



INTER-AGENCY WORKING GROUP
ON REPRODUCTIVE HEALTH IN CRISES

Breaking the Silos: SRH is essential for integrated GBV prevention and response

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Gender-based violence (GBV), particularly against women and girls, is pervasive and exacerbated in every humanitarian emergency. Yet protection from GBV is not treated as a priority from the earliest stages of a crisis. Girls and women who experience GBV need urgent access to sexual and reproductive health (SRH) services to prevent unwanted pregnancy, avoid sexually-transmitted infections, and heal from injuries. At a time when girls and women face increased risks of multiple forms of GBV, unintended pregnancy, death or disability during pregnancy and childbirth, unsafe abortion, and sexually transmitted infections, this access is lifesaving. In addition to being serious human rights violations, these abuses in turn can lead to high rates of unsafe abortion, maternal mortality, low birthweight, miscarriage, premature labor and sexually transmitted infections. GBV survivors require access to non-discriminatory and comprehensive health services, including SRH, psychosocial, legal, and livelihood support as essential components of a multi-sectoral response for survivors. **We need to break down the siloes between the GBV and SRH sectors to ensure comprehensive, high-quality SRH services are delivered to survivors in a coordinated, holistic manner from the first day of every emergency response. Women and girls need to be able to control their reproductive health decisions and access needed SRH services free from coercion.**

We refer to UN Security Resolution 2016, which states: ‘recognizing the importance of providing timely assistance to survivors of sexual violence, urges United Nations entities and donors to provide non-discriminatory and comprehensive health services, including sexual and reproductive health, psychosocial, legal, and livelihood support and other multi-sectoral services for survivors of sexual violence, taking into account the specific needs of persons with disabilities; calls for support to national institutions and local civil society networks in increasing resources and strengthening capacities to provide the abovementioned services to survivors of sexual violence; encourages Member States and donors to support national and international programs that assist victims of sexual violence such as the Trust Fund for Victims established by the Rome Statute and its implementing partners; and requests the relevant United Nations entities to increase allocation of resources for the coordination of gender-based violence response and service provision.’

What is needed:

Increased awareness: Too often, survivors are not aware of available services, how to avoid an unwanted pregnancy and/or how to treat and prevent STIs, including HIV. **SRH services can be an entry point to mitigate and reduce violence. Provider and staff training on technical aspects of care and treatment, how to recognize signs of GBV, and build awareness of available health services in a timely, safe, dignified, and confidential manner is important.**

- Funding: SRH remains a chronically underfunded and marginalized aspect of humanitarian response. **In 2016, just 0.6% of global humanitarian funding went to GBV prevention and response services.**

Only with additional funding, made available at the start of every emergency, will survivors be able to consistently access protection from GBV and lifesaving SRH care.

- Coordination: The humanitarian architecture that separates protection and health programming in different sectors means that service providers rarely interact or coordinate their activities. **Finding opportunities for consistent coordination between the GBV and SRH sectors will support a holistic and dependable response for GBV survivors.**
- Supporting local civil society: **Investing in local and national women-focused civil society organizations** who are on the front lines of delivering lifesaving SRH services where they are most needed is essential. This support goes beyond funding and requires a fundamental shift in power relations between key stakeholders in the humanitarian system. Local and national women-focused civil society organization should be supported to play a greater and more central role in response and resilience-building of their communities.
- Leaving no one behind: Adolescent girls are at increased risk of early marriage during emergencies and are often left out of SRH programming. Healthcare providers should be trained on adolescent-friendly provision of SRH services. In recognition of the disproportionate impact of SGBV violence, SRH services must be responsive to the unique needs of adolescent girls, particularly those at increased risk such as married adolescent girls, pregnant adolescents, adolescents with disabilities and those with diverse sexual orientations, gender identities or gender expression. Additional capacity building is needed to better train clinicians in providing Clinical Management of Rape (CMR) services to other vulnerable groups, including persons with disabilities, LGBTQIA, sex workers and men and boys survivors.
- Supply chain: **Ensuring the implementation of the MISP requires efforts on supplies availability. The availability of reproductive health kits, especially PEP kits and FP kits, are critical for GBV survivors to receive the quality care they need and deserve.**
- Comprehensive care: CMR services are not always fully integrated into public or private medical facilities and protocols are often not in place for provision of services to survivors of sexual violence. **Health providers**, as well as patient-facing administrative or case management staff, **should receive training on CMR and psychological first aid or other methods in order to deliver quality, survivor-centered care to those seeking medical services following sexual assault** and avoid the re-traumatization of survivors during this process. **Robust and confidential referral system and adequate procurement capacities are also critical to ensuring survivors receive comprehensive care.** In addition to being available as part of any essential services package, SRH services in humanitarian settings must also meet a standard of accessibility, quality and be provided without discrimination or coercion. Trained social workers and other service providers should be linked to health service points to ensure seamless service delivery for both mental and physical health needs.
- Comprehensive abortion care: Access to safe abortion care and post abortion care is lifesaving for survivors of rape and must be included in all SRH services.