GBV integration in Health Programming
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

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

INTIMATE PARTNER VIOLENCE

PHYSICAL TRAUMA
- INJURY
  - musculoskeletal
  - soft tissue
  - genital trauma
  - other

MENTAL HEALTH PROBLEMS
- PTSD
- anxiety
- depression
- eating disorders
- suicidality

PSYCHOLOGICAL TRAUMA/STRESS
- MENTAL HEALTH PROBLEMS

LIMITED SEXUAL AND REPRODUCTIVE CONTROL
- lack of contraception
- unsafe sex

FEAR AND CONTROL
- HEALTH CARE SEEKING
  - lack of autonomy
  - difficulties seeking care and other services

SUBSTANCE USE
- alcohol
- other drugs
- tobacco

NONCOMMUNICABLE DISEASES
- cardiovascular disease
- hypertension

PERINATAL/MATERNAL HEALTH
- low birth weight
- prematurity
- pregnancy loss

SOMATOFORM
- irritable bowel
- chronic pain
- chronic pelvic pain

SEXUAL AND REPRODUCTIVE HEALTH
- unwanted pregnancy
- abortion
- HIV
- other STIs
- gynaecological problems

DISABILITY

DEATH
- homicide
- suicide
- other
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 house, the highest number of cases reported from Merka!!
- Only 5 organizations reporting the GBV cases???

<table>
<thead>
<tr>
<th>Region</th>
<th>CMR services (#)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shabelle Hoose</td>
<td>199</td>
</tr>
<tr>
<td>Banadir</td>
<td>46</td>
</tr>
<tr>
<td>Bay</td>
<td>19</td>
</tr>
<tr>
<td>Sanaag</td>
<td>17</td>
</tr>
<tr>
<td>Sool</td>
<td>5</td>
</tr>
<tr>
<td>Bakool</td>
<td>1</td>
</tr>
<tr>
<td>Shabelle Dhexe</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>288</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Month</th>
<th>CMR services (#)</th>
</tr>
</thead>
<tbody>
<tr>
<td>July</td>
<td>74</td>
</tr>
<tr>
<td>June</td>
<td>66</td>
</tr>
<tr>
<td>January</td>
<td>41</td>
</tr>
<tr>
<td>February</td>
<td>39</td>
</tr>
<tr>
<td>March</td>
<td>35</td>
</tr>
<tr>
<td>April</td>
<td>29</td>
</tr>
<tr>
<td>May</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>288</strong></td>
</tr>
</tbody>
</table>
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?

<table>
<thead>
<tr>
<th>By District</th>
<th>CMR services (#)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marka</td>
<td>84</td>
</tr>
<tr>
<td>Baraawe</td>
<td>75</td>
</tr>
<tr>
<td>Banadir</td>
<td>46</td>
</tr>
<tr>
<td>Qoryooley</td>
<td>37</td>
</tr>
<tr>
<td>Baydhaba</td>
<td>19</td>
</tr>
<tr>
<td>Laasqoray</td>
<td>17</td>
</tr>
<tr>
<td>Caynabo</td>
<td>5</td>
</tr>
<tr>
<td>Afgooye</td>
<td>3</td>
</tr>
<tr>
<td>Balcad</td>
<td>1</td>
</tr>
<tr>
<td>Xudur</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>288</strong></td>
</tr>
</tbody>
</table>
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??

<table>
<thead>
<tr>
<th>Health staff received training on GBV</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>yes</td>
<td>70%</td>
</tr>
<tr>
<td>no</td>
<td>30%</td>
</tr>
</tbody>
</table>

- Accessibility: in 2020 the responses are as following, currently how many referral centers are available in each District/region?

<table>
<thead>
<tr>
<th>The services survivor women are asking for</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral to specialized GBV services</td>
<td>41%</td>
</tr>
<tr>
<td>Treatment of injuries</td>
<td>33%</td>
</tr>
<tr>
<td>Clinical management of Rape</td>
<td>41%</td>
</tr>
<tr>
<td>Mental Health and Psychosocial support</td>
<td>26%</td>
</tr>
</tbody>
</table>
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