“Global Plan Of Action On Violence Against Women And Girls And Violence Against Children”
Oxfam response
October 2015

OVERALL FEEDBACK

In general, the WHO’s approach to preventing and responding to VAWG aligns well with Oxfam’s framework how to eliminate VAWG/GBV, which informs Oxfam’s programming in over 40 countries and rests on 4 pillars. Oxfam believes that ending violence is possible if:

1. Women, their organizations and networks working to reduce VAWG/GBV and assist survivors, are supported by allies and funders and are increasingly sustainable.
2. Survivors are more effectively supported and have increasingly acted as change agents in their communities and societies on VAWG/GBV.
3. Men and women have transformed their attitudes and behaviours and taken actions to reduce the social acceptance of VAWG/GBV, contributing to changing norms that perpetuate GBV/VAW in communities and institutions.
4. Duty bearers have demonstrated their commitment to reducing VAWG/GBV and to transformational change notably by protecting citizens through stronger legislation and policies, and more effective implementation.

Three of the four strategic directions in the plan - Strengthen health system leadership and governance in addressing violence; Strengthen health service delivery and health workers’ capacity to respond to violence; and Strengthen programming to prevent violence - relate well to these four pillars.

Oxfam also supports the fourth – Improve information and evidence on violence – with the caution that we must take care not to dictate or determine a priori what counts as “evidence”, and be open to different ways of gathering information on strategies that have been proved effective.

Based on our framework, what we have learned from Oxfam-supported VAWG programming in over 40 countries, and Oxfam’s strong knowledge role in relation to VAWG/GBV, Oxfam welcomes the:

- Focus on violence against women and girls, in recognition of the profoundly gender-based and gender-biased nature of a great deal of inter-personal violence
- Acknowledgement that VAWG is first and foremost a human rights violation, before mention is made of its health and socio-economic impacts
- Combined attention to response and prevention
- Recognition of the need for a multi-sectoral, multi-stakeholder approach
- All the guiding principles, but particularly human rights, gender equality, ecological approach, community participation, and comprehensive multi-sectoral response
- Recognition of the important role of women’s organizations in guiding and collaborating with health system activities
- Recognition of the need for political and institutional actions, especially the adoption of laws and policies, resources to support them, and attention to the continued implementation gap of laws in many countries
- Concern about the limited and uneven coverage and quality of services needed by survivors of violence
• Need to work with health system workers themselves, as the document mentions, in terms of both their own experiences of violence, and how their attitudes may negatively impact the quality of care survivors receive.
• Need to address harmful attitudes and norms that reflect and reinforce gender inequality
• Recognition and concern for the disproportionate vulnerability of certain populations
• Attention to the need for health system response and prevention activities to be implemented in humanitarian and conflict settings. And the need of integrating prevention and response to VAW into humanitarian response to health emergencies
• Inclusion of research and knowledge-building activities, due to the limited availability of data and information, and the need for evidence-based approaches

Oxfam would like to express the following concerns and recommendations about the elements of the plan overall:

• **Somewhat weak understanding of gender inequality’s role in VAWG**: on page 4, gender inequality leads a list of “risk factors” for VAWG. Gender inequality is a root cause that underpins all forms of VAWG and should be separated from risk factors. Risk factors need to be understood as those circumstances that raise or lower the likelihood of VAWG in particular contexts and for particular people, whereas gender inequality contributes to VAWG all the time, everywhere. Furthermore, gender inequality contributes to other forms of women’s disproportionate health-related disadvantages, including nutrition and food security, and sexually-transmitted diseases, among others. Later in the document gender inequality is recognized more strongly as key to the prevalence of VAWG, and we would suggest that recognition be made earlier in the document.

• **Weak link between gender inequality and violence against girls**: In the Violence against Children (VAC) section, insufficient attention is paid to the role of gender inequality in violence against girls (and boys). Many of the same systems of gender discrimination underpin violence across the life course. Repeated reference to “child maltreatment” and “peer violence” problematically suggest that these forms of violence are gender-neutral.

• **Need for greater emphasis on the links between health and other sectors**: Although a multi-sectoral approach is rightly highlighted, some particular sectors or institutions are missing, especially for the strengthening of prevention efforts, notably the media and religious institutions. These are especially important for changing attitudes and norms that underpin violence.

**SPECIFIC FEEDBACK ON EACH SECTION**

**Introduction**

The introduction sets out clearly the magnitude of interpersonal violence, in particular against women and girls, the consequences on health, the risk and protective factors and determinants as well as the remaining challenges at national level.

**SECTION 2 Vision, goal, objectives, strategic directions and guiding principles**

**Box 1: The role of the health system within a multi-sectoral response**

If the plan itself does not provide scope to address gaps in provision on VAWG in other sectors, identification of such gaps, how they link to a health sector response, and recommendation for further action to address these could also be included under point 2 of box 1. We would also repeat the
certain important institutions and sectors – e.g., the media and religious institutions – are missing from this discussion.

2.1 Vision

Oxfam shares the broad vision of “A world in which all people are free from all forms of violence and discrimination; their health and well-being is protected and promoted; their human rights are fully achieved and gender equality is the norm.” However, we also believe all people should also be free of the threat of violence; as such, we suggest the following: “A world in which all people are free from all forms of violence as the threat of violence and discrimination… [gender equality is the norm]”

2.4 Strategic directions

Under “2. Strengthen health service delivery and workers’ capacity to respond to violence”, we suggest free at the point of use to be added along “referrals, accessibility, acceptability, availability and quality of care”. Related to this, Oxfam stresses the need to ensure a legal basis for access to free health services for survivors of VAW.

2.5 Guiding principles

Under the community participation principle we suggest mentioning a prioritization of women’s rights organizations explicitly.

SECTION 3 Actions for Member States, national and international partners, and the WHO Secretariat

Oxfam’s comments will focus on section 3A, Violence against women and girls and section 3C, cross cutting actions that contribute to addressing all forms of violence.

Section 3A. Violence against women and girls

Strategic direction 1: for member states and national and international partners

On point 4, “establish a unit or designate a focal point to address violence against women in the Ministry of Health”, we suggest this should be led by a senior ranking official who is part of the ministry’s top leadership or management team. We also suggest to have women and men representation in those units.

Oxfam welcomes WHO’s proposal to involve women’s organizations and survivors in planning and policy development, and to pay particular attention to the needs of women and girls who face multiple forms of discrimination and marginalization. We would like to draw attention to the need to involve them as well as CSOs working to eliminate VAWG in the monitoring and evaluation of national-level action plans.

This unit or focal point should also ensure regular dialogue with men especially in other govt departments at national and district levels, key sectors such as the police, judicial system and community leaders.

Strategic direction 2: for member states and national and international partners

On point 8, there seems to be an overwhelming focus here on immediate post-incident care. We would emphasize that the services to women and girls who have experienced violence must include
psycho-social care and counselling, and that such longer-term forms of support should also be fully funded.

Also on point 8, “provide comprehensive services to all women and girls”, Oxfam wish to highlight the need for comprehensive and free of charge “for all women and girls who have experienced violence including in humanitarian crisis settings”. This in order to avoid financial barriers to access services for those already in situation of vulnerability and facing other barriers such as psychological or social ones. This comment is also applicable to point 9.

Strategic direction 2: for the WHO secretariat

In link with previous comment on Strategic direction 2 for member states and national and international partners, Oxfam welcomes the point 9: “include services to address VAWG in minimum package of health services including as part of universal health coverage” and humanitarian interventions in health emergencies.

Strategic direction 3: for member states and national and international partners

We’d like to suggest putting “and” in place of “/” between prevent and reduce in 12. “Develop, test and implement/scale-up programmes to prevent/reduce VAWG that can be delivered through the health system.” Prevention and reduction do not have the same meaning. It would be good to strive at preventing and reducing VAWG.

Strategic direction 4: for the WHO secretariat

On point 23, we would really welcome to also see the WHO secretariat strengthen capacity of women rights organisations alongside those of civil society, research institutions and programme implementers to and programme implementers to conduct research on VAWG, including on the ethical and safety aspects and the application of more rigorous evaluation.

Section 3C. All forms of interpersonal violence: cross-cutting actions

Strategic direction 2: for member states and national and international partners

On point 10, we suggest to mention explicitly Women Rights Organizations after ‘strengthen the engagement of and partnership of civil society organizations’ and before “and community leaders… seeking health services promptly.”

SECTION 4 Accountability and monitoring framework

Oxfam regrets the reduced size of accountability and monitoring framework. If section 3 provides a lot of concrete action for Member States, national and international partners, and the WHO secretariat, this framework only addresses accountability and monitoring for Member States. That said, we welcome the strong reference to the due diligence principle, which reinforces States’ responsibility to address and prevent violence within their borders.

If we look further at indicators compared to strategic directions for VAWG, they seem disconnected from suggested actions in section 3. On VAWG indicators, we regret among others the lack of budget/resources for monitoring and the absence of indicators related to the existence of a focal point or unit for VAWG in the Ministry of health.
The framework for cross cutting actions only addresses the strategic direction 4, leaving out the three others.

In the case of impossibility to improve coherence between section 3 and section 4, we would suggest the revision of the VAWG current indicators.

A 1.1 Number of Member States that have included comprehensive and free of charge services for addressing intimate partner violence and comprehensive post-rape care in line with WHO guidelines(30) as part of essential package of health services and/or sexual and reproductive health care services. and emergency/humanitarian response

A 2.1 Number of Member States that have developed or updated their national guidelines or protocols or standard operating procedures for health systems response to women and girls experiencing intimate partner violence and/or sexual violence, consistent with international human rights standards and WHO guidelines(30).

A 3.1 Number of Member States that have a national multisectoral plan addressing violence against women and girls (that includes the health system) that proposes at least one strategy to prevent violence against women and girls challenging harmful gender norms and engaging men and boys alongside girls and women as actors of change.