Women and Girls First Programme
Fact Sheet: SRHR and GBV integration

Five Key Takeaways

1. Services should be safe and confidential
2. All staff and volunteers should able to safely identify and refer beneficiaries to SRH and/or GBV services
3. IEC materials on SRHR and GBV should be available at all points of service and programme delivery
4. Awareness raising and education sessions should be strategically developed as part of a structured programme for both GBV and SRHR
5. Programmes must be designed with consideration for the specific needs of adolescents, youth, elderly, LGBTQI, persons with disabilities and other

Delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled

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1. Background

The objective of this fact sheet is to inform and support implementing partners (IPs) of the Women and Girls First (WGF) Programme to integrate their Sexual Reproductive Health and Rights (SRHR) and Gender Based Violence (GBV) programming. SRHR and GBV are inextricably and undeniably linked.

Definitions:

Gender Based Violence:

GBV is an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private.

Sexual Reproductive Health and Rights:

Sexual health is a state of physical, mental and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.[1]

Within the framework of World Health Organization's definition of health as a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity, reproductive health addresses the reproductive processes, functions and system at all stages of life. Reproductive health, therefore, implies that people are able to have a responsible, satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this are the right of men and women to be informed of and to have access to safe, effective, affordable and acceptable methods of fertility regulation of their choice, and the right of access to appropriate health care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant.[2]

Reproductive rights embrace certain human rights that are already recognized in national laws, international laws and international human rights documents and other consensus documents. These rights rest on the recognition of the basic rights of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes the right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents."[3]

1.1 International Human Rights Framework supporting integration:

On the international human rights stage, the linkage between SRHR and GBV is becoming increasingly recognized and must now become part of the programme interventions we implement in order to continue to ensure a rights based approach.

Violations of SRHR are considered forms of GBV, requiring therefore, that GBV programmes take account of violations of SRHR. "Violations of women's sexual and reproductive health and rights, such as forced sterilizations, forced abortion, forced pregnancy, criminalization of abortion, denial or delay of safe abortion and post-abortion care, forced continuation of pregnancy, abuse and mistreatment of women and girls seeking sexual and reproductive health information, goods and services, are forms of gender-based violence that, depending on the circumstances, may amount to torture or cruel, inhuman or degrading treatment." [4]

In addition, and indicative of the inextricable nature of SRHR and GBV, the General Committee for the International Covenant on Economic, Social and Cultural rights recognized that violations of the obligation to protect occur when a State fails to take effective steps to prevent third parties from undermining the enjoyment of the right to sexual and reproductive health. This includes the failure to prohibit and take measures to prevent all forms of violence and coercion committed by private individuals and entities, including domestic violence, rape including marital rape, and sexual assault, abuse and harassment, including during conflict, post-conflict and transition situations, and including violence targeting LGBTI persons or women seeking abortion or post-abortion care.[5]

[1] World Health Organization, Gender and Human Rights, defining sexual health (2002)
[2] World Health Organization, Reproductive Health http://www.who.int/topics/reproductive_health/en/
[3] International Conference on Population and Development, Programme of Action, Para 7.3
[4] General Recommendation 35 on Violence Against Women, from the Committee on the Elimination of Discrimination Against Women (CEDAW), July 2017 at para 18.
[5] General Comment No. 22 on the right to sexual and reproductive health, adopted by the Committee on Economic, Social and Cultural Rights (CESCR) on 7 March, 2016 at para 59.

The General Committee for the International Covenant on Economic, Social and Cultural rights cements the right to sexual and reproductive health not only as an integral part of the right to health but fundamentally linked to the enjoyment of many other human rights, including the rights to education, work and equality, as well as the rights to life, privacy and freedom from torture and individual autonomy.

1.2 Women and Girls First

The WGF Programme was designed with the primary objective of gender equality and women's empowerment, which can only be achieved through addressing the holistic needs of women and girls, including providing access to quality SRHR and ending violence against women and girls. The programme takes into account the following key points:

1. Women and girls must have access to comprehensive sexual and reproductive health services. In particular survivors of sexual violence require access to clinical care including clinical management of rape.
2. The inability of women and girls to access GBV services through existing, safe and effective health facilities, particularly in conflict affected areas, limits their options in making decisions about their health and safety.
3. For some women and girls violence may have an impact on decision-making and capacity to make self-aware decisions about their bodies including choices regarding SRHR.
4. The subjugation of women in the home may prevent women from being able to access SRHR services, as men or husbands make the decisions over women's bodies and deny women's rights to access SRHR services. Economic and physical barriers may prevent access to services.

The above mentioned points are addressed through a variety of interventions. The WGF prioritizes the following:

1. Access to SRHR services in places where GBV services are being provided, through access to quality information regarding commodities and services to support SRHR and safe and effective referral to services which may include support persons to accompany the survivor or facilitation of transportation;
2. Training of health care workers to deliver comprehensive SRH services, GBV sensitization including safe and effective referral;
3. Interventions focusing on prevention of Intimate Partner Violence (IPV) to support women's decision making about their bodies and families;
4. Community awareness interventions to improve knowledge and enhance engagement of women, men and young people, community and religious leaders around SRHR and GBV prevention and response;
5. Implementation of minimum standards in health clinics to support the GBV Guiding principles of confidentiality, safety, respect and non-discrimination.

2. GBV and SRHR programming

The WGF programme bridges the humanitarian and development nexus, through several modes of engagement: from providing services to advocacy and policy work. Activities happening under the WGF programme include:

Service delivery:

- GBV Services: case management (including counseling, psychological first aid, referral to other services and individual safety planning), psychosocial support (including recreational activities as therapy, life skills training, empowerment sessions and emotional support groups), para-legal support and legal aid services, mobile outreach activities, safe houses/temporary shelters, safe spaces and safety audits.
- Comprehensive SRH Services: antenatal care, postnatal care, safe delivery, emergency obstetric care, family planning, Clinical Management of Rape (CMR), adolescent reproductive health service, reproductive health information, education and communication, and management of STIs and HIV, through clinics, mobile health teams, referrals and reproductive health and dignity kits.
- Information, education and communication: development of Information Education Communication (IEC) materials, awareness sessions, trainings and workshops on GBV and/or SRHR, male engagement groups, campaigns (including16 days of activism), peer education programmes for youth groups and community leader trainings.

Capacity development: Capacity building of IPs, CSOs and authorities (including Ministry of Health and Sports (MoHS), Ministry of Social Welfare, Relief and Resettlement (MoSWRR), security and justice personnel) on SRHR, Minimum Initial Service Package (MISP), CMR, GBV Information Management System (GBVIMS) and GBV prevention and response, development of functional and effective referral system for survivors, development and implementation of Information Sharing Protocols and Standard Operating Procedures (SOPs) on GBV and CMR.

Partnerships and coordination: Multi-sectorial coordination including government and IPs at national and sub-national level including leading the SRH Technical Working Group and GBV Coordination Working Group.

Knowledge management: GBV data management (GBVIMS).
Advocacy, policy dialogue and advice: Development of SOPs in collaboration with MoSWRR, MoHS and Myanmar Police Force. Providing technical support and advocating for inclusion of SRHR and GBV through Gender Equality and Women's Empowerment working group, National Strategic Plan for the Advancement of Women (NSPAW) monitoring and consultations, including Technical Working Groups on Participation, Gender Mainstreaming, Violence against Women and Girls, Peace and Security. Advocacy events including 16 Days of Activism and International Women's Day.

2.1 GBV/SRH(R) integration

To ensure integration of SRH(R) and GBV in different programme components one needs to take into account the following:

Service delivery:
- Integrated GBV and SRH services should take into account: Availability, accessibility, acceptability (respectful of and sensitive to patients' cultural identities and particular needs) and quality. They should be provided in accordance with the guiding principles of safety, respect, non-discrimination and Confidentiality.

Screening
- Trained health professionals and GBV service providers should screen beneficiaries, i.e. survivors of GBV and women and girls in need of reproductive health services (pregnant, sexually active with no wish for pregnancy, at risk for Sexual Transmitted Infections (STIs) or HIV) in order to refer them to relevant services.

Medical and emotional support
- Health professionals should be able to provide: first line support, care of injuries and urgent medical treatment, sexual assault examination and care and mental health assessment and care for GBV survivors.
- Post rape treatment with Emergency Contraception (EC), Post-Exposure Prophylaxis (PEP) and Sexually Transmitted Infection (STI) treatment should be available.
- GBV facilities, i.e. Women and Girls Centres or Safe Spaces, should be able to facilitate with SRHR information and (referral of) services, either through the centre staff or health care professionals coming on a regular, well-known basis.

Documentation
- Should the survivor decide to access the formal legal system, special medico-legal documentation is needed. This is so that for survivors can provide critical evidence of violence. Health staff should be trained to collect, store and manage forensic evidence in a safe manner to support the survivor if and when she chooses to proceed with criminal charges.

Information and referral
- Staff of GBV and health facilities should know how to refer to relevant SRH and/or GBV services (safe houses, legal services, social services, health care etc.).
- Health staff needs to be aware of the rights of the survivor and able to inform survivors adequately.
- All staff (including volunteers) of IPs working in the field should be knowledgeable and comfortable in giving information about where to access SRH and GBV services and information.

Facilities
- All static and mobile health facilities should provide privacy, safety and patient confidentiality as well as be hygienic.
- Available and visible IEC material (handouts and posters) in appropriate language, and if relevant, adapted material for illiterate women and girls, on:
  - How to reach SRH and GBV services
  - Referrals systems and women's rights
  - Contraception (including emergency contraceptives) and family planning
  - Maternal health including ante-, postnatal care, safe delivery and breastfeeding
  - Menstrual Hygiene Management (MHM)
- Condoms (including female condoms) available in an easy and appropriate way.
- Both health and GBV facilities should be used for education and awareness sessions on SRHR and GBV. If possible facilities can be used to provide SRH and GBV services, e.g. having GBV personnel available at SRH facilities, and vice versa, for onsite consultation.

Staff

- All staff of organizations implementing SRHR/GBV programmes need sufficient training in order to be able to implement both SRHR and GBV components and ensure integration.
- To work on GBV programming, as a minimum, staff need to be aware of the survivor centered approach and the guiding principles of safety, confidentiality, respect and non-discrimination. To work directly with survivors case managers must be trained in the provision of safe and responsive GBV services including an understanding of the entirety of the needs of a survivor including medical and psychosocial.

> **Example:** IRC staff providing SRH services in Northern Shan State are dedicating time during consultations to inform patients of available GBV services and resources in their communities/camps.

> **Example:** Integrated services: In Kayin state the One Stop Service Center provides integrated GBV and SRH services including health, welfare, counseling, and legal services at the same location. They also have a close connection to police as well as doing outreach, engagement and capacity building of Ethnic Health Organizations.

- Having female staff might be necessary to provide SRH and GBV services.

Dignity Kits

- Dignity kit distributions should be used as an entry point to facilitate awareness sessions on e.g. MHM, GBV, contraception and family planning as well as to provide information on where SRH and GBV services are provided. IEC materials on SRHR and GBV should be included in the kits.
- Dignity kits distribution can include identification of pregnant (and breastfeeding) women in order to inform the distribution of reproductive health kits to health facilities, give specific information and refer women further.

Information, education and communication

- Community outreach and awareness sessions can provide a good opportunity to integrate SRHR, gender equality and GBV information. Instead of once off sessions a programmatic approach is needed, including a comprehensive information set on SRHR and GBV for different target groups (women, men, adolescents and youth, community leaders, religious leaders etc.) to ensure that key messages are aligned and overall objectives are set.
- Sessions should be structured and specific, focusing on a certain part of SRHR and GBV (e.g. family planning, MHM, prenatal care etc.).
  - Gender equality and SRHR should be presented in a way which demonstrates their interconnectivity. For example, when discussing e.g. family planning it may be relevant to bring up gender equality, decision-making and power in families.
- Sessions should be participatory with sufficient time given for each issue including time for questions.
- Each awareness session should include information on where to get more information and find services (if possible). This information can be provided both orally and through IEC materials.
- Sessions can be an opportunity to identify pregnant and breastfeeding women ensuring them information about pre- and postnatal care, safe delivery and breastfeeding, including referrals and/or service provision.
- Awareness sessions, trainings and workshops are needed for women and girls, men and boys on both SRHR and GBV - however in order to reach them in the most efficient way, separate sessions planned with the specific group in mind, adopting sessions for the needs of adolescence and youth, are recommended.
- Religious and community leaders must be engaged where possible to ensure overall acceptance of SRHR and