

## SGBV SWG Minutes 25<sup>th</sup> Aug 2020

Location: online Webex link

Agencies present: AAH/ACF, AIDOS, ARDD, CRP, CVT, HelpAge, IFH-NHF, IMC, INTERSOS, IRAP, JNCW, LWF, MC, MEDAIR, MPDL, TDH-Italy, TDH-L, Tear Fund, UMR, UN Women, UNDP, UNFPA, UNHCR, US Embassy PRM, Vento di Terra



### Agenda

1. Coordination update: ToRs, workplan, IM update
2. Gap analysis endorsement
3. Clinical management of rape mapping update (SRH WG)
4. Best practices: Cyber Sexual Harassment awareness sessions for communities (IRC)
5. AOB

| Agenda items  | Discussion   | Action points  |
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| <b>Introduction and welcoming</b>                     | <ul style="list-style-type: none"><li>- Welcoming participants and provide a brief on the agenda.</li></ul>  | <ul style="list-style-type: none"><li>- <b>MoM will be shared with members.</b></li></ul>  |
| <b>Coordination update: ToRs, workplan, IM update</b> | <ul style="list-style-type: none"><li>- ToR was circulated by email and shared with SGBV WG. Co-chairs received inputs only from Irbid office and some changes were made. Irbid office has been added on sub-national level, also Mays is added as the new co-chair. All changes are only related to the structure. ToR is reviewed on a yearly basis, and in case of any changes like having new members or replacements, co-chairs should be informed in order to update the list of SGBV WG. Attendance is being tracked and after one-year agencies who did not attend, will be contacted to check whether to be removed or to</li></ul> | <ul style="list-style-type: none"><li>- <b>ToR will be uploaded on data portal.</b></li><li>- <b>Workplan will be uploaded on data portal.</b></li></ul> |

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|  | <p>start attending WGs. ToR is always shared with new members and participants of the WG.</p> <ul style="list-style-type: none"><li>- Workplan: during last meeting there was an exercise to update the workplan that was shared with members for their feedback. Colouring score card (red, yellow and green) was done for all activities. For safe referral trainings, organizations need to send their updates to co-chairs in order to add or remove agencies.</li><br/><li>- IM monthly updates: SGBV sub-sector has 5 indicators. During the JRP 15 partners appealed in 20 different areas around Jordan. Budget gap until the end of June was 86%.</li><li>- Four Indicators are presented by numbers and one by percentage (% of clients demonstrating satisfaction towards SGBV case management services they received).<br/>Challenges: 1) not all IPs who appealed during JRP provided their inputs and reported on AI. This caused a delay in achieving the target since we reached mid of the year. The total target was built based on individual targets that were provided during the JRP by agencies, therefore each agency should report on what they appealed for.<br/>2) Regarding the percentage indicator that is a qualitative indicator, all partners should enter percentage not numbers of beneficiaries. Partners should look at all clients who took the survey and then calculate the percentage.<br/>3) In PLAN database there are projects under RES that were not reported under MONITOR database.<br/>Partners can approach IACU bilaterally for urgent updates or changes.</li></ul> |  |
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| <p><b>Gap analysis endorsement</b></p> | <ul style="list-style-type: none"> <li>- Gap analysis was done with different participants and coordinators on field level.</li> <li>- Main gaps: prevention activities, communities are not always consulted like PwD and LGBTI, and lack of outreach activities.</li> <li>- Women empowerment activities need to be more gender oriented and transformative.</li> <li>- Lack of awareness regarding reporting PSEA.</li> <li>- Case management: Gaps related to availability of case management in rural areas like south and north of Jordan. Also challenges in reaching some groups with information campaigns like LGBTI and PwD.</li> <li>- Guidance on how to apply mandatorily reporting.</li> <li>- Trainings on how to deal with PwDs and LGBTI, one of the problems is a turnover of the staff.</li> <li>- Language barrier: some beneficiaries who don't speak Arabic or English will face difficulties in understanding the content, therefore there is a need to translate other languages.</li> <li>- Health: gap in Aqaba regarding CMR services. Mandatory reporting is the challenge which obstruct survivors from accessing the services.</li> <li>- Shelter, Cash and livelihood: Safe shelters are available in Jordan (MoSD and JWU safe shelters), however there is a need to work more on improving accessibility of safe shelters especially women with male children above the age of 7.</li> <li>- Cash for shelter is available but it's limited to non-Syrian refugees.</li> <li>- Legal and access to justice.</li> <li>- Recommendations: additional recommendations in the document that are not limited to SGBV but also PSEA reporting mechanism, donors, health and reproductive health WG to train staff on safe referrals and Amaali app. In addition to, availability of translation,</li> </ul> | <ul style="list-style-type: none"> <li>- <b>Jordan GBVIMS TF Midyear Report on data portal:</b><br/> <a href="https://data2.unhcr.org/en/documents/details/78483">https://data2.unhcr.org/en/documents/details/78483</a></li> </ul> |
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|   | <p>women empowerment activities to fight social norms that are gender transformative and communication with government.</p> <ul style="list-style-type: none"> <li>- Members can share their comments for final endorsement.</li> </ul>   |  |
| <p><b>Clinical management of rape mapping update (SRH WG)</b></p> | <p>CMR mapping in Jordan, reproductive health SWG:</p> <ul style="list-style-type: none"> <li>- Clinical management of rape: documentation of injuries, collection of forensic evidence, treatment of injuries, evaluation for STIs, PEP to prevent HIV, evaluation for risk of pregnancy, psychosocial support and counselling.</li> <li>- CMR mapping in Jordan:</li> <li>- Amman: IFH in Sweileh and Qweismeh provide CMR services. In order to provide CMR service there must be a trained staff, needed supply (kits) and referral pathways. Also, it is essential that staff have the willingness to provide service.</li> <li>- Mafrq city and Zatari camp: IRC and JHAS provide CMR services. JHAS Z3 maternity clinic have trained staff, kit #3 and safe referrals.<br/>In Mafrq trained staff are not available due to the turnover.</li> <li>- Zarqa and Azraq camp: IFH, IRC and IMC provide CMR services. Zarqa: trained staff, Kit #3 and safe referrals.</li> <li>- Azraq camp V3, V5 and V6: IMC run a hospital 24/7 for CMR.</li> <li>- Balqa, Madaba, Karak and Deir Alla: IFH provides CMR services that includes trained staff, kit #3 and GBV referral pathways.</li> <li>- This year SRH coordinates trainings including other staff to make people learn about CMR.</li> <li>- Ensure that supplies are available and plans to initiate CMR services in coordination with MoH.</li> <li>- MoH supposed to receive supplies this week. Expand service to include JWU for next year. Controlling measures and monitoring of the quality will be implemented.</li> <li>- Questions:</li> </ul> |  |

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|  | <ul style="list-style-type: none"> <li>- What is inside Kit# 3: medication, antibiotics, emergency contraception for rape cases, brochures instructions, pregnancy test, etc. Vaccines are available in the clinic. The kit provides a comprehensive content, it is not easy for health care provider to remember all procedures, the kit helps remembering all procedures.</li> <li>- Most of NGOs and INGOs are requested to have security procedures, the kit needs a proper training that is available.</li> <li>- Mapping available in Amaali app with the exact location and the number of service provider.</li> <li>- Q from Care: aside from Amaali app, how do you announce or publicize CMR services in all mentioned locations? how do communities know about the availability of the services?</li> <li>- A: We are very careful with the dissemination strategy as we want to make sure of safety and security of service providers. In outreach and awareness sessions provided by community health workers we provide this information to community. Also, with MOH we are working on some posters/campaigning.</li> </ul> |  |
| <p><b>Best practices: Cyber Sexual Harassment awareness sessions for communities (IRC)</b></p> | <ul style="list-style-type: none"> <li>- Legal counsellor from IRC presented cyber-crime Awareness Raising. Material can be changed according to the needs. IRC trains all staff on cyber-crime and get the feedback from them to develop material accordingly.</li> <li>- There is a need to develop materials in order to have a link between GBV and cyber-crimes to provide services and have a material that is suitable for each gender and all age categories.</li> <li>- There is a need for clear communication, and people should know the legal procedures and punishments on the perpetrator, in addition to victims of cyber-crimes and exploitation.</li> <li>- Importance of raising awareness:</li> </ul>  |  |

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|  | <ul style="list-style-type: none"><li>- Received many cases seeking help on issues related to cyber-crime, many clients did not know how to react due to lack of awareness sessions regarding cyber-crime and the legal language that is hard to understand. Found an easy material that is suitable for all beneficiaries.</li><li>- Cyber-crimes and COVID-19: increase of cyber-crimes to reach 3000 crimes in three months by criminal investigation unit. Cyber sexual harassments increased drastically, therefore there was a need to investigate cyber-crimes.</li><li>- Key messages:<br/>The difference between crime and cyber-crime.<br/>Types of cyber-crimes and punishments.<br/>Safe usage of the internet.<br/>Linking types of cyber-crime and gender-based violence and services provided to reduce this.</li><li>- Feedback received from staff: the training was useful, and it helped the staff to understand the link between cyber-crimes and risks of GBV, solutions became clearer and staff expressed challenges they faced that were related to cyber-crimes.</li><li>- Feedback received from beneficiaries: protection from cyber-crimes, beneficiaries had legal ignorance on cyber-crimes, misinformation related to inability to stop the abuse against beneficiaries has been corrected.</li><li>- Lessons learned: work to provide this content to beneficiaries as it matches their needs, legal and psychological support services for teenagers as a result of these cyber-crimes, considering privacy while dealing with cyber-crimes.</li></ul> |  |
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|            | <ul style="list-style-type: none"> <li>- IRC is ready to receive referrals and provide services, in addition IRC is ready to provide trainings for staff for awareness raising sessions on cyber-crimes.</li> <li>- Q: Can other agencies use this manual?</li> <li>- A: Yes, but need to check first if there is a need to train the staff before using the manual.</li> </ul>   |   |
| <b>AOB</b> | <ul style="list-style-type: none"> <li>- If there is any feedback on gap analysis to be sent by Thursday, the 27<sup>th</sup> of Aug COB.</li> <li>- IOM: a joint risk assessment will need support from partners; IOM can take care of cost. DRC is conducting this exercise in Azraq. In 2018 risk assessment was done to support SGBV.</li> <li>- CP-SGBV SWG in Irbid will conduct a meeting on Wednesday with FPD to discuss the response of FPD on GBV actors during COVID-19.</li> <li>- Next meeting will be on the 29<sup>th</sup> of September 2020.</li> </ul> | <ul style="list-style-type: none"> <li>- <b>Co-chairs will send gap analysis in order to receive feedback from members by the 27<sup>th</sup> of Aug 2020.</b></li> </ul> |