

GBV AoR HELPDESK

Gender-Based Violence in Emergencies

Fact Sheet: Advice and resources for integrating Sexual and Reproductive Health and Rights and Gender-Based Violence, with a particular focus on Niger

Rana Aoun | November 21, 2025



Introduction

For several years, Niger has been facing complex and multidimensional crises, exacerbated by the coup d'état in 2023 and including recurrent armed conflicts, mass population displacement, malnutrition, epidemics, and climate-related disasters.¹ Indeed, UNOCHA—the United Nations Office for the Coordination of Humanitarian Affairs—describes the situation in Niger as "an acute and complex humanitarian crisis, marked by the impact of persistent insecurity, epidemics, food insecurity, and flooding."²

These crises disproportionately affect women and girls. In emergency situations such as in Niger, needs related to gender-based violence (GBV) and sexual and reproductive health and rights (SRHR) are exacerbated. GBV in Niger is characterized by its severity and frequency, including forced/child marriage³ (76% of girls are married before the age of 18, and 28% before the age of 15)⁴, intimate partner violence, sexual violence and exploitation, and other attacks against women and girls.⁵

This tipsheet is intended for health and GBV workers and volunteers, frontline service providers in emergency situations, with a particular focus on those working in Niger. The document consists of three sections, beginning with this brief introduction on the situation in terms of GBV and SRHR in Niger, as well as its impact on women and girls who are survivors of GBV. The next section offers guidance on integrating GBV and SRHR into service delivery, while a third section lists essential global, regional, and local resources on this integration.

¹ Médecins du Monde (2023) Niger: a humanitarian crisis in the making: <https://reliefweb.int/report/niger/niger-humanitarian-crisis-making>

² UNOCHA website: Niger: <https://www.unocha.org/niger>; accessed October 2025

³ Child Protection Domain of Responsibility website: Niger: <https://cpaor.net/country/niger>; accessed October 2025

⁴ Girls Not Brides website: Niger: <https://www.girlsnotbrides.org/learning-resources/child-marriage-atlas/regions-and-countries/niger/>; accessed October 2025

⁵ GBV Domain of Responsibility (2023) Niger: Gender-Based Violence (GBV) Secondary Data Review: <https://gbvaor.net/node/1801>

Consequences of gender-based violence on sexual and reproductive health and rights

One of the acute consequences of GBV is in the area of health, specifically **increased needs and difficulties in accessing SRHR**. Gender inequalities and unequal power relations that underlie GBV, combined with discrimination, constitute social, cultural, and structural barriers that prevent women and girls from accessing SRHR services. GBV, including rape or sexual assault, can lead to unwanted and/or forced pregnancies. Forced sex or the inability to negotiate contraception in intimate relationships can also increase this risk. In turn, unwanted pregnancies may lead to unsafe abortions due to stigma, lack of access to necessary care, or the criminalization of abortion, as is the case in Niger.⁶ In these contexts, complications from unsafe abortion include sepsis, hemorrhage, infertility, and even death, and GBV survivors face barriers to post-abortion care due to stigma and fear of reprisals.

In addition, **sexual violence increases exposure to the Human Immunodeficiency Virus (HIV) and other sexually transmitted infections (STIs) or sexually transmitted diseases (STDs)**. In emergency situations, survivors often do not have access to timely post-rape clinical care such as post-exposure prophylaxis (PEP). Furthermore, GBV can lead to pelvic inflammatory disease, chronic pelvic pain, menstrual disorders, internal reproductive organ damage, or genital injuries leading to infertility. Survivors of intimate partner violence (IPV) are three times more likely to suffer from chronic pelvic pain, vaginal infections, dysmenorrhea, and dyspareunia.⁷ During pregnancy, IPV increases the risk of miscarriage, premature delivery, and low birth weight. This risk is even higher for adolescent or child mothers.⁸

Another type of GBV with serious SRHR consequences is **female genital mutilation/cutting (FGM/C)**, which can cause dystocia, postpartum hemorrhage, fistula, and neonatal death.⁹

Overall, **societal normalization of GBV perpetuates cycles of reproductive coercion and denial of SRHR for survivors**.

Importance of integrating GBV and SRHR services

Universal access to SRHR and the ability to live free from all forms of GBV are intrinsic human rights that apply in all contexts, including emergencies.¹⁰ Although these rights are fundamental in humanitarian contexts, they suffer from chronic underfunding and are often overlooked. This is the case in Niger. This further highlights the need to ensure GBV SRHR integration in order to reduce the deficit in services. SRHR services are becoming an important entry point for identifying, supporting, and referring survivors, as SRHR facilities and services can provide a safe point of access for women and girls to obtain information, frontline psychological support, and safe referral to specialized GBV services.¹¹ The health system therefore plays a key role in the

The integration of GBV and SRHR services facilitates the provision of holistic services that address survivors' immediate health needs, immediate safety needs, and the fundamental violation of their human rights in the longer term. GBV-SRHR integration requires coordination, linkage, and referral, and the provision of GBV and SRHR services in a safe, ethical, and survivor-centered manner.

⁶ Bell SO, Oumarou S, Larson EA, Alzouma S, Moreau C. (2023) Abortion incidence and safety in Niger in 2021: Findings from a nationally representative cross-sectional survey of reproductive-aged women using direct and indirect measurement approaches. <https://pmc.ncbi.nlm.nih.gov/articles/PMC10575533/#sec001>

⁷ Shalak M, Markson F, Nepal M. (2023) Gender-Based Violence and Women Reproductive Health in War Affected Area. <https://pmc.ncbi.nlm.nih.gov/articles/PMC10822726/>

⁸ Agarwal S, Prasad R, Mantri S, Chandrakar R, Gupta S, Babhulkar V, Srivastav S, Jaiswal A, Wanjari MB. (2023) A Comprehensive Review of Intimate Partner Violence During Pregnancy and Its Adverse Effects on Maternal and Fetal Health. <https://pmc.ncbi.nlm.nih.gov/articles/PMC10278872/>

⁹ World Health Organization (2025) Female genital mutilation. <https://www.who.int/fr/news-room/fact-sheets/detail/female-genital-mutilation>

¹⁰ *Ibid.*

¹¹ United Nations Population Fund (2016) Essential Service Package for Women and Girls Who Experience Violence: [https://www.unfpa.org/publications/essential-service-package-for-women-and-girls-who-experience-violence](#)

multisectoral response to GBV.¹² This response includes providing essential medical care to survivors, while ensuring psychosocial support and holistic, survivor-centered care. The integration of GBV and SRHR services therefore ensures quality services, ranging from prevention to response to incidents. Integration requires continuous capacity building for health personnel and strong coordination between health and GBV coordination systems to facilitate referrals and the integration of GBV and SRHR into service delivery.

The situation regarding GBV and SRHR in Niger

In Niger, only 48.47% of the population has access to health services within a 5-kilometer radius of their place of residence, maternal mortality remains high, the rate of assisted childbirth and management of obstetric complications are also low (43.6% and 31% respectively), and adolescents aged 15 to 19 account for 34% of the maternal mortality rate.¹³ The intersection of GBV and SRHR is also apparent in the high rates of GBV in the country, and the high rates of forced/child marriages (76% of girls aged 20 to 24 are married before the age of 18 and 28% before the age of 15), as well as low contraceptive use (only 10%, which could lead to unwanted pregnancies, unsafe abortions, STIs, and/or maternal complications), a high number of girls out of school, and the high prevalence of polygamy and repudiation.¹⁴

In Niger, essential health services remain limited due to a lack of financial resources, human resources, and infrastructure; an inadequate response to specific needs such as adolescent care; poor coordination between existing prevention and care services; and the absence of standard operating procedures at the national level.¹⁵ GBV care services also face challenges related to access and availability. As a result, prevention and response to GBV and SRHR often fall to frontline service providers.

Part 1: Tips for Integration

This section consists of six essential tips on GBV-SRHR integration for SRHR and GBV service providers, including frontline volunteers, on how to integrate SRHR and GBV in an ethical and safe manner.

Tip 1: Ensure a survivor-centered approach in the delivery of GBV and SRHR services.

All GBV-SRHR integration efforts should be guided by a survivor-centered approach (health service providers will recognize this approach as similar to the human/patient-centered approach). This approach creates a safe environment for survivors¹⁶ and stipulates that:

- **Service providers respect survivors' right to self-determination** with regard to fulfilling their needs and desires and accessing their rights, including reproductive and sexual rights.
- **The safety of survivors is ensured:** physical safety in the service delivery setting and after the visit, including medical centers, and psychological safety during service delivery.
- **The confidentiality of survivors and their privacy is ensured** with regard to their history and data, including the collection, storage, and sharing of their personal data in a confidential manner and strictly based on what is

<https://www.unfpa.org/fr/featured-publication/paquet-de-services-essentiels-pour-les-femmes-et-les-filles-victimes-de> in particular Module 2: Health

¹² Gender-Based Violence Area of Responsibility (2020) Inter-Agency Minimum Standards for Programming on Gender-Based Violence in Emergencies: <https://gbvaor.net/gbviems> in particular Standard 4: Health Care for Survivors of GBV

¹³ United Nations Population Fund (2022) Country Program Description for Niger: https://www.unfpa.org/sites/default/files/portal-document/DP.FPA_.CPD_.NER_.10%20-%20Niger%20CPD%20-%20Final%20-%205Jul22_FR_0.pdf

¹⁴ GBV Area of Responsibility (2023) Niger: Gender-Based Violence (GBV) Secondary Data Review: Niger: Gender-Based Violence (GBV) Secondary Data Review: <https://gbvaor.net/node/1801>

¹⁵ *Idem*

¹⁶ World Health Organization, United Nations Population Fund & United Nations High Commissioner for Refugees (2022). Clinical care for survivors of rape and intimate partner violence: developing protocols for use in humanitarian crises: <https://iris.who.int/items/c78d0ce7-58e0-4c40-844d-c49ee5ffa330>

necessary to facilitate access to services.

- **Non-discrimination is ensured:** GBV and SRHR services are offered equally to survivors without discrimination based on their age, civil or marital status, ethnicity, religion, race, or any other factor.

The survivor-centered approach is reflected in adherence to the principles of informed consent prior to the provision of any services, and advice on how to make safe referrals to GBV services. This requires obtaining informed consent (informed and without pressure) from survivors at every stage of service provision: medical, psychosocial, legal, or other. The role of the service provider is to inform the survivor of the choices available to her and the potential consequences of those choices, without advising her or forcing her to make a choice. It is up to the survivor to decide which path to take. It is also important to communicate with and seek the survivor's consent at each stage of any medical examination. In addition, the survivor's explicit consent must be obtained for the collection of medical history, examination and collection of forensic evidence, as well as for reporting to the authorities and sharing evidence. The explicit consent of survivors must also be obtained before referring them to GBV, SRHR, or other services.¹⁷

In order to safely integrate GBV and SRHR services, it is necessary to be aware of **local laws and policies regarding access to GBV or SRHR services**, or regarding legal and judicial assistance that may be available to survivors. This is especially true for local laws and policies regarding:

- Abortion services, access to abortion and emergency contraception, particularly in cases of sexual violence and systematic sexual violence related to conflict. It should be noted here that in all cases and in all contexts, it is necessary to ensure, at a minimum, safe post-abortion care and the guarantee of non-stigmatizing care for women who need post-abortion services related to sexual violence.
- The age of sexual majority, and the age of parental consent for access to care for children and adolescents.
- Laws and processes related to mandatory reporting.
- Persons authorized to perform forensic examinations and testify in court, if applicable.

In order to make safe referrals, SRHR and GBV service providers must be familiar with the referral system specific to their context.¹⁸ Referral pathways list the essential services needed to provide immediate relief to GBV survivors, including medical, legal, psychosocial, and shelter (including safe houses for GBV survivors, where available) and security services.

Tip 2: Apply the Minimum Initial Service Package for Sexual and Reproductive Health for the provision of SRHR services to survivors of GBV.

In humanitarian contexts, frontline staff are often the first point of contact for women and girls in community or health facilities. Integrating GBV-SRHR into their work should therefore be based on the Minimum Initial Service Package for Sexual and Reproductive Health (MISP)¹⁹. The MISP defines a set of priority actions to be implemented at the onset of a crisis to protect reproductive health and rights and respond to sexual violence. More specifically, MISP Objective 2 aims to prevent sexual violence and ensure that survivors receive appropriate and safe clinical care (see resources in section 3 below). According to the MISP, the role of frontline service providers is to apply the essential components that are directly within their reach to ensure a safe, confidential, and respectful response. Specifically, this includes:

- **Understanding the key interventions of Goal 2 of the MISP**, including the importance of rapid access to post-rape clinical care, including emergency contraception, HIV PEP, STI treatment, and wound care.

¹⁷ World Health Organization (2021) Care for women survivors of violence: WHO training program for healthcare providers: <https://www.who.int/fr/publications/i/item/9789240039803>

¹⁸ For more information, contact the Protection Coordination Group in Niger: <https://globalprotectioncluster.org/emergencies/100/Niger>

¹⁹ United Nations Population Fund (2020) Minimum Initial Service Package for Sexual and Reproductive Health <https://www.unfpa.org/resources/minimum-initial-service-package-misp-srh-crisis-situations>

- **Ensuring confidentiality, safety, and dignity by welcoming survivors into a discreet space**, minimizing interruptions, and maintaining the confidentiality of shared information.
- **Provide** trauma-sensitive, nonjudgmental, and non-intrusive **frontline support** (this can be achieved by applying the LIVES principles detailed in Tip 3 below).
- **Know and use available referral mechanisms**, even if they are limited. The MISP emphasizes the need to establish safe referral pathways to health and GBV services, including clinical rape management services, psychosocial services, or legal support, depending on existing resources.
- **Inform women and girls** who seek SRHR services (family planning, pregnancy care, neonatal care, STIs, etc.) that confidential support for GBV is available and explain how they can access it safely.
- **Identify practical barriers to accessing care** (schedules, transportation, stigma, fear of partner) and help clients overcome them when possible, while respecting their choices and pace.

The MISP also emphasizes that even when service provision is limited, a respectful, survivor-centered frontline response is already an essential intervention. Providers do not need to be specialists in the clinical management of rape to play a vital role: their role is to do no harm, listen, validate, protect confidentiality, and facilitate access to available specialized services.

Tip 3: Apply the necessary skills to provide frontline support to survivors of GBV

Often, frontline GBV or SRHR service providers are the first to come into contact with GBV survivors. Sometimes, they are the only ones who come into contact with survivors. The "LIVES" approach, as defined by the WHO,²⁰ provides a framework for providing frontline support to survivors and combating GBV. The "LIVES" model stands for "Listen, Enquire, Validate, Enhance safety, establish Support":

- **Listen:** This is the most important aspect of good communication and the basis of frontline support. It is not just hearing words. The survivor has the opportunity to say what she wants to a caring person who wants to help her. Listening must take place in a safe and secure place. **Listening is not a passive act; it is a powerful form of service in itself.** When survivors of GBV share their experiences, they often carry deep shame, fear, and guilt. Being listened to without judgment, interruption, or doubt may be the first time a survivor feels seen, validated, respected, and safe. For many, this empathetic presence can be as healing as immediate referral or clinical service. Often, frontline service providers feel compelled to take action, such as offering advice, referral, or other services. But often, survivors need most of all a caring presence, active listening, to be believed, and to receive affirmation that the violence was not their fault. This type of listening restores dignity, builds trust in the health or GBV system, and forms the basis for any further action a survivor may choose to take.
- **Inquiring about needs and concerns:** This involves conducting a risk and needs assessment with the survivor in a caring manner, respecting the survivor-centered approach and placing the survivor at the center of decisions.
- **Validating the survivor's words:** This is the act of validating the survivor's words and emotions, showing her that you understand and believe her, without judging her or imposing conditions.
- **Enhance safety:** When assessing the survivor's safety following sexual assault or intimate partner violence, ask whether it is safe for her to return home. Intimate partner violence is unlikely to stop on its own, so safety concerns must be taken seriously. Help survivors assess their situation, and if a survivor is in danger, help her develop a safety plan and/or refer her to the necessary services (such as GBV case management services that specialize in risk assessment and safety planning). It is important to recognize that safety is a long-term goal. A survivor may not be ready to take immediate action, but the goal of this step is to help her explore her options for how to proceed. In order to avoid putting the woman at risk, it is imperative to ensure her privacy and confidentiality.
- **Strengthen social support:** Discuss with the survivor what is most important to her and help her identify and consider her options. Care providers should use and update the GBV referral pathway to facilitate survivors' access to social and formal support, depending on their needs. Survivors may prefer to rely solely or also on

²⁰ World Health Organization (2021) Care for women survivors of violence: WHO training program for healthcare providers: <https://www.who.int/fr/publications/i/item/9789240039803>

their informal network. Service providers play an important role in connecting survivors with the necessary resources and encouraging them to seek the support they need through compassionate referral.

Tip 4: Ensure ongoing training for GBV and SRHR teams

The successful integration of GBV and SRHR approaches depends on mutual understanding between SRHR and GBV teams regarding their respective roles and services, and their ability to make timely, ethical, and safe referrals to facilitate survivors' access to vital services. This requires regular training for GBV and SRHR service providers to ensure that the entire team has the key skills for GBV-SRHR integration.²¹

In emergency contexts such as Niger, health and GBV workers and volunteers often do not have access to dedicated or ongoing training. For this reason, the following section includes resources, training kits, and online training courses that could help service providers acquire specific and necessary information and skills, such as how to communicate with GBV survivors, how to care for child survivors, or how to support GBV survivors when no specialist is available in their area.

Tip 5: Create safe environments for GBV survivors in health facilities

Adherence to the above approaches and guiding principles helps create safe environments for survivors. In addition, in order to create physically safe environments for GBV survivors in health facilities, it is necessary to ensure that spaces are private, secure, and accessible, and that every aspect of service delivery reduces the risk of retraumatization or exposure to new risks. In practice, this requires:



- The implementation of confidential intake protocols for the public disclosure of sensitive information.
- The creation of separate and discreet waiting and consultation areas that allow survivors to receive care without fear of being seen or heard.
- Ensuring adequate lighting inside and outside the health facility.
- Reducing the risk of perpetrators entering these spaces and training staff to respond appropriately and respectfully. This requires both physical and procedural safeguards, for example:
 - Establish clear procedures regarding visitors, defining who can enter examination or consultation rooms or safe spaces, and train reception and security staff to enforce these rules respectfully.
 - Ensure that spaces reserved for survivors are not visibly marked or labeled as "GBV services" in order to guarantee the confidentiality and safety of survivors.
 - Where possible, design controlled access points or coded entry systems for sensitive areas, and ensure that staff are informed of the procedure to follow if an abuser attempts to enter or be near these spaces.
 - Provide scenario-based training to all staff, including maintenance workers, security guards, and administrative staff, to help them recognize signs of distress or potential threats, defuse conflict situations calmly, and seek help according to established protocols.
- It is advisable to ensure discreet entrances and exits for areas reserved for survivors and to ensure that these areas are accessible, particularly for people with reduced mobility.
- It is also important to provide private and secure sanitary facilities. These facilities should be well lit, clean, and equipped with functional locks, which will enhance the sense of security and personal dignity of all survivors who use them.²²

²¹ World Health Organization, United Nations Population Fund & United Nations High Commissioner for Refugees (2022) Clinical care for survivors of rape and intimate partner violence: developing protocols for use in humanitarian crises: <https://iris.who.int/items/c78d0ce7-58e0-4c40-844d-c49ee5ffa330>

²² GBV Guidelines (2021) How to support survivors of gender-based violence when no specialized actors are available in your sector: A step-by-step pocket guide for humanitarian practitioners: https://gbvguidelines.org/en/pocketguide/#pll_switcher

Tip 6: Engage the community in community-based GBV prevention and facilitate access to SRHR services

In multidimensional crisis situations complicated by difficult access to resources, community workers play a key role in engaging people in community-based GBV prevention and facilitating access to SRHR services for those who need them. In practice, community workers play a central role as a link between the population and GBV and/or SRHR services. This includes raising awareness about SRHR and GBV, promoting the use of health services (family planning, post-rape care, STI/HIV testing, maternal health for adults and adolescents), knowledge of referral networks where they exist, and helping to create spaces for community dialogue. The goal of community engagement at this level is not only to facilitate access to services for people with mobility difficulties and survivors who are confined to their homes, but also to strengthen local resilience, improve trust between communities and SRHR and/or GBV services, and promote dialogue between men and women (breaking the silence around GBV and strengthening mutual respect). The table below highlights good practices and those to avoid, and is inspired by the GBV pocket guide²³, which remains a practical reference for frontline workers in emergency situations.

Good Practices 	Avoid 
<ul style="list-style-type: none"> - Integrate key information related to GBV and SRHR into broader activities on women's health, youth, or community well-being, and facilitate discussions on reproductive rights, contraceptive options, and bodily autonomy. - Share information with the community that normalizes and facilitates seeking help and affirms survivors' rights to safety, health, and dignity. - Use clear and inclusive language and tailor messages to the literacy level and cultural context of the target communities. - Collaborate with women's groups, youth networks, and community leaders to promote safe and inclusive access wherever possible. - Include non-stigmatizing messages and remind community members that violence is never the survivor's fault and, where appropriate, that confidential help is available to survivors if they want it. - Always emphasize confidentiality, safety, and respect in all interactions. - Ensure private, safe, and respectful spaces for consultations, as much as possible in outpatient settings as well. - When in contact with a survivor, ask only the questions necessary to facilitate access to services without insisting on unnecessary details about the incident. - For health workers, remain sensitive to potential trauma triggers (e.g., physical touch, invasive examinations). Always explain the procedure to the person before performing any action, and do not begin unless they give their consent. 	<ul style="list-style-type: none"> - Do not raise awareness about GBV where services do not exist. In these cases, focus on general messages about dignity, respect, equality, and non-violence. - Do not proactively seek out or identify survivors of GBV. - Never ask directly who has been a victim/survivor of violence. - Create an environment where survivors can disclose voluntarily if they wish to, but are not under pressure. - Do not screen indiscriminately. - Do not create activities that target only survivors, such as sessions reserved for survivors, reception areas, or distributions that could expose participants as survivors of GBV and thus put them at risk of stigmatization or reprisals. - Do not promise services that you cannot guarantee. - Do not share information about survivors without their explicit consent. - Do not use critical language or make judgments. Avoid asking "why didn't you leave the relationship?" or suggesting what the survivor "should" do. - Focus on listening and validating rather than investigating. - Do not assume that all members of the community have the same risks or needs.

²³ GBV Guidelines (2021) How to support survivors of gender-based violence when no specialist actors are available in your sector: A step-by-step pocket guide for humanitarian practitioners https://gbvguidelines.org/en/pocketguide/#pll_switcher

Part 2: List of Key Resources

This section lists key resources related to GBV-SRHR integration, with a particular focus on Niger and West Africa. The resources selected are available in French, and English-language links are also provided where possible. This section will also include links to each resource, as well as a brief summary of the resource.

The GBV and SRHR situation in Niger

Support Center for Gender-Based Violence (2023) Review of Secondary Data on GBV in Niger

<https://gbvaor.net/node/1801>

This document provides a comprehensive review of secondary data on the situation in Niger with regard to GBV, protection and child protection, health and SRHR, and other key sectors. The review of secondary data highlights how crises in Niger exacerbate inequalities, restrict access to services, and increase the risks of GBV for women, girls, and other vulnerable groups. It demonstrates a high prevalence of GBV, including IPV, child marriage, early and forced marriage, as well as increased risks of sexual violence and exploitation during displacement, food distribution, or water collection. Review of secondary data also shows that FGM and other harmful traditional practices persist, reinforced by patriarchal norms and weak law enforcement. On the SRHR front, the data reviewed shows extremely high maternal mortality, low contraceptive use, limited access to SRH services, poor clinical management of rape, and barriers to accessing services such as cost, insecurity, stigma, lack of female providers, and lack of confidentiality discourage survivors from seeking care. The review of secondary data also highlights the importance of integrating GBV and SRHR, with recommendations in this regard. The document also offers recommendations for further reading that can help to better understand the context in Niger with regard to GBV risks, needs, and services.

World Health Organization (2020) Report on the mapping of actors involved in adolescent and youth reproductive health education and assessment of its implementation status in Niger

<https://www.afro.who.int/fr/publications/rapport-de-la-cartographie-des-acteurs-impliques-dans-leducation-la-sante-reproductive>

This report lists SRHR service providers and actors in Niger and assesses how these programs are implemented. It shows that despite a long-standing political commitment (since 1985) and the first legal frameworks on contraception, SRHR education remains limited due to strong sociocultural resistance, particularly from religious leaders, parents, and communities. Although updated and culturally adapted SRHR modules are being introduced in some secondary schools with the support of the United Nations and its partners, significant gaps remain, particularly for out-of-school youth, who continue to be largely ignored. The report shows that the country's extremely young population and high rates of sexual violence, early pregnancy, and unsafe practices further underscore the urgent need for accessible and youth-friendly SRHR information and services. Recommendations include strengthening coordination, expanding service coverage, and reducing stigma, which is essential to achieving Niger's national vision for adolescent and youth health.

Global and regional guidance documents on GBV-SRHR integration (in alphabetical order by author)

Gender-based violence area of responsibility (2020) Inter-agency minimum standards for programming to address gender-based violence in emergencies, in particular Standard 4: Health care for survivors of GBV

<https://gbvaor.net/gbviems>

This comprehensive resource presents 16 minimum standards applicable to GBV prevention and response interventions in emergency situations. Overall, these standards define what organizations working on specialized GBV programs must do to ensure that services are of sufficient quality: that they correspond to good practices and do no harm. The fourth standard is particularly important because it focuses on health care for survivors of GBV.

United Nations Population Fund (2020) Minimum Initial Service Package for Sexual and Reproductive Health
<https://www.unfpa.org/resources/minimum-initial-service-package-misp-srh-crisis-situations>

The Minimum Initial Service Package (MISP) for sexual and reproductive health in crisis situations brings together a set of essential and vital activities to respond to the SRHR needs of populations affected by a humanitarian crisis from the outset. The aim is to ensure that all affected populations have access to vital SRHR services. Implementation focuses primarily on meeting all family planning needs, eliminating preventable maternal deaths, and combating gender-based violence and harmful practices, even in times of humanitarian crisis. In particular, Goal 2, entitled "Preventing sexual violence and responding to survivors' needs," aims to ensure that survivors of sexual violence have access to life-saving, confidential, and rights-based care from the earliest days of an emergency, while putting in place measures that reduce risks and prevent further violence. This resource provides guidance on preventing sexual violence, as well as responding through the establishment of clinical care available to survivors, survivor-centered care and support systems, and coordination and information management.

GBV Guidelines (2021) How to support survivors of gender-based violence when no specialized actors are available in your sector: A step-by-step pocket guide for humanitarian practitioners
<https://gbvguidelines.org/en/pocketguide>

The Pocket Guide and accompanying documents inform all humanitarian practitioners on the following questions: How to support survivors of GBV, who are survivors of GBV, and what to do in a context where no GBV specialist (such as a referral system or GBV coordinator) is available.

International Rescue Committee (2022) Multipurpose Women's Centers: Highlighting the Benefits of Women-Led Community Centers as SRH Service Delivery Points for Women and Girls
<https://gbvresponders.org/fr/reponse-a-la-vbg/soins-de-sante-pour-les-survivantes-de-vbg/>
<https://gbvresponders.org/response/health-care-for-gbv-survivors/>

This toolkit includes a guidance document on multipurpose centers for women, one of the models for integrating GBV and SRHR services with the aim of saving lives and strengthening the safety, power, and health of women and girls. The toolkit also contains an external evaluation of IRC programs on the integration of sexual and reproductive health and women's protection and empowerment, as well as learning sheets and support resources.

World Health Organization, United Nations Population Fund & United Nations High Commissioner for Refugees (2022). Clinical management of survivors of rape and intimate partner violence: developing protocols for use in humanitarian crises
<https://iris.who.int/items/c78d0ce7-58e0-4c40-844d-c49ee5ffa330>
<https://iris.who.int/items/da3f1b58-2445-4262-a819-79e7667106d7>

This guide is intended for healthcare providers (doctors, clinicians, midwives, and nurses) working in humanitarian crises or other similar contexts, to guide them in developing specific protocols for the medical care of survivors of sexual violence and intimate partner violence. This guide presents simple but very useful methods for all healthcare providers, including non-specialists, to help survivors of GBV and address the range of their essential needs, including: Immediate and ongoing emotional/psychological health needs; immediate and ongoing physical health needs; and safety needs.

Resources targeted at specific groups

United Nations Population Fund (2023) Young People with Disabilities: Study to End Gender-Based Violence and Enforce Sexual and Reproductive Health Rights
<https://www.unfpa.org/featured-publication/young-persons-disabilities-global-study-ending-gender-based-violence-and>

This study includes: An up-to-date analysis of the situation of young people with disabilities with regard to discrimination and GBV (including sexual violence), including the impact on their SRHR; A detailed assessment of program, policy, and legal developments, as well as specific good practices in service delivery and the best level of protection and prevention measures; and Detailed policy and program recommendations to assist UNFPA in developing a comprehensive program in this area.

Women's Refugee Commission, Save the Children, UNHCR, UNFPA (2012) Adolescent Sexual and Reproductive Health in Humanitarian Crises: An In-Depth Study of Family Planning Services

<https://www.womensrefugeecommission.org/research-resources/adolescent-sexual-and-reproductive-health-programs-in-humanitarian-settings-an-in-depth-look-at-family-planning-services/>

This study identified effective practices for the provision of SRHR services to adolescents and young people, including family planning. The resource contains a summary document highlighting the current strengths and gaps in SRHR programs for adolescents and young people in humanitarian response, intended for use by those working in this field in crisis situations. The study also serves as a resource for sexual and reproductive health and rights managers who are considering expanding their services to adolescents and seeking practical guidance on implementation.

Training resources: Training guides and kits

United Nations Children's Fund and International Rescue Committee IRC (2023) Guidelines for the Care of Children Who Have Been Sexually Abused, Second Edition

<https://www.unicef.org/reports/caring-child-survivors-sexual-abuse-resource-package>

Guide: https://www.unicef.org/media/155431/file/CCS%20Guidelines_FR%20Final.pdf

Training Kit: <https://knowledge.unicef.org/child-protection/caring-child-survivors-sexual-abuse-ccs>

This resource contains a guide highlighting techniques for implementing a quality care model for children and families who have survived sexual abuse in humanitarian contexts. This guide recognizes that in emergency situations, various forms of child abuse and GBV, including sexual violence against children, are particularly prevalent and exacerbated. This has consequences for children's physical, mental, sexual, and reproductive health. These can include genital injuries, sexually transmitted infections (including HIV), unwanted pregnancies in adolescents, chronic pelvic pain, menstrual irregularities, and long-term complications such as infertility or future obstetric problems. Children may also develop trauma-related reactions that affect body awareness, boundaries, and their ability to access SRH information and services as they grow older. This resource strengthens the capacity of service providers to respond to the multidimensional consequences of sexual violence against children through a combination of knowledge, skills, attitudes, and coordinated service pathways/referrals specifically tailored to children and adolescents. The website also contains a training kit. These resources aim to ensure the best possible care for children and adolescents who have experienced such violence, as well as for the non-perpetrators who care for them. These resources set standards that will enable service providers, and more specifically social workers, to offer quality care to children who have experienced sexual violence and to non-perpetrators who care for them, so that they can heal and recover.

Inter-agency Task Force on Reproductive Health in Crisis Situations (2017) Clinical Care for Survivors of Sexual Violence in Humanitarian Crisis Situations

<https://iawg.net/fr/resources/clinical-management-of-sexual-violence-survivors-in-crisis-settings-french>

<https://iawg.net/resources/clinical-management-of-sexual-violence-survivors-in-crisis-settings>

This resource contains a training template for health service providers. The objective of the module on clinical management of survivors of sexual violence in humanitarian crises is to guide clinical trainers in conducting face-to-face training in a crisis context to improve the knowledge and skills of health workers in providing medical care to survivors of sexual violence. The resource also contains a series of short clinical refresher courses (S-CORT) to

reinforce the knowledge and skills previously acquired by health personnel responsible for providing these priority services. The resource also contains a facilitator's guide, a participant's workbook, slides, the course syllabus, and other tools necessary to conduct the training.

World Health Organization (2021) Care for women survivors of violence: WHO training program for health care providers

<https://www.who.int/fr/publications/i/item/9789240039803>

<https://www.who.int/publications/i/item/9789240039803>

This training program is designed for healthcare providers, particularly in low- and middle-income countries, providing them with a foundation for addressing domestic violence, intimate partner violence, and sexual violence against women. The program aims to strengthen skills and address providers' attitudes toward survivors of violence. Participants learn how to provide women-centered clinical care, including identifying women survivors of violence, providing frontline support through **the VIVRE approach (Really Listen, Inform, Validate, Reinforce Safety and Support)**, providing essential clinical care to survivors, and identifying local support resources. Participants also learn to reflect on their own attitudes and better understand the experiences of survivors. The curriculum emphasizes compassionate and empathetic communication between the provider and the patient.

Online distance learning resources

United Nations Children's Fund (2024) Introduction to the Care of Children Who Have Been Sexually Abused (2nd edition)

<https://agora.unicef.org/course/info.php?id=58459>

<https://agora.unicef.org/course/info.php?id=47428>

This online training course aims to meet the growing demand for capacity building in this area, especially in contexts where training on this subject is rare, such as in Niger. It is designed to provide participants with basic knowledge on caring for child survivors, based on chapters 1 and 2 of the updated version of the resources on caring for child survivors, cited above. It can also serve as refresher training and be a requirement for those wishing to attend face-to-face training on the care of child survivors.

World Health Organization (2020) Clinical management of survivors of rape and intimate partner violence

<https://get.disasterready.org/clinical-management-of-rape-and-intimate-partner-violence-survivors-fr/>

<https://get.disasterready.org/clinical-management-of-rape-and-intimate-partner-violence-survivors/>

This online learning course is recommended for healthcare providers (nursing, obstetric, and medical staff). The course contains a tailored and integrated set of interventions for the care of victims of rape and intimate partner violence in humanitarian contexts. The aim is to equip service providers to offer appropriate care by improving their knowledge and understanding of the health consequences of rape and intimate partner violence, basic communication approaches, particularly in providing frontline support (the "VIVRE" approach) to survivors, how to provide clinical care for victims of rape and intimate partner violence, and how to offer basic psychological support and referral to other services.

Women's Refugee Commission and the Inter-Agency Task Force on Reproductive Health in Crisis Situations (2019) Minimum Initial Service Package for Sexual and Reproductive Health in Crisis Situations: A Distance Learning Module

<https://iawg.net/fr/resources/minimum-initial-service-package-distance-learning-module>

<https://iawg.net/resources/minimum-initial-service-package-distance-learning-module>

This distance learning module implements the provisions of the above-mentioned Minimum Initial Service Package for Sexual and Reproductive Health in Crisis Situations. Participation is free of charge, and those who wish to take

part in this training are invited to read each session, complete the online learning activities, test their knowledge with quizzes on the sessions, and obtain a certificate on the Minimum Initial Service Package for SRHR.

The Help Desk – GBV Area of Responsibility

The GBV Help Desk is a unique research and technical advisory service that aims to inspire and support humanitarian workers in preventing, mitigating, and responding to violence against women and girls in emergencies. Managed by Social Development Direct, the GBV Focus Area Help Desk is staffed by a global team of gender and GBV experts who are ready to assist frontline humanitarian workers in preventing GBV, reducing risks, and responding in accordance with international standards, guidelines, and best practices. The views or opinions expressed in GBV AoR Help Desk products do not necessarily reflect those of all GBV AoR members or all SDDirect Help Desk experts.

The GBV AoR Help Desk

You can contact the GBV AoR Help Desk by sending us an email at the following address:

enquiries@gbviehelpdesk.org.uk

The Help Desk is available from 9:00 a.m. to 5:30 p.m. GMT, Monday through Friday.

Our services are free and confidential.