



**GBV SWG Meeting Minutes 19 May 2022**

**Online**

**Chair: UNHCR & UNFPA**

Partners present: LCA, UNDP, IMC, OSCE, IOM, UNDP, UN WOMEN, UNICEF, UNFPA, UNHCR, HIAS, War Child, INTERSOS, CWS

**Agenda:**

1. Introductions
2. PSS initiative presentation -UNDP
3. UNFPA Orange Spaces presentation
4. PSEA project presentation- Interpol
5. GBV SOPs Task Force update- UNFPA
6. GBV SWG RRP Indicators review-UNHCR
7. AOB

Agenda items	Discussion	Action points
<b>1. Introduction</b>	Welcome and introduction from UNFPA and UNHCR	
<b>2. PSS initiative presentation -UNDP</b>	<p><b>Common elements of treatment approach:</b> The methodology was developed by Johns Hopkins University, Bloomberg School of Public Health.</p> <p><b>What is CETA and why it was developed:</b></p> <ul style="list-style-type: none"> <li>- Transdiagnostic intervention in the area of psychological health;</li> <li>- Should be applied by professional and non-professionals working in this area;</li> <li>- For middle-income countries (including Moldova) where: lack of Mental Health services; challenges in availability of qualified local personnel such as psychologists, social workers, and health workers); lack of accessibility by rural populations to medical centers.</li> </ul> <p>CETA addresses the following issues:</p> <ul style="list-style-type: none"> <li>- Symptoms related to trauma, depression, and anxiety;</li> </ul>	UNDP will share the PPP; For any further details on training contact Vitalie Frecauteanu, UNDP at: <a href="mailto:vitalie.frecauteanu@undp.org">vitalie.frecauteanu@undp.org</a>

- Problems related to addiction to psychoactive substances;
- Problems related to suicide or violence;
- There are 4 specialists who are in the process of accreditation;
- 3 specialists from NGOs and they also work at the University in Comrat.
- A scale of use of this approach is working with all ages 7 – 99+; women and men, people with severe and light forms of mental health symptoms;
- This approach allows to train non-professionals as well based on concrete protocols and services for all age groups. This includes services to survivors of violence and refugees.
- The program has good outcomes in Ukraine and colleagues worked with veterans of war to adapt them to peaceful life and prevent domestic/intimate partner violence. This program also included the work with drug and alcohol abusers.
  - Zambia experience in the prevention of domestic violence.
  - The program, does not need much time for training the specialists.

Trained specialist adapted their program for the provision of psychological support to refugees facing acute stress. The program comprised of addressing:

- Problem-solving
- Cognitive coping
- Behavioral activation
- Relaxation
- Child care
- Self security (suicide risks)

We have an opportunity to train around 12 or 24 people in two separate sessions. We will have funds soon so we can train those who want. Please let us know if you have anyone who wants to be trained.

8 days in two weeks, and 6 months under our supervision. Our colleagues from Ukraine have such competency.

This is certified training to be completed in 6 months and certified as a consultant of CETA. Not only for survivors of violence and/or refugees but other people with mental health needs as well.

**UNHCR GBV SWG:** this will be an important work in serving vulnerable groups especially vulnerable women. This program is very important For UNHCR and other organizations in the call to scale up PSS activities with refugees.

	<p><b>Questions/Discussions:</b></p> <p><b>UNFPA:</b> humanitarian actors are utilizing the same elements in our PSS work and this work is based on the guidelines as well. There is a Task Force/WHO on MHPSS and it is very important for you to be part of that discussion. It is also important for GBV SWG to know the existing programs that are provided in the country and connection with others in the same area is critical. All the sectors need to work on MHPSS, and how do you connect with others?</p> <p><b>Answer:</b> UNDP covers all the expenses related to this training, only transportation to the location should be required by participants.</p> <p><b>UNFPA:</b> global experts are trained people in this region, right? Are those trained to provide PSS online or face to face? Or who will do training CETA trainers or your trained staff?</p> <p><b>Answer:</b> the trainers from Ukraine will do the training. These trainers are under the supervision of Bloomberg university colleagues. We had face to face in the past year. We managed to invite trained colleagues from Ukraine. Face to face is the best way. The online platform is only in Ukraine. The training is in Russian. Language of the course: Russian and Ukraine</p> <p><b>GBV SWG UNHCR:</b> we will follow up and recommend other organizations on the CETA course. Please share the presentation, and email so that we could inform people how to connect with you.</p>	
<p><b>3. UNFPA Orange Spaces</b></p>	<ul style="list-style-type: none"> <li>- UNFPA Orange Safe Spaces/OSS based on UNFPA Women and Girls Safe Space concept. In Moldova, we wanted to make the orange color to make it very understandable to people.</li> <li>- The OSS is making sure that women, young people, and older persons are getting the support and safe space they need.</li> <li>- The OSS provides a physical and social protected environment and gives space to affected people to be themselves;</li> <li>- Provides support related to GBV and SRH services and ensures to build resilience and help to go through this period;</li> <li>- PSS as colleagues mentioned is very important to help people to make a plan for their life to understand their risks and reduce those risks;</li> </ul>	<p>UNFPA will share PPT and information on OSS/locations for referral purposes; for further details contact Fatima/GBV Coordinator at: <a href="mailto:alwahaidy@unfpa.org">alwahaidy@unfpa.org</a> and Henia at: <a href="mailto:dakkak@unfpa.org">dakkak@unfpa.org</a></p>

	<ul style="list-style-type: none"> <li>- The OSS provides individual and group counselling and as part of women and girls' support, they are provided with dignity kits. They get these DKs in a more confidential way; The DKs include menstrual hygiene products;</li> <li>- OSS is a safe entry point for life-saving services, SRH info and referral to other GBV responses including post-rape treatment;</li> <li>- What we offer for youth: young people and adolescents , there are a lot of issues when their body is changing, we give them life skills health information; GBV prevention, and SEA information so that they know better their rights and can protect themselves;</li> <li>- Trafficking, the more we work with people and give information the more they safe and protected;</li> <li>- A space where we can talk with them about other services related to GBV, and health, connect them with Youth centers, Youth clubs and connect with communities, and young people, and their peers, education is very important for young people.</li> <li>- Older persons: In addition to all that, people are coming not individually but with older people and we offer recreational activities and engagement, and these engagements are age-appropriate;</li> <li>- We work on building connection and solidarity with others and support to build the women and girls' social assets;</li> <li>- OSS addresses the SRH needs of older people. Information on menopause, screening certain elements of SRH, to get MHPSS that colleagues discussed;</li> <li>- This also includes GBV prevention and response. Older people are facing and exposed to SV and GBV in many places, to all types of violence. There is a misconception sometimes that they are old and GBV does not happen to them.</li> <li>- OSS provides a space to build intergenerational dialogue and that is critical. Digital skills and knowledge for older persons as well. This is a brief overview and understanding of how we framed our concept.</li> <li>- OSS are static and mobile so to reach out to host communities and we partner with the following local NGOs;</li> <li>- UNFPA partners: NGO Artemida + 5 community-based NGOs; Youth Friendly Health Clinics; Youth Centers; Youth Media Center; National</li> </ul>	
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Youth Council; NGO Millennium; NGO homecare; NGO Prodidactica.  
UNFPA also works with Help Age not to neglect older persons.

- Map is where UNFPA is working now.
- Recently, as part of our outreach, we have provided Post Rape Kits to hospitals, to make sure they have the ability to address GBV, in terms of drugs and treatment needed. We have to address the needs of refugees in a very comprehensive way based on a survivor-centered approach.

**Questions/Discussions:**

**UNICEF:** useful information, and there is a need for such Safe Spaces to provide GBV services and case management. Would be good to link the SS to UNICEF's Blue Dots as lots of information for mothers, children, and adolescents can be provided about the OSSs. We can establish Referral Pathways in case of any disclosure on GBV cases. UNICEF is currently developing SOPs for Blue Dots and would be good to coordinate and work with UNFPA on this as well.

**Answer:** We need to take offline and work with you. We should work and coordinate for the Referral Pathway from the Blue Dot to Orange Spaces in case of different disclosures happen. UNHCR is also the main agency to make sure that referrals are in place.

**War Child:** what are the working hours arrangements of these OSSs? Are they available every day? Any fixed hours? Are they inside of RACs?

**Answer:** some are in the RACs, some are in borders, not every RAC, and some are mobile. In Static places, they are working every day. Mobile they move.

**War Child:** I am supporting child-friendly spaces, there are certain RACs that would be very useful to have safe spaces for women and girls. Can you consider mobile teams to come to these sites?

**Answer:** Please, reach out to Fatima and me that the coordination should take place. We are open to any collaboration and cooperation for the purpose of women's and girls' needs to be met.

**IMC:** it is great to have support for different categories, one clarification from my side the OSS is targeting Women and girls and older and youth. I assume men and boys as well.

	<p>The classic way of such spaces is only accessible to women and girls. In this case, are the sites accessible for men and boys?</p> <p><b>Answer:</b> In some places, they are accessible, there is somebody managing making sure when women need safe spaces, established in some RACs only for women and girls, some for young people, elderly, and boys as well. I can take these questions with you afterwards. And show you how we manage this type of issue.</p> <p><b>UNW:</b> Can you please share more on who is providing services in the OSS? And if you have already data on the number and categories of people supported?</p> <p><b>UNHCR:</b> What kind of concerns and help people are needed by people seeking support in OSS? That would be helpful for partners to know.</p> <p><b>Answer:</b> we are tracking, for the different people, definitely, data is being tracked. It is one of the GBV indicators in RRP. In OSS we have psychologists specialized to provide GBV related counselling, in addition, we have a schedule for medical professionals who provide info and referral on sexual and reproductive health</p> <p><b>GBV SWG/UNHCR:</b> would be great to share the PPT and service information for referral. And we can connect people with the OSS.</p>	
<p><b>4. GBV SOPs Task Force update- UNFPA</b></p>	<ul style="list-style-type: none"> <li>- A Task Force has been established for developing the comprehensive SOPs comprised of the following agencies and organizations: UNDP, UNW, UNICEF, Voice, Ministry of Internal Affairs/State Secretary Office, and UNFPA;</li> <li>- The purpose of the SOPs is to outline the roles and responsibilities of each actor in the response to and prevention of GBV in the current refugee response.</li> <li>- A google drive has been shared with a folder, which contains all the protocols, and guidelines, so that not to duplicate but to integrate the existing ones into the SOPs.</li> <li>- This is an emergency context SOPs and we are trying to be relevant, short and clear. The draft will be shared with a larger group once the TF will integrate the needed information.</li> <li>- We had a meeting a week ago and assigned a division of labour who will fill in the relevant information in the template shared.</li> </ul>	<p>Share draft SOP with the wider GBV SWG for review and inputs</p>

	<ul style="list-style-type: none"> <li>- The deadline for the inputs by the TF team is Monday, May 23.</li> </ul>	
<p><b>5. PSEA project presentation- Interpol</b></p>	<p><b>Project SOTERIA a brief overview:</b></p> <ul style="list-style-type: none"> <li>- Joint initiative between UK FCDO and UK criminal record office;</li> <li>- Preventing SEA through working with Law enforcement and humanitarian organizations;</li> <li>- From a Law enforcement perspective We are looking here at enhancing prevention and response capacity</li> <li>- From aid sectors to increase confidence, its organization can detect SEA</li> <li>- It is mostly for SEA but we see it is relevant to GBV actors too</li> <li>- Brief timeline: we have an in-depth scoping and feasibility phase that we deal with FCDO between 2020-21 during which made needs assessment phase, aid sector actors and police form pilot countries now we are entering into the implementation phase;</li> <li>- One key gap that we aim to work on is how issues of PSEA have been mostly addressed from the internal HR investigation capabilities point of view of the aid sector, limitations of criminal investigation and prosecutions can allow offenders to continue to perpetuate SEA;</li> <li>- Implementation phase - 7 pilot countries and authorities have confirmed their willingness to work with us, engaging as well with the UN, NGOs, and civil society organizations in the field.</li> <li>- What we offer and provide: at the global level leverage tools which are available to different participants. There is one global repository. At the pilot countries level to build the capacity of the law enforcement sector and support aid sector actors. Complementing other safeguarding initiatives by other actors.</li> <li>- Started our work in Kenya, and in June we will be back in Moldova.</li> <li>- Partnership component is focused on coordination with GBV actors. We aim to contribute to safe and victim-centered referrals of SEA and harassment cases to law enforcement to increase accountability.</li> <li>- Possible avenues for collaboration between aid sectors and the SOTERIA project in Moldova:</li> <li>- Piloting the use of Trade Identification Scheme to reinforce cross-check;</li> </ul>	<p>Interpol will share the PPT; for further details and to collaborate please contact Kenza Yamoni at: <a href="mailto:K.YAMOUNI@interpol.int">K.YAMOUNI@interpol.int</a></p> <p>PSEA Task Force and GBV SWG to link up bilaterally with Interpol on the project</p>

- Supporting authorities' involvement in handling SEA and harassment cases and accountability
- Building capacities of aid sector organizations on PSEA prevention and response

**Questions/Discussions:**

**PSEA Task Force- UNHCR:** proposed to meet and figure out connections in SOPs development processes by PSEA Task Force;

**UNW:** SEA protocols are under the PSEA TASK FORCE and are under the development and complaining mechanism for several audiences.

**UNFPA:** in terms of NGOs, what are the procedures local and International, checking the personnel how are you handling this situation. The security check you need to do for this type of situation is not only done by the organization but how it will be done by you? How this will work?

**Answer:** we have a whole process ongoing right now, on the data protection side is quite heavy on us, we have protocols very safe in terms of data sharing. The next step would be for the interested organizations, there is a need for us to sign a cooperation agreement. It could be any NGOs and even UN agencies. Next step, we need to send an agreement, and based on that they will be able to share with us a template where will be data on the staff, and then we will be able to run the data against our database. Here one thing is to be aware of it will be shared back in case of positive response. This is just because we are not authorized to share back directly with our organization. So this is a general scheme.

Moldova authorities are quite keen on seeing how they could have a local process, and how we can help them to implement a local process that would be directly dealt with by the national police. We have been in discussion with the national Central Bureau of Moldova, and we will be again happy to discuss further with any other actor who would be interested in running those checks on how it will be looked like. In Moldova's example, it will be a bit different system, these are processes under the discussion.

If any organization is interested or wants to have a part in this, or has further questions please reach out via email.

	<p>PSEA is key for us, we have been part of a couple of meetings, but defiantly it will be important for us to take part in drafting the SOPs, and happy to see how we will interact on the ground.</p> <p><b>IMC:</b> Thanks for the presentation, it is a very interesting initiative, to highlight that to keep an eye on the survivor-centered approach and consent of survivors, we know from experience in other countries that sometimes when it comes to security actors' investigation the survivors' rights are put on the second level of importance. I would like to make sure that GBV actors are fully involved in this discussion, and that the survivor-centered approach, in the end, is fully considered. Either in the training or working with law enforcement actors as this is crucial for the survivors' rights.</p> <p><b>GBV SWG-UNHCR:</b> we often see PSEA systems that focuses a lot on reporting and investigation and there is very little perfect protection and survivor support. It should be the choice of the survivor if they want to proceed with legal reporting or not. We know that SEA reporting is mandatory but it is not obligatory for a survivor to be involved in the investigation process. We need to work with the police to make the process more survivor centered. We will to link up with you on this project after the call.</p>	
<p><b>6. GBV SWG RRP Indicators review- UNHCR</b></p>	<ul style="list-style-type: none"> <li>- Suggested indicators, for the GBV 5Ws and this, is not only mapping of who is doing what, where, but a reflection of new activities for many actors;</li> <li>- Having an access to a database of who is doing what is fundamental for the response;</li> <li>- Now we will take it to the next level and start getting some information about what we are implementing on the ground;</li> <li>- Once we agree on the indicators, the first step is we need to agree on what we need to measure and what activities we want to measure and then move on to activities;</li> <li>- We got some feedback from UNFPA and other units, that were already integrated and important that everybody takes a look because that will be you who provide this information as we do not want to send anything to you that is not comfortable for you and appreciate your feedback;</li> <li>- At the moment we want to capture the basic activities that are being done this helps us to identify gaps and see the potential overlaps;</li> </ul>	<p>GBV SWG will share the proposed 5WS indicators for members' feedback.</p>

	<ul style="list-style-type: none"> <li>- We focus mainly on training GBV, PSS support and awareness-raising, which many of you already doing;</li> <li>- The response for GBV survivors is fundamental, often get left out with the indicators; we looked at what kind of PSS has been provided; the core activity that you are working on and for GBV risk reduction that assessments identifying risks are being shared;</li> <li>- All these are open for discussion and we do not have time now but we will share them with you for feedback to have more time to look at them;</li> <li>- Next time we will discuss it as a common version and provide a report on this.</li> </ul>	
<p><b>7. AOB</b></p>	<p><b>The next GBV SWG meeting will be held bi-weekly on June 2, 2022, from 2 pm - 3.30 pm</b></p>	