Strengthening GBV and SRHR services in emergencies
Background

- Increased risk of GBV during emergencies
  - Recent study in South Sudan, up to 65% of women experienced physical and/or sexual violence
- Quality health services can prevent re-traumatization, improve health, & help seeking
- Lack of full, systematic integration of GBV services into health responses
Background

- Lack of full and systematic implementation of sexual and reproductive health services;
- Lack of availability of safe abortion care to the full extent of the national law;
- Limited contraceptive method options available, including emergency contraception;
- Little attention to the particular sexual and reproductive health needs of adolescents.
### Overview

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<tr>
<th>SRHR</th>
<th>GBV</th>
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<td><strong>Goal</strong></td>
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<td>• Health cluster partners deliver comprehensive SRH services in humanitarian crises.</td>
<td>• Health sector has improved capacity to deliver services to GBV survivors and to enhance prevention</td>
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<td><strong>Outcomes</strong></td>
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<td>• Significantly more women and girls accessing good quality sexual and reproductive health services in humanitarian crises in three countries as compared with baseline.</td>
<td>• Updated technical and normative guidelines and tools.</td>
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<td>• GBV strengthened within health cluster response (MH and SRH)</td>
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Geographical focus

SRHR
- Cox’s Bazar, Kasai region in DRC, Yemen

GBV
- Cox’s Bazar, Kasai region in DRC, Nigeria, Iraq, Pakistan, Syria (Gaziantep)

Criteria
- IASC Level 3 crises
- Cluster approach activated/adopted
- High level of GBV and SRH burden/need
- Interest of the Health Cluster and relevant working groups
Activities: SRHR

• Strengthened capacity among health cluster partners and local health providers in 3 select countries to enhance provision of SRH
  – Meetings/ Workshop/ training

• Strengthen the delivery of SRH services in 3 selected countries to reduce unmet need for services
  – Community awareness
  – Community Health Workers and PHC staff training
  – Commodities procurement

• Harmonization of Health Data Management Information System (HDMIS), to enable performance monitoring and learning lessons for sustainable implementation of a full package of services
  – Feasibility assessment
  – Implementation research on documentation of effective approaches to deliver SRH services in crises
Outputs: GBV

Technical and normative guidelines
• *Clinical Management of Rape Survivors*
• *Training materials on mental health, first line support and IPV*

Strengthen capacity of health cluster to respond to GBV
• *Trainings*
• *Strengthening service response plans*
• *Procurement of PEP module in IEHK*

Interagency engagement
• *GBV AoR, Call to Action, UN Action*
Timeline

Cluster coordination workshops

Health provider trainings

Monitoring & evaluation

April - June

July - September

October - December

2019

Country assessments
Feasibility research

Supplies
Technical guidance development

Monitoring Implementation research

Collective action for better health outcomes

World Health Organization
Discussion questions

• What do partners see as the biggest challenges when it comes to SRH and GBV in emergencies?
• What are specific gaps in the response to SRH and GBV that are the most urgent?
• What kind of support (training, supplies, guidance dissemination, etc) would be most useful to you to strengthen your integration of SRH and GBV into health responses?