PROVIDING MEDICAL SERVICES TO GBV SURVIVORS IN HUMANITARIAN CRISIS LESSONS LEARNED IN CAR A. Leroyer, C. Roger, S. Simon Médecins du Monde -



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.
- \triangleright GBV focal points \Rightarrow Staff commitment \Rightarrow Accessibility of services.
- Capacity building: training + supervision + exchange of practices.











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.



Adjust our response model ► Inform national authorities on effective ► Access to **medical certificates**. strategies to care for GBV survivors Contribute to the global learning with evidence-based practices.

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.



ACHIEVEMENTS & CHALLENGES

- 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.

Challenges: ► Data collection.



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.