GBV AoR HELPDESK

Research, Evidence and Learning Digest

Integrated GBV and SRH Services in Emergencies

Gender-based violence (GBV) and sexual and reproductive health (SRH) are intersecting essential life-saving components of humanitarian response. Both SRH and GBV are closely related to gender inequality and to socio-cultural and structural determinants of women's health, rights and agency. GBV has harmful SRH outcomes and health professionals are often a first point of contact for survivors with support services. GBV also inhibits women's and girls' ability to exercise SRH choices and rights. Referral to appropriate SRH and other health care is a well-established component of multisectoral GBV response in emergencies.

> Good sexual and reproductive health (SRH) is a state of complete physical, mental and social well-being in all matters relating to the reproductive system. It implies that people are able to have a satisfying and safe sex life, including the freedom to choose when and with whom to have sex, the capability to reproduce, and the freedom to decide if, when, and how often to do so.[1]

There are some examples of integration between GBV and SRH services in emergencies. For instance, managing sexual violence is a core component of the Minimum Initial Service Package (MISP), a series of crucial actions required to respond to reproductive health needs at the onset of every humanitarian crisis.[2] GBV programs commonly incorporate SRH information, education and supplies and also promote improved health response to GBV through capacity building of healthcare providers in clinical management of rape. For instance, Women and Girls' Safe Spaces often provide SRH information and supplies (e.g. menstrual hygiene management materials), train providers and facilitate GBV survivors access to SRH services. However, there is no evidence base to guide the design and delivery of integrated GBV and SRH services in acute or protracted emergency settings.

[1] See UNFPA https://www.unfpa.org/sexual-reproductive-health

[2] See What is the MISP https://www.unfpa.org/resources/what-minimum-initial-service-package

There remains, therefore, a need for both the GBV and SRH sectors to develop, test and evaluate integrated models of programming to generate good practice models and approaches to preventing and responding to all forms of GBV across every phase of emergency response. This evidence digest overviews research and evidence pertaining to GBV and SRH integrated approaches. It looks at standards and research in both acute emergency settings and stabilized humanitarian settings. Links to relevant research, guidance and tools are included at the end.

Integration of sexual violence within SRH services in acute settings

Integration of sexual violence prevention and response into SRH services in emergency settings is a recognised essential, life-saving component of humanitarian response, critical to prevent further illness, trauma, disability and death. Yet, access to SRH services for GBV survivors in emergencies remains a major gap in humanitarian response. There is a critical need to ensure that established protocols for the clinical management of rape and other forms of GBV are implemented from the onset of every emergency, in line with best practice and international standards, as set out in the recently revised *Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings*.

Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings (Inter-Agency Working Group on Reproductive Health in Crises, revised 2018)

The recently revised Field Manual presents the best available evidence on clinical practice and program implementation for providing comprehensive, high-quality SRH services in humanitarian settings. Chapter 3 of the manual provides detailed information and guidance on sexual violence management and prevention from the onset of every emergency as a core component of the MISP. The MISP is an evidence-based international standard of care that should be implemented in all emergencies and is part of the Sphere Sexual Reproductive Health and HIV Standards. The aim of implementing the MISP is to mitigate the negative long-term effects of sexual violence on survivors through a coordinated series of priority actions designed to prevent morbidity and mortality. Chapter 3 also provides guidance on integrating GBV risk mitigation into SRH service delivery. Responsibilities of SRH and other health providers in preventing and responding to all forms of GBV as a core component of comprehensive SRH programming is addressed in Chapter 10. Where possible, the Field Manual incorporates specific evidence from or examples about the application and adaptation of global SRH or human rights standards in humanitarian settings.

Leveraging global and grassroots expertise to improve access to sexual and reproductive health services in humanitarian emergencies (Hersh, M. and Abbas, D. A. 2019)

This article overviews progress and challenges in implementation of the MISP in emergency settings. It identifies that while there have been positive developments at the international level in the development of standards and guidelines for SRH, in particular the revised 2018 *Inter-Agency Service Field Manual for Reproductive Health Services in Humanitarian*

Emergencies, building and mainstreaming international and local expertise on SRH in emergencies remains a challenge, with even the most basic SRH services unavailable at the onset of many humanitarian responses. The authors argue that humanitarian actors are not sufficiently knowledgeable on the Field Manual, and more training is needed to build capacity. That the expertise of local and national responders is still largely overlooked is identified as a missed opportunity to invest in effective grassroots solutions for the delivery of essential SRH services, including clinical management of rape in emergencies. Supporting and building expertise on SRH at the global and grassroots levels is therefore critical. The article highlights key opportunities for investing in the development of both global and grassroots expertise to drive more concrete action on SRH in emergencies.

A long way to go: A systematic review to assess the utilisation of sexual and reproductive health services during humanitarian crises (Singh, N., Aryasinghe, S., Smith, J., Khosla, R., Say, L., and Blanchet, K. 2018)

This systematic review assessed utilisation of SRH services from the onset of emergencies in low- and middle-income countries. Only one study was identified with the primary aim to provide data on the feasibility of providing community-based medical care for sexual assault survivors. Conducted in Myanmar, the study used focus group discussions with community members, traditional birth attendants and community health workers to understand the utilisation of a community-based medical care package for survivors of sexual assault delivered at the community level. This package was adapted from the 2004 WHO *Clinical Management of Rape Survivors* facility-based protocol so that it could be delivered by community health workers. The study found promising feasibility of community-based post-rape care, although further work needs to be done to identify what, if any, safety concerns arise as a result of this approach. Perceived barriers and challenges for sexual assault survivors in accessing and using community health worker-delivered post-rape services are shyness, shame, fear of others' opinions and fear that they may be denied help. Findings also suggested that the community needs to feel more comfortable in seeking care from community health workers. The authors conclude that despite increased attention to SRH service provision in humanitarian crises settings, the evidence base is still very limited. More implementation research is required to identify interventions to increase utilisation of SRH services in diverse humanitarian crises settings and populations.

Case study

Facilitators and barriers in implementing the Minimum Initial Services Package (MISP) for reproductive health in Nepal post-earthquake (Myers, A., Sami, S., Onyango, M. et al, 2018)

The purpose of this study was to identify the facilitators and barriers affecting the implementation of the MISP in two districts in Nepal following the 2015 earthquake. Factors that supported scale up of priority SRH services within the MISP were found to include: disaster preparedness; leadership and commitment among national, international, and district level actors; resource mobilization; strong national level coordination; existing reproductive and child health services and community outreach programs; and supply chain management. Barriers to implementation were found to be: inadequate training for RH coordinators and managers; weak communication between national and district level

stakeholders; inadequate staffing; under-resourced and fewer facilities in rural areas; limited attention given to local GBV and HIV organizations; low availability of clinical management of rape services; and low awareness of GBV services and benefits of timely care. The study concluded that it is critical for national government to ensure SRH is included in emergency preparedness and immediate response efforts and is continued through the transition to comprehensive care, and that the entire humanitarian community should consider these learnings in future emergency response.

Research and evidence on integrated approaches to SRH and GBV during ongoing response

Key elements of an integrated approach to GBV within SRH services commonly include screening of women and girls attending SRH services for GBV and the provision of: supportive responses to GBV disclosure; clinical care; counselling; follow-up; and referral for ongoing support and additional services. For a detailed review of the research and evidence on GBV routine screening, see the GBV Helpdesk research report *Review of available evidence and guidance on routine screening for gender-based violence in healthcare settings*.[3] As noted earlier, there is as yet no evidence base regarding effective models of GBV and SRH service integration. The other studies in this section therefore focus on examples of current or recent programs that take an integrated approach to GBV and SRH programming, but these have not been formally evaluated.

Delivering integrated services for gender-based violence, and sexual reproductive health and rights to conflict-affected communities in Myanmar (UNFPA 2019)

This report overviews the implementation and lessons from an integrated SRH and GBV project implemented by UNFPA and partners for conflict affected communities in Myanmar. The project adopted a two-pronged approach; firstly, the project provided SRH information, education and awareness, screening and referral within GBV services. For example, at the Women and Girls Centres where GBV programs are delivered, GBV staff were trained to deliver SRH education to women and adolescent girls, and printed information, education and communication materials were made readily available. GBV staff were also trained to identify SRH needs of clients, including needs related to family planning (both preventative and emergency contraceptives), antenatal and postnatal care and birth assistance, and to refer clients to the most appropriate SRH provider. Secondly, the project integrated GBV into SRH programming by providing GBV information, education, awareness, screening, clinical services and referral within SRH services. Examples of ways GBV has been integrated into SRH services include: the training of SRH staff to be skilled and comfortable sharing information about GBV with individual clients; screening of individual clients for GBV, and making safe and appropriate referrals of identified GBV survivors to support services. Further, essential elements of post-rape care were made available through mobile SRH clinics.

[3] Available at: https://gbvaor.net/sites/default/files/2019-11/Review%20of%20Available%20Evidence%20and%20Guidance%20on%20Routine%20Screening%20for%20GBV%20in%20Healthcare%20Settings.pdf

While the project has not been formally evaluated, it is understood to have resulted in a significant improvement in access to urgent and life-saving medical post-rape care for GBV survivors. Lessons generated to-date by the project include:

- The importance of careful partner selection to ensure complementary skill sets across partners and potential for capacity development of each partner in non-core areas.
- The need for multi-year funding to cover high levels of human resource investment at country and field office levels.
- The importance of context-specific implementation design.
- The need for regular monitoring and support to partners and for continuous and joint evaluation and the flexibility to adjust the program during implementation.
- The importance of intensive coordination before and throughout the project, and the need for staff to understand the project objectives.
- The need for extensive technical assistance and to address lack of confidence and hesitation/resistance of staff.
- The need to identify how to stimulate demand for GBV services in SRH services, especially as most referrals come from GBV service providers to SRH services.

Studies currently under implementation

Empowerment counselling intervention for pregnant women and girls affected by intimate partner violence in a refugee camp in Tanzania (García-Moreno, C. and Ellsberg, M., 2019)

This study, currently under implementation in a refugee camp in Tanzania, seeks to enhance responses to pregnant women experiencing IPV in humanitarian emergencies. The study is being undertaken in antenatal services in recognition that antenatal care visits provide an opportunity for women and girls to disclose they are experiencing IPV and to receive first-line support from sensitized and trained RH providers to empower them, help them to be safe and address their violence experiences. The study will evaluate the feasibility and acceptability of a brief empowerment counselling intervention (ECI) among pregnant women and girls from the primarily Congolese and Burundian refugee population receiving antenatal care who have experienced IPV. The study is being implemented in two phases:

- Phase 1 involves formative qualitative research to inform adaptation of the ECI package;
- Phase 2 involves implementation of the intervention, accompanying qualitative and quantitative data collection, data analysis, and dissemination.

During Phase 1, qualitative data collected through in-depth interviews and focus group discussions with health centre staff, GBV service providers, and pregnant women will guide intervention design and assess acceptability of the intervention for Phase 2. During Phase 2, participants in the intervention and control groups will receive a baseline assessment, with 3- and 6-month follow-ups. Outcomes will be measured through a questionnaire, which will collect basic demographic information at baseline and follow-up, along with questions to measure changes in primary and secondary outcomes. Research in Phase 2 will also assess intervention acceptability, feasibility and impacts. It is anticipated the findings from the study will strengthen the humanitarian sector's understanding of how to responsibly implement IPV

identification and response through health facilities. It will also help to build an understanding of how to respond effectively to a disclosure of GBV and build evidence for health services as an entry point for effective IPV identification, response and prevention.

Impact of SAFE intervention on sexual and reproductive health and rights and violence against women and girls in Dhaka slums (Naved, R. and Amin, S., Eds, 2014)

This document reports on the impact of the "Growing Up Safe and Healthy" (SAFE program) implemented in 19 slums in Dhaka, Bangladesh, over 20 months. Although not implemented in a humanitarian setting, findings from the evaluation of the SAFE program include important lessons that may be salient to those designing integrated GBV and SRH programs in humanitarian contexts. The objective of SAFE was to improve SRH and reduce IPV in intervention communities. The program, implemented by a consortium of international and national organisations, focused on improving access to SRH and GBV services and preventing IPV through community education and mobilization. SAFE combined three integrated strategies: 1) enhancing access to health and legal services for women and girls, including GBV survivors; 2) facilitating interactive group sessions with men, young women and girls to build knowledge and skills on SRH, GBV, communication, negotiation and conflict resolution; and 3) community campaigning and activism.

The evaluation of SAFE measured SRH and violence-related improvements among participating women using indicators on SRH, GBV, marriage and childbearing. The evaluation found SAFE effectively raised community awareness about SRH, GBV, gender and rights; improved women's and girls' access to RH and legal services and supports; and reduced IPV by addressing gender inequitable attitudes. In sites where men participated, use of modern contraception increased significantly, the practice of menstrual regulation declined, and the proportion of marriages that involved dowry also declined.

Findings from the evaluation include:

- Engaging men in group sessions was most effective in addressing gender inequitable attitudes among males and females.
- Physical or sexual IPV among adolescent girls reduced when both females and males were offered group sessions.
- Economic violence against adolescent girls increased when only females were targeted, but decreased when men were targeted.
- Female group sessions reduced economic violence against women aged 20 to 29 years.

Lessons from SAFE include:

- The importance of working with men as well as women and girls.
- The need to reduce women and girls' isolation, increase their confidence and enhance their agency to seek recourse and support when they experience violence.
- The importance of involvement of and coordination between local organisations and community-based campaigns and activism.

Research priorities

Workshop on sexual and reproductive health research priorities in humanitarian settings (Interagency Working Group on Reproductive Health in Emergencies, 2018)

This workshop report identifies research priorities to build knowledge and evidence on addressing SRH in humanitarian settings. These priorities were developed based on analysis of knowledge and evidence gaps in relation to the effectiveness of SRH interventions, including those aimed at addressing GBV. The report contains research questions and concept notes, including on GBV-related SRH research priorities, that can be used by anyone working on SRH research in humanitarian settings. It is intended to be useful to GBV researchers and practitioners seeking to integrate SRH into GBV-related research or interventions in emergencies.

Additional research, practical tools and resources to support integrated GBV and SRH programming

General resources

Sexual and reproductive health and rights in humanitarian crises at ICPD25+ and beyond: Consolidating gains to ensure access to services for all (2019)
Violence against women: Where are we 25 years after ICPD and where do we need to go? (2019)
Sexual and reproductive health and rights: An essential element of universal health coverage (2019)
Humanitarian crises: Advancing sexual and reproductive health and rights (2017)
In a state of crisis: Meeting the sexual and reproductive health needs of women in humanitarian situations (2017)
Building national resilience for sexual and reproductive health: Learning from current experiences (2016)
Progress and gaps in reproductive health services in three humanitarian settings: Mixed-methods case studies (2015)
Addressing violence against women and girls in sexual and reproductive health services: A review of knowledge assets (2010)

Standards for programming

The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming (2019)
IASC Guidelines for Integrating Gender-Based Violence Intervention in Humanitarian Action (2015)
Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response (2018)

Guidelines and tools

MISP

MISP Checklist: Monitoring of MISP Implementation

MISP Process Evaluation Tools (2017)
MISP Distance Learning Module

Clinical management

Clinical Management of Rape and Intimate Partner Violence Survivors: Developing Protocols for Use in Humanitarian Settings [forthcoming]
Clinical management of rape survivors: Developing protocols for use with refugees and internally displaced persons (2004)
Clinical care for sexual assault survivors: A multimedia training tool (2008)
Strengthening health systems to respond to women subjected to intimate partner violence or sexual violence: A manual for health managers (2017)
Health care for women subjected to intimate partner violence or sexual violence: A clinical handbook (2014)
Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines (2013)
RESPONSE training manual for reporting of gender-based violence in women's health services (2015)
Screening for gender-based violence in primary health facilities in humanitarian settings: Implementation guidelines and recommendations for IRC programs

Women and Girls Safe Spaces

Women and girls' safe spaces: A guidance note based on lessons learned from the Syria crisis (2015)
Guidelines for women and girl friendly spaces in South Sudan (2016)
Safe Spaces for women and girls (SSWG) standardization and technical guidance: How to set up a SSWG in practice (2018)

Adolescent girls

Adolescent Health Needs in Emergencies Fact Sheet (2018)
I'm Here - Adolescent Girls in Emergencies: Approach and tools for improved response (2014)
Adolescent SRH in emergencies elearning
adolescent sexual and reproductive health programs in humanitarian settings: An in-depth look at family planning services (2016)
Adolescent sexual and reproductive health toolkit for humanitarian settings (2009)
A summary of key considerations in SRH and GBV integrated approaches to engaging with survivors of child marriage and early childbearing, together with an annotated bibliography of relevant standards, guidelines and tools (2019)
Very young adolescents in humanitarian settings: Examining the sexual and reproductive health needs and risks of girls and boys aged 10-14 in Ethiopia, Lebanon and Thailand (2014)
Marriage and sexual and reproductive health of Rohingya adolescents and youth in Bangladesh: A qualitative study (2018)

Menstrual hygiene management

A toolkit for integrating menstrual hygiene management (MHM) into humanitarian response (2017)

Understanding the menstrual hygiene management challenges facing displaced girls and women: Findings from qualitative assessments in Myanmar and Lebanon (2017)

Disability

Young persons with disabilities: Global study on ending gender-based violence and realizing sexual and reproductive health and rights

Community-based approaches

Communities Care: Transforming Lives and Preventing Violence Toolkit, Community Health Worker Training Package (available from UNICEF on request)

"Provide care for everyone please": Engaging community leaders as sexual and reproductive health advocates in North and South Kivu, Democratic Republic of the Congo (2019)

The GBV AoR Help Desk

The GBV AoR Helpdesk is a technical research, analysis, and advice service for humanitarian practitioners working on GBV prevention and response in emergencies at the global, regional and country level. GBV AoR Helpdesk services are provided by a roster of GBViE experts, with oversight from Social Development Direct. Efforts are made to ensure that Helpdesk queries are matched to individuals and networks with considerable experience in the query topic. However, views or opinions expressed in GBV AoR Helpdesk Products do not necessarily reflect those of all members of the GBV AoR, nor of all the experts of SDDirect's Helpdesk roster.

Contact the Helpdesk

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