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

Group 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;
- Identification of survivors and CMR training;
- GBV focal points
- Access to health care very challenging for GBV survivors.
- Capacity building: training + supervision + exchange of practices.

SCALE-UP PHASE in 6 Public Health Centers (December 2015 – May 2017)
- Community-based mental health and psychosocial support (MHCPSS):
  • Training of psychosocial counselors from a local NGO;
  • Individual counseling within the PHCs;
- GBV services linked with communities
- Access to services.

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, MHCPSS & LEGAL AID ARE AVAILABLE IN 6 ONE-STOP CENTERS

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.

DISCUSSION

Types of GBV

- Sexual Violence
- Physical Violence
- Economic Violence
- Other

RESULTS

1,410 survivors of GBV accessed services.
- 32% are survivors of sexual violence, 26% of physical violence and 25% of economic violence.
- 20% of survivors are minors (girls and boys).

- GBV services linked with communities
- Informating about GB and available services, emphasizing confidentiality.
- Community health workers network and leaders mobilization.

GBV one-stop centers
- Access to medical care, legal counseling 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 within PHCs
- Ownership by the MoH.
- Support to primary health care
- Sustainability.

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.

Challenge:
- GBV services within PHCs
- Awareness raising needed to decrease stigma and foster disclosures.
- GBV services within PHCs
- Access to medical certificates.

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ESTELLE’S STORY, A GBV SURVIVOR*

“When the Seleuco took Banga, they violently hit my grandfather, 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 then referred me to the midwife for medical care, the latter then referred me to a psychosocial counselor.

I was very well received by the lawyer. She gave me the 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 greatly appreciated the support of all those 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.

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

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