SGBV SWG Minutes 24th of March 2020 Location: online Zoom link

Agencies present: UNHCR, UNFPA, APS, Refugeerights, ARCS, ARDD, AVSI, AWO, Care, CRP, HelpAge, ICMC, Intersos, IOM, IRAP, IRC, IRD, IR-W, JCLA, JHAS, JOHUD, JNCW, JRF, JWU, Medair, Operation Mercy, Oxfam, Reclaim childhood, TDH-Italy, UN Women, UPP, Vento di Terra, PRM/US Embassy, MPDL.





## <u>Agenda</u>

- 1. Impact of COVID on women and girls and GBV risks
- 2. Remote service provision and emergency response activities in camps and by partners
- 3. Sector contingency plan
- 4. AOB

Agenda items	Discussion	Action points
Welcoming and	- Welcoming and a brief on the agenda and on the impact of COVID-	
Introduction	19 on women and girls: mitigating SGBV risks.	
	- SGBV WG meeting is anticipated of one week to discuss the current	
	emergency other ad hoc meetings could be called in next weeks	
	- Impact of COVID 19 on women and girls:	Presentation to be shared with
Impact of	There is no clear evidence yet on the impact of COVID-19, however	SGBV SWG
COVID on	there are studies related to other diseases that were used.	
women and		

girls and GBV	- Some of the impacts are: increase of pregnancy, negative impact	
risks	on menstruation due to the lack of hygiene products that causes	
	problems and infections.	
	<ul> <li>Impact on health care workers, 70% of workers are women, and a</li> </ul>	
	protective equipment should be available.	
	<ul> <li>Men and elderly are also at risk, however another impact on women</li> </ul>	
	are their role to look after ill people.	
	- Violence against women: lockdown with the perpetrator can be	
	dangerous as they do not have access to any safe plan or safe place	
	to approach. In addition, quarantines are male dominate which increases the risks.	
	- Women and girls GBV risks should be taken into consideration and	
	decision makers should women and girls from the negative impact.	
	One of the considerations in Jordan is migrant workers.	
	- Recommendations:	
	- To look at self-care for providers by making sure that their feedback	
	is well received.	
	- Active listening, capacity building, support and keeping the	
	advocacy.	
	- How to mitigate GBV risks:	
	- Online counselling or via phone.	
	- Revise referral pathways, hot lines should be available.	
	- To train staff how to communicate with beneficiaries over the	
	phone.	
	- Community engagement: consult community and include other	
	sectors like health.	
	- Posters for responding to COVID-19 with hotline numbers were	
	prepared by UNFPA, agencies can share their numbers to be added.	

Remote service provision and emergency response activities in camps and by partners	<ul> <li>JRF: help line is in the testing phase, once completed it will be shared with the group. Help line will cover parenting skills, conflicts and other problems. JRF is working on an online SGBV safe referral training that will be launched soon.</li> <li>ARDD: continues to provide legal services and response through phone calls, in addition to legal consultation on GBV cases through phone calls. A list of numbers and a hotline is available. Receiving referrals from 9:00- 17:00 from Sunday to Thursday and the emergency line is always available.</li> <li>AWO: still providing PSS and legal consultation over phone. Beneficiaries were contacted and informed that there will be a follow up on their cases.</li> <li>UN Women: providing protection services remotely, collecting data from communities over phone. Updates will be shared soon. UN Women is working with JNCW on a gender analysis of COVID response. Under 1325 programme UNWomen provided trainings for Jordanian military in regard to gender equality.</li> <li>JWU: emphasized the need to provide transportation to shelter for beneficiaries especially that 911 staff are overwhelmed. UNFPA will discuss this matter to see if any support can be provided. Partners are reporting that MOSD shelters are not receiving cases</li> <li>IFH: provided and shared hot lines that cover all governorates. PSS, health and other services are provided for beneficiaries. Materials were shared on social media that include parenting and focusing on elderly, people with disabilities and pregnant women. Staff were trained to be prepared.</li> <li>IRC: developing a protection plan. Last week reached GBV cases and staff and the provide and shared to any mergenere to comment upwer during the provide to provide to provide trained to be prepared.</li> </ul>	<ul> <li>Agencies to share their hotline numbers.</li> <li>UNFPA to check on available transportation to shelters.</li> <li>UNHCR to check if government shelters are receiving cases.</li> <li>Agencies to share stories of first line workers with JNCW.</li> <li>Co-chairs to share update modality on Amaali</li> </ul>
	provided services and key messages to support women during the crisis. As there is no hotline number, IRC shared phone numbers of counsellors. Will provide hygiene kits and will reach radio stations	

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	to spread the word. On Thursday will collect info to update the contingency plan.	
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-	Care: psychosocial counsellors are providing their services to	
	beneficiaries. Operating hotline responding to several needs.	
	Spreading health awareness regarding COVID-19. Encouraged	
	working on updating referral pathways.	
-	UNHCR: working with the government and ministry of health to	
	ensure that refugees are included in COVID-19 respond. Preparing	
	messages and sharing them with partners to be delivered to	
	beneficiaries. Working with partners to ensure that hotlines are	
	activated. CBP is reaching out with refugees in the South and	
	providing counselling for Syrian and non- Syrian refugees.	
-	JNCW: focus on advocacy, collecting numbers of all hotlines to share	
	them. Preparing gender analysis document. Collecting stories from	
	first line workers to be shared on a platform.	
-	SGBV WG /Zatari: main service providers are IFH, UNHCR and FPD.	
	IFH has operational hotlines for males and females.	
	Cash service has stopped for this period. Volunteers working on	
	sharing messages in the camp.	
	FPD, ready to assist survivors	
_	SGBV WG/Azraq: providing counselling and legal counselling via	
	phone. Still receiving cases through partners and MoSD is working	
	remotely. Last week 2 cases were referred to FPD.	
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-	SGBV WG/Irbid: NHF established an info line that is not activated	
	yet. Informing partners to share any cases.	
-	SGBV WG/Mafraq: FPD in Mafraq accept only emergency cases	
	during current situation.	
-	Helpage: prepared key messages for protecting older people shared	
	messages with the working group. Before the curfew, Helpage	
	prepared and distributed 300 Hygiene for older people. Also, a	

	<ul> <li>Facebook page sharing health messages for older people is available.</li> <li>Intersos: remote case management, refresher on psychosocial support and first aid was provided. Ongoing assessment for cash for protection that will be distribute when possible. Training on safe referrals for GBV.</li> </ul>	
Sector contingency plan and AOB	<ul> <li>Updating referral pathways by looking into Emergency referral pathway in the Amaali app</li> <li>UNHCR asked to collect services provided in regards t COVID-19 in a compiled protection directory</li> <li>Contingency plan: agencies who have a specific funding request can share it with co-chairs.</li> </ul>	<ul> <li>Partners to write to co- chairs input on budget for contingency plan</li> <li>Coordinators to send out email on Amaali and partners to update it</li> </ul>