



GBV SWG meeting minutes 31st of August 2021

Location: online Webex link

Agencies present: Action Against Hunger, COOPI, CRP, DRC, Generations for Peace, ICMC, INTERSOS, IOM, IRC, JRF, MECI, MEDAIR, MSF, TDH-Italy, UN Women, UNFPA, UNHCR

Agenda

1. Coordination update (IM update, ToRs, 16 days)
2. GBV Risk assessment in Emirati camp: discussion of preliminary findings
3. Effective Staff Care Strategies coaching session
4. GBV IMS Mid-Year presentation
5. AOB

Agenda items	Discussion	Action points
Welcoming	<ul style="list-style-type: none"> - Welcoming participants and provide a brief on the agenda and housekeeping rules. 	<ul style="list-style-type: none"> - MoM will be uploaded on UNHCR's data portal: http://data2.unhcr.org/en/working-group/72?sv=4&geo=36
Coordination update (IM update, ToRs, 16 days)	<ul style="list-style-type: none"> - ToRs of GBV WG review: ToRs will be circulated amongst the group to see if there are any updates. Language will be updated and changed since UNHCR new policy published on October 2020 removed the S to be in line with the global one, therefore the 	

	<p>terminology will be changed from SGBV to GBV. The logo will be changed as well.</p> <ul style="list-style-type: none">- Members were asked to review membership and responsibilities part in the ToRs as well as the SAG part, meetings with sub national coordinators, and some core functions that are aligned with the global GBV WG.- In the process of collecting ToRs from another sub national WGs that will be uploaded on portal when ready.- Planning for the 16 days of activism, co-chairs will be sending an email asking members for expression of interest to establish the task force. Will have a meeting in September with JNCW leading the national part.- GBV WG IM monthly updates: all data is taken from ActivityInfo. For 2021, 12 agencies entered planning for GBV. Reporting distributed all over the country. Figures are same as last month as there were no updates. COVID-19 pillar was added this year. No achievements under RES pillar. Clients' satisfaction increased. One of the main issues was reporting under the % indicator, last year members reported numbers but this year it was solved out.- Partners still need to upload the data for June and some need to report under planning. One of the main challenges is that we don't have any achievements under RES pillar.- Comments: only 12 organizations are reporting on ActivityInfo, and this is underestimation since there are more organizations who are providing services.- There has been an increase reporting on the database comparing to last year which is a good indicator.- Need to approach some partners who have appealed during the JPR but did not report under planning.	
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	<ul style="list-style-type: none"> - Some members asked about reporting under COVID-19, they were informed to report on any fund received for COVID-19. 	
<p>GBV Risk assessment in Emirati camp: discussion of preliminary findings</p>	<ul style="list-style-type: none"> - IOM took the lead and coordinated with the GBV WG, and a GBV risk assessment was conducted by the members of the GBV sub-working group in Irbid and Ramtha, in the North of Jordan. Another safety assessment was conducted in EJC and now working on the third assessment in East Amman. - EJC safety assessment: table of contents is similar to the previous assessment. - The risk assessment focuses on the GBV risks faced by women and girls and other segments of the population in the EJC. - EJC is a small camp with a high number of children and youth, the camp was opened in 2013 to cope with the overflow from Zadari refugee camp and is funded by the United Arab Emirates (UAE). It is jointly managed by the UAE Red Crescent and the Jordanian authorities through the Syrian Refugee Affairs Directorate (SRAD), in coordination with the UNHCR. The EJC is under the humanitarian coordination mechanisms in place for the neighbouring Al Azraq camp. - Risk assessment objectives: <ul style="list-style-type: none"> - To better understand GBV risks in the EJC, especially in terms of the risks faced by Syrian refugee women and girls. - To understand the unique experiences of different community groups living in the EJC, through an intersectional methodological approach. - To identify strengths within the refugee community to mitigate risks of GBV and identify areas where GBV response. - To ensure accountability to affected populations within the EJC by undertaking consultations with affected populations. 	<ul style="list-style-type: none"> - GBV Risk Assessment Report Irbid and Ramtha: https://data2.unhcr.org/en/documents/details/88228

	<ul style="list-style-type: none"> - In terms of the methodology, the risk assessment was conducted using a qualitative methodology, through two main data collection methods: Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs). Qualitative data was collected by partners in June and July 2021. And then findings were triangulated with available resources through a desk review. - A total of 16 FGDs were conducted with 92 women, girls, men and boys including those living with disabilities, single female headed households, and youth. - FGD participants were refugees' community members residing in EJC. Then, Trained facilitators led the FGDs and ensured that sensitive information was collected whilst upholding the GBV guiding principles, especially with regards to safety and confidentiality. - There were 11 key informants took part in the KIIs. they provided specific information based on their professional experience on GBV risks present in EJC. Respondents included: <ul style="list-style-type: none"> - 2 Respondents (females) working for UN agencies in GBV / Protection / coordination roles in the EJC and Azraq camps. - 8 Respondents (5 females, 3 males) working for NGOs and INGOs in GBV / Child Protection and/or management roles in the EJC and Azraq camps. - 2 Community leaders (1 male and 1 female) working as volunteers with INGOs in the camp. - 1 male respondent from the management unit of the EJC. - Findings: <ul style="list-style-type: none"> - Identified GBV Risks in the EJC. - Women and girls, men and boys all reported feeling safe and well taken care of in the EJC. However, GBV remains a big concern. 	
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	<p>Attributed to culture and customs, it is often overlooked. Women and girls mostly suffer behind closed doors in silence.</p> <ul style="list-style-type: none">- During FGDs, consulted women, girls, men and boys were asked to list the top three safety concerns affecting women and girls living in the EJC. This includes psychological/emotional abuse, physical assault, forced marriage, denial of access to resources, sexual assault, and rape.- Overview of findings:- GBV in Jordan, including in EJC remains normalized.- GBV disproportionately affects women and girls, subjecting them to risk and unsafety within their own homes as well as outside.- They face all types of GBV mostly at the hands of partners, family members and other men in the community.- COVID-19 has exacerbated existing GBV risks.- Women, girls, men, and boys felt safe to report and it is a well-maintained camp. Basic needs are available, however GBV remains a big concern inside the houses and it is not addressed yet.- A work needs to be done on early marriage. It was reported by community members that parents marry their daughters to have more space in the camps. Overprotection of addressing girls, the need to protect the girls from any abuse outside home, parents want to have privacy inside of the caravan. Fear of acquiring taboo sexual knowledge and risks of sexual abuse- Community perceptions on GBV and Gender Roles:- In EJC, traditional gender norms and widespread gender inequality provides a breeding ground for GBV mainly against women and girls.- Men are seen through the dual lens of protector / perpetrator.	
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	<ul style="list-style-type: none">- IPV is widely accepted by women, girls, men and boys. Many consulted women expressed that due to their gender role, violence is almost certain.- Additionally, victim-blaming is commonly encountered.- Despite initially displaying progressive views, many consulted men expressed harmful views as the discussion progressed.- Hope for behavioral change lies within the hands of youth.- Consulted service providers seemed to be very much aware of community perceptions.- However there seems to be a confusion about the root causes of GBV as opposed to contributing factors.- Vulnerable groups at risk of GBV: Women and girls in general. Adolescent girls and young women in particular. Women living without men. Women and girls with disabilities.- Perpetrator profiles: The vast majority of reported GBV incidents are perpetrated by family members. Also, most reported GBV incidents took place at the survivor's home.- Unsafe areas:<ul style="list-style-type: none">- The maintenance area.- The sewage service area.- The supermarket when it is crowded.- The public gardens, public streets when it is crowded.- Previously – the public toilets.- COVID-19 affected the whole world. It has been established by now that the pandemic especially affected women and girls, with a sharp increase in IPV and family violence, which were described as a "shadow pandemic" alongside Covid-19. Women and girls in Jordan – including in EJC– have not been spared. We were able to see:<ul style="list-style-type: none">- Increased violence at home especially in cramped caravans.- Increased caregiving responsibilities.	
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	<ul style="list-style-type: none">- Loss of all privacy and additional barriers in seeking remote services.- Somehow decreased sexual abuse and rape (outside of the house).- Limited number of GBV prevention and response services are available in EJC.- The camp management as well as most consulted service providers do not perceive GBV as a main risk within the camp. However, the gaps remain clear.- Recommendations:- Provide extra caravans/space for large families to avoid early marriages.- Offer social behavioural change programs and awareness raising programs.- Conduct camp-wide awareness campaigns on IPV.- Inform community members and especially zone leaders on available GBV services.- Provide psychosocial support services.- Work with men and boys and effectively engage them.- Provide psychosocial and recreational activities targeting boys and young men.- Ensure a gender-transformative approach.- Strengthen existing WGSS to include a wide array of GBV prevention.- In the absence of funding for additional GBV partners or GBV staff within the EJC, coordinate with case management service providers in Azraq camp.- Provide clinical management of rape services.- Strengthen coordination regarding the EJC camp with Azraq and Amman working groups.- Provide social behavioral change capacity building.	
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	<ul style="list-style-type: none"> - Provide further training to service providers. - Continued GBV Safe Referral training for all humanitarian aid staff. - Increase funding for GBV prevention, mitigation, and response. - Designation of multi-year funding that allows for the design and implementation of gender transformative programming. - Increase funding for livelihoods interventions and youth programming within the EJC. - Include as a funding requirement the presence of a PSEA policy and reporting mechanism. - Comments and questions: - Question: why people are not reporting GBV concerns? And if any GBV or rape incident happens what are the procedures? Also, can we have a comparison between the camp and urban? - A: IFH, UNHCR are doing case management in the camp. However, it takes time for survivors to report. For any CMR services or legal support, these services are referred outside the camp to the relevant organizations. - In terms of the comparison, in the camp there is much less risk for girls and women outside in the streets as camp is strongly managed in comparison to urban setting where women and girls feel unsafe in streets. Common risk is the risk at home by perpetrators. - There is safe space for IFH and the recommendation regarding safe space can be added. - Adolescent girls are limited in opportunities and it is good to strengthening the programming. - The Adolescent girls reporting child marriage is very important as girls understand it is a norm, but they don't necessarily agree on that. We can build on this fact in such programming. - Q: how marriage procedures in EJC works? 	
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	<ul style="list-style-type: none"> - A: There is a Sharia court taking care of the marriages. In terms of documentation there are legal partners are supporting and helping obtaining documents. There are religious leaders, but they are done through Sharia court. Sometimes ARDD organization gets involved if needed. 	
<p>Effective Staff Care Strategies coaching session</p>	<ul style="list-style-type: none"> - An assessment to see the main knowledge gaps was done by a consultant specialized for case management from UNFPA. One of the topics was self-care when it comes to case management and providing services. - Objectives: <ul style="list-style-type: none"> - Overview of burnout, compassion fatigue and other common symptoms of stress facing GBV program staff. - Explore and discuss staff care challenges and current sources of stress for case managers and supervisors. - Brainstorm effective strategies and activities for staff care and mental health initiatives for GBV programming. - Findings: it is an important topic and one of the activities is the 5 main sources of stress and ranked from least impactful to most impactful as following: <ol style="list-style-type: none"> 1. Lack of self-care resources 2. Personal conflict between staff 3. Difficulties separating between work/life 4. Stress & vicarious trauma from GBV cases 5. High and/or unrealistic workload - Staff care and support good practice: - Pertaining to case managers: Planning and scheduling vacation days in advance. Organizing tasks and action items. Engaging in self-care and receiving mental health support. Communicating 	<ul style="list-style-type: none"> - Effective Staff Care Strategies: https://data2.unhcr.org/en/documents/details/88497

	<p>mental health. Suggesting new initiatives and activities. Separating between personal and work matters.</p> <ul style="list-style-type: none">- Pertaining to Supervisors: Accommodating work hours and work conditions for staff in need. Organizing tasks. Sharing success stories of staff. Allowing supervision to not only be corrective but also validating of good behavior. Designating weekly and monthly staff care exercises. Separating between personal and work matters. Exercising fair and inclusive leadership. Leading routine assessments of staff needs.- Recommendations:<ul style="list-style-type: none">- Explore staff care and self-care further.- Dire need for further support on an interagency and agency level for specific staff care initiatives that are:<ul style="list-style-type: none">- Structured and routine.- Mandatory for all staff on various levels.- Community based.- Peer based.- Supervisor facilitated.- Staff caseload analysis and review should take place periodically to help managers and supervisors balance workload- Communication on staff mental health levels and review of any needs should be shared with management and human resources- Self-care and mental health services should be available- It is the responsibility of everyone for maintaining the mental health and a safe environment for GBV workers and beneficiaries.- Some of the challenges is that there are no mental health services available for staff. Burnouts can be strong they include edginess, fatigue, feeling indifferent and numbed, anger or frustration towards beneficiaries, colleagues, or institution, feeling that work is repetitive, etc.	
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	<ul style="list-style-type: none"> - Questions and comments: - Q: what stakeholders were interviewed for this? These findings correspond to the recent findings from a UN staff wellbeing survey done which highlighted similar gender related findings for female staff. - A: It is case managers from the GBV IMS taskforce 7 specialized case management agencies (2 INGOs, 2 LNGOs, 2 WOs, 1 UN agency). As it relates to UN and UN NGO partners GBV case workers, would be great to raise such issues also with OMT HR WG as relevant and link it to the UN gender parity work coordinated through the UN Gender Task Team. There was a similar finding for UN staff, and it is important to highlight this as it is something universal. 	
<p>GBV IMS Mid-Year presentation</p>	<ul style="list-style-type: none"> - The GBV IMS TF developed a report that covers the period from January to June 2021. Survivors who received GBV services disclosed mostly incidents of Psychological / Emotional Abuse, Physical Assault and Denial of resources, opportunities, or services. - 71% of reported GBV incidents were in the context of intimate partner violence 88% of reported GBV incidents perpetrated by family members. 82% of reported GBV incidents took place at the survivor’s home by intimate/former partner, primary caregiver, and family other than spouse or caregiver. 9% of reported GBV incidents were perpetrated against children. 72% of those incidents were reported by married adolescent girls. 6.4% of reported GBV incidents were Yemenis, Sudanese and “other” were recorded as highest out of minority group. 	<ul style="list-style-type: none"> - Link to the GBV IMS mid-year report: https://data2.unhcr.org/en/documents/details/88401

	<ul style="list-style-type: none"> - 43% of survivors were be able to receive financial assistance or livelihood. There is a noticed increase in cash assistance services. - 5.2% of survivors wishing to be referred to security services. Due to fear of stigma. - 23% of survivors received health services including CMR. - In the first half of 2021, reported incidents of GBV increased compared to the previous year. Worsen economic situation and lack of livelihood and income generating opportunities or loss of jobs was one of the factors. GBV case management agencies continued providing their services remotely and in person. - Reporting of sexual abuse incidents increased in comparison to data collected in the same period last year. Sexual abuse was committed in the context of sexual exploitation by landlords and workers in different sectors, taking advantage of survivors needs to meet basic needs for their families. - Case management agencies recorded GBV incidents in the context of harmful practices, 20% of those incidents were so called “honour-related violence” due to survivors’ exposure to sexual abuse, going against social norms, defamation as well as considerations related to gender identity. - Main recommendations: Enhance Tailored programming to reach married adolescent girls. Continue campaigning on online sexual harassment. Sexual abuse and sexual harassment in the workplace is an emerging issue that need to be tackled. Ensuring security services are survivor cantered. Advocate for the improvement of the penal code to deter honour crime along. Increase opportunities for livelihood services. 	
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AOB	N/A	
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