



**GBV SWG meeting minutes 30<sup>th</sup> of March 2021**

**Location: online Webex link**

**Agencies present: AVSI, AWO, Care, CRP, DRC, Burrat Almanal, ECHO, IFH/NHF, IOM, IRAP, JNCW, JRF, MECI, Oxfam, TDH-L, TDH-Italy, UNDP, UNFPA, UNHCR, UNRWA, WFP**

**Agenda**

1. Coordination updates.
2. 2021 GBV workplan.
3. GBV IMS annual report of 2020.
4. COVID-19 vaccination and implications for gender-based violence (GBV)
5. Disability and Age sector focal points and Gender sector focal points.
6. AOB

Agenda items	Discussion	Action points
Welcoming	<ul style="list-style-type: none"> <li>- Welcoming participants and provide a brief on the agenda and housekeeping rules.</li> <li>- Introducing the new co-chair from UNFPA Jamila El Khiate.</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>Coordination updates</b>	<ul style="list-style-type: none"> <li>- Organizations participations in GBV WG in 2020. Colour coding was used as follows:</li> <li>- 1) green: attended 4 meetings or above. 41% of organizations were green.</li> </ul>	

	<ul style="list-style-type: none"> <li>- 2) yellow: attended 1 -3 meetings. 27% yellow</li> <li>- 3) red: did not attend any meetings. 33% red</li> <li>- Yearly attendance: a slight increase in 2020 compared to 2019. However, there is a drop in yellow category. Some organizations shifted to green but some to red.</li> <li>- It is important to regularly participate in GBV WGs for OCHA fund as attendance is one of the main elements which we consider when reviewing the proposals.</li> </ul>	
<b>2021 GBV workplan</b>	<ul style="list-style-type: none"> <li>- Workplan was shared with members to provide their final inputs so that it can be endorsed.</li> <li>- JRF conducting GBV safe referral activities and inviting other sectors to participate.</li> <li>- He/She best practice in Jordan: this is a good practice of social norms change.</li> <li>- Gap analysis: this year will review them mid of the year. Another gap analysis is focusing on family protection by UN Women that will be presented during the 3<sup>rd</sup> quarter.</li> <li>- Building capacity: IOM provided LGBTI training and JRF provided GBV safe referrals trainings.</li> <li>- Reproductive health: note conducted by Saweyan and Medair focusing on sexual and reproductive health services for non-Syrians. To focus on this during the 3<sup>rd</sup> quarter.</li> <li>- Disability and age task force: will propose nomination for a focal point.</li> </ul>	<ul style="list-style-type: none"> <li>- <b>GBV SWG workplan endorsed by the group. Workplan will be uploaded to the portal.</b></li> </ul>
<b>GBV IMS annual report of 2020</b>	<ul style="list-style-type: none"> <li>- Findings of GBV data analysis for 2020: GBV IMS TF was established in 2015 and now we have 7 service providers in the TF (UNHCR, JRF, NFH, IRC JWU, INTERSOS and AWO).</li> <li>- This report provides information on incidents of GBV in 2020 reported by survivors in refugee communities and host communities. It was gathered in consent of survivors.</li> </ul>	<ul style="list-style-type: none"> <li>- <b>Sharing GBV IMS annual report and upload it to the portal.</b></li> </ul>

	<ul style="list-style-type: none"><li>- The data and trends noted in this report are not representative of the prevalence of GBV in Jordan, trends are based solely on incidents reported by survivors to the Data Gathering Organizations.</li><li>- Look into current gaps and analysis to understand the concept of GBV in Jordan.</li><li>- Main trends:</li><li>- During 2020, 94.1% of survivors assisted by data gathering organizations were female, this is in line with global GBV trends highlighting that women and girls are disproportionately affected by GBV. This trend has been consistent across the last 4-year period. Home remains unsafe for women and girls, 88% of perpetrators are intimate partners (husbands in this context), caregivers or family members and 6.9% unknown or no relation, with other service providers and community members, work supervisors representing very small to negligible amounts.</li><li>- In comparison to 2019, there is a slight increase of 1% in the percentage of adult male survivors reporting incidents. This change might be due to establishment of a hotline to address LGBTI refugee needs during COVID-19 by one of the case management agencies, and other efforts to increase linkages with LGBTI community-based organizations. In terms of age and sex the most relevant change compared to last year it is only 6.8% of survivors who reported GBV incidents were girls, comparing to 13.4% in 2019.</li><li>- Gay and bisexual men face increased risks of sexual violence</li><li>- Collected data in 2020 indicates 28% increase in GBV incidents reported by survivors with disabilities compared to 2019.</li><li>- This comes as a result of continues capacity building efforts by the Task Force members to other humanitarian aid workers and</li></ul>	
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	<p>community-based organizations staff who work with persons with disabilities.</p> <ul style="list-style-type: none"><li>- The GBV IMS categorizes GBV into six broad categories: rape; sexual assault; physical assault; forced marriage; denial of resources/opportunities/services; and psychological/emotional abuse.</li><li>- Domestic violence has increased during COVID-19 and GBV cases increased at the beginning of pandemic.</li><li>- Still have 88% survivors perpetrated by intimate family members.</li><li>- Reaching help: 64% of survivors reached help more than one-month after the incident, might be because of giving priorities to basic needs. Slight increase comparing to last year and this is related to the campaigns that helped seeking help faster.</li><li>- 11% survivors wish to be referred to services this year which is an increase comparing to last year.</li><li>- Fear of retaliation and fear from perpetrator might cause fear to report.</li><li>- A higher percentage in livelihood available services comparing to 2019, as more programs integrated in terms of cash assistance.</li><li>- Thematic focus report for GBV: this year non-Syrian GBV analysis and urban.</li><li>- In terms of other nationalities this includes mainly English speaker survivors in Jordan as migrant workers of African origin or from South east Asia. Emerging data suggests that conditions for female migrant workers have further deteriorated because of COVID-19 implementing strict social distancing measures. This has several implications for female migrant domestic workers, not only related to their basic health and safety, but also in terms of their exposure to GBV, both in their work environments, and in the larger community. Not only do abusive employers, their children and</li></ul>	
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	<p>relatives have increased access to vulnerable female migrant domestic workers, stressors have increased that may in turn increase the frequency and severity of abusive behavior in addition to increased work demands.</p> <ul style="list-style-type: none"><li>- GBV in Urban settings v. Camps: women are more affected by GBV, in camps. Men in camps report mainly conflict related sexual violence in country of origin, while rape was only reported by women and girls in camps. Adolescent girls in camps report mainly forced marriage but also rape and denial of resources opportunities and services. Sexual harassment remains an issue in both urban and camp settings</li><li>- Recommendations:</li><li>- Develop messages to advocate with national authorities for the enhanced respect of the survivor-centered approaches within law enforcement.</li><li>- Developing innovative approaches.</li><li>- Research on obstacles to seek help and delay in seeking help.</li><li>- community-based approaches.</li><li>- Increase availability of GBV services in underserved/remote areas.</li><li>- Conduct an analysis of time laps in seeking help and the type of violence.</li><li>- Update GBV referral pathways per field location.</li><li>- Continue to conduct GBV safe referral trainings for non-specialized frontline workers.</li><li>- Update the mapping of Clinical management of rape services.</li><li>- Provide a guidance note to standardize CVA and GBV interventions.</li><li>- Strengthen collaboration with CBOs and organizations working with specific vulnerable groups as LGBTI and sex workers.</li><li>- Increase tailored cash-based interventions for SGBV survivors.</li><li>- Increase access to livelihood activities.</li></ul>	
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	<ul style="list-style-type: none"><li>- Ensuring security services are survivor centered and always same sex officers are dealing with cases.</li><li>- Increase knowledge and awareness of GBV risks faced by refugees of other nationalities and migrant workers and improve access to services.</li><li>- Build capacity of different security and legal stakeholders.</li><li>- Enhance programming involving social norms.</li><li>- Reduce risks of sexual violence in identified risk areas. many organizations conducted Risk mitigation like IRC, IOM and others.</li><li>- advocating with other sectors for risk mitigation measures.</li><li>- Continue campaigning on online sexual harassment.</li><li>- Tailor programming for unmarried adolescent girls and working on stigma.</li><li>- programming for married adolescent girls on how to cope with family and violence.</li><li>- Increase outreach.</li><li>- Fund knowledge products on lessons learnt</li><li>- Consult with coordination group GBV WG and GBV IMS taskforce on gaps and priorities</li><li>- GBV is lifesaving.</li><li>- supporting funding for case management and other empowerment activities.</li><li>- Continue building the capacity of caregivers and raising their awareness about risks of GBV that children and persons with disabilities may expose to, how to seek support and available services. We have a low percentage of persons with disabilities reporting on GBV incidents.</li></ul>	
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	<ul style="list-style-type: none"> <li>- Raise awareness on marital rape for community and service providers including right to seek help whilst advocating for law revision to criminalize it.</li> <li>- Questions:</li> <li>- Q: Are there any plans to investigate about GBV risks in urban settings? If we are concerned to better understand the situation of minority refugee groups and migrant workers, most of these people are in Amman.</li> <li>- A: Safety assessment was conducted in Amman in 2018. Another assessment was conducted in 2020 covering Irbid and it was led by IOM. We are considering the South as one of the urban areas and Amman can be a potential.</li> <li>- IOM: Amman would be an interesting location as the old risk assessment was in 2018 and it can be updated. Priorities, suggestions, and comments are welcomed.</li> <li>- Before conducted GBV risk assessment we can consult with the GBV WG to find out suggestions.</li> </ul>	
<p><b>COVID-19 vaccination and implications for gender-based violence (GBV)</b></p>	<ul style="list-style-type: none"> <li>- 29 vaccine centres are available all over the country. In terms of data collection, we do not have all information. If there is data collection, GBV WG need to have access.</li> <li>- Raising awareness and thinking about preventing GBV in vaccine centres. Disseminating information is important like flyers in vaccine centres. Community-based approach and implement safety audit in terms of approaching vaccine centres.</li> <li>- Involve community leaders can also help raising awareness.</li> <li>- Ensure equal access to vaccine centres. Make sure to support all communities to get vaccinated not only men. Community leaders can help in this.</li> </ul>	<ul style="list-style-type: none"> <li>- <b>Interested members to share express their interest via email to co-chairs.</b></li> </ul>

	<ul style="list-style-type: none"> <li>- Support the survivor of GBV and disseminate Amaali App, training health service providers and get information on how to approach them specially those who are not part of any organization.</li> <li>- Displaying emergency numbers for GBV survivors in centres.</li> <li>- Having a task force for COVID-19 vaccine vs GBV and PSEA.</li> <li>- members of GBV WG who agree on the creation on this guidance note and are interested to join the task force, can share their interest by contacting the co-chairs.</li> <li>- IOM showed interest in joining the task force and JRF would like to read the note first.</li> <li>- The note will be shared with members.</li> </ul>	
<b>Disability and Age sector focal points and Gender sector focal points</b>	<ul style="list-style-type: none"> <li>- It is important to elect another gender focal point (Nemin from JRF is one of the focal point of the GBV WG) to support the gender analysis. Interested members can share their interest with the co-chairs.</li> <li>- Last week GBV WG co-chairs had a meeting with disability and age task force and it was agreed to have a focal point from GBV WG joining the disability and age sector's meetings. Focal points will receive trainings and will be part of other trainings. They will attend the meetings regularly and disseminate information with GBV WG.</li> </ul>	<ul style="list-style-type: none"> <li>- <b>Interested members to contact co-chairs.</b></li> </ul>
<b>Updates</b>	<ul style="list-style-type: none"> <li>- <b>Irbid office:</b> for Irbid coordination WG, DRC provided cybercrime trainings, CP and GBV SWGs invited service providers to share their services. There was also a celebration for International Women's day.</li> <li>- <b>Zatari camp:</b> celebrated international women's day and conducted joint activities like movie screening shared by UN Women. Presented the movie in 4 locations of the camp. Good practices and GBV prevention activities in the camp. IMC presented initiative for</li> </ul>	

	<p>CM prevention in the camp and planning to launch a campaign related to early marriage by several activities, participation is open. IMC updated their services, child psychiatrist available in the camp and providing counselling for mental health. Cases are referred to the psychiatrist.</p> <ul style="list-style-type: none"> <li>- <b>Mafrag office:</b> celebrated International Women's day by having an open discussion and movie screening. Challenges on livelihood and women empowerment, will conduct a group discussion on this topic. Training calendar covering PSEA training and safe referrals. Legal services in Mafrag: going to conduct joint meeting with WG members and have a discussion with FPD to solve problems. Gap analysis will be finalized this week.</li> <li>- <b>Azraq camp:</b> 21 March meeting, discussion to make sure that we are accountable to affected population in the camp. CP, GBV, protection and other sectors and will have similar trainings to IBV trainings. Updated contingency plan for available services in the camp. Change behaviour for children, plot level activities to make sure that children have constructive activities through UNICEF IBVs and trying to get approval from MoSD.</li> <li>- <b>JRF:</b> developed awareness tool, a flyer with info for GBV, members can have a copy of it. 2000 copies are available for GBV WG, useful tool for the community. Email: a.bondokji@jrf.org.jo Mobile: 0796884547 for more details.</li> <li>- <b>TDH-L:</b> 2 projects in Zarqa and Azraq camp targeting children and women exposed to GBV, available MHPSS services.</li> <li>- <b>GBV SWG:</b> looking to map all GBV services, will share a mapping tool to be checked and updated.</li> </ul>	
AOB	- N/A	