# Recommendations to IAWG members on Call to Action commitments for SRHR-GBV integration

December 3, 2020

**As Call to Action partners are finalizing their commitments under the updated** [**Roadmap of the Call to Action on Protection from GBV in emergencies (2021-2025)**](https://1ac32146-ecc0-406e-be7d-301d317d8317.filesusr.com/ugd/1b9009_e8c2214a8950412cbd82599e6c08b110.pdf) **we would like to offer the below recommendations to IAWG members.**

While all commitments are critical to reach the transformational goal of the Call to Action, we would like to highlight some key entry points for integrating SRHR and GBV policy and practice. Preventing and mitigating GBV is an integral part of SRHR, including access to post-rape care. Some violations of SRHR are forms of GBV. For example, forced sterilizations, abortions and pregnancy, criminalization of abortion, denial or delay of services, abuse and mistreatment of people seeking care, child, early and forced marriage and unions, are all key concerns for SRHR as well as for GBV programs in humanitarian settings. Integrated approaches in humanitarian response that combine SRHR interventions with GBV prevention and response programming provide an opportunity to address critical needs of survivors, and can improve access for survivors to a range of services, including the urgent need for SRH services.

**Therefore, we have highlighted some ways in which IAWG members can strengthen integration of SRHR in their commitments to Key Action Areas under the commitments they make to the Call to Action 5-year roadmap.** The recommendations are structured per outcome, and can be slotted into several of the KAAs under the outcomes, as relevant for each organization’s chosen commitments and priorities.

**In addition to the below, we recommend IAWG members apply an age and gender lens** to all their commitments, ensuring they take into account the unique vulnerabilities and capacities of for example adolescent girls, people of diverse sexual orientation, gender identities or expressions, elderly, people with disabilities, male survivors etc.

### Outcome 1: Policy Frameworks and Capacity

**Actors working in humanitarian settings have the institutional and system-wide policies and capacity to address GBV, promote gender equality, and ensure accountability.**

To meet the interlinked needs of survivors and to prevent GBV, organizations can commit to ensuring policy frameworks and capacities also integrate sexual and reproductive health interventions. Integrating SRHR in commitments could include:

* Building staff capacity to understand the linkages between SRHR, GBV, and gender equality, including the need for favorable policy environments for all survivors - no matter their age, marital status, gender identity, disability, education level, ethnic origin, sexual orientation, bodily diversity, or other characteristics - to access SRH services (including access to safe abortion care, clinical management of rape, STI prevention and care, and maternal health care).
* Ensuring resources are allocated to the SRHR components of GBV policies and frameworks - including but not limited to build the capacity-building of health sector actors to ensure/provide survivor-centred care and building the capacity of protection staff on ensuring/providing access to sexual and reproductive health and rights.
* Committing to advocating for and integrating SRHR in all system-wide and institutional policies related to GBV and gender equality.

### Outcome 2: Coordination

**Effective coordination within the GBV sector, and between other relevant actors and the GBV sector, ensures action and accountability to prevent and respond to GBV at all levels of the response.**

The humanitarian architecture that separates protection and health programming in different sectors means that service providers rarely interact or coordinate their activities. Finding opportunities for consistent coordination between the GBV and SRHR sectors will support a holistic and dependable response for GBV survivors. It is important to note that many GBV actors are also SRHR actors, and to break down silos between sectors, IAWG members can lead the way by increasing internal coordination and learning across teams. Commitments could include language on:

* Active engagement with Health and GBV coordination mechanisms at global, national and sub-national levels to promote SRHR integration and GBV prevention and risk mitigation in all humanitarian responses.
* Promoting cross-sectoral coordination at national and sub-national levels, not least between the GBV and Health Clusters to ensure effective implementation of the MISP, and to ensure the health sector response to GBV is integrated into all protection mechanisms (including child protection structures)
* Ensure ongoing and systematic engagement with affected communities to build awareness of and social support for SRHR and GBV services, as well as to identify and address barriers to and gaps in services.
* Ensure ongoing, meaningful participation of local, women- and girl-led organizations in planning, delivery and coordination of SRHR as well as GBV prevention and mitigation activities.

### Outcome 3: Data, Assessment, and Analysis

**Data on GBV and gender equality is collected, shared, stored, and analyzed safely and ethically in consultation with GBV and gender experts, and supports humanitarian planning, programming, and funding decisions.**

Age, sex, and disability disaggregated data is key to understand the needs of the affected population, and to design effective responses. While “reproductive age” is often defined as 15-49, data must also capture younger age groups, starting at 0, as well as include people above the age of 49, to ensure a life-cycle approach to SRHR and GBV. Under this outcome, commitments can promote SRHR integration by for example:

* Including SRHR data collection throughout the response cycle to better design GBV prevention and response interventions, including collecting data on contraception use, SRH service uptake, adolescent pregnancy rates, STI and HIV prevalence, safe and unsafe abortion.
* Ensuring meaningful participation of children, adolescents, and young adults in designing and delivering GBV and SRHR information and services. This includes child-, adolescent-, and youth-friendly feedback mechanisms that help ensure that humanitarian responses meet the needs and protect the rights of child, adolescent, and youth survivors of GBV.
* Invest in and advocate for inclusive monitoring and accountability systems that ensure ongoing feedback on quality, access and equity of SRHR and GBV services, including safe/confidential complaint mechanisms.

### Outcome 4: Funding

**Sufficient funding is provided for GBV and gender equality staffing, interventions, initiatives, and programs during every phase of emergency response.**

Sexual and reproductive health and GBV prevention and care both remains chronically underfunded and marginalized aspects of humanitarian responses: In 2016, just 0.6% of global humanitarian funding went to GBV prevention and response services. Despite their critical role in GBV prevention and mitigation, local women-led and women’s rights also remain chronically underfunded. Only with additional funding, made available at the start of every emergency, will survivors be able to consistently access GBV protection, care and mitigation services as well as lifesaving SRHR services and information. Call to Action commitments can integrate SRHR by for example:

* Committing to resourcing the full and swift implementation of the Minimum Initial Service Package, including awareness-raising about sexual and reproductive health services, and the earliest transition to comprehensive services and supplies based on a detailed needs assessment and longer-term program planning
* Ensure reliable funding to SRH commodities and supplies, including pre-positioning and continuously resupplying reproductive health kits, especially PEP kits and FP kits critical for GBV survivors to receive the quality care they need and deserve.
* Ensure core and strategic funding for local women-led and women’s rights organizations at the frontlines of GBV prevention and response- including during preparedness planning.

### Outcome 5: Specialized GBV programming

**GBV prevention and response programming- including specialized services that meet the Inter-Agency Minimum Standards for GBV in Emergencies Programming -are implemented in every phase of emergency response.**

Specialized GBV programming, aligned with the IASC Minimum Standards, must include the health sector response to GBV, and ensure access to SRH services for survivors. Additionally, health service providers are often the first point of contact for survivors, and are thus a critical entry point for other types of specialized GBV services. To integrate SRHR, commitments could include language on:

* Strengthening quality of available SRH services and building the capacity of health services to provide survivor-centered, gender and age-responsive GBV referral and care (including how to deal with disclosure and safe referrals)
* Ensuring protection and GBV actors have the knowledge and skills to identify and address SRHR concerns as they are disclosed (including by adolescents and young people) and make safe referrals to health care services.
* Strengthening the capacity of clinicians in providing care and services to groups at increased risk for GBV, including but not limited to very young adolescents, married adolescents and children, persons with disabilities, LGBTQIA communities, individuals who exchange or sell sex, and men and boys survivors. During emergencies these groups are often left out of programming, SRH delivery and community engagement/participatory monitoring.

### Outcome 6: GBV Risk Mitigation

**GBV risk mitigation and promotion of gender equality are effectively integrated into program design, implementation, and monitoring and evaluation across all humanitarian sectors in line with the IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action.**

Integrating SRHR in GBV risk mitigation efforts across sectors can significantly strengthen humanitarian response's ability to prevent and respond to GBV. For example, commitments could include language on:

* Ensuring gender reviews and data include analyses on barriers to accessing SRHR services and information, including for specific populations such as adolescents, people of diverse SOGIESC, people with disabilities, male survivors etc.
* Support sexual and reproductive health services as an entry point to mitigate, respond, and reduce gender-based violence. Ensure integration of GBV risk mitigation into program design, implementation, and monitoring and evaluation of health programming, in line with the IASC guidelines.

**Feel free to reach out to the IAWG GBV sub-working group co-chairs if you have any questions on the above or would like to learn more about IAWG.**

Dabney Evans, Emory University: devan01@emory.edu

Alexandra Parnebjork, Plan International: alexandra.parnebjork@plansverige.org