



Photo by Sanni Bundgaard

Comprehensive Women's Centers

Highlighting the advantages of women-led community centers as SRH delivery points for women and girls



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'The center feels like home to me. Even safer. I feel respected and I come here almost every day. Having services delivered from the center is important'
Adult woman, CWC user

Photo by Etinosa Yvonne

During humanitarian crisis, adolescent girls and women face multiple barriers accessing lifesaving comprehensive SRH and GBV services such as contraception, abortion care, GBV clinical care, group psychosocial support, and GBV case management, which are all included in the SRH minimum initial service package (MISP) and GBV minimum standards for humanitarian settings. Both GBV and SRH services, even if available, are not always accessible to all women adolescent girls. How the service is delivered matters. The integration of SRH into community-based women and girl only safe spaces (WGSS) is increasingly being implemented in humanitarian settings, guided by feedback from women and girls. However, there's lack of evidence on the benefits and risks related to the integration of SRH into women's centers versus traditional health facilities.

The Comprehensive Women's Centers (CWCs), being women- and girl- centered and community based, has the advantage of offering services in women-centric spaces in contexts where they are considered inappropriate and controversial in patriarchal and male dominated cultures or communities with high degree of social control of women's bodies, and therefore often denied to adolescent girls and women by health providers, male family, and community members. Apart from serving as a social meeting point with skills acquisition activities, income generating schemes and social networking for adolescent girls and women only, the CWCs offer GBV and SRH services that are safe, confidential, non-discriminatory by providers who have been specially trained on women-centered care. This allows for adolescent girls and women to move freely around, participate in activities, socialize, talk to health providers and case managers and seek services in 'unlabeled' consultation rooms.

"How can WPE and SRH better support women and girls together in humanitarian settings?" is the guiding question in the integrated approach. From a client perspective this is the opportunity to receive coordinated comprehensive care, rather than having separate visits for services which work in coordination with each other. While the services package can vary depending on the context, the central principles of improving access to safe, confidential WPE and SRH services in a coordinated way remain. As the teams collaborate, some of the WPE-SRH integration models do require people to step outside their silo, to listen to women and girls, to understand discrimination and services for women that threaten the status quo and respond to their needs. Basically, to ask women and girls what kinds of services they want, how they want them delivered and what the IRC can do to make sure women and girls feel empowered and are involved in the service delivery.

Given the reality of restricted movement, discrimination and male control that many women and girls face in emergency and protracted crises, SRH and WPE integrated centers focus on women and girls, and are guided by a women, girl, and client-centered approaches. The below principles guide our work together in supporting and in solidarity with women and girls:

- **Women and girls centered approaches to programming and women and girls as the client population for these guidelines.**
- **Movement building whereby women and girls advocate for policies and opportunities that address causes of trauma these activities contribute to a sense of purpose, power and control over life situations.**
- **Social work whereby needs are assessed, arranged, coordinated, monitored, and advocated for by multiple service providers to the client to meet her needs after experiencing systemic and structural male violence.**
- **Apply practices that address power dynamics in service-delivery: Within the facility we aim to eliminate the unequal power dynamics that women and girls are exposed to in society.**
- **Use Feminist theory as a foundation for programming aiming to address patriarchy, misogyny and violence against women and girls using the women and girl-centered theory and practice**
- **GBV Guiding principles: Respect, safety, confidentiality, accountability, non-discrimination, collaboration, and empowerment.**
- **Leadership and empowerment of women and girls through inclusion of Women and girls in planning, implementation, and monitoring and evaluation of the services and space to ensure relevance and ownership.**
- **Investment and commitment to supporting women and girls together: The WPE-SRH model requires a commitment and time investment to ensure teams are guided by the above**

From internal evaluations and client feed-back, CWCs have proven to increase access, safety and agency for women with a particular positive impact on unmarried women, adolescent girls and marginalized minorities during emergencies. Adolescent girls and women report that they feel respected and empowered to define for themselves what kind of services they need and, which further leads to a sense of empowerment and agency. In terms of actual service delivery, the CWC approach has demonstrated increased uptake of SRH services such as safe abortion care counseling, STI treatment, contraception and comprehensive GBV care. Service providers from different sectors are working under the same roof, with joint objectives and a spelled out standard operating procedure (SoP), which facilitates referrals and follow up across teams.

The IRC currently have CWCs in Bangladesh, Nigeria, Myanmar, Yemen, and South Sudan.



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