

# SGBV SUB WORKING GROUP GAP ANALYSIS 2017/2018

## OVERVIEW

A total of 42 persons representing 20 organizations (5 UN Agencies, 7 local NGOs, 1 government entity, 7 INGOs) participated in a SGBV gap analysis workshop held in August 2017. Participants included both field staff as well as staff with national responsibilities.



They were divided in groups covering the following locations:

- Amman/Balqa/Zarqa/South
- Irbid
- Mafraq
- Zaatari camp
- Azraq camp

Each group reviewed a list of minimum standards in the following fields:

- SGBV case management and psycho-social support
- SGBV prevention activities
- Health services for SGBV survivors
- Shelter/ Cash/ Livelihoods for SGBV survivors

- Legal, justice and law enforcement

For each standard, the group determined whether it was met or not and for those unmet standards, the groups identified if it was due to a barrier faced by survivors in accessing this specific type of service or to a gap in service provision. In addition, each group looked at how barriers or gaps could differently affect certain groups (male/female, children/adults, persons with disabilities and marginalized groups).

Members of the SGBV sub working group were given an opportunity to comment on the draft report and further highlight gaps. A meeting was held in January 2018 to issue recommendations based on finalized version of gaps analysis. Recommendations were endorsed by the SGBV SWG in February 2018. This gap analysis will be complemented by safety audits which will be conducted during the first half of 2018; this will enrich the analysis with the views of refugees and affected communities.

## FINDINGS

### GAPS/BARRIERS: SGBV PREVENTION ACTIVITIES

The following gaps/barriers have been highlighted:

- Refugees communities are not always consulted on design of programs in particular marginalized and vulnerable groups (all locations)
- Awareness activities are not targeting certain groups (in particular men, persons with disabilities, older person at risk or LGBTI refugees) and materials are not tailored to the needs of these groups (100% of locations)
- Community based protection approach is often not integrated into SGBV programming, more should be done to involve refugees in the implementation of prevention activities for SGBV (100% of locations)
- Outreach to inform about services available for SGBV survivors needs strengthening in particular for marginalized groups or for refugees living in remote villages. Men should also be more included in outreach efforts (80% of locations)
- Limited opportunities for women empowerment activities. Activities should be geared in particular at building life skills and economic empowerment. In addition, women face barriers in accessing these activities due to lack of available day care for their children. Activities to be tailored to the needs of vulnerable women such as adolescent girls, widows, and female head of households (80%)
- Safe spaces for women and girls are not always accessible for persons with disabilities (80%)

- Community and staff lack awareness about reporting mechanisms for Protection from sexual abuse and sexual exploitation committed by humanitarian workers (60%)

## GAPS/BARRIERS: SGBV CASE MANAGEMENT AND PSYCHO-SOCIAL SUPPORT

The following gaps/barriers have been highlighted:

- Case management services for survivors are available in most areas (gaps identified in particular in South of Jordan, Emirati-Jordanian camp, and village 2 in Azraq camp) but few case management services available for male survivors/LGBTI refugees (40% of location reported gaps/barriers).
- 60% of locations have also reported that the lack of coverage of transportation fees by case management organizations constitutes a barrier for survivors to access services.
- Lack of adequate counselling rooms ensuring confidentiality (60% of locations). One location has also reported the lack of child-friendly counselling rooms for child survivors of SGBV.
- Counselling rooms are not accessible for persons with reduced mobility (80%)
- No program currently in place to identify safety options within community for survivors at low risks (100%)
- Case management organizations do not always have in house resources to meet urgent basic needs of survivors such as urgent cash, cloths and food (60%)
- Safe accommodation is not available for survivors (80%) in particular for: LGBTI refugees, male survivors or women with male children above 7 years old, survivors who are scared to report to FPD, adult female survivors subjected to types of SGBV other than family violence (MOSD shelters are currently available only for survivors of family violence).
- Staff not trained on working with LGBTI refugees or persons with disabilities (60%)
- Gap in terms of empowerment and community run empowerment activities for survivors (60%)
- SGBV case management staff would need more training to explain confidentiality and its limits to survivors (40%)

## GAPS/BARRIERS: HEALTH

The following gaps/barriers have been highlighted:

- Clinical management of rape (CMR) services available only in Zaatari and Amman currently (gap reported by 80% of location). In cases where FPD is involved, survivors might receive multiple examinations which is not recommended by WHO (examinations by forensic and then by CMR doctor)
- Mandatory reporting requirements hamper access to health services for survivors (100%)
- Survivors were not always able to access free medical assistance (60%): Survivors have been asked to cover some of the costs (for example for STIs testing or in public hospitals when not referred by FPD). Some survivors are unable to access services if address on MOI card is different than location of service (except for IRC/NHF) in urban location.
- Health workers unable to adequately explain confidentiality/seek consent from survivors especially in government health services (80% of location) and health workers unaware about referral procedures for SGBV survivors in urban (80% of locations)
- Translation is not available for non-Syrians refugees (Somali, Eritreans), reported by one location with higher population of non-Syrian refugees.
- Health staff do not apply a survivor centered approach: lack of respect for wishes of survivor in particular linked to mandatory reporting requirements, judgmental attitude and blaming survivors (60% of location).
- Community unaware about health services available for SGBV survivors in urban locations.
- Barrier to access health services for LGBTI refugees due to lack of LGBTI friendly health staff (40%).

#### GAPS/BARRIERS: SHELTER. CASH AND LIVELIHOOD

The following gaps/barriers have been highlighted:

- Cash for shelter have been reported as being a gap in all urban locations
- Monthly cash assistance has been reported as a gap in all urban locations
- Survivors face barriers in access livelihood activities (100%), even when services are available they are often not accessible for survivors (lack of day care, distance), Non Syrian refugees in particular are unable to obtain work permits.

## GAPS/BARRIERS: LEGAL, ACCESS TO JUSTICE AND LAW ENFORCEMENT

The following gaps/barriers have been highlighted:

- Lack of legal representation services for survivors (80%)
- Court procedures are not accessible/sensitive to needs of survivors (80%): in particular the best interest of the child is often not followed by judges in cases of child marriage, survivor-friendly interview techniques are not always used by Judges.
- Lack of survivor centred attitude among law enforcement (80%): more efforts should be put in place to ensure law enforcement officials show higher degree of respect for survivors (non-blaming and respectful attitude) and ensure confidentiality at all times. In addition, FPD often prefers to ask the perpetrator to sign a pledge instead of following up with legal proceedings against perpetrator. Overall, FPD is more sensitive in its approach to survivors than SRAD.
- SGBV survivors are at risk of arrest (80% location): survivors risk being placed in administrative detention by governors (and then possibly deported) if they are perceived as not complying with social roles ascribed to women (for example when family members accuse women of having relationships out of wedlock). Women at risk of honor killing are at times placed in detention by the authorities although they have not committed any crimes.
- Limited capacity of community police in the camps when dealing with SGBV survivors (lack of survivor centred attitude); high turnover of staff complicates capacity building efforts.

## GENERAL RECOMMENDATIONS TO ADDRESS GAPS/BARRIERS

More than 7 years into the Syrian crisis, numerous gaps and barriers remain and are hindering the SGBV response. This has a dramatic impact on the well-being of SGBV survivors and persons at risk of SGBV – women and girls being disproportionately affected by SGBV. The SGBV SWG would like to highlight the life-saving nature of SGBV interventions and calls on:

- **Donors** to invest in SGBV programs to address gaps/barriers presented above. SGBV programming remains life-saving. More than 7 years into Syria crisis, SGBV case management services are available with a good geographical coverage but an investment in quality is still needed - building capacity is essential to ensure survivors access compassionate, professional care. Moreover services are not accessible to all groups leaving out most vulnerable like women and girls with disabilities and LGBTI population.

Strengthening the response in other services- in particular health, legal and access to livelihood- will ensure a multi-sectoral response addressing survivor needs holistically. More detailed recommendations are listed in the table below.

- **Jordanian government and in particular MOPIC:** to consider approving in priority new SGBV programs which address the gaps/barriers identified above, and to ensure that SGBV prevention and response programs are given due consideration. Jordanian government to adopt new SGBV SOPs in line with international standards. Moreover the SGBV WG calls for a revision of mandatory reporting clauses, as this is a barrier for survivors accessing care.

Type of activities	Recommendation	To whom	Timeline
SGBV prevention	Consult refugees and host communities (through AGD approach) prior to establishing any program and throughout program cycle	All SGBV actors	Immediately
	More outreach to inform about services available in particular in remote locations targeting most vulnerable women and girls including persons with disabilities	All SGBV actors/ donors	By mid-2018
	Awareness activities to be more inclusive: need to target men and boys too as well as marginalized groups. Awareness activities to be led by refugee themselves or influential members of the community (such as religious leaders). Awareness activities to be more diversified using various methods to get the message across such as visual art, theatre, radio, TV.	All SGBV actors	By mid-2018
	SGBV programs to include refugees volunteers in prevention activities (awareness, outreach)	All SGBV actors	By mid-2018
	Expand women empowerment activities in particular life skills and economic empowerment activities taking into account specific needs of women (day care for children, safe transportation). Ensure these activities are run by refugees themselves whenever possible. Expand targeted empowerment activities for adolescent girls to provide concrete alternatives to child marriage (literacy classes, traineeships, peer led support groups etc.). Organize day care to ensure women participation	SGBV and livelihood actors	By end of 2018

	Ensure accessibility to safe spaces for persons with disabilities	SGBV actors	Immediately
<b>SGBV case management and psycho-social support</b>	SGBV case management is life saving and continuous donor support should be ensured with a focus on improving quality of services (capacity building, mentorship, supervision).	Donors	continuous
	Ensure access to services by increasing budgets to cover fees for transportation.	Donors and SGBV Case management organizations	By first quarter of 2018
	SGBV case management gaps in terms of coverage to be addressed (gap in particular in the South) as well as ensure availability of quality services for LGBTI persons and men survivors.	SGBV case management organizations and donors	Immediately
	Ensure accessibility for persons with disabilities to counselling rooms and improve confidentiality of counselling rooms, ensure availability of child-friendly counselling rooms.	SGBV case management organizations	Immediately
	Capacity building for case management staff on explaining confidentiality and its limits to survivors, as well as on working with LGBTI refugees and persons with disabilities.	SGBV case management organizations/ SGBV coordinators	By first quarter of 2018
	Case management organization to include urgent cash assistance within their programming to respond to urgent needs of survivors.	SGBV case management organizations and donors	By mid 2018
	Establish alternatives to institutionalization for SGBV survivors who are not at imminent risk by providing urgent/regular cash and assistance in identifying accommodation. This include women survivors of sexual violence, female survivors with male children above 5 years old LGBTI refugees or adult male survivors for whom no other shelters are available	SGBV case management organizations and donors	By mid-2018
	Non-Syrian refugees to be included in all SGBV case management programs. Translation needs to be considered	SGBV case management organizations and donors	By mid-2018
<b>Health</b>	Establish complete and free of charge clinical management of rape services in urban	RH actors	By mid-2018

	<p>locations outside of Amman (training to be followed by period of on the job coaching).</p> <p>Strengthen coordination between SGBV SWG and RH WG to ensure mapping of CMR services is disseminated to SGBV actors</p> <p>When survivors want to file a complaint, advocate with FPD for a joint examination by forensic and CMR doctor (to avoid multiple exams).</p>	<p>RH coordinator</p> <p>SGBV and RH coordinators</p>	<p>By first quarter of 2018</p> <p>By first quarter of 2018</p>
	<p>Conduct briefing sessions for health staff in urban location on safe referrals to SGBV case management organizations</p>	<p>SGBV coordinators/SGBV case management organizations</p>	<p>By mid-2018</p>
	<p>Conduct training on working with LGBTI refugees and survivor centred approach.</p>	<p>UNHCR (training on working with LGBTI refugees)</p>	<p>By mid-2018</p>
	<p>Improving outreach materials about health services available for SGBV survivors in urban locations taking into consideration different approaches and methods depending on area's cultural restrictions</p>	<p>Health coordinators</p>	<p>By mid-2018</p>
	<p>Translation to be available in health centres for non-Syrian refugees in areas with higher concentration of non-Arabic speaking communities. Health service providers to ensure translation of leaflets in other languages than Arabic.</p>	<p>Health coordinators</p>	<p>By mid-2018</p>
<b>Shelter/cash/livelihood</b>	<p>Strengthen coordination between SGBV SWG and basic needs WG to ensure mapping of cash for shelter interventions is disseminated to SGBV actors</p>	<p>Basic needs coordinator/SGBV coordinators</p>	<p>By first quarter of 2018</p>
	<p>SGBV case management organizations to integrate cash for protection (both urgent and regular cash) into existing programs</p>	<p>SGBV case management organizations and donors</p>	<p>By mid-2018</p>

	Strengthen coordination between SGBV SWG and livelihood WG to ensure mapping of livelihood interventions is disseminated to SGBV actors	Livelihood coordinator	By first quarter of 2018
	Strengthen gender approach within livelihood programming aiming at addressing barriers faced by women in accessing services (day care, safe transportation to avoid sexual harassment in public transport or self defense classes, session on rights of employees to avoid abuse by employers, etc). Ensure livelihood activities do not only focus on home based businesses for women which might be re-enforcing gender roles but also provide support for women to work outside of home.	Livelihood actors	By mid-2018
<b>Legal, access to justice and law enforcement</b>	Capacity development for judges and staff of reconciliation offices involved in GBV cases (best interest procedure for child marriage, survivor friendly interview techniques).	SGBV actors/donors GoJ	By mid-2018
	Advocate with FPD for the respect of survivors' wishes in terms of legal proceedings (ensure access to justice in opposition to simply asking perpetrators to sign pledges), capacity building for Family Protection Department, Syrian Refugee Affairs Directorate and police on survivor centred approach.	SGBV actors/SGBV coordinators GoJ	By mid-2018
	Provide capacity building for community police in the camps on SGBV services and the survivor-centred approach. Regular coaching to staff are needed due to high turn-over.	SGBV actors/ SGBV coordinators donor	End of 2018

For more information, contact SGBV SWG Co-Chairs:

Emilie Page: [page@unhcr.org](mailto:page@unhcr.org)

Pamela Di Camillo: [dicamillo@unfpa.org](mailto:dicamillo@unfpa.org)