

Meeting minutes 15.07.14

UNHCR BO Amman, Jordan

Agencies present:

UNHCR, UNFPA, IMC, UPP, RI, UN Women, IRC, ICMC, IFRC, ActionAid, ARI, IFH/NFH, AWO, TDH, NE

Agenda:

- Updates from TF, FP, FSWG
- Safe Spaces
- Disability inclusion in SGBV programming
- AoB



Agenda item	Discussion	Action point	Responsible Agency
Updates from TF, FP, FSWG	<p>The meeting began with a quick review of the preceding SGBV SWG meeting.</p> <p>1. Updates on ITS (government evictions undertaken in the South and Jordan valley).</p> <p>2. Zaatari FWG: Safety Audit. The last safety audit in Zaatari was conducted in September 2013. A new audit based on the refugee's perception and sectors</p>	<p>UNHCR will continue to monitor the situation and to inform partners. While partners must be ready for such an eventuality, at the time of the meeting there was no indication of further evictions.</p>	<p>UNHCR</p>

	<p>engagement on safety and security issues is currently being prepared.</p> <p>3. Upgrade of WASH facilities in Azraq: objectives are (a) to provide opportunity for refugees to provide inputs to the proposed upgrade of WASH facilities and (b) to collect inputs from protection actors in order to finalise the designs to make WASH facilities more accessible.</p> <p>4. SGBVIMS: the ISP has been endorsed and signed by UNHCR, UNFPA, UNICEF, IRC, IMC, NHF and JRF.</p> <p>5. Gender Equality and Humanitarian Action training to take place in late August: two colleagues from IRC and NEF offered to be the focal points.</p> <p>6. Last meeting's discussion on the briefing note "SGBV: Syrian refugees in Jordan" has been fruitful. The briefing note is to be reviewed every three months by members</p>	<p>Consultation with refugees to start on 16.07.14. The FGD will concentrate on the following: improving privacy when using the facilities (prototypes of new privacy screens will be presented to the group) and gathering the refugees' impressions on the new set out. Chairs should be able to give some feedback on this consultation at the next SGBV SWG meeting.</p> <p>UNHCR and UNFPA to schedule a meeting with all participating partners in order to determine whether they are ready to collect and share the data. The first common report will be generated by the end of July 2014. All partners will then be briefed on how the information is to be used.</p> <p>Input from last meeting is in the process of being integrated into the document. The SWG</p>	<p>UNFPA/UNHCR/ UNICEF</p> <p>UNHCR/UNFPA TF membrs</p> <p>UNHCR, UNFPA</p>
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	<p>of the SGBV SWG.</p> <p>In Azraq some issues have arisen regarding Referral Pathways: it is necessary to make sure that these are endorsed and respected by all partners, because at the moment gaps tend to occur in terms of services provided to survivors for SGBV. SGBV partners have come together for a first Case management meeting to address these issues.</p>	<p>will continue to work on it in its next meeting.</p> <p>All relevant SGBV partners are expected to attend the second Case management meeting. The focus will be on the agreement already in place.</p>	
Safe Spaces	<p>The meeting was an opportunity to continue the discussion on Safe Spaces initiated at the last SGBV SWG meeting.</p> <p>Colleagues from Information Management services have started working on the information agreed upon in the last SGBV SWG meeting.</p> <p>The aim of the present meeting is to follow-up on the past Safe Spaces discussion, dedicated to defining actions to be taken (short and medium-term) and during which partners brainstormed on Safe Spaces. They paid particular attention to women and girls, and focused on the following: definition of Safe Spaces, services provided and approach adopted. This feedback has been compiled into a starting document which presents the SGBV SWG definition of Safe Spaces. Global standards on Safe Spaces have also been added to this document.</p> <p>The SGBV SWG broke into three groups to review each</p>	<p>The results are soon to be shared by the chairs.</p> <p>The last paragraph (<i>Safe Spaces approaches in</i></p>	<p>UNHCR/UNFPA</p>

	<p>section of the starting document and to make sure that the input had been correctly added. Some of the feedback provided is summarized below:</p> <p><i>1) Definition of Safe Spaces</i></p> <p>§1 “Formal or informal”: Safe Spaces can sometimes be informal, although it is rare in Jordan. It is necessary to ensure that a mechanism exists in “informal” Safe Spaces so that women are made aware of the fact that in those spaces both protection and confidentiality are guaranteed.</p> <p>“Marginalised groups” is a very broad term, specification is needed.</p> <p>Safe Spaces vs. Shelters: it is important to both modify and strengthen the difference between Safe Spaces and Shelters. Shelters provide specific responses to security concerns, and more generally, access to such spaces is different from access to Safe Spaces.</p> <p>Safe Spaces in Reception areas: in the camps, women and girls “at risk” are looked at, but they are not necessarily identified as survivors of SGBV or as individuals in immediate danger. Safe Spaces constitute an entry point for information and the delivering of services, but they can also serve as overnight accommodation/refuge for women and girls. This needs to be formulated.</p>	<p><i>Jordan and types of services offered</i>) is to be completed later on, after an analysis of the mapping has been finalized.</p> <p>Input to be compiled and shared with all by UNHCR and UNFPA. Finalisation should take place at the next SWG meeting.</p>	<p>UNHCR, UNFPA</p>
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Child Friendly Spaces and Safe Spaces: it is necessary to establish some of the purposes of CFS and to make clear that they also serve as protection areas (on top of areas providing informal education). Targeting: CFS and Safe Spaces do target similar populations. It is important to appreciate that they do not overlap, but are complementary.

2) Guiding principles

Safe Spaces acknowledge cultural norms for gender and the cultural dynamics that enable violence to occur.

They are culturally appropriate for (a) healing segregation to occur in same-sex groups, (b) at times, healing activities with both sexes.

3) Target population (inc. PWDs)

Two main target groups, (a) women and girls, (b) significant related others (including men and boys).

It has to be acknowledged that gender also affects people with disabilities, thus their impediments should be identified and understood. All reasonable modifications must be made to accommodate disabled women and girls into activities and services, taking into account existing limitations. Caregivers must be considered as well.

<p>Disability inclusion in SGBV programming</p>	<p>The topic was integrated into the SGBV SWG work plan, and identified as a gap by IRC and WRC in their assessment of SGBV for PWDs.</p> <p>It is essential that all be aware of the activities in terms of protection of PWDs in SGBV programming. Attendees were briefed on a workshop that took place on June 19th, 2014. The workshop was an occasion to discuss the following: factors increasing vulnerability, ideas of strategies, action points and next steps.</p> <p>PWDs are particularly vulnerable to SGBV both because they are considered an easy target for perpetrators and because they are less likely to report incidents. PWDs are also likely to be exposed to emotional violence from both relatives and strangers. Isolation, lack of knowledge and reduced capacity of family members are factors increasing vulnerability. Organisations have to handle new kinds of disabilities from the war. Particular attention needs to be paid to gender roles, age and family composition in order to prevent SGBV. Young girls with disabilities at high risk of SGBV.</p> <p>Emma Pearce, leader of the Women’s Refugee Commission’s disability projects, will be coming to Amman in October and meet with the SGBV SWG.</p>	<p>Action briefing for the next 6 months: interagency coordination to be strengthened on the following points:</p> <ul style="list-style-type: none"> - Inclusion of PWDs in safety audits, and data collection; - Increased accessibility of safe spaces; - Ensuring a common understanding between partners; - Diffusion of messages highlighting the issue of PWDs’ vulnerability to SGBV (including through the AMANI campaign, which is to be revised in this perspective); - Improved access to services. Several actions are already taking place in this respect, such as the integration of PWDs in case management training and SOPs. - Community-based initiatives, in order to improve the representation of PWDs in communities are necessary. No concrete action has been put down, and the topic must be discussed further. <p>Partners are welcome to submit suggestions additional to those stated above.</p>	<p>All interested members</p>
<p>AoB</p>	<p>No AoB. (next meeting’s date to be communicated at later stage due to Eid)</p>		

