

Gender-Based Violence Prevention and Response

WOMEN'S & CHILDREN'S HEALTH

Recognized as a leader in humanitarian gender-based violence (GBV) prevention and response programming, International Medical Corps' interventions span countries across Europe, Africa, Asia, Latin America and the Middle East.

International Medical Corps is committed to supporting and empowering women and girls who face particular risks during and after conflict, disaster and disease. Our priority is to strengthen essential services for survivors of GBV, including case management and psychosocial support services, as well as quality healthcare. To prevent future incidents of GBV, we also work with communities to address protection risks and combat harmful practices. Through our programs and global coordination efforts, International Medical Corps contributes to developing best practices and global standards for GBV prevention and response.

Gender-based violence (GBV) is a term used to describe harmful acts perpetrated against a person based on socially ascribed differences between males and females. It highlights how gender discrimination makes women and girls vulnerable to various forms of violence, including early or forced marriage, female genital cutting, sexual harassment, dowry or bride price abuse, economic abuse, intimate partner or domestic violence, deprivation of inheritance and property, sexual assault and rape.



Worldwide, one in three women experience violence by an intimate partner or sexual violence by a non-partner.



Women abused by their partners are almost twice as likely to experience depression. In some regions, they also are 1.5 times more likely to acquire HIV.



Complications from pregnancy and childbirth are the leading cause of death for girls aged 15 to 19 in developing countries, where one in three girls marry before they reach 18.



GBV is a pervasive public health and human rights issue, affecting the physical and psychological health of survivors, as well as the health and well-being of families and communities. Women and girls are particularly vulnerable to violence during emergencies, when risks are high at the very time support systems are interrupted.

International Medical Corps partners with local organizations, community-based support workers and healthcare providers to address these risks and to deliver quality, focused support services for survivors of GBV. We also work with communities to promote women's equality and to combat beliefs and practices that perpetuate different forms of GBV. We ensure our programs are needs-driven, adapted for cultural and security considerations, and responsive to the nature and extent of GBV in different contexts. Our key GBV prevention and response activities include:

- ▶ identifying and addressing risk factors for women and girls;
- ▶ coordinating with multiple sectors to make all services safer for women and girls;
- ▶ providing care and support for survivors, including case management, psychosocial support, healthcare and reintegration services;
- ▶ organizing safe spaces for women and adolescent girls to access information, seek help and establish support networks;
- ▶ mobilizing communities to address the causes and contributing factors of GBV;
- ▶ working with community leaders and others to reduce stigma and foster support for survivors;
- ▶ empowering vulnerable women and girls to increase personal, social and economic opportunities; and
- ▶ partnering with women-led organizations and women's and girls' movements to support local efforts to combat GBV and advance equality.

We are one of few humanitarian organizations that delivers specialized support services for survivors of GBV in emergency settings. Through survivor-centered GBV case management and psychosocial support services, trained caseworkers offer individualized, ongoing support to help survivors recover from traumatic incidents and receive assistance based on their needs and choices.

GBV caseworkers listen to survivors, validate their experiences and provide compassionate care. They help survivors to access healthcare, justice and other services. They work with survivors of intimate-partner violence to develop safety plans and help survivors establish support systems and meet personal goals.

We integrate GBV case management services into safe spaces and trusted community structures that women and girls can visit without suspicion. In many settings, we also offer GBV case management services through health centers, where survivors can access both medical and psychosocial support. In situations where women and girls may have trouble accessing static services due to conflict or displacement, we establish mobile teams of GBV caseworkers who reach women and girls through regular visits to remote communities. And during times when face-to-face services are not possible, such as during the COVID-19 pandemic, we provide remote services via telephone or internet.

Examples of how we deliver focused support services include the following.



SOUTH SUDAN

Supporting remote, conflict-affected communities.

Since civil war erupted in 2013, millions of South Sudanese have been forced to flee their homes. The ongoing conflict has exposed untold numbers of women and girls to heightened dangers of abduction and rape. In an environment of rampant lawlessness and insecurity, women and girls face additional risks of inter- and intra-communal violence, as well as family and domestic violence. To address the needs of survivors spread across vast, hard-to-reach areas of the country, we have established safe spaces where women and girls can get help. We also train community-based GBV taskforces that provide psychological first aid and safe referrals for survivors. Through safe spaces, we support livelihoods activities to reduce women's economic vulnerability, helping women organize into village savings-and-loans associations. In addition, we train doctors and nurses to care for survivors of rape and domestic violence, and have worked with the government of South Sudan to integrate care for GBV survivors into the standard training curriculum for midwives.

IRAQ

Catering to different needs in a complex environment.

We provide focused GBV response services in northern and south-central Iraq, where we support communities displaced by conflicts—including those forced to flee earlier fighting between Iraqi government forces and Islamic State (ISIS) militants—and communities of Syrian refugees, in camp and non-camp settings. We have established women's and girls'

safe spaces that offer a range of services and activities in camps and local communities. We train Iraqi and Syrian women to provide case management and psychosocial support services to survivors through these safe spaces. We also have three-person mobile teams connected to safe spaces ready to deploy in surrounding locations to support women and girls during new influxes of displaced people or surges in violence. Moreover, we have a dedicated team focused on working with adolescent girls to meet their specific needs.

NIGERIA

Supporting local initiatives to increase opportunities for women and girls.

The protracted crisis in northeast Nigeria, marked by forced displacement, abductions and trafficking, has exacerbated pre-existing gender inequalities. The ideology of armed opposition groups, together with general insecurity, threaten women's and girls' access to essential services, including school and healthcare. In response, we have established partnerships with women-led organizations and associations, helping to reach women and girls through discreet networks of helpers. We have established safe spaces near markets within communities and camps of displaced people, where women and girls are able to find refuge from their regular routines and participate in educational and social activities. On select days, these spaces are reserved for adolescent girls, who organize life-skills classes and other activities. We also provide individualized case management services to GBV survivors through safe spaces, or remotely where needed.

WOMEN'S AND GIRLS' EMPOWERMENT

Across the world, women and girls face discrimination. Women have limited political, social and economic power compared with men, and their voices—and their needs—are too often ignored. This can be particularly true during emergencies and displacement, when limited resources, security risks and poor planning all contribute to the further marginalization of women and girls.

International Medical Corps is committed to gender equality and to women's and girls' empowerment. Through our GBV prevention and response programs, we increase social, educational and recreational opportunities for women and girls affected by emergencies and displacement. One of our key programming approaches is to organize women's and girls' safe spaces (WGSS). Partnering with the International Rescue Committee and with support from the US Department of State's Bureau of Population, Refugees and Migration, we developed a [Women's and Girls' Safe Spaces Toolkit](#) to set global standards for WGSS and to provide guidance and tools for GBV programs to establish, implement and monitor WGSS—all within an accountable, women- and girl-led process.

WGSS enable women and girls to gather, share their concerns and rebuild support networks while participating in a range of activities, such as dancing, sports, literacy classes, arts and life-skills training. Through WGSS, women and girls are able to organize, elevate their voices and participate more fully in community affairs. WGSS also serve as hubs for women and girls to access information on important issues and services, including protection risks, sexual reproductive health services and nursing support for new mothers. Most critically, the safe spaces enable survivors of GBV to safely and discreetly seek help.



We have established safe spaces for women and girls in 20 countries affected by emergencies.



In South Sudan, we provided livelihoods seed funding to 1,780 women between 2018 and 2020, and helped them organize into 39 village savings-and-loans associations that have saved more than \$40,000.



In Cameroon, during a single year of programming, we helped more than 7,500 women and adolescent girls complete classes focused on learning new skills, literacy and life skills.





COMBATING GENDER-BASED VIOLENCE

Because every act of GBV is preventable, International Medical Corps supports global, national and community efforts to combat it. In emergency settings, we identify local partners, staff and volunteers committed to ending violence against women and girls. We value local knowledge and work with community groups in a variety of environments to identify and mitigate specific risk factors for GBV. To combat the social norms of discrimination that constitute root causes of this violence, we also engage entire communities—including men and boys—to promote women’s and girls’ equality and foster positive, non-violent behavior.

In Pakistan, for example, we organize separate groups of men and women community volunteers into gender-support groups that hold discussions with community members about the consequences of GBV, including the harmful effects of some traditional practices. The groups also promote the benefits of girls’ education and women’s economic and social participation. In eastern regions of the Democratic Republic of the Congo, where conflict-related sexual violence is widespread, we work with key community actors to share GBV prevention messages through radio, public debates, sporting events and visual media. And in South Sudanese refugee camps in Ethiopia, we support adolescent girls who are leading the fight



Every year, from November 25 to December 10, International Medical Corps organizes outreach campaigns in about 20 countries, as part of the global 16 Days of Activism to end Gender-Based Violence.



In the Democratic Republic of Congo, we led an initiative to prevent GBV in schools, including development of a community and student-led Code of Conduct that has since been adopted by the Ministry of Education.



Across all operations, we train our employees from all sectors to uphold their obligations to prevent GBV, and ensure that all services are safe and accessible for women and girls.

against early and forced marriage by appealing to teachers, community leaders and parents to end this harmful practice. Community leaders, including traditional and religious leaders, exercise great responsibility and influence, particularly in emergency settings, when formal systems break down or become difficult to access. Leaders are custodians of social norms and help to set expectations and practices relating to protection and gender relations. They often are involved in addressing incidents of GBV—including domestic violence, early and forced marriage—as well as sexual violence perpetrated within communities. Because of their multiple responsibilities and areas of influence, we developed a Community Leaders Toolkit to help GBV programs effectively engage community leaders in humanitarian settings, with support from the US Bureau for Humanitarian Assistance (BHA). The toolkit was piloted in Iraq, Cameroon and Mali and is planned for release before the end of 2021.

Building Global Capacity

As a leading agency for GBV prevention and response in humanitarian settings, International Medical Corps contributes to the development of global guidance and best practices for protecting women and girls from violence and for supporting survivors. We supported the development of key resources and standards, including the [Inter-Agency GBV Minimum Standards for GBV in Emergencies Programming](#), the [IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action](#), the [Inter-Agency GBV Case Management Guidelines](#) and the [Core Competencies for GBV Specialists](#). We are a core member of the Gender-Based Violence Area of Responsibility (GBV AoR) under the Global Protection Cluster, and serve on the Gender-Based Violence Information Management System (GBVIMS) Steering Committee and Technical Team. We also serve on the Reference Group for the Inter-Agency Standing Committee (IASC) Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action.

During the early stages of the COVID-19 pandemic, International Medical Corps coordinated with other organizations and took an integral role in developing new resources for GBV programs to adapt services and meet new needs, including guidance for [GBV Case Management](#), [Women's and Girls' Safe Spaces](#) and [Remote GBV Case Management and Hotlines](#).



MGBVIE: BUILDING A COMMUNITY OF GBV PRACTITIONERS

The GBV AoR Managing GBV in Emergencies (MGBVIE) global learning program is designed to build a community of competent, informed, connected and supported GBV specialists able to lead GBV programs in humanitarian settings. Together with UNFPA, we piloted learning materials between 2011–2012. Since 2016, the US Department of State's Bureau of Population, Refugees and Migration has supported our efforts to lead a multi-phased learning program, which includes the following.

- ▶ Phase I: Self-guided [e-learning introductory course](#) available in four languages (English, Spanish, French, and Arabic)
- ▶ Phase II: Face-to-face training workshop for graduates of Phase I
- ▶ Phase III: Continued learning and support through a mentorship initiative and the virtual [GBV AoR Community of Practice](#)

The MGBVIE program introduces emerging GBV specialists to current standards and evidence, preparing them to manage GBV programs in a variety of emergency contexts. MGBVIE further connects GBV program managers with other specialists, and fosters an environment of continued support and learning to strengthen retention and the quality of GBV interventions.

The GBV AoR Community of Practice (CoP) provides a virtual space for field-centered, experiential learning, as well as a platform for GBV practitioners across the world to discuss challenges, share information and support one another. Since we launched the GBV AoR CoP in 2018 through the MGBViE program, it has grown into an active group of more than 900 members who exchange information daily.

From the start of the COVID-19 pandemic, the GBV AoR CoP proved invaluable for sharing advice and resources, as GBV programs across all settings worked quickly to adapt services. The GBV AoR CoP moderators developed a virtual public library of COVID-related guidance, as well as unpublished material (so-called “grey literature”), including agency- and country-specific tools and resources shared through the community. Moderators also co-hosted a weekly webinar series, in both English and French, focused on issues related to GBV in the COVID-19 context.



International Medical Corps has strengthened the capacity of more than 200 emerging GBV specialists through all phases of the MGBViE learning program.



We have paired 89 emerging GBV specialists (Phase II training alumni) with GBV expert mentors for ongoing professional support.



We have enabled more than 900 GBV practitioners to access information, share resources and seek support through the virtual GBV AoR CoP.





**Photographs included in this brochure were taken and published with consent of all subjects, in line with International Medical Corps' communications guidelines. International Medical Corps is careful to document only less-sensitive elements of GBV programs, and does not photograph known survivors of GBV.*



www.InternationalMedicalCorps.org

A pre-eminent first responder since 1984, International Medical Corps delivers emergency medical and related services to those affected by conflict, disaster and disease, no matter where they are, no matter what the conditions. We also train people in their communities, providing them with the skills they need to recover, chart their own path to self-reliance and become effective first responders themselves.

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