



GBV  
Sub-Working Group

## GBV SWG meeting minutes 27<sup>th</sup> of April 2021

Location: online Webex link

**Agencies present: ACF, ARDD, AVSI, AWO, Caritas Jordan, CRP, CVT, DRC, FCDO (UK Embassy), ICMC, INTERSOS, IOM, IRAP, IR-W, JNCW, JRF, JWU, MECI, Mercy Corps, MEDAIR**

### Agenda

1. IM updates.
2. Coordination tools: 4Ws, Amaali application (update referral pathway+ training session) and updates on Gender in humanitarian action (GiHa).
3. Child Marriage in Humanitarian Crises: Prevention & Response in Jordan.
4. UNFPA Toolkit for Health Care Providers - Educating Parents on Adolescents and Youth SRHR.
5. Gender and Disability and Age focal points
6. AOB

Agenda items	Discussion	Action points
<b>Welcoming</b>	<ul style="list-style-type: none"><li>- Welcoming participants and provide a brief on the agenda and housekeeping rules.</li></ul>	<ul style="list-style-type: none"><li>- <b>MoM will be uploaded on UNHCR's data portal:</b> <a href="http://data2.unhcr.org/en/working-group/72?sv=4&amp;geo=36">http://data2.unhcr.org/en/working-group/72?sv=4&amp;geo=36</a></li></ul>
<b>IM updates</b>	<ul style="list-style-type: none"><li>- IACU provided 4 training sessions on ActivityInfo, these sessions were covering the PLAN phase only and now members who are supposed to report on ActivityInfo and who appealed during the JRP/3RP process can start reporting. Reporting on PLAN is done</li></ul>	

	<p>one time, not like monitoring. Also, in PLAN agencies Do NOT include funds from UN Agencies as the UN agency is responsible for that. In addition to that, OCHA JHF is reported exceptionally. There will be sessions for MONITOR phase, and you will be notified.</p>	
<p><b>Coordination tools</b></p>	<ul style="list-style-type: none"> <li>- Updated the 4Ws and the mapping tool for GBV WG. Prot WG requested to fill out the 4Ws sheet and GBV services were extracted and sent out to members to review them and add activities.</li> <li>- Over 90 activities were received and will be shared with the group after compiling the document.</li> <li>- Amaali app: going to conduct a training session for focal points who are responsible for uploading information on Amali app, a link will be shared to nominate staff and provide feedback. Will decide the number of sessions according to the number of participants. Reminder: update information of current available services on Amaali app.</li> <li>- <b>GiHA:</b> Working on adding inputs on behalf of GBV WG like implementing safety audit for each sector, when finalized by UN Women and UNHCR we will share the product. The goal is to enhance GBV mainstreaming in amongst all sectors.</li> </ul>	<ul style="list-style-type: none"> <li>- <b>Members were asked to update Amaali app</b></li> </ul>
<p><b>Child Marriage in Humanitarian Crises</b></p>	<ul style="list-style-type: none"> <li>- Child marriage is a global issue that critically infringes on girls' rights, negatively affecting their health, education, psychosocial wellbeing, and lifelong development. Growing evidence shows that in humanitarian settings, child marriage rates can increase.</li> <li>- The 10 countries with the highest child marriage prevalence rates are fragile or extremely fragile contexts (GNB, 2020)</li> <li>- In Lebanon, child marriage among displaced Syrian communities is nearly 3 times higher than in pre-conflict Syria</li> <li>- In South Sudan, prevalence in the conflict-affected region Nyal is 71%, compared to the pre-war national prevalence of 45%</li> </ul>	<p><b>Presentation will be shared with members</b></p>

	<ul style="list-style-type: none"> <li>- Adolescent girl South Sudanese refugees in Uganda said child marriage was the most common form of GBV they face (Plan, 2018)</li> <li>- There is an urgent need to address the knowledge gap and identify what works to prevent and respond to child marriage in humanitarian settings.</li> <li>- <b>Phase 1, completed in the summer of 2018:</b></li> <li>- Comprehensive literature review and key informant interviews.</li> <li>- Found no rigorous evaluations of interventions to address child marriage in humanitarian settings that met quality criteria.</li> <li>- Identified key research priorities of practitioners to inform program design.</li> <li>- <b>Phase 2, aimed to identify and explore:</b></li> <li>- risk and protective factors for child marriage.</li> <li>- decision-making.</li> <li>- service and support needs.</li> <li>- community-driven solutions.</li> <li>- <b>Methodology:</b></li> <li>- Participatory research activities with girls ages 10-17, including: flower map activity, drawing and collages, world café.</li> <li>- Semi-structured interviews with girls ages 14-17, parents and caregivers of adolescent girls, key informants.</li> <li>- <b>Community Validation Workshops goals:</b> to share findings back with the community and to validate research findings with community feedback.</li> <li>- <b>Findings- Girls' Agency in Decision-Making:</b></li> <li>- Responses varied widely across a continuum – most on one end or the other.</li> <li>- Many said girls have a say in the decision of when and whom to marry.</li> </ul>	
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	<ul style="list-style-type: none"> <li>- Many others said girls have little or no say in the decision and felt pressured or forced by their parents to marry, particularly with younger girls or those facing financial hardship</li> <li>- Variety of situations in between, where girls have agency, with parents the primary decision-makers.</li> <li>- <b>Priority strategies and solutions:</b>  Community awareness-raising and sensitization.  Addressing barriers to education.  Financial support for girls and their families.  Vocational training and income-generating opportunities for girls.</li> <li>- <b>Other strategies and solutions:</b>  Psychosocial support.  Protection.  Sexual and Reproductive Health.  Law &amp; Policy.</li> <li>- <b>Girls and caregivers recommended:</b>  Targeted outreach to inform married girls about services.  Supporting married girls to return to school, specialized support services.  Prioritizing married girls for cash assistance.  Vocational training and support with employment.  Providing access to counseling and psychosocial support.  Ensuring access to adolescent friendly SRH Services.</li> <li>- <b>Study instruments adapted to explore the impact of COVID-19 and restrictions on:</b></li> <li>- Girls' health and well-being, access to education, and access to services.</li> <li>- Marriage perceptions and decision-making.</li> <li>- What girls want during COVID-19.</li> <li>- <b>Impact of COVID-19 on Girls:</b></li> </ul>	
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	<ul style="list-style-type: none"> <li>- Economic.</li> <li>- Health, &amp; Wellbeing.</li> <li>- Access to Education.</li> <li>- Access to Programs &amp; Services.</li> <li>- Girls reported that many girls in their community got engaged or married during the lockdown.</li> <li>- A few girls and caregivers said restrictions and inability to earn income delayed or prevented some marriages from happening.</li> <li>- <b>What Girls Want: COVID-19:</b></li> <li>- Counseling and psychosocial support.</li> <li>- Financial support for basic needs.</li> <li>- Educational support.</li> <li>- More online awareness-raising programs and workshops.</li> <li>- Access to maternal health services.</li> <li>- Basic hygiene items such as hand sanitizer, masks, etc.</li> <li>- <b>Phase 3:</b>  Launch report in May; disseminate English and Arabic versions and youth-friendly research briefs.  Hold intervention design session.  Design and implement mixed-method longitudinal evaluation to understand how intervention influences child marriage knowledge, attitudes, and practices among adolescents and caregivers, as well as other indicators.</li> <li>- <b>Questions and comments:</b></li> <li>- Q: you mentioned that there is a need for further research on the impact of cash transfer on child marriage in the humanitarian context, from your research and observations, did you notice a correlation between them?</li> <li>- A: Not sure if this issue was tackled, but will check and get back to members on this.</li> </ul>	
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**UNFPA Toolkit for Health Care Providers**

- UNFPA Presented a targeting tool for Health Care Providers.
- The toolkit for health care providers on educating parents on Adolescents and Youth SRHR.
- The toolkit is developed by UNFPA Jordan in collaboration with the Ministry of Health and the Royal Health Awareness Society under Shababna Project.
- The toolkit includes interactive sessions covering a variety of SRHR and GBV related topics including how parents can discuss puberty, STI's, Child Marriage, Healthy Lifestyles and many other topics.
- The toolkit includes short videos that health workers can utilize with their parents' groups via social media platforms and generate discussions around them.
- Overview: focusing on different dimensions that effects youth like parents, workplace etc. Partnership with MoH and Royal health awareness society that will be useful for parents when speaking about reproductive health.
- Toolkit topics: healthy lifestyles, mental health, STIs, GBV and different reproductive health issues like puberty.
- First source of information: 1) parents, 2) internet, 3) schools. Young people find their parents a reliable source.
- When parents were asked, they mentioned how important it is to provide kids with the needed information, but they don't know how. The toolkit included and covered these questions.
- A link of the reproductive health video was shared with members.
- Co-chairs can link interested members with Royal health awareness society and MoH.
- For providing trainings, it should be done by health providers and specialist.
- Q: Can these videos be shared with other organizations and members?

- **Link:**  
<https://jordan.unfpa.org/ar/resources/%D8%AF%D9%84%D9%8A%D9%84-%D9%85%D9%82%D8%AF%D9%85%D9%8A-%D8%A7%D9%84%D8%B1%D8%B9%D8%A7%D9%8A%D8%A9-%D8%A7%D9%84%D8%B5%D8%AD%D9%8A%D8%A9-%D9%84%D8%AA%D8%AB%D9%82%D9%8A%D9%81-%D8%A7%D9%84%D8%A3%D9%87%D8%A7%D9%84%D9%8A-%D8%AD%D9%88%D9%84-%D9%85%D9%88%D8%A7%D8%B6%D9%8A%D8%B9-%D8%A7%D9%84%D8%B5%D8%AD%D8%A9-%D8%A7%D9%84%D8%AC%D9%86%D8%B3%D9%8A%D8%A9-%D9%88%D8%A7%D9%84%D8%A7%D9%86%D8%AC%D8%A7%D8%A8%D9%8A%D8%A9-%D9%84%D9%84%D9%8A%D8%A7%D9%81%D8%B9%D9%8A%D9%86>

- في الممر

	<ul style="list-style-type: none"> <li>- Yes, they are public, however it is important to be aware on what is next, it is not a general video and it is linked to a structured discussion that is linked to the toolkit.</li> <li>- Available Videos on Amman TV (في الممر) covering issues on child marriage, harassment, etc and they can be easily shared.</li> <li>- Q: could we share the links with the community support committee members for raising awareness noting that members are from both host community and refugees?</li> <li>- In regards to في الممر , yes but for the toolkit it is better to have the training first.</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="https://ammantv.net/programs/%D9%81%D9%8A-%D8%A7%D9%84%D9%85%D9%85%D8%B1">https://ammantv.net/programs/%D9%81%D9%8A-%D8%A7%D9%84%D9%85%D9%85%D8%B1</a></li> </ul>
<b>Gender and Disability and Age focal points</b>	<ul style="list-style-type: none"> <li>- SGFPF: Received nominations from GBV members and contacted nominees, Nermin from JRF will continue as a SGPF from the GBV WG and will have Aysha from generations for peace.</li> <li>- Disability and age: discussed having 2 focal points, Fathiya from NHF and Samah from INTERSOS.</li> <li>- Focal points will be linked with the co-chairs of these task forces.</li> </ul>	
<b>Updates</b>	<ul style="list-style-type: none"> <li>- INTERSOS: PSEA animation was launched last week, a video was produced through the JHF and shared with members. The movie can be used with children and adults for PSEA awareness. Launch a PSEA hotline that will be managed by INTERSOS and waiting for MoPIC,s approval. For now, organizations can use their hotline numbers if available. Three helpline rooms in the pharmacies Established, and 6 CBOs selected in the 6 governorates that INTERSOS operating in.</li> </ul> <p>A training on sensitivity to GBV, CP, MHPSS, SRH and PSEA principles and concepts, including COVID-19 reliable information was conducted to all of the volunteers selected, focusing on do no harm, confidentiality, non-discrimination principles; safe and non-</p>	

	<p>judgmental assistance as a Capacity building of CBO staff, community facilitators/volunteers, shop owners, and shop staff. Hotline numbers increased from 3 to 9 units, from 8 hours to 24/7 coverage.</p> <p>Reliable COVID-19 key messages, GBV, SRH, and MHPSS were developed and disseminated over INTERSOS FB page, CBO, pharmacies, medical centres, WhatsApp groups, INTERSOS partners where INTERSOS reached 2500 after two-month implementation.</p> <p>Case management provided to 80 Case reached INTERSOS through the mentioned hotlines and CBOs and Within the case management services, survivors of GBV and those at risk of GBV are assessed on the level of risk (high, medium, low) and appropriate services to mitigate the effects of GBV and prevent further GBV risks. Based on the level of risk and assessed needs.</p> <p>Cash for Protection provided to 23 cases (21 cases assessed as medium and high risk,2 cases the risk was low).</p> <ul style="list-style-type: none"><li>- Comment: there is a challenge to have a hotline number, organizations can share their hotline numbers or use UNHCR's hotline number or any other number from an organization that can support. It will be useful to share a list of hotline numbers.</li><li>- Generations for Peace: working in many centres with Ministry of Youth to help isolated villages where there is no presence of organizations. Will train volunteers on basic GBV knowledge and awareness sessions so that these volunteers will share the awareness trainings.</li><li>- Comment: a trainer who received a ToT on GBV safe referral can support in providing these trainings.</li></ul>	
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<b>AOB</b>	- N/A	
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