



World Health
Organization

STRENGTHENING HEALTH SERVICES FOR GENDER-BASED VIOLENCE SURVIVORS IN EMERGENCIES

C. Garcia-Moreno, M.C. Ciampi, A. Oketch, A.R. Ronzoni, E. Roesch

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GBV response and prevention in fragile and vulnerable communities

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HEALTH
CLUSTER

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EMERGENCIES
programme

BACKGROUND

- Preventing and responding to GBV in emergencies remains one of the humanitarian sector's key challenges
- Healthcare services for GBV survivors are life-saving
- The health sector = key entry point
- Healthcare workers can provide first-line support and link GBV survivors to specialized and/or longer-term services and relevant supports
- WHO is the designated lead on health in humanitarian settings
- In 2018, WHO began to address GBV in its emergency work, internally and with the Health Cluster and partners

WHO'S APPROACH

AIM: To improve health service delivery by addressing barriers to care, ensuring health facilities have appropriate supplies, and building skills of healthcare personnel to provide timely, quality clinical care to survivors of GBV.

Integrating
GBV responses
into Health
Cluster Work

Improving
Service
Delivery and
Strengthening
Health
Workforce

Institutionalizing
GBV Responses
within WHO

Developing
Resources
and
Fostering
Learning

Interagency
Engagement

GAPS: COVERAGE

% of health facilities providing post-rape care at project start

| Nigeria | Iraq | Cox's Bazar |
|---------|------|-------------|
| 18% | 15% | 10% |

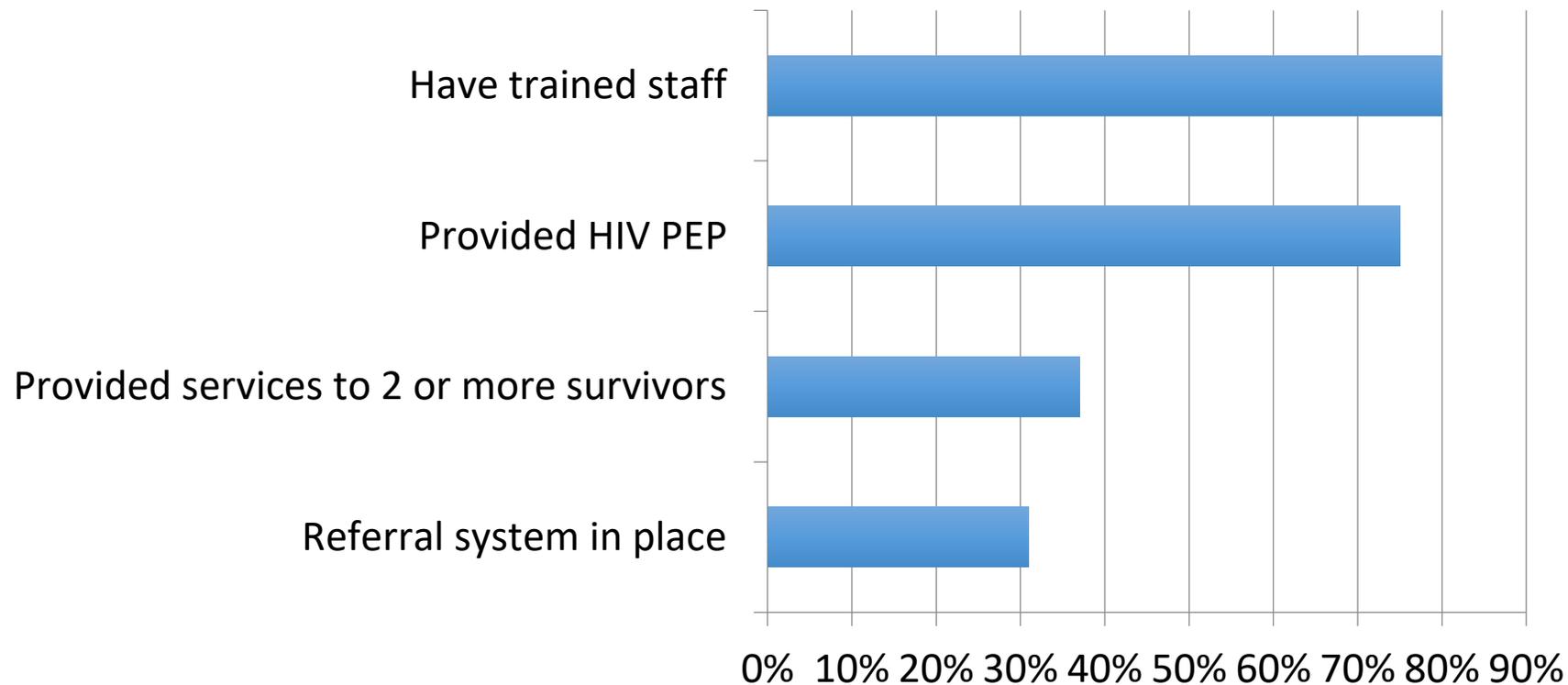
"GBV case management only covers around a quarter of need, and CMR coverage is even less than that"

--Interviewee, UN agency



GAPS: QUALITY

Case study: % of health facilities providing GBV services that meet certain quality criteria in Cox's Bazar



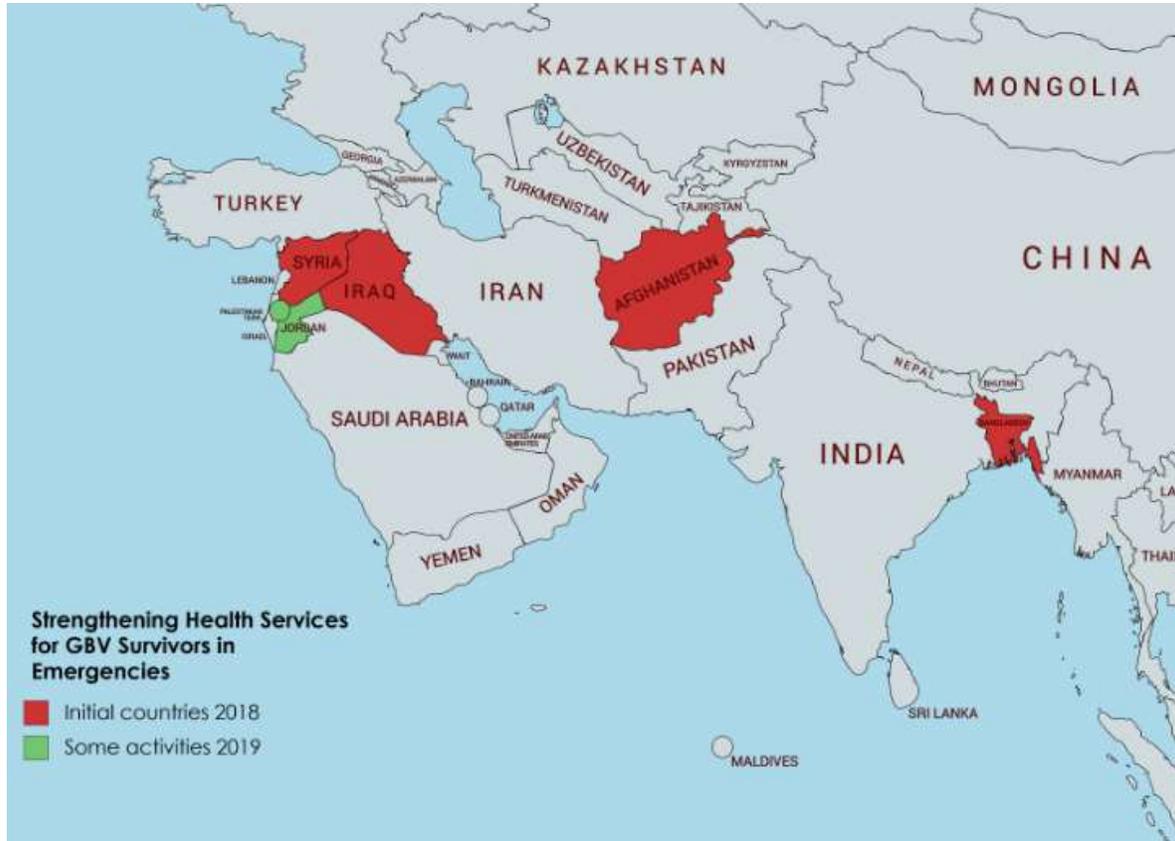
Even when a GBV service is available, basic standards for quality might not be met

GLOBAL-LEVEL ACTION



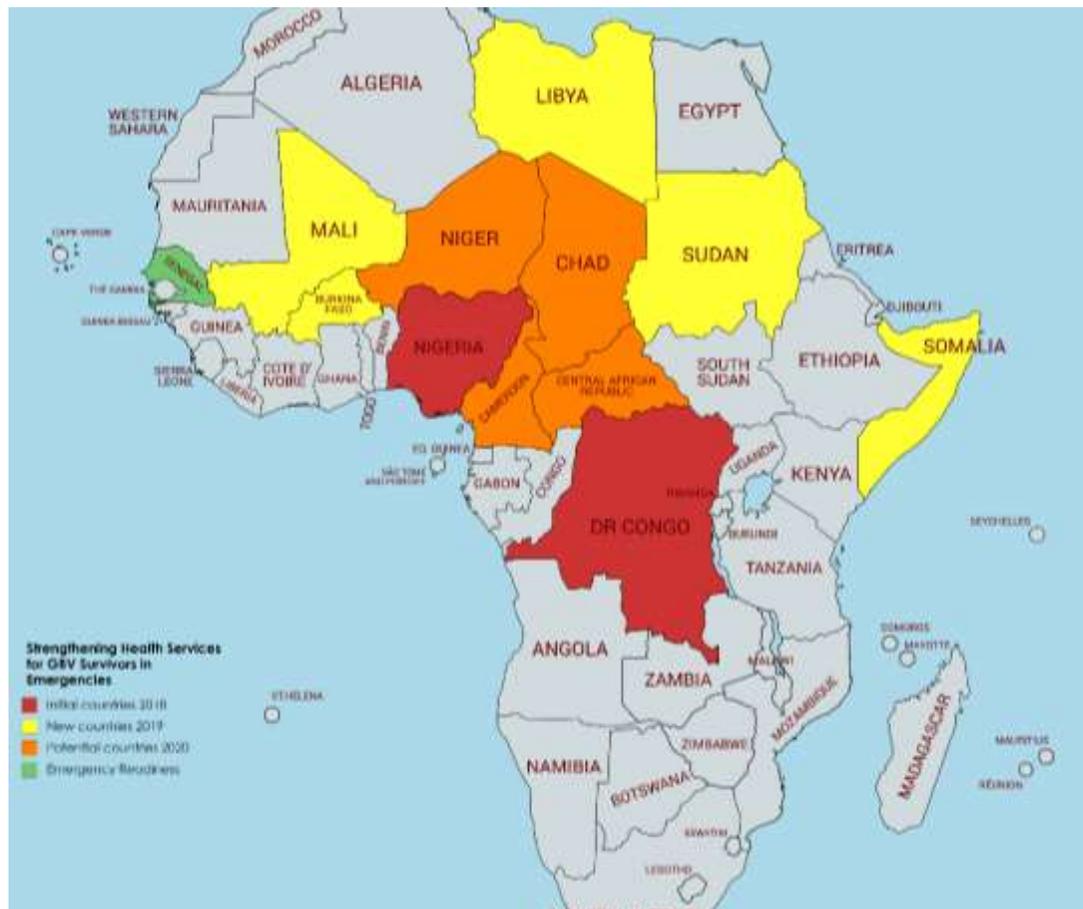
- Integration of GBV into health section of HNOs and HRPs across multiple countries and other tools and processes
- Incorporating GBV into staff learning and capacity development
- In collaboration with UNFPA and UNHCR, updated technical guidance: *Clinical management of rape and intimate violence partner survivors* and e-learning
- Conducting research on quality assurance
- Convening regional learning workshops

OUTCOMES IN MIDDLE EAST AND ASIA



- ✓ GBV integrated into **mental health** (and MhGAP) in Iraq and Syria
- ✓ **Community outreach** strategies developed in Syria
- ✓ **Clinical Handbook** adapted in Iraq
- ✓ Over 6,000 health providers trained on **national GBV protocol** in Afghanistan
- ✓ Afghanistan MoH supported to develop **GBViE strategic plan**
- ✓ **Quality assurance tool** rolled out in Cox's Bazar and joint trainings provided to health providers with UNFPA

OUTCOMES IN AFRICA



- ✓ **Emergency response** in Burkina Faso with ToT for 27 health managers and health providers
- ✓ 150+ members of **Hard-to-Reach Mobile Teams** trained on First-Line Support in Northeastern Nigeria
- ✓ **Health facility readiness** assessments in Nigeria, Mali and Burkina Faso
- ✓ Responded to political violence in Sudan with supplies and health provider trainings

LESSONS LEARNED: WHAT IS NEEDED FOR BETTER SERVICE PROVISION



- ✓ Challenges exist from leadership to service delivery, and require a multi-faceted, systems approach
- ✓ Training is essential but on its own is not effective in improving services
- ✓ Cross-sectoral collaboration is key in leveraging technical expertise for greater outputs

LESSONS LEARNED: WHAT IS NEEDED FOR INSTITUTIONAL CHANGE



- ✓ Dedicated staff are key to mobilizing institutional change
- ✓ Regional and inter-regional learning and exchange are critical
- ✓ WHO can play a critical role in driving forward a health systems approach to GBV

CONCLUSIONS

- Despite increased global awareness of GBV and stronger commitments to address survivors' needs, field-level action in the health sector has lagged behind.
- WHO has taken action to confront this challenge by bringing focused attention to GBV in emergencies within the Health Cluster and broader sectoral framework.
- Through its GBViE work, WHO has learned more about gaps and barriers to health service delivery for survivors and how to effectively mobilize sector-level change that could be useful to the broader GBV field.
- Efforts to institutionalize GBV throughout WHO, as well as the health sector, has revealed that strong political will, knowledge, and prioritization – are key to ensuring that GBV responses are fully integrated as emergency priorities

FOR FURTHER INFORMATION

Headquarters in Geneva:

- Claudia Garcia Moreno at garciamorenoc@who.int

Eastern Mediterranean Regional Office in Cairo:

- Anna Rita Ronzoni at ronzoniam@who.int

Africa Regional Office, Emergency Hub in Dakar:

- Maria Caterina Ciampi at ciampim@who.int

Bangladesh Office in Cox's Bazar:

- Anne Achieng Oketch at oketcha@who.int

