



SGBV Task Force Stocktaking Event and Retreat

3rd February 2021

Agenda

- 9:00-10:45: Panel Discussions
- 10:45-11:00 Break
- 11:00-11:15 Review of 2020 programming
- 11:15-12:00 Group Work
- 12:00- 13:00 Plenary to discuss Priorities for 2021



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Panel Discussions

A. First Panel: 30 minutes

1. Presentation GBVIMS Year Key Trends + VaSyR relevant indicators (GBVIMS Coordinator and SGBV TF Chair) - 8/10 minutes
2. The impact of Covid-19 on women and girls and main findings of the GBV and Livelihood Study (UN Women) 8/10 minutes
3. Presentation of adolescent girl's access to SRH (UNICEF) – 8/10 minutes

- Plenary - Quick round of comments: Max 15 minutes

B. Second Panel: 30 minutes

4. The current situation of Palestinian Women (UNRWA) – 8/10 minutes
5. Sexual exploitation and trafficking and the situation of migrant women (KAFA)– 8/10 minutes
6. The situation of members of LGBTIQ community (UN Women and HELEM) 8/10 minutes

- Plenary - Quick round of comments: Max 15 minutes



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2020 Achievements – LCRP

- Guidance Note for service provision in remote modality
- Analysis and Brief on impact of Covid-19 on risk of SGBV
- Regular GBVIMS Report – Thematic
- Hotlines Leaflet dissemination
- Awareness and training of staff in isolation centers
- Survey Impact of Covid-19 on SGBV programming
- PSEA system strengthening

Indicator	Target	Achievement
Number of women, girls, men and boys at risk and survivors accessing SGBV prevention and response services in safe spaces	140,000	52,409 (42%)
Number of women, girls, men and boys sensitized on SGBV	286,750	79,093 (28%)
# of training participants from institutional actors with increased knowledge of GBV	1000	385 (38.5%) (75% of the overall people trained)
# of local institutions supported to provide quality services	50	20= 7 +13 SDCs (40%)
% of survivors accessing safe spaces feeling empowered	85%	70% (TBC)

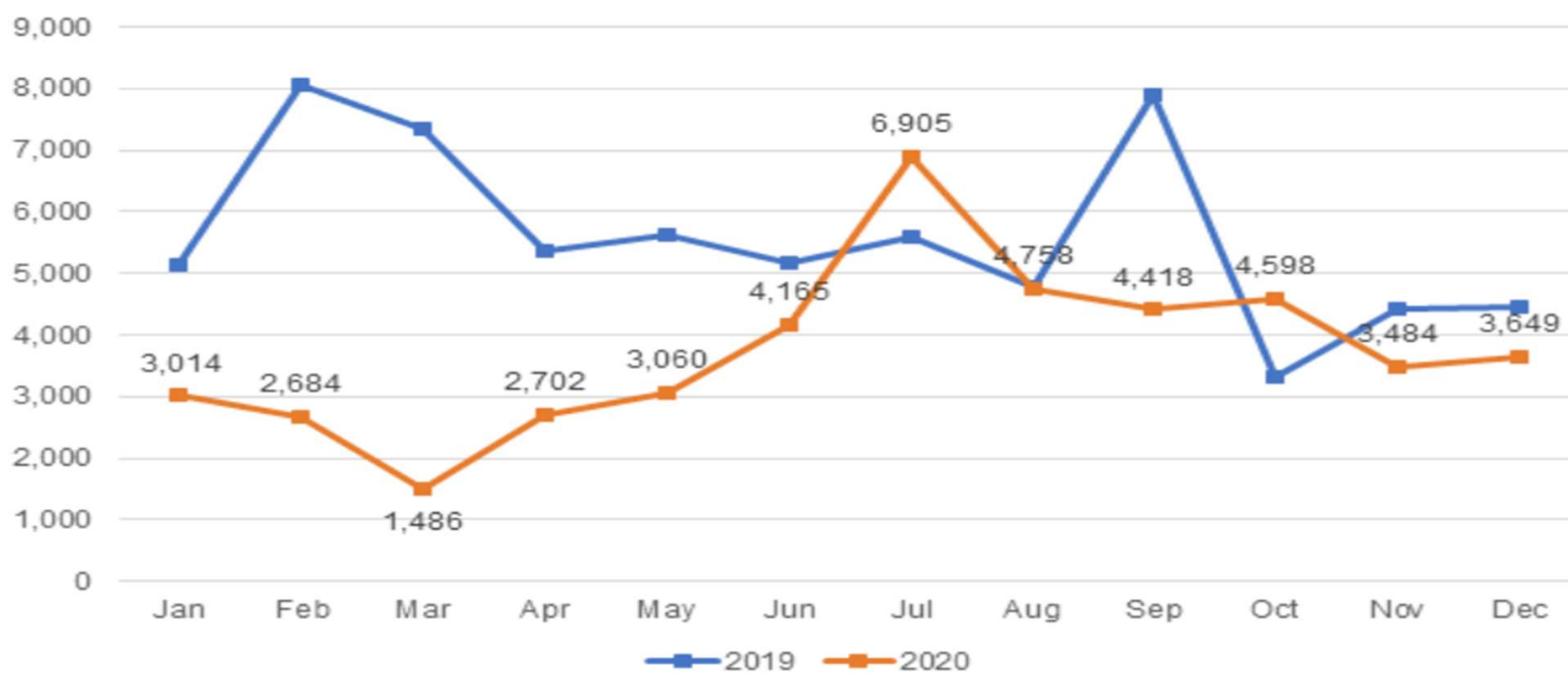


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Access to SGBV prevention and response services in safe spaces



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Groups

1. GBV Service Provision
2. GBV Risk Mitigation/
Mainstreaming
3. System Strengthening and
Capacity Building
4. GBV Prevention:
Behavioral Change, support to
communities, outreach
5. GBV Coordination,
Advocacy, IM, Evidence
Generation, M&E

Issues to discuss

Case Management(Roll out Guidelines), Legal Counselling,
Safe Spaces, Safe Shelters, Referral to CMR
Role of SGBV TF (standard setting?)

Sectors to prioritize for GBV risk mitigation (Basic Assistance?
Health?), strategies?

Target (Institutional actors? CBOs? Non specialists?) Topics?
Support from SGBVTF?
System strengthening legal framework, institutional
collaboration

Community engagement (Guidelines for remote or new
forms of community engagement? Community feedback? BCC
initiatives?)

M&E Toolkit Revision?
Coordination Field-National
Evidence generation/safe data collection, expansion of
GBVIMS

Facilitators

Field Coordinator
(North), KAFA, ABAAD

UNICEF, UNHCR

UNICEF (Farah), UNFPA,
ABAAD

UNRWA - Field
coordinator (BML)

SGBV TF Chairs, GBVIMS
Coordinator – Field
Coordinators



Main recommendations

- Continue to improve service delivery, include remote (guidance, capacity building, research the bottlenecks related to access and the challenges including confidentiality)
- Mapping, referral pathway
- Review capacity building programs – improve online content
- GBV risk mitigation in target sectors
- Staff self-care
- Expansion and Inclusion of the SGBV TF
- Review M&E Toolkit



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Impact of COVID-19 on SGBV Programming

- The number of people reached with SGBV services was affected by the pandemics
- 50% of the respondents not able to reach the same number of people in need reached in 2019. 84% of the respondents were able to provide support to urgent and **high-risk cases**.
- The specialized services that were more challenging to be accessed for survivors in 2020 were safe houses, legal assistance, and clinical management of rape.
- The COVID-19 pandemic also impacted **the way SGBV actors monitor their programs**
- **44% of the participants** in the survey confirmed that why would continue some activities in remote modality even when the situation will improve (awareness raising and capacity building activities).
- GBV actors were able to reach some groups that usually are more difficult to reach, **including people with disabilities**
- The pandemic also influenced frontliners' wellbeing because of the limitations of capacity building opportunities, self-care options and direct coaching and supervision



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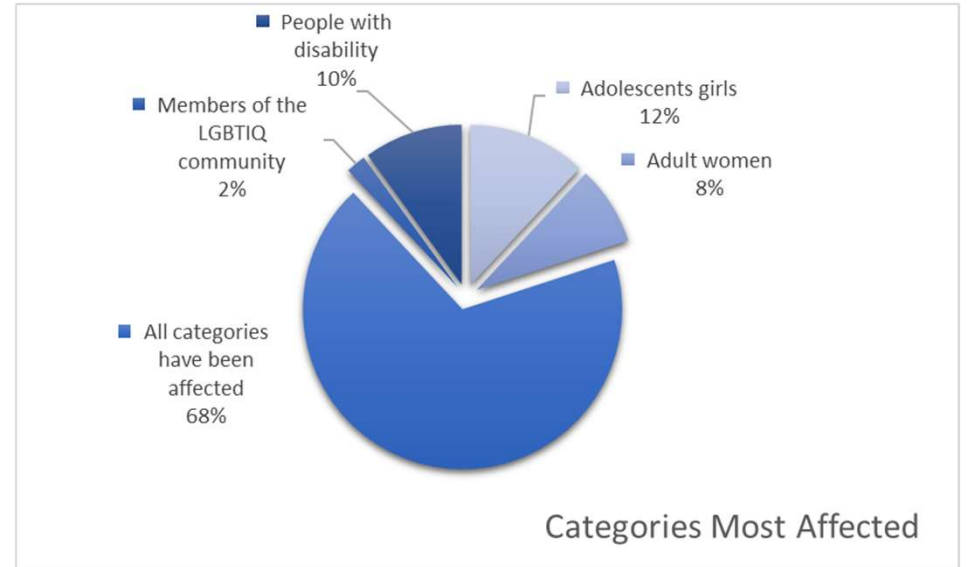
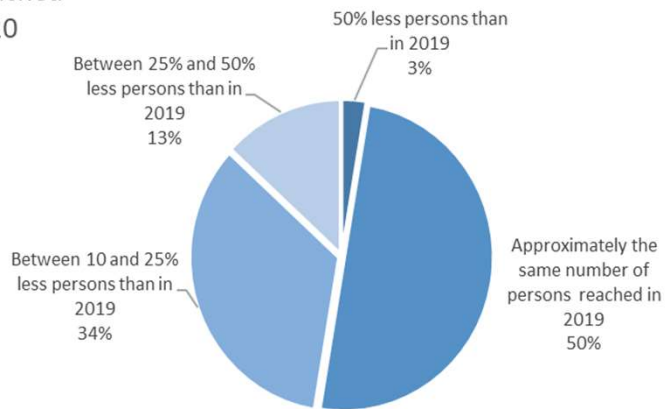


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Impact of COVID-19 on GBV Programming



People reached in 2020

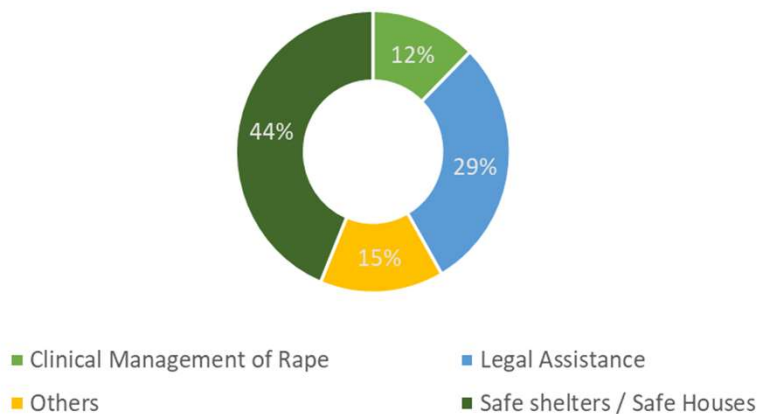


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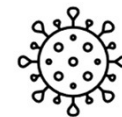


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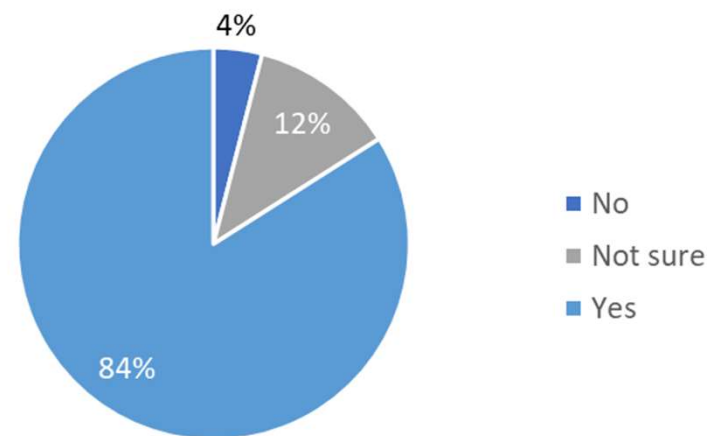
GBV services most challenging to be accessed



Impact of COVID-19 on GBV Programming



Capacity to Maintain Services for High Risk Cases

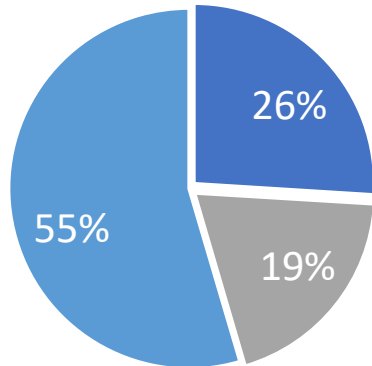


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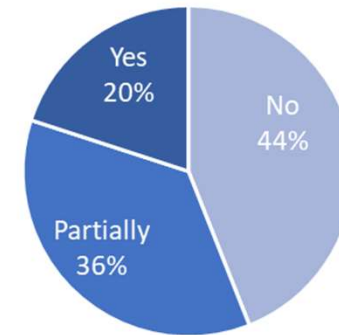
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Effects on Capacity to Monitoring GBV Programs

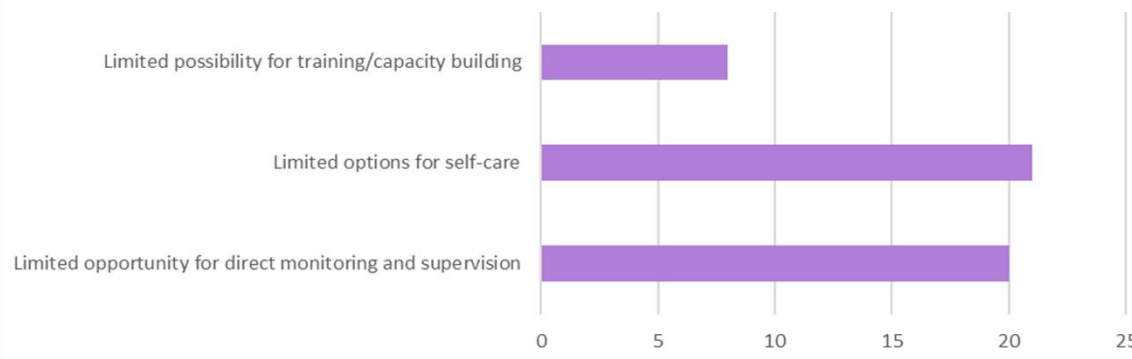


- Not possible to collect regular feedback from clients
- Not possible to held regular meetings with staff
- Field Visist were limited

Effects on GBV Data Management (Collection, Storage, Analysis and Sharing of Data)



Effects on Staff Wellbeing



Impact of COVID-19 on GBV Programming

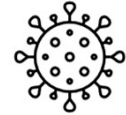


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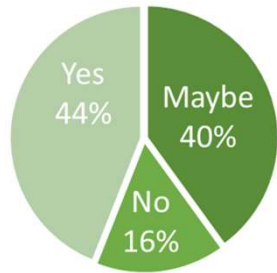


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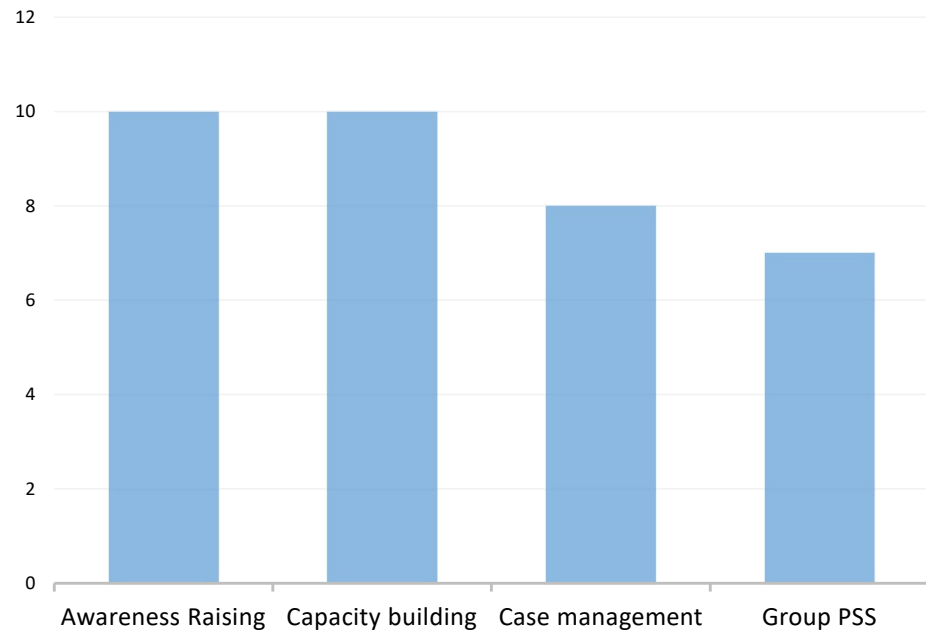
Impact of COVID-19 on GBV Programming



Possibility to Continue Remote Activities



Activities that Could Continue in Remote Modality



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Recommendations

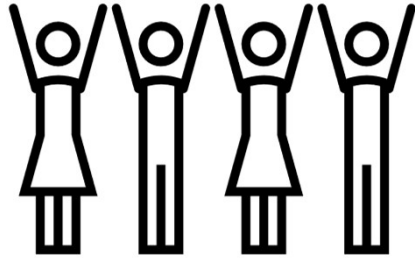
- 1) Continue to advocate to ensure in-person support and services to **high-risk cases** even during lockdowns.
- 2) **Develop guidelines to promote online safety** and initiatives to mitigate GBV risk while on-line
- 3) Further research the **challenges to access remote activities** for women, girls and marginalized groups and develop a plan to further improve inclusiveness of remote activities.
- 4) Collect and disseminate **experiences/ good practices** on **staff wellbeing** during periods of lockdown and increase access to psychosocial support and self-care sessions
- 5) Review the **SGBV M&E Toolkit** to include recommendations on monitoring the quality of remote activities and support the collection of beneficiaries' feedbacks in remote modality



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Questions to be discussed in the group

- 1) Where do we stand?
- 2) What did we do well/wrong?
- 3) What should we change?
- 4) What can we do better as SGBV TF:
Recommendations/Suggestions - What should be added in the Sector Work Plan?

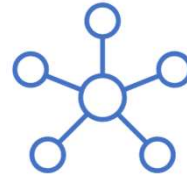


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Group Work



- Reflect on 2020 challenges, gaps and good practices
- Provide inputs for sector workplan

LCRP	Key							Main
Outputs	Priorities	Activities	Q1	Q2	Q3	Q4	Responsible	Partners

Next Steps

- Draft Sector Plan
- Validation within Core Group
- Dissemination



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Coordination, M&E, IM, Advocacy

- Inclusiveness of the group
- Collaboration with Government Structures
- Relations with field working group
- Expansion of GBVIMS/Primer
- Use data for advocacy
- Revision of SGBV M&E Toolkit, knowledge management
- Community feedback mechanism



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