# PROVIDING MEDICAL SERVICES TO GBV SURVIVORS IN HUMANITARIAN CRISIS
# LESSONS LEARNED IN CAR

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## INTRODUCTION

*Coup* in March 2013 and fights between Christian and Muslim militias:
- ► Gender-Based Violence (GBV) is rife in Central African Republic.
- ► Access to health care very challenging for GBV survivors.

July 2013 MdM started its intervention in CAR.
Support to 6 Public Health Centers (PHCs)
- ► Primary Health Care
- ► Sexual and Reproductive Health (SRH)
- ► GBV services and Clinical Management of Rape (CMR)

## ACCESS TO CARE & RIGHTS FOR GBV SURVIVORS

**PILOT PHASE** in 2 Public Health Centers (May – November 2015)
- ► Identification of survivors and CMR training;
- ► Donation of Post Exposure Prophylaxis kits;
- ► Adequate and safe consultation rooms;
- ► Legal counselling within the PHCs;
- ► Awareness raising by community health workers.

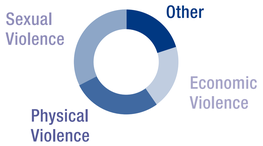
**SCALE-UP PHASE** in 6 Public Health Centers (December 2015 – May 2017)
- ► Community-based mental health and psychosocial support (MHPSS):
  - • Training of psychosocial counsellors from a local NGO;
  - • Individual counselling within the PHCs;
  - • Group discussions in the PHCs and communities;
  - • MHPSS promotion.

### What did we learn?
- ► Importance to provide all services in each PHC.
- ► GBV focal points ➡ Staff commitment ➡ Accessibility of services.
- ► Capacity building: training + supervision + exchange of practices.

### MEDICAL CARE, MHPSS & LEGAL AID ARE AVAILABLE IN 6 ONE-STOP CENTERS

## RESULTS

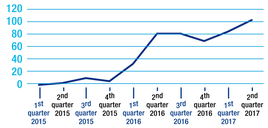
*Types of GBV*




**1,410 survivors of GBV accessed services.**
- ► 32% are survivors of sexual violence, 28% of physical violence and 20% of economic violence.
- ► 20% of survivors are minors (girls and boys).

More GBV survivors access services.
**More GBV survivors accessing medical care also consult for legal support** (2015: 22% - 2017: 66%).
- ► Improvement of the referral system.
- ► Better understanding by survivors and caregivers on the importance to access both services.

*Number of survivors who received both medical and legal services*




**Only 11% of adult men.**
- ► GBV services within the SRH unit and access for men?
- ► Identification and orientation of men survivors to be strengthened.

*Rape cases taken care of within 72 hours*

**Few GBV survivors access services within 72 hours.**
76% of those who do are children.
- ► Less taboo around sexual violence against minors?
- ► Awareness on what to do after a sexual assault needed.

## DISCUSSION

### GBV one-stop centers
- ► Access to medical care, legal counselling and psychosocial support.
- ► Respect for each survivor's needs and choices ➡ Survivor-based approach: respect for each survivor's needs and choices
- ► No additional cost of transportation.

### GBV services integrated within PHCs
- ► Confidentiality for survivors, facilitating the disclosure of violence.
- ► Stigmatization is limited and survivors and caregivers' safety is protected.

### GBV services linked with communities
- ► Informing about GBV and available services, emphasizing confidentiality.
- ► Community health workers network and leaders mobilization.

## ACHIEVEMENTS & CHALLENGES

GBV services are part of the package of care. But access is limited by the lack of capacity of medical staff and overall weakness of the health system.

- ► GBV services within PHCs
  ➡ Ownership by the MoH.
- ► Support to primary health care
  ➡ Sustainability.

Awareness raising needed to decrease stigma and foster disclosure.
- ► Before sensitization: exclusively minors / After sensitization: more adult women.
- ► Informing communities & building trust.

### Operational research
- ► Adjust our response model
- ► Inform national authorities on effective strategies to care for GBV survivors
- ► Contribute to the global learning with evidence-based practices.

Challenges:
- ► **Data collection.**
- ► Access to **medical certificates.**

## ESTELLE'S STORY, A GBV SURVIVOR*

"When the Selekas took Bangui, they violently hit my grandmother, and when I wanted to intervene, they hit me, then threw me to the ground and raped me. I am a mother of 3 children, the last one is the result of this rape.
After what happened to me, my husband abandoned me with my children. I did not have the courage to go to the hospital, I was afraid that people would laugh at me. When my last son got sick, I went to the Gobongo health center. That's where I saw a lawyer who was raising awareness on issues of rape and domestic violence.
She said that anything that was said would remain between her and the patients. She also stressed out the importance of medical care in order to be in good health. This is how I found the courage to go and see her. Nobody could see me enter her office, because it is well hidden in the back of the health center.

I was very well received by the lawyer. She gave me time to express myself and told me that if I wanted, I could prosecute the assailants. She then referred me to the midwife for medical care, the latter then referred me to a psychosocial counselor.
I have greatly appreciated the support of all these services and since then I have sensitized several women who are in the same situation to encourage them to go to the health center."

* Survivor's name has been changed.