

## **CMR TF Action Points - 2017**

### **Background**

Rape is considered as a war weapon for geopolitical reasons<sup>1</sup> perpetrated by authoritative persons, usually soldiers, in areas of conflict and under poor security situation<sup>2</sup>. Rape, including different forms of sexual violence, exist in war and peace and affect the lives of victims and their families. Under humanitarian emergencies women and girls are more prone to sexual violence. Globally speaking, the number of deaths due to violence among women and girls in reproductive age is similar to that of cancer; violence targeting same group is a common cause of ill-health more than traffic accidents and malaria<sup>3</sup>.

In regards to provision of medical services for the survivors of sexual violence including rape, there were no specific protocols or standardized service providers who were trained on CMR before the onset of the Syrian crisis. Since then, a clear referral system have been established among providers to facilitate access to the beneficiaries and also up to 43 health facilities have been trained to provide standardized CMR services. Moreover, a Clinical Management of Rape (CMR) task force (TF) has been created at national level to better coordinate the medical response needed for a sexual assault survivor. The TF through its advocacy and close collaboration with national and international entities, has been able to increase the number of health facilities with CMR centers across the country through capacity building initiatives and provision of Post-Emergency Prophylaxis (PEP) kits also known as the RH kit no 3. Despite the continuous evident need to provide holistic services for survivors of sexual assault, significant gaps in quality, geographical distribution service provision and type of beneficiaries (i.e. Syrian Vs host communities) remain present.

In 2016, feedbacks from the GBV central and area working group meetings, coupled with field observations collected by CMR Task Force (TF) consultative meetings and CMR health facilities based assessment; provided insight into ways forward to strengthen and improve the referral pathway.

In December 2016, CMR TF proposed to capitalize on its previous achievements and lessons learned, as well as on its close collaboration with SGBV TF, Health Working group (HWG) and the Ministry of Public Health (MoPH), and organized a national consultative meeting on CMR services

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<sup>1</sup> Reese Masterson et al, 2014

<sup>2</sup> March et al, 2006

<sup>3</sup> UN Millennium Project 2005

that was coordinated closely with the MoPH and inclusive of UN agencies, NGOs and GBV and CMR service providers. **The objectives of the meetings were to** discuss and agree on a road map/action points for strengthening CMR services in 2017 including identification of cases, diagnosis, treatment and referral for Syrians and host communities based on the challenges and lessons learnt through four CMR field consultative meetings and health facility based CMR assessment carried out in 2016.

The below table presents the action points across different themes:

CMR action points - 2017								Urgent
								Needs Attention
								On track
								Done
Key thematic areas	Suggested Tasks	Focal point	Time frame				Frequency	Status
			Q1	Q2	Q3	Q4		
Geographical Accessibility & Security	Expand coverage of CMR services to regions where geographical gaps were identified by having new CMR health trained facilities: Aarsal, Hermel (North Bekaa), West Bekaa, Hasbaya and Shabaa.	CMR TF, GBV TF at field level						
	Sensitize ISF front liners on available of CMR services in different regions of Lebanon.	CMR TF						
	Establish a coordination mechanism between SGBV area coordinators, Ministry of Public Health (MoPH) field coordinators and Ministry of Interior (Mol) at governorate level, preferably if the officials have been sensitized on GBV/CMR. This will help identification and referral to CMR services ensuring protection of human rights including confidentiality.	HWG – field level						

	Advocate with MoI to prioritize enabling a survivor receiving timely CMR care without delay irrespective of the legal status including with or without a residency permit.	<b>CMR TF</b>						
<b>Infra-Structure &amp; Human Resources</b>	Agree with MoPH on staff recruitment by UNICEF to support CMR services & role of UNICEF seconded staff and MoPH field coordinators in monitoring of CMR services.	<b>UNICEF/UNFPA</b>						
	Discuss with MoPH the possibility of channeling procurement and distribution of RH kit no 3 through MoPH supply chain.	<b>UNFPA</b>						
	Include HIV rapid test in PEP kit protocol. Also train the CMR staff on Voluntary and Counseling Testing (VCT) and new PEP protocol to be adapted as of 2018	<b>UNFPA</b>						
	Develop culturally appropriate visual IEC tools and support availability at all MoPH health facilities and outreach?.	<b>CMR TF</b>						
	CMR trained staff (at least one) made available at every working shift, and on Saturday and Sunday.	<b>CMR TF/HWG - field level</b>						
	SGBV CM agencies to be trained on CMR identification and referral as part of GBV SOPs/core concepts.	<b>SGBV TF</b>						
	Have regular CMR refreshers for SGBV front liners, social workers and CMR care givers on SGBV and CMR related standards & guidelines.	<b>CMR TF</b>						
	Motivate CMR focal points from health facilities inviting them to health & GBV trainings and also to monthly SGBV/HWG meeting at field level.	<b>CMR TF/SGBV TF/HWG field level</b>						
	Health facilities staff trained on CMR are provided with refresher sessions	<b>CMR TF</b>						
	Train all existing CMR facilities on new PEP protocols	<b>UNFPA</b>						
<b>Referral</b>	Advocate with MoPH for a detection and safe referral mechanism of SGBV and CMR survivors to be included in	<b>CMR TF</b>						

	the health facility essential package as part of accreditation system of MoPH.							
	Support health facilities trained and active for CMR with information to be able to refer to other needed services e.g. GBV ref pathway, MHPSS.	<b>SGBV TF/MHPSS TF</b>						
	Support increase in self-referral to CMR trained health facilities through efforts to change attitude of the health staff towards survivors. Advocate with MoPH to roll out training for all MoPH PHC staff on the identification and safe referral of survivors including midwives, nurses, pediatrician, GPs, gynecologist/obstetrician.	<b>CMR TF</b>						
		<b>CMR TF</b>						
<b>Reporting</b>	Establish a reporting system to provide CMR facility based data in line with GBV IMS – e.g. Monthly reports including # of cases referred to a case management agency, # of cases received PEP kit, # of CMR cases etc.	<b>SGBVWG/C MRTF</b>						
	Advocate with MoPH for establishment of a monitoring system, beneficiary feedback and complaint mechanism and reporting lines for CMR facilities to improve accountability and transparency.	<b>UNFPA</b>						
	Support a health facility based research to assess data sharing procedures within the CMR facilities.	<b>SWG/CMRTF</b>						
<b>Community awareness</b>	Develop a communications strategy & advocacy strategy. Consider social media and mass communication approaches.	<b>CMR TF/SGBV TF</b>						
	Develop more specific and culturally acceptable key messages – CMR TF & SGBV TF to work together.	<b>CMR TF/SGBV TF</b>						
	Disseminate updated information on CMR available services across SDCs and other safe spaces. Include dissemination of information through UNHCR outreach volunteers (OVs).	<b>CMR TF/SGBV TF</b>						

	Develop a community-friendly poster on CMR, to be used at hospitals and PHCs with contact details of the focal points and SGBV hotline.	CMR TF/SGBV TF						
Coordination/communication	Disseminate CMR services list and SGBV referral pathways to PHCs, SDCs, ISF as well as other sectors. . Include dissemination of information through UNHCR outreach volunteers (OVs).	CMR TF/SGBV TF						
	Regularly circulate the forensic doctors' schedule shared by UNHCR with all CMR facilities and SGBV TF members.	CMR TF						
	Coordination and communication strengthened among SGBV front liners and CMR focal points within a given geographical area through a monthly platform – CMR to be as one of the agenda points in SGBV and HWG meetings at field level.	CMR TF/SGBV TF						
Cost	Work on eligibility criteria to be proposed to MoPH for Lebanese survivors to be covered for CMR services related cost. Use existing criteria if available (UNHCR).	CMR TF						
	Advocate with physicians for cost reduction or omission for CMR survivors.	CMR TF						
	Assess cost of service per beneficiary (Lebanese)/actual cost of service.							
	Secondary care through Nextcare – Meet UNHCR secondary health care services to discuss entry points, challenges and way forward.							
Culture	Sensitize CMR facilities managers/directors to own and facilitate CMR activities to ensure a welcoming and non-discriminating environment for the survivors within the CMR trained facilities.	CMR TF						
	Facilitate staff care for those providing treatment and management of CMR by peer to peer support and exchange of experiences and best practices.	CMR TF						
		SGBV TF						

	<p>Advocate to include SGBV (attitude, skills, and ethics) in the curriculum of medical/paramedical schools including Order of nurses and Order of midwives.</p> <p>Advocate to institutionalize CMR in residency courses &amp; Training of university hospitals.</p>	<b>CMR TF</b>						
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