# GBV intergation in Health Programing



## Introduction

- One out of 3 women globally have experienced GBV, the World Health Organization reported in a 2013 study on violence against women.
- The lack of access to services to prevent, report and hold perpetrators accountable for GBV can exacerbate effects and prevalence of GBV in emergencies.
- Survivors of GBV are:
- ✓ at higher risk of suffering death, including suicide
- ✓ twice as likely to experience depression
- ✓ almost twice as likely to have alcohol use disorders
- √ 16 per cent more likely to have a low birth-weight baby
- √ 1.5 times more likely to acquire HIV and 1.5 times more likely to contact syphilis infection, chlamydia or gonorrhoea

**Source**: Handbook for Coordinating GBV in Emergencies\_



# Guiding principles in GBV programing and coordination

Safety
Respect/Dignity
Confidentiality
Non-discrimination

How we apply?



#### **GBV** Coordination

- Engaging the actors there are certain responsibilities:
- ✓ To be familiar with global/local data on GBV
- ✓ Understand and anticipate the risks and effects of GBV in the populations with whom they are working
- ✓ Educate the humanitarian community about their responsibility.
- The planning of GBV response interventions should not be limited to addressing what is being reported, but should always factor in incidents that are not reported.



## The multi-sector mode

Programming and coordination its not limited to only one single sector or agency

Multi-sector model



\* Includes social reintegration and livelihood initiatives

Source: Handbook for Coordinating GBV in Emergencies



# Common types of GBV

- Sexual violence = Rape
- Intimate Partner Violence/Domestic Violence: This refers to ongoing or past violence and abuse by an intimate partner or ex-partner – a husband. Women may suffer several types of violence by a male partner, including physical violence, emotional/psychological abuse, controlling behaviors and sexual violence
- Sub types: child abuse either physical or sexual violence



## Victim vs Survivor

#### Victim

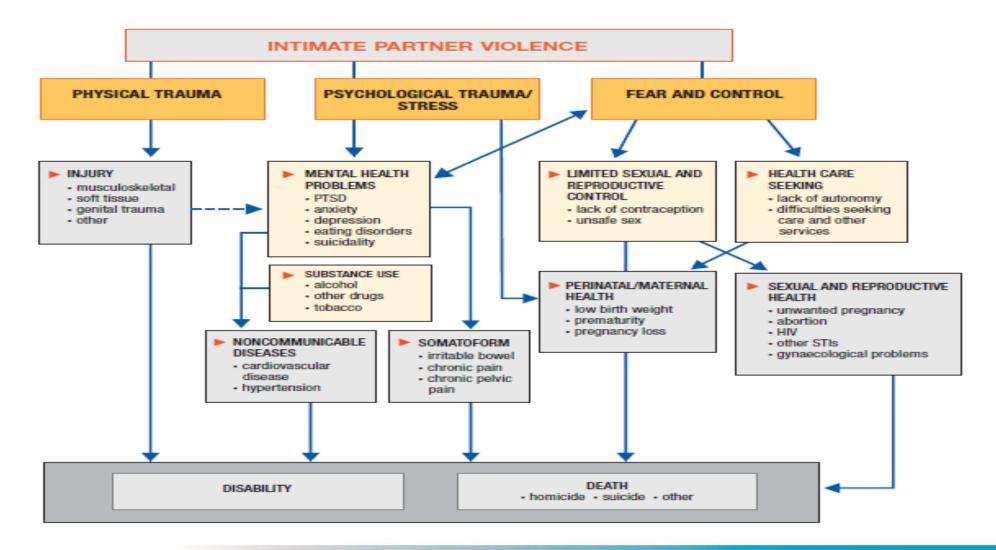
- Suggests passivity rather than resilience
- Reinforces stigmatization
- But: Important status for legal purposes

#### **Survivor**

- Empowering
- Right to self-determination



## Example of Referral Pathway





#### Situation in Somalia

- 4 W matrix shows quite alarming figures that needs urgent interventions
- Last 8 months (2021) the partners reported 288 GBV, cases 199 out of 288 reported from Shebele hoose, the highest number of cases reported from Merka!!
- Only 5 organizations reporting the GBV cases???

By Region		
Region	CMR services (#)	
Shabelle Hoose	199	
Banadir	46	
Bay	19	
Sanaag	17	
Sool	5	
Bakool	1	
Shabelle Dhexe	1	
Total	288	

by Month		
Month	CMR services (#)	
July	74	
June	66	
January	41	
February	39	
March	35	
April	29	
May	4	
Total	288	



## Partners Responses

- Why some districts are silent? Not reporting?
- Do we have CMR centers in some facilitates like Marka?
- What are the challenges in the field that most of the partners are not reporting to this indicator?

By District		
	CMR services	
District	(#)	
Marka	84	
Baraawe	75	
Banadir	46	
Qoryooley	37	
Baydhaba	19	
Laasqoray	17	
Caynabo	5	
Afgooye	3	
Balcad	1	
Xudur	1	
Total	288	



## 2020 Survey

- Health cluster conducted in 2020 COVID/GBV survey that most of the partners responding.
- Most important part connecting with the management of rape case is the training: 70% of the health staff are trained but only 10 facilities are reporting??

Health staff received training on GBV		
answer	%	
yes	70%	
no	30%	

 Accessibility: in 2020 the responses are as following, currently how many referal centers are avialbale in each District/region?

The services survivor women are asking for			
Service	%		
Referral to specilized GBV services	41%		
Treatment of injuries	33%		
Clinical management of Rape	41%		
Mental Health and Psychosocial support	26%		



## Way forward

- The consultant to meet all the partners GBV focal points to support to strength the GBV facilities
- And conducting needs assessment for the facilities with the support of the partners
- Conducting online survey, partners responses and commitments is appreciated
- Distributing guidelines and job aids
- Working closely with protection sector to enhance the coordination

