10.1: GBV ACROSS THE LIFESPAN

10.2 OBJECTIVES

This chapter focuses on the responsibility of sexual and reproductive health (SRH) Coordinators, health program managers, and service providers in preventing and responding to GBV-related health consequences. The objectives of this chapter are to assist them to understand:

- How GBV can take a range of forms and affect different subpopulations
- The roles and responsibilities of the health sector in responding to GBV in humanitarian settings

- The multi-sectoral approach to prevent and respond to GBV
- How to support the integration of GBV prevention and response elements into the health sector/cluster

10.3 GENDER-BASED VIOLENCE PROGRAMMING

10.3.1 Minimum Initial Service Package implementation

Health services are often the first - and sometimes the only - point of contact for survivors seeking assistance for GBV. From the earliest stages of an emergency, health actors must work to prevent and provide clinical care for survivors of sexual violence per the Minimum Initial Service Package (MISP). Preventing sexual violence and responding to the needs of survivors is a core objective of the MISP. Priority activities center on: 1) Working with other clusters, especially the protection or gender-based violence sub-cluster, to put in place preventive measures at community, local, and district levels including health facilities to protect affected populations, particularly women and girls, from sexual violence; 2) Making clinical care and referral to other supportive services available for survivors of sexual violence; and 3) Putting in place confidential and safe spaces within the health facilities to receive and provide survivors of sexual violence with appropriate clinical care and referral.

As soon as possible, health sector actors should be equipped to provide clinical care to survivors of all types of GBV and make referrals as necessary to other relevant services. Crucial to providing accessible and quality healthcare services for GBV survivors, is ensuring their delivery in a safe, confidential, dignified and non-discriminatory manner that considers the survivor's gender, age, and any specific needs.

10.3.2 Needs assessment

While assessments are an important foundation for program design and implementation, they are not a prerequisite for putting in place some essential GBV prevention, mitigation, and response measures prior to or from the onset of an emergency. Many risk-reduction interventions can be introduced without conducting an assessment. For example, health sector actors can implement the MISP at the onset of every emergency.

Integrate GBV considerations into needs assessments for comprehensive SRH service planning. Within the multi-sectoral framework, SRH Coordinators and health program managers are part of the Health sector/cluster and must collaborate with other sector/cluster actors involved in GBV programming to collect the following information:

AT THE COMMUNITY LEVEL

- Level of awareness about the health consequences of GBV and when and where to access relevant health services
- Level of awareness of GBV-related services and resources among populations at-risk

AT THE PROGRAM LEVEL

- International and local actors working on GBV
- The existence of national, multi-sectoral and interagency operating procedures, protocols, practices, and reporting forms
- Location and type of services providing care for survivors of GBV (health, community support, social, psychological, legal)
- The extent of adherence to ethical and safety standards in health services (safety, privacy, confidentiality, respect)
- SRH program staff and healthcare provider training needs
- Availability of supplies to care for survivors of sexual violence, including emergency contraception (EC), post-exposure prophylaxis (PEP), and medicines and manual vacuum aspiration (MVA) equipment for safe abortion care to the full extent of the law
- GBV data collected at the facility-level

AT THE NATIONAL LEVEL

- National protocols related to GBV medical care and referral

- National laws related to GBV and types of GBV mentioned
- National plans/policies to eliminate GBV. What types of GBV does the plan target?
- The legal definition of rape. The legal age of consent for sexual activity. Does it differ for boys and girls?
- Mandatory reporting laws for cases of sexual abuse and sexual assault
- National laws on abortion in the context of rape and incest
- Cadres of health service providers authorized to collect forensic evidence and the range of forensic evidence admissible in courts of law

It is generally accepted that GBV, and in particular sexual violence, is underreported almost everywhere in the world. Survivors fear potentially harmful social, physical, psychological, or legal consequences if they disclose the event. In settings characterized by instability, insecurity, loss of autonomy, breakdown of law and order, and widespread disruption of community and family support systems, disclosure is even less likely. Any available data, in any setting, about GBV reports from police, legal, health or other sources will represent only the small proportion of survivors who choose to self-report and should not be used to establish prevalence or incidence or to make conclusions about common types of GBV.

Any inquiry into sexual violence and other forms of GBV must be designed and carried out with an understanding of the situation and take into consideration how the information will be used, who will see it, how the information will be reported, to whom and for what purpose and who will benefit from it. Consider ethical and safety issues at all times when involved in collecting, analyzing and reporting on GBV information.

BOX 10.3: SAFETY, ETHICAL, AND METHODOLOGICAL RECOMMENDATIONS FOR DOCUMENTING AND SHARING INFORMATION ON GBV CASES REPORTED TO SRH SERVICES

WHEN DOCUMENTING INFORMATION

- Basic care and support for survivors must be available before commencing any activity that may involve individuals disclosing information about their experiences of GBV
- The safety and security of service providers involved in gathering information about GBV is of paramount concern and in humanitarian settings in particular should be continuously monitored
- The confidentiality of individuals who provide information about GBV must be protected at all times and they must give informed consent before their information is documented
- SRH service providers caring for GBV survivors must be carefully selected and receive relevant and sufficient specialized training and ongoing support
- Staff must be trained on and held accountable for adhering to data protection protocols
- Additional safeguards must be put into place if children (i.e., those under 18 years) are involved

WHEN SHARING DATA

- Keep in mind the audience and possible use of the data and offer guidance on interpretation of the data
- Provide the context for all reported data. If known, and safe to do so, provide information on the camps/clinics/districts from where cases are reported. Be specific, e.g., "reported cases from X number of health facilities"
- Only share a comprehensive description of the incident if this cannot be linked back to individual survivors (precise date and location, information on the victim, ethnicity, age, sex, medical findings, should only be included when safe to do so)
- Provide additional information that may have contributed to changes in the number of reported cases from the previous reporting period. For example, more services available, public information campaigns, upsurge in violent attacks. Whenever possible, information on when incidents took place should be collected and the information reported along with aggregated numbers
- Label all tables and reports appropriately to avoid the information being taken out of context

10.3.3 Programming considerations for GBV survivors

Health programming approaches to prevent, mitigate, and respond to GBV must be adapted to the changing nature of emergencies, including the increasing urbanization of internally displaced, migrant, and refugee populations, protracted emergencies especially in fragile states, as well adaptions to both slow and sudden onset emergencies. Furthermore, strategies for coverage and access for non-camp settings, rural areas, and more inaccessible settings (e.g., areas under siege, high security contexts) must be considered and addressed. Table 10.1 presents key actions for preventing and responding to GBV at different stages of emergency.

TABLE 10.1: KEY ACTIONS FOR HEALTH ACTORS TO PREVENT AND RESPOND TO GBV

KEY ACTIONS	PREPAREDNESS	RESPONSE	RECOVERY
Ensure women and adolescent girls have immediate access to priority reproductive health services as outlined in the MISP at the onset of an emergency		X	
Ensure GBV survivors have access to high-quality, life-saving health care, including post-rape treatment and clinical care for other forms of GBV		X	X
After the immediate onset and during transition phases, re-establish comprehensive reproductive health services, including GBV treatment and referral systems			X
Involve women, adolescent girls and other at-risk groups in the design and delivery of health programming (with due caution where this poses a potential security risk or increases the risk of GBV)	X	X	X
Pre-position trained staff and appropriate supplies to implement clinical care for GBV survivors in a variety of health delivery systems (e.g., medical drugs, equipment, administrative supplies, mental health and psychosocial support, referrals, etc.)	X	X	
Develop and/or standardize protocols and policies for GBV-related health programming, in partnership with Ministry of Health, as feasible, and civil society actors including women's rights groups, to ensure integrated, quality care for survivors	X	X	X
Enhance the capacity of health providers to deliver quality care which is age, gender and culturally appropriate to survivors through training, support and supervision on GBV prevention and clinical care for sexual assault and other forms of GBV. Ensure a clear focus on clinical and attitudinal competencies for child-friendly care and to promote access and recovery for both male and female survivors	X	X	X
Promote integration of available health services in GBV standard operating procedures and/or referral pathways; promote quality of care assessments as context allows	X	X	X
Assess and address the accessibility of health and reproductive health facilities that integrate GBV-related services (e.g., provide safe and confidential escorts to facilities, make opening times convenient, ensure universal access for persons with disabilities, eliminate service fees, etc.)	X	X	X
Implement strategies that maximize the quality of survivor care at health facilities (e.g., implement standardized guidelines for the clinical care of sexual assault; establish private consultation rooms; maintain adequate supplies and medical drugs; provide follow-up services, etc.)		X	X
Ensure information sharing and coordination between health and GBV working groups, including identifying joint actions to address GBV risks and ensure protection for women, girls and other at-risk groups and provide quality health services to GBV survivors		X	X
Seek out the GBV coordination mechanism for support and guidance and, whenever possible, assign a focal point to regularly participate in GBV working group meetings		X	X
Identify, collect and analyze a core set of indicators - disaggregated by sex, age, disability and other relevant vulnerability factors - to monitor GBV risk-reduction activities throughout the program cycle	X	X	X