



**Southeast Turkey SGBV Sub-working Group
Meeting Minutes
9 November 2016**

Agenda item	Summary of discussions	Action point / time frame
Introduction	Welcome, introduction of the new SGBV Sub-Working Co-chair and participant introductions. Only two participants do not also attend PWG.	
Administrative follow up	<p>Minutes of the last meeting has been endorsed by group members.</p> <p>Action points from the previous meeting:</p> <ul style="list-style-type: none"> • In the meeting took place on 18th of October the finalization of the SOPs is delayed. This is due to the expectation of changes in the current legal framework through a circular. • 3RP partners and sector coordinators will share inputs with November 14 to the regional office. • Presentations from previous meeting will be shared with minutes. 	<p>Meeting minutes will be circulated within a week, following the meeting.</p> <p>UNFPA will share further developments with the group.</p> <p>UNICEF and IMC presentations will be shared with the partners along with the minutes of these minutes.</p>
SGBV SWG Expectations	<p>Participants were requested to share their thoughts on what they would like to see take place in the SWG and what they felt was better achieved elsewhere. Points included:</p> <ul style="list-style-type: none"> • Presentations take too much time, which deprives partners time to discuss and solve issues • Allowing government counterparts to also share information was identified as important. It was also noted that it is very important for them to understand the 	<p>Presentation of police officer Bahri Bahar to be followed up.</p>



	<p>procedures in the national systems. Such information sharing mechanisms prevent creation of a parallel system. Involvement of the government system also allows us to introduce our operations to the government</p> <ul style="list-style-type: none"> • Sharing information on available services • It is suggested that holding meetings in a thematic manner to have focused discussions and cover different components of themes • In order to have cover topics more substantially, participants agreed to increase the length of the meeting. Two hours on the same date is suggested. <u>The GBV meeting is decided to start by 13.30 and finish by 15:30.</u> <p>Participants made some recommendations on the meeting’s content:</p> <ul style="list-style-type: none"> • Presentations from the government are useful • Rolling out the SGBV case management SOPs developed at the national level should be done at field level through a workshop and put them into practice • Creation of tools for referral pathways • Development of information sharing/confidentiality protocols • The coordinator shared a template for referral pathways as a sample of what the group could create. <p>It was noted by the group that more analysis of SGBV incidents/case types is needed to better understand SGBV risks and to better design prevention and response programming, in addition to improving everyone’s understanding of the national system. The case conference groups were mentioned as one possible place to explore this. The coordinator will follow up with the case conference groups to understand whether these are an appropriate forum for SGBV case discussion (ex. Do they have sufficient confidentiality SOPs in place?). These case conference groups will be requested to report challenges and trends to the PWG and SGBV SWG meetings. The SGBV SWG should focus on responding to the trends and challenges identified. Related points raised were:</p> <ul style="list-style-type: none"> • Without SOPs or an information sharing protocol, there are concerns about confidentiality. 	<p>Note: it was raised by a SGBV SWG member that SGBV cases should not be discussed at all in the case management groups (CMGs) without confidentiality SOPs in place. In follow up with the</p>
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	<ul style="list-style-type: none"> • Participation from national organizations and local stakeholders would enrich the group (ex. Gaziantep university has a project for Syrian women; Kamar; FSP; Municipalities) • The SWG needs to include organizations from across southeast Turkey, not just Gaziantep. An effort needs to be made to identify and invite them. • Additional external participants may be invited to specific meetings in accordance with the theme. • Decentralization of the SWG could also be achieved through holding meetings outside of Gaziantep on a rotational basis (ex. In Sanliurfa and Hatay twice a year each). <p>Priority issues identified: SOPs on SGBV case management and their roll out; SOPs on information sharing/information sharing protocol; and 4Ws.</p>	<p>CMGs to develop the confidentiality SOPs, we are in favour of not sharing SGBV cases in that forum at all. Rather any discussion of SGBV cases should be on a 'need to know' basis only.</p>
<p>4Ws (activities mapping covering 'who, what, why and where')</p>	<p>Participants were shown the new 4Ws template created for Turkey. All sectors are to use the same template so that the information can be aggregated. Each sector/sub-sector needs to determine a fixed list of activities and sub-activities for their section of the 4Ws. A small group with representatives from PWG, SGBV SWG and CP SWG will work on the first draft of the 4Ws activities and sub-activities. This will then be shared with Ankara colleagues (national PWG, CP SWG and SGBV SWG). It will also be shared with all southeast Turkey PWG, SGBV SWG and CP SWG members for feedback. Each actor needs to test the framework by seeing if they can capture their programme with the set list of activities and sub-activities. If they cannot, feedback is needed so the 4Ws can be revised. as well as with all of the southeast</p> <p>Coordination will take place with Health and MHPSS SWG regarding PSS activities. The PWG coordinator will follow up through the Inter-sector Working Group (ISWG).</p>	<p>Bora from UNFPA will represent SGBV SWG</p> <p>Initial drafting meeting will be held on November 15.</p> <p>Draft to be shared with SGBV SWG members on November 28.</p>
<p>Briefing on initial findings of participatory assessment specific to GBV</p>	<ul style="list-style-type: none"> • UNHCR completed FGDs with Syrian, Afghani and Iraqi refugees in Gaziantep with the support of partners. SGBV was discussed with women and girls and in shorter sessions with men and boys with each community members. • Syrian women and girls reported child marriage and domestic violence to be common practices. Harassment on street is also reported and corresponds with the finding of 	<ul style="list-style-type: none"> ❖ FGDs for future ? ❖ UNHCR will disseminate the findings of the PA s as soon as the exercise



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	<p>education and child protection thematic group as physical safety for girls who commute to school is feared for. The main perpetrators of harassment on street are reported to be members of host community.</p> <ul style="list-style-type: none">• Afghani women and girls recounted sexual violence such as marital rape and rape/harassment in the work place. They echoed their mistrust to the law enforcement officials henceforth incidents go unreported. Domestic violence and abuse at home are also reported. According to the community representatives the main reasons are financial hardships and distress owing to destitute living conditions. Afghani women and girls have also told that they are exposed to emotional violence on grounds of giving birth to girls.• Iraqi female community representatives shared that they experience emotional violence/abuse at home for not covering sufficiently as well as failing to fulfill duties at. Harassment on street by Iraqi and Syrian individuals was also reported.• None of the female FGD participants received sanitary kits.• SGBV discussions with men and boys representing Syrian, Iraqi and Afghani communities have reflected the very low understanding among male individuals on the phenomena hence has not provided great insights as to the situation within the communities. None have explicitly acknowledged the existence of SGBV in their communities. Interestingly, each community identified SGBV as something taking place in <i>other</i> communities, but not theirs, or only in their own community in the past. One of the Iraqi adult males told however that he married his wife when she was 14 years old and that such an arrangement shall not be regarded as a problem as the extended family and the children are content with it. Another Iraqi adult male reported that host community members feel it is their right to harass Syrian women and girls. The Iraqi group members also agreed that if an SGBV incident occurs it would not be reported by the survivor as it may even lead to the murdering of the perpetrator. SGBV against men have not at all been noted or comprehended by the group members despite the efforts of facilitators.	<p>is finalized.</p>
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<p>Priority and theme for December meeting</p>	<p>All efforts will be made to complete the SGBV SWG 4Ws by the December meeting, which will then allow mapping and analysis of service coverage.</p> <p>Proposed topics for December’s meeting included:</p> <ul style="list-style-type: none"> • Men’s engagement in SGBV • Social Cohesion and SGBV programming/community centers • Information management / GBV IMS (GBV information management system). Some NGOs are using the GBV IMS already. Could potentially seek to roll out the system here, with the government, or could adopt some of the elements of the GBVISM (such as the incident classification tool) but not the whole thing). GBV IMS uses anonymized data to identify trends in GBV incidents to inform programming decisions. • Referral pathways – As a first step, to bring together the service maps made in different locations by individual agencies and aggregating them for each province. This could also like to existing national level work. • Standard operating procedures for case management and/or confidentiality. • The case management system. • How to engage men and boy in SGBV prevention, but also how to address men and boys as targets and survivors of SGBV. • Social Cohesion • Child marriage <p>Final points raised within the group include:</p> <ul style="list-style-type: none"> • Coordination between the national and sub-national SGBV SWGs will improve in time and their complimentary roles will become more clearly defined. The national level SGBV can only invite a few NGOs to their WG, which is a constraint. The sub-national SGBV SWG is a good forum for NGOs to raise their voices and is a mechanism to carry these messages to the national level group. • Clinical management of rape (CMR) protocols – CMR requires both ‘hardware’ (the medical instruments, supplies and medicines) and ‘software’ (the knowledge). Distribution of post-rape kits and training of medical personnel needs to be done in a 	<p>4Ws</p>
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	<p>coordinated manner so that a clinic or hospital has both the hardware and software for CMR. UNFPA briefed that they have been training to the health care providers. PEP (post-exposure prophylaxis) items are problematic – there is no protocol in place.</p> <ul style="list-style-type: none">• UNWomen – project based intervention may be possible if funded. They plan to establish a large women’s center in Gaziantep. Contact information will be shared by UNFPA	
Participants	IMC, ASAM, UNFPA, UNICEF, DRC, IRC, WHH, Gaziantep Bar Association, CARE, Refugee Rights Turkey, UNHCR, ABA RoLI, TRC, IMPR.	
	Next meeting will take place on 14th of December 2016.	