

**CP/SGBV Sub Working Group Meeting 05 September 2018 10:00am at UNHCR Office**

**Participants**

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**Agenda:**

- (1) Review of last month's meeting minutes
- (2) Discussion on the needs, strategic priorities and response for the South Sudan refugee population for 2019-2020 (CP and SGBV)
- (3) AOB

Agenda Point	Discussions	Action Point
<p><b>Review of Last Month's Meeting</b></p>	<p>Partners to shared suggestions about the structure for the GBV Mainstreaming Workshop</p> <p>UNHCR has shared link of "Serve with Pride" video for use of partners</p> <p>UNHCR has shared procedure for giving access to partners of Learn and Connect courses on PSEA</p> <p>UNHCR has shared the communication about the Child Protection CM and supervision and coaching/training webinar with colleagues in Addis and field</p>	
<p><b>Discussion on the needs, strategic priorities and response for the South Sudan refugee population for 2019-2020: Child Protection</b></p>	<ul style="list-style-type: none"> <li>❖ UNHCR had PowerPoint presentation on SS RRP including inputs of staff in Assosa and Gambella</li> <li>❖ The group discussed on the Analysis of Needs, Planned Response and Priorities, Objectives and Indicators</li> </ul> <p>On the previous RRP, we had a number of indicators, and we were advised to minimize them. As a result, the three priority areas are translated in to objectives, with minimized indicators.</p> <p>Discussion:</p> <p>On Child Protection it was suggested to explicitly mention early marriage under the analysis of need, in order to give it more emphasis, and to make sure that it is not overlooked. The group also advised to specify alcohol abuse, survival sex and other risky behaviours as negative coping mechanisms, especially among the adolescents an youth. And it was finally agreed to mention these details in the narrative.</p> <p>It was highlighted that it is important to include the community as part of our response mechanisms to all of the above mentioned needs. Since the root cause of all of the indicated needs are embedded in the community, it was agreed to rephrase objective number 2, incorporating community-based interventions as a way of facilitating timely and quality care and protection services to at-risk children</p> <p>The group indicated that the necessity of targeting children with specific needs. i.e. all children at risk and in need of help. It was further explained on the need to follow-up, monitor and report on the number of children that received the planned support.</p>	

	<p>The group indicated the need to confirm the use of standard procedures, to insure the quality of services, as indicated under Objective 2.</p>	
<p><b>Discussion on the needs, strategic priorities and response for the South Sudan refugee population for 2019-2020: SGBV</b></p>	<ul style="list-style-type: none"> <li>❖ UNHCR had PowerPoint presentation on SS RRP, including inputs of staff in Assosa and Gambella</li> <li>❖ The group discussed on the Analysis of Needs, Planned Response and Priorities, Objectives and Indicators</li> </ul> <p>Since UNHCR is expected to report on the South Sudan RRP in September, the focus of this exercise is on South Sudan for the time being; however, similar exercises with the CP/SGBV Sub WG are to be planned in the future for different populations.</p> <p>Discussion:</p> <p>Under the analysis of needs, the group indicated the lack of mental health and psychosocial support for the community in general, not just for survivors. The group also identified lack of capacity among protection and health workers.</p> <p>The group also indicated that the involvement of men and boys should be included as part of the prevention mechanisms. Later, the group agreed to proceed with it being included in the objective</p> <p>The group also identified the culture interfering and hindering the legal procedure, and recommended the use of awareness raising and capacity building sessions, both for protection actors and the community</p> <p>On the Planned Response, the group decided to rephrase Priority 3, as Strengthen community security and access to justice.</p> <p>Objective 1 was taken from 2018/2019 RRP for Sudan, and the group has agreed to rephrase it, excluding the child protection component in it. The group also emphasized on keeping the multi sectorial response component in the objective, as all sectors (e.g. Education, Health, CP, GBV) should take part in responding to the different needs of a survivor.</p> <p>Comment on indicators: The group agreed to report in percentile, rather than numbers.</p>	

	<p>The group also indicated that even though medical and protection aspects are not explicitly indicated in the indicators, all response mechanisms will be covered under the multi sectorial approach. The group also wanted to report on the quality and timely case management; which was also agreed to be covered under the multi sectorial approach.</p> <p>It was also suggested to rephrase the first indicator .... receive quality and timely case management. However, since measuring quality will be another process by itself, it was agreed to remove the work “quality”.</p> <p>The group also discussed on rephrasing the second indicator as .... survivors referred and received protection and legal assistance. However, since we cannot make sure if the referred cases actually receive the response, having such an indicator will make it tricky to report on. The challenge experienced in the GBVIMS was set as an example.</p> <p>The group discussed on linking medical and legal assistance in the second indicator. This is because medical reports are the prerequisites for most of the legal proceeding. However since this is part of the case management process, it was agreed to be addressed within that.</p> <p>The group also proposed to add mainstreaming efforts on the third indicator; however, since we do not yet have baseline and any action points developed, it was indicated that reporting on mainstreaming might be a bit complex at this time, and it was agreed to reconsider this after developing the action points.</p> <p>It was proposed to have separate indicators for the different responses, such as; medical, legal, psychosocial. However, setting separate indicators will complicate the reporting phase, as we will have to report on all the indicators we set. We will also need to critically select measurable indicators. In addition, since we were advised to limit our indicators to a maximum of three, we agreed to discuss on the idea of having more indicators with program colleagues.</p>	<p>Rana to discuss with program colleagues on the number of indicators</p> <p>Rana will include the inputs and share it with others</p>
AOB	None	

**Agenda for next meeting**

- ❖ Risk Analysis: Mainstreaming SGBV
- ❖ Guidance Note: Responding to Sexual Violence against Men and Boys

Next Meeting: **26 September**, 10 am at UNHCR