GBV SWG meeting minutes 16th Feb 2021 Location: online Webex link



Agencies present: ACF, ARDD, AVSI, AWO, Caritas Jordan, CRP, CVT, DRC, FCDO (UK Embassy), ICMC, INTERSOS, ^{Sub-Working Group} IOM, IRAP, IR-W, JNCW, JRF, JWU, MECI, Mercy Corps, MEDAIR, Rescate Internacional, Sawiyan, Takatoat, TDH-I, TDH-Italy, UNDP, UNFPA, UNHCR, UNRWA.

<u>Agenda</u>

- 1. GBV SWG strategy.
- 2. GBV SWG workplan for 2021.
- 3. Coordination updates; coordination survey result and Q4 dashboard.
- 4. DRC Risk Assessment Report.
- 5. GBV case management and supervision: baseline assessment and coaching plan.

Agenda items	Discussion	Action points
Welcoming	- Welcoming participants and provide a brief on the agenda and housekeeping rules.	 MoM will be uploaded on UNHCR's data portal: <u>http://data2.unhcr.org/en</u> /working- group/72?sv=4&geo=36

 document to include other groups like persons with disabilities. On Amaali app: developing the app to be more user friendly and linking survivors of PSEA to Amaali App. Informing strategic information makers and keep the bi-weekly newsletters. Continue providing trainings to the WG. Building national capacity and provide Arabic translation and involving the government. GBV WG will continue working on cross cutting issues with other sectors and sub-sectors like child marriage. Safe shelters: to add activities for women and girls' empowerment to reduce their vulnerability. Funding opportunities: providing clarity of GBV context and disseminate funding opportunities through the bi-weekly newsletters. 	
 to reduce their vulnerability. Funding opportunities: providing clarity of GBV context and disseminate funding opportunities through the bi-weekly 	
 Include non-Syrians and other nationalities. GBV WG will support localization agenda to include local NGOs and women organizations in OCHA fund. Advocacy: continue working with MoPIC. Continue organizing other advocacy campaigns and implementing 	

	 Increase cross sectoral collaboration and enhance work with persons with disabilities, Sexual and reproductive health group, advocacy for LGBTQIA+ and persons with disabilities. GBV WG will continue sharing best practices and conduct safe referral trainings. Each year GBV will focus on one or two sectors. Comments: on the sections about persons with disabilities, let's not refer to persons with disabilities as a vulnerable group because they are not inherently vulnerable; also as we use a rights-based language we dot use the acronym PWD, always 'persons with disabilities'. A: this will be reflected in the strategy document. 	
GBV SWG workplan for 2021	 The workplan is linked with the strategy document. Each year will develop a work plan to implement the strategy. An online workshop took place during the end of 2020, a draft of strategy was circulated, and feedback was received. Key area of coordination is set by the global handbook of coordination in emergency. We took the global guidelines and modified the activities accordingly. After 6 months there will be a review of the workplan. The workplan will be shared by email so that members can go through it provide their feedback and advise if they can support in any activity. Ex: IOM and DRC supported in risk assessment. UNDP did a capacity session on RES. TORs will be updated. SoPs were disseminated in Arabic and as soon as the English version is ready it will be shared. Amaali app: information about hotlines and available services. There will be a refresh session on uploading GBV service to the app. Workplan and ToRs will be updated and shared. 	 Link to the TORs: https://data2.unhcr.org/ en/documents/details/7 8681 Link to gap analysis: https://data2.unhcr.org/ en/documents/details/7 8683 Workplan will be shared by email with all members for feedback.

- Make sure that all sub offices have access to the workplan, and all
documents will be uploaded on UNHCR's data portal.
- Will make Amaali app user friendly and more accessible. The app
should be updated by all agencies.
- JRF campaign on social media on Amaali app. Videos on the app
explaining how to use it.
- UNFPA is working with MoH to make sure that people can get the
correct information about GBV services.
- In December ToT on safe referrals was conducted, participants who
received certificates will replicate the training.
- Will continue updating the 4Ws, and in the meantime Amaali app
can be used.
- Strengthen the role of government. Had a joint meeting with CP
SWG discussing child marriage and will continue having joint
meetings. Will have an Arabic translation for the MoM.
- Participation of affected population and pushing the localization.
- Consult with communities for key documents and campaigning
messages.
- Collecting best practices on how to work on men and boys. IRC, DRC
are working on this topic.
- Keep the UNHCR's data portal updated with MoM and all relevant
documents.
- GBV IMS TF produced the mid-year and annual reports. Next month
will present the trend analysis.
- Continue risk assessment, have the methodology and the survey
ready and questionnaire can be shared as it is available in English
and Arabic.
- Receive assessments from organizations that are shared in the bi-
weekly newsletter.
- Gap analysis for 2020-2021 and the link is on UNHCR's data portal.

- Send guidelines and best tools and practices with the newsletter.	
- Cash TF will provide a guidance note.	
- UNFPA is working on a study of mandatory reporting, will work	
more on eligibility and disability inclusion with HelpAge who will	
provide technical support.	
- Support advocacy: strategy was endorsed today, for monitoring	
and evaluation it will be presented on monthly basis.	
- Capacity building: 2 trainings based on the identified needs.	
Capacity building to strengthen case management.	
- Donor briefing with donors through HPF, presenting results and	
funding gaps advocating for needed budgets to cover needs and	
gaps.	
- OCHA humanitarian fund: co-chairs facilitate the process that is	
competitive. The active participation in the WG is very important.	
- Campaign for 16 days of activism.	
- Cross sectorial collaboration with CP SWG and organizing a training	
on child surviving sexual assault in March, mainly for GVB actors.	
- For Health, focus on clinical management of rape. Age gender and	
disability, inclusion of persons with disability. Last year worked	
with older women with the participation of HelpAge.	
- Gender analysis for the sector.	
- All will be shared by email for feedback and comments.	
- Comments:	
- IOM: we are ready to support with three more GBV risk	
assessments in Irbid and three more locations.	
- Training needs were identified in 2019 with a shared survey. It	
might need to be updated but the main requests were working on	
LGBTIQA+ and GBV population that still need to be done.	

Coordination updates; coordination survey result and Q4 dashboard	 The GBV SWG coordination performance report: This report shows the results of a yearly survey conducted by the GBV subworking group to hear the group members feedback on the performance of the working group during 2020. Survey results: total of 35 respondents and more than 95% of respondents stated that the GBV SWG is a useful forum. When asked about how this impacts their programme, (49%) of the respondents acknowledge that the information affect positively in the different implementation aspects of their programme. (54%) think that the provided information by the GBV coordination improves the quality of their programme services and deliverables, While (3%) thinks that the information didn't make any impact on their programmes and for "Don't know" option, the percentage was (3%) as well. 79% stated that the GBV coordination has been responsive to their advocacy needs. 86% stated that their knowledge of how to implement GBV minimum standards has increased since being part of the GBV coordination mechanism. The performance of the GBV WG in supporting service delivery by developing mechanism to avoid duplications and strategic priorities (Amaali app, safe referrals, 4Ws, etc). The performance of the GBV SWG in ensuring participation of local organization and participation of different actors and affected population. Strong response during COVID-19 Lockdown. Suggestions: Identify concerns and undertake advocacy with different 	 Link to Q4 dashboard: https://data2.unhcr.org/e n/documents/details/849 55
	- Suggestions:	

-	 3) Develop mechanisms to eliminate duplication of services. For this year, no one answered "moderate participation" or "low participation" to their agency's participation status in the GBV SWG, as over 98% were High\Active participants. while last year (8%) answered moderate participation and (4%) low participation in 2019. Plenty of GBV strategies has been done the only thing we can add to it is the response to COVID-19. 	
	The GBV SWG dashboard is produced by the GBV Sub Working Group in Jordan in response to the Syria crisis. It shows progresses in project implementation and funding status during the reporting period. It summarizes achievement and challenges and highlights foreseen needs for the next quarter. GBV SWG has 12 Partners in 11 Governorates. Funding Status for refugee component according to the JFT: Received budget: 29% Gap in budget: 71% Funding Status for resilience component according to the JFT: Received budget: 22% Gap in budget: 78% Main reasons for the budget gap can be misreporting or other changes due to COVID-19. For the sector priority indicators, 2 indicators are achieved successfully and the number of beneficiaries in the reporting phase is more than the estimated number in the planning phase. See the Q4 dashboard for more details. Key achievements included Development and dissemination of IEC	
	materials on the Amaali application for safe referrals, available hotlines, 16 days of activism, trainings, and many other	

DRC Risk Assessment Report	 achievements. The main challenges were related to COVID-19 risk mitigation strategies that imposed limitation for in groups activities across the Kingdom and a funding gap especially for the resilience component. Gaps: the GBV WG produced a gap analysis in coordination with the 4 active sub national working groups. Case management organizations do not always have in house resources to meet urgent basic needs of survivors such as urgent cash, clothes, and food. Key priorities: UNFPA is working with JNCW on an advocacy paper on the impact of mandatory reporting on help seeking behaviour. During COVID-19 lockdown case management continued remotely, case management agencies adapted internal SOPs. Developed safe referral trainings. Risk assessment was conducted in Azraq and this product can be used for preparing analysis and programming. It was conducted between September and November 2020 to better understand GBV risks within Azraq camp with specific focus on residents. coping mechanisms and suggestions for mitigating the risks associated with GBV in the camp. Joint collaboration between agencies working in Azraq camp. Drafted by DRC under project funding from JRF. The GBV Risk Assessment was carried out in Azraq Refugee camp, which, at the time of writing housed 41,566 Syrian refugees. The camp is split into 4 villages, with residents in Village 5 facing greater movement restrictions due to heightened security measures. Women are approximately 50% of the current population, half of 	- Presentation will be shared by email.

 In a recent study released by UNFPA, IFH Plan International, 83% of women reported being unable to meet basic needs in the camp during COVID, compared to just 20% of men. In 2018, the Jordan GBV SWG developed a GBV risk assessment tool for use across the country. The tool was piloted in Amman in 2018-2019, in collaboration with working group partners, who supported with data collection and analysis. The objectives of this assessment were to better understand GBV risks within Azraq and how they have been effected by COVID-19, as well as to understand the unique experiences of different segments of the population, while identifying strengths within the community to mitigate GBV risks. The objectives also include highlighting refugee recommendations to reduce GBV risks, and to use the views provided by camp residents to better inform programming within Azraq camp. The assessment consisted of 29 FGDs and 11 KIIs carried out between September and November 2020 and was analyzed by DRC using the GBV SWG developed Risk Assessment Tool Systemization Form. Challenges related to the assessment were primarily due to delays in implementation caused by COVID closures and restrictions. The participating organizations also discussed the lack of targeted representation of members of the LGBTIQ+ community but decided not to specifically target this group within an isolated FGD to avoid doing harm. A main challenge in analyzing data came from the 	
 representation of members of the LGBTIQ+ community but decided not to specifically target this group within an isolated FGD to avoid doing harm. A main challenge in analyzing data came from the varying use and understanding of GBV terms by FGD participants All 6 forms of GBV (as per the GBV IMS classification) were reported to be present within Azraq Camp including sexual harassment, domestic violence, child marriage, sexual violence, 	
sexual exploitation and abuse.	

- The effects of COVID-19 on GBV risks were notable, with 81% of	
FGDs mentioning that levels and intensity of GBV has increased	
during the outbreak.	
- Access to GBV services within Azraq was found to be high, with	
many services available, and a good level of knowledge about GBV	
support within the camp.	
- Within the FGDs, a number of practical measures were suggested	
for reducing the risk of GBV within the camp, which can be	
described 'situational prevention.	
- Some of the recommendations are suggestions on how to reduce	
root causes of GBV were also presented by participants, including	
awareness campaigns on GBV and gender, increase in women	
within the community police, and more livelihood opportunities.	
Recommendations for service providers also centre upon increased	
advocacy and increased access for survivors and those at risk to	
needed services. There are also a set of recommendations for	
donors, aimed at increased and multi-year funding for GBV	
prevention and response are available for Azraq, in order to ensure	
quality comprehensive service provision.	
- Comments:	
- The assessment is open for all agencies and it is useful to use this	
report, in addition services are well known in the camp. Few	
recommendations are available and few signals that acknowledge	
the work are also available. Some of the solutions are replicating	
gender stereotypes so it is important to involve communities and	
make sure that it looks at the root causes of the violence. Perception	
that shelters are not available, and it was perceived like this	
because the access to shelters was not clear. Maybe people don't	
know about these shelters or the access is hard. Need to increase	
the knowledge about available shelters.	

	 Q: How are you planning to increase this knowledge about the shelters? A: it is in the recommendations, DRC and other actors will work on this. Also, Azraq coordination team can work on this. Service providers and MoSD can also work on that to make sure that it is available when needed. 	
GBV case management and supervision: baseline assessment and coaching plan	 Baseline assessment and coaching plan: this assessment was conducted to understand the training needs and strengthen areas of improvement. Main findings from an online survey conducted in December 2020. Sustained efforts to be implemented over a six-month period, from October 2020 to April 2021. Technical support in the form of mentoring, training, and other capacity building activities. The purpose of the baseline capacity assessment was to understand the current case management service delivery challenges, gaps and identify focus areas for coaching consultancy. A total of 102 responses were received through 3 different surveys in Arabic and English and separated by role as either case managers or supervisors/technical support. Out of those, 79 were case managers and 23 were supervisors. Looking closely at the percentages of participation from each NGO, it can be concluded that the sample group is an adequate representation of each. Anomalies in specific NGOs are due to the lower number of staff in the roles included in this assessment. Stress levels are understandable especially during COVID-19. Background of case managers show variation with mostly bachelors' level in education but various years of experience. Comments: 	- Presentation will be shared by email.

	 MECI referral form, if we can reach the GBV survivors who need education, as we are an implementing partner of the Drop Out Program - which is one of the MoE Non-Formal Education programs. It is monitored by the MoE and funded by UNICEF. Criteria: - Students who were out of school for at least 1 year or more Females aged 13–20 and Males aged 13–18 All nationalities are included, and Persons with Disability are encouraged to enrol. Please read the presentation for more information. 	
АОВ	 For international woman's day, this year the theme is "women in leadership: achieving an equal future in a COVID-19 world". This year GBV WG will establish a new TF and interested members can send an email to <u>albaba@unfpa.org</u> by Thursday COB. The first TF meeting will take place on the 21st of February at 1:00 pm and will be discussing the plan. The Workplan will be sent be email for inputs with all presentations. 	-