

Key Actions for Gender-Based Violence and Health

Note: This is an excerpt from the IASC GBV Handbook.

The following actions apply to the health cluster; that is, organizations implementing health programmes, including primary health care. The cluster identifies a focal point who participates regularly in the gender-based violence (GBV) working group and reports on the cluster's achievement of the key actions.

1. Implement the Minimum Initial Service Package of reproductive health in emergency situations (MISP). The MISP is a series of actions needed to prevent reproductive health-related morbidity and mortality in the early phase of emergency situations.

2. Conduct or participate in rapid situational analyses. A rapid analysis of the health services should be conducted to address the accessibility for women and the availability and capacity of health services to respond to the needs of women. The analysis should include questions related to:

- The number, location and health care level of functioning health facilities;
- Numbers of health staff at the different levels, disaggregated by sex;
- The range of services provided related to reproductive health;
- Number of trained health staff in providing clinical management of rape services and availability of necessary drugs and equipment as per WHO protocol
- Obstructions to women's and children's access to the services, such as issues of discrimination, security, costs, privacy, language, cultural (e.g. need for permission or accompaniment of male relative); and
- Known reproductive health indicators and existing challenges to women's health.

3. Ensure health services are accessible to women and children. Make basic health care services available to all affected populations, including refugees, the internally displaced and host populations.

- Locate health services within walking distance of communities and on safe access roads.
- Make opening times convenient for women and children (household duties, water and wood collection, school times).
- Set up a private consultation/examination room for women and girls.
- Recruit female staff where possible.
- Provide 24-hour access for complications of pregnancy and sexual violence services.
- Ensure that all languages in the ethnic subgroups are represented among health providers or that there are interpreters for each ethnic subgroup.
- Establish evacuation plans for medical reasons, or mobile clinical services for places where locally available services cannot provide the needed clinical services.
- Carefully consider access for girls, taking into consideration cultural issues. For example, girls of a certain age or who are unmarried may not be permitted to participate in reproductive health services, so girls' presence in those areas of a health centre will be noted and questioned, which prevents anonymity, confidentiality and access.

4. Motivate and support staff.

- Ensure all staff are aware of and abide by medical confidentiality.
- Provide staff with training on gender sensitivity and understanding the different needs of women and girls versus men and boys.
- Disseminate and inform all partners on codes of conduct.
- Provide staff at health centres and hospitals with clear protocols and sufficient supplies and equipment.
- Inform health staff on female genital mutilation, which may affect the health of women and girls, and make protocols available on how to manage health consequences.

- Put in place an efficient and supportive supervisory system.

5. Involve and inform the community.

- Involve women in decisions on accessibility and on an appropriate, non-offensive, non-stigmatizing name for sexual violence services.
- Make the community aware of services available at the health centre.
- Ensure men's access to health care and counselling, and provide them with information about both men and women's reproductive health and about the health risks to the community of sexual violence.