

# Preventing and responding to gender-based violence (GBV) in refugee contexts and emergencies

## Current Project Brief

### Objectives and Background

Preventing and responding to gender-based violence (GBV) in refugee contexts and emergencies remains one of the key challenges for the humanitarian sector. Research suggests that approximately one in five refugee or displaced women experience sexual violence<sup>1</sup>. A recent study from South Sudan, points to even higher prevalence in conflict-affected settings, where up to 65% of women reported experiencing intimate partner and/or sexual violence – a rate double the global average.<sup>2</sup>

Health services for survivors of GBV can be lifesaving and are a minimum standard of health care in humanitarian, including refugee, settings. Access to this essential care, however, is often limited.<sup>3</sup> As the lead agency for health, WHO is well placed to institutionalize the health sector response to GBV in crises, within a gender equality and human rights perspective.

This project's goal is to strengthen the capacity to address GBV in WHO's emergency work through the following activities:

- Promote and operationalizing responses to GBV within the health sector.
- Ensuring technical and normative guidelines and tools on GBV in humanitarian settings are strengthened to reflect up-to-date evidence and WHO recommendations
- Actively engaging in relevant interagency initiatives, such as the Call to Action on Protection from GBV in emergencies and the Gender-Based Violence Area of Responsibility (AoR) of the protection cluster.

### Geographic location

The project is currently being implemented globally, regionally and within six pilot countries:

- Afghanistan
- Bangladesh (Cox's Bazar)
- Democratic Republic of the Congo (Kasais)
- Iraq
- Nigeria (north-eastern)
- Syria (including refugees in Jordan and cross-border)

<sup>1</sup> Vu, A., A. Adam, A. Wirtz, K. Pham, L. Rubenstein, N. Glass, C. Beyrer and S. Singh (2014) 'The prevalence of sexual violence among female refugees in complex humanitarian emergencies: a systematic review and meta-analysis.', PLoS Currents Disasters.

<sup>2</sup> The Global Women's Institute and International Rescue Committee. (2017). 'No Safe Place: A Lifetime of Violence for Conflict-Affected Women and Girls in South Sudan.' Washington DC: George Washington University and London: IRC.

<sup>3</sup> Casey, SE (2015). 'Evaluations of reproductive health programs in humanitarian settings: a systematic review.' *Conflict and health*, 9(Suppl1):S1.

<b>Main deliverables</b>	Health Cluster responses to GBV are strengthened through capacity building, supplies provision and other support. Technical guidance and training materials on the health response to GBV, in particular mental health and responses to IPV, are developed and disseminated. GBV more systematically integrated into WHO's health response in emergencies and those of the health cluster.
<b>Partners</b>	Working through WHO regional and country offices and coordination at country and regional levels with GBV AoR partners, including UNFPA, UNHCR, IOM and others.
<b>Sources of funding</b>	The US State Department's Bureau for Population, Refugees and Migration
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