



GBV
Sub-Working Group

GBV SWG meeting minutes 27th of May 2021

Location: online Webex link

Agencies present: ARDD, ACF, AVSI, AWO, Caritas Jordan, CRP, CVT, DRC, FCDO (UK Embassy), ICMC, INTERSOS, IOM, IRAP, IR-W, JNCW, JRF, JWU, MECI, Mercy Corps, MEDAIR, Sawiyan, Takatoat, TDH-L, TDH-Italy, UNDP, UNFPA, UNHCR, UNRWA

Agenda

1. Coordination updates.
2. OCHA allocation updates (JHF)
3. COVID-19 vaccination and implications for gender-based violence (GBV) prevention and response.
4. Gender Based Violence Risk Assessment for Irbid and Ramtha.
5. Gender-Based Violence Case Management Coaching Initiative
6. AOB

Agenda items	Discussion	Action points
Welcoming	- Welcoming participants and provide a brief on the agenda and housekeeping rules.	- MoM will be uploaded on UNHCR's data portal: http://data2.unhcr.org/en/working-group/72?sv=4&geo=36

<p>Coordination updates</p>	<ul style="list-style-type: none"> - Inter-agencies have entered their planning submissions for GBV/Protection under Activity Info tool. Members were asked to report on MONITOR data base as PLAN data base is closed. - Reported Activities will be implemented in 13 different Locations around Jordan. - 2021 Pillars are: Refuge, resilience, and COVID-19 response. 49,877 is the number of planned beneficiaries to be provided by GBV services in 2021 Value. - % of protection\services to be provided disaggregated by population\location: SYR-CAMP 14%, JOR-HOST-COMMUNITY 32%, and SYR-URBAN 54%. - Required budget for 2021 is 7,573,500. So far 9% is received. - IACU conducted several trainings on AI for both PLAN and MONITOR. - Members were informed to report on AI/PLAN phase, and it was closed after. However, PLAN phase might be re-opened in the future for those who missed reporting. Members can contact mahafza@unhcr.org and taqatqa@unhcr.org if they need any support on AI. 	
<p>OCHA allocation updates (JHF)</p>	<ul style="list-style-type: none"> - The first JHF standard Allocation for 2021 prioritized child protection sub-sector and health sector. This is related to the fact that last year GBV was selected. There is a chance for GBV to be prioritized during the next allocation. - Child protection priority was to provide inclusive child protection case management, hotlines and multi-sectoral services, including for situations of child labour (both for regular and worst forms of labour) child Marriage, and other child protection concerns which were further affected by COVID situation. 	

	<ul style="list-style-type: none"> - GBV co-chairs will meet with CP co-chairs to see if there are areas of collaboration between both sub-sectors. 	
<p>COVID-19 vaccination and implications for gender-based violence (GBV) prevention and response</p>	<ul style="list-style-type: none"> - As of 23 May 2021, only 3.6% of Jordan's population were vaccinated. Vaccination is not limited to Jordanians, all individuals on Jordanian soil are eligible to receive it, and it is free-of-charge. Refugees from all nationalities are also encouraged to register for the vaccination especially elderlies and those who suffer from chronic illness. Persons with disabilities are also prioritized through the government's joint efforts to reach out to individuals with limited mobility and ensure no one is left behind. - In addition to the considerations that should be taken into account for people with limited mobility such as persons with disabilities and elderlies, considerations related to cultural barriers and unequal power dynamics that may hamper women and other marginalized groups from accessing vaccination centers should be looked into. There is a chance that females are dominated by male family members thus they may not have the choice to choose whether to get COVID-19 vaccine or not, in another scenario females may not be able to access vaccination centers due to distance and lack of safe transportation and childcare arrangements specially for female headed households. This may increase family tensions and risks of exposure to IPV, denial of resources and other forms of GBV. - In many settings, women face limited mobility to reach health facilities or vaccination sites, restricted decision-making power in their health seeking as well as limited access to and control over resources needed for advancing their health, including information about vaccines and vaccine safety. Women and gender-diverse 	<ul style="list-style-type: none"> - The document will be shared with members.

	<p>groups are also often at risk of experiencing sexual harassment and other forms of gender-based violence when seeking health services, including vaccination.</p> <ul style="list-style-type: none">- Important messages need to be shared and, in the field, GBV survivors should take an equal access to the vaccine.- Communities were approached and field coordinators provided their support.- During the last meeting with the task force, key messages and the guidance note that will be endorsed and shared in the newsletter.- Key messages were finalized and shared with members to have an idea about the messages that will be displayed.- All messages are being assessed with leaders mainly UNICEF.- Dissemination of key messages on GBV/SEA services provision in vaccination site and enhancing the equal access to the vaccine so that no one is left behind.- Recommendations:<ul style="list-style-type: none">- To ensure a community-based approach with the participation of women, men, boys and girls through the implementation of safety audit within the biggest vaccination centers.- Raising awareness session on equal access to vaccination in camps and urban areas.- Support the integration of Protection from Sexual Exploitation and Abuse (PSEA) messaging in Risk Communication and Community Engagement.- Some of the Key messages on GBV/PSEA during the COVID-19 vaccine roll-out:<ul style="list-style-type: none">• Vaccination is free. No one should ask for any compensation to facilitate access to it.• Vaccination is open for all nationalities.	
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	<ul style="list-style-type: none"> • For GBV: If you are intimidated or pressured regarding the COVID-19 vaccine, do not remain silent. Seek confidential counselling and support from the toll-free helplines [add helpline/hotline number(s)]. You have the right to freely decide about getting vaccinated. • Amaali is a mobile application which provides information about GBV services nationwide. You can download the application from the app store in your smartphone. <ul style="list-style-type: none"> - And many other messages. - IOM will provide a feedback to see if it's possible to work with National Center for Security and Crisis Management to disseminate messages outside of camps. - emphasizing the role of community leaders to support an equal access to vaccine. - Questions and comments: - Q: how do we know that the number of vaccinated men is more than vaccinated women? - A: We don't know, and it is a recommendation for MoH to make sure that there is a sex and age disaggregated data collection. However, for men it is easier to approach centers. - Q: is there an Arabic version of the guidance note? - A: It will be translated so that the community will understand the guidance note. Key messages are ready in Arabic. - Suggestion: to create a child friendly spaces so that women who are getting vaccinated have a place to leave their children. - IOM can distribute posters in Arabic if there is an interest. 	
<p>Gender Based Violence Risk Assessment for</p>	<ul style="list-style-type: none"> - The SGBV Risk Assessment Tool was developed in 2018 by the Jordan GBV Sub Working Group. - November 2020: IOM adapted the GBV risk assessment tool for Irbid and Ramtha. 	<ul style="list-style-type: none"> - Presentation will be shared with members.

<p>Irbid and Ramtha</p>	<ul style="list-style-type: none"> - Jan 2020 – March 2021: Qualitative data collection phase: Focus Group Discussions with community members; and Key Informant Interviews with service providers and community leaders. - March – May 2021: Data analysis and report writing. Presentation of findings and feedback from GBV sub-working group prior to finalization. - Irbid has a high concentration of refugees, and is home to hundreds of thousand Syrian refugees living in urban neighborhoods, in addition to refugees from other countries including Palestine, Iraq, Somalia, Yemen, and Sudan, and thousands of economic migrants from Egypt, South and Southeast Asia. Irbid governorate is highly populated with diverse communities, with a large presence of local and international humanitarian aid service providers. However, there was little data available about GBV risks within this area. Accordingly, it was chosen as the location for the risk assessment, to produce local knowledge on existing GBV risks, gaps and needs, with a focus on Irbid city and Ramtha. - Risk Assessment Objectives: To better understand GBV risks in Irbid and Ramtha. To understand the unique experiences of different segments of communities living in the urban area of Irbid and Ramtha like members of the LGBTIQ+ community and women in livelihood programming/working women. To identify strengths within refugee and host communities. To highlight refugees and host community' recommendations To ensure accountability. - The risk assessment was conducted using a qualitative methodology, through two main data collection methods: Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs). - Challenges: 	
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	<p>Challenges and delays due to COVID-19 related closures. Lack of consultation with members of the LGBTIQ+ community. Under-representation of non-Syrian refugees and migrant workers.</p> <ul style="list-style-type: none"> - Findings: <p>Identified GBV risks. Overview of GBV services. Community Proposed Potential Solutions for Reducing Risks and Improving Safety.</p> <ul style="list-style-type: none"> - Top safety concerns affecting women and girls living in Irbid and Ramtha: physical assault, forced marriage, Psychological / Emotional Abuse, sexual assault, denial of Access to Resources, and rape. - GBV in Jordan, including in Irbid and in Ramtha remains normalized, justified, and unchallenged, with women and girls and other segments of the population facing the challenges of entrenched gender inequality and discrimination. The findings of the GBV risk assessment highlight that GBV disproportionately affects women and girls, subjecting them to risk and unsafety within their own homes as well as outside, where they face all types of GBV mostly at the hands of partners, family members and other men in the community. COVID-19 has exacerbated existing GBV risks. - IPV traps women and girls within an endless cycle of physical, psychological, emotional, and sexual abuse, it denies them access to resources, opportunities, and services, and it may lead to death. - In Irbid, according to UNICEF, 2041 girls and 41 boys were married under the age of 18 in 2017. - Findings were consistent among consulted Syrian and Jordanian women, girls, men and boys, as well as service providers including those working with the Palestinian communities. 	
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	<ul style="list-style-type: none">- Despite undeniable progress that was made by GBV service providers in the past decade on raising awareness and working to end child and early marriage, it still poses a considerable threat.- Perhaps the most powerful reports around early marriage come from girls themselves: in the FGDs, Syrian and Jordanian adolescent girls unanimously voted early marriage as a top risk they face, across all FGDs that were conducted with them.- Women and girls also worry about rape, but few listed it as a top risk facing them in Irbid and Ramtha, as it remains highly taboo to discuss, disclose and/or report.- In Irbid and Ramtha traditional gender norms and widespread gender inequality provides a breeding ground for GBV mainly against women and girls.- Men are seen through the dual lens of protector / perpetrator.- IPV is widely accepted by women, girls, men and boys.- Victim-blaming is commonly encountered.- Many consulted men expressed harmful views as the discussion progressed.- Hope for behavioral change lies within the hands of youth.- Consulted service providers seemed to be very much aware of community perceptions.- confusion about the root causes of GBV as opposed to contributing factors.- Vulnerable groups at risk of GBV: Women and girls in general. Refugee women and girls. Women living without men: widowed, separated, divorced, female head of household. And additional groups like women and girls with disabilities, working women, LGBT individuals and Syrian women wearing the khimar.- The vast majority of reported SGBV incidents are perpetrated by family members.	
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	<ul style="list-style-type: none"> - Areas and community spaces outside of the home can be unsafe too, like public gardens, public markers, streets, etc. - Consulted women and girls reported that they fear sexual harassment and abuse in public transportation. Taxis and common taxis (service) were considered the most dangerous, as women and girls can find themselves alone with the driver. - In terms of unsafe areas for men and boys: - Including Exploitation at work (including child labor), but also sexual abuse and rape, and violence as a result of harmful masculinities. - As for men, GBV risks are reportedly minor. However, we should keep in mind that they remain severely underreported. - Impact of COVID-19 on GBV risks in Irbid and Ramtha: <ul style="list-style-type: none"> Increased violence at home. Increased caregiving responsibilities. Increased risk of online and ICT-facilitated GBV. Somehow decreased sexual abuse and rape (outside of the house). - Findings from this assessment confirm the need to proceed carefully with livelihoods programming, to avoid inadvertently increasing GBV risks with livelihoods interventions. Women empowerment and livelihood programming are strongly needed to complement GBV services, as women and girls often have no safety net. - A wide range of GBV prevention and response services are available in Irbid and Ramtha. However, there was no sufficient data available through KIIs with service providers on the inclusion of women and girls in planning and delivery about services. - Recommendations: <ul style="list-style-type: none"> • Offer strong social behavioral change programs. • Offer awareness raising programs. 	
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	<ul style="list-style-type: none">• Conduct community-wide awareness campaigns on IPV, early marriage and family violence.• Undertake community consultation prior to designing all GBV activities.• Ensure that all service delivery centers are accessible to women with diverse needs.• Work with men and boys and effectively engage them as allies• Ensure a gender-transformative approach throughout all GBV programming.• Provide clinical management of rape services.• Strengthen women empowerment programs.• Conduct trainings to community members.• Increase outreach of GBV response services in Irbid and in Ramtha.• Engage with women and girls living with disabilities to inform them about existing services.• Strengthen and continue delivering survivor centered GBV case management services.• Coordinate with Child Protection service providers.• Promote PSEA while reinforcing reporting and referral mechanisms for survivors.• Strengthen an organizational culture of prevention and deterrence to SEA.• Set up or strengthen existing PSEA systems and community-adapted complaint mechanisms.• Take decisive and effective measure to protect whistle-blowers and reporters against retaliation.	
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	<ul style="list-style-type: none"> • Take immediate and decisive actions to investigate SEA reports and take action against perpetrators. • Training beneficiaries on the use of community-adapted complaint mechanisms. Raise awareness among all community members about PSEA policies and reporting mechanisms. • Train all staff on PSEA on an ongoing basis. • Overall, conduct further gender and GBV mainstreaming in livelihood projects. • Increase livelihoods programming for men and women, ensuring transparent beneficiary selection based on clear vulnerability criteria. • Integrate livelihoods interventions into GBV prevention. • Provide age-sensitive services to women and girls. • Provide livelihood services and activities without setting an age limit. • Set up or strengthen existing PSEA systems. • Increase funding for GBV prevention. • Designation of multi-year funding that allows for the design and implementation of gender transformative programming. • Increase funding for livelihoods interventions across Irbid governorate. • Include as a funding requirement the presence of a PSEA policy and reporting mechanism. <ul style="list-style-type: none"> - Comments and questions: - Q: why would women with Nikab be more at GVB risk? - A: There are rumours that women with Nikab are wearing it to hide something as if they did something wrong or that women wearing 	
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	<p>Nikab are engaged in sex work as they reported. It also makes men more curious and they are more harassed.</p> <ul style="list-style-type: none"> - Q: what was the context of rape, is it marriage rape, outside or inside home, etc? - A: Men, women, boys, and girls are asked to draw their community, mentioning safe places. Women and girls are afraid of rape and men fear for their women and girls to get raped. They hear of rape happening but mostly they face sexual harassment. Nobody mentioned marital rape and it is a taboo to talk about it and still remains unknown. There are recommendations in the report for this issue. - Q: what is the profile of the perpetrator? - A: it is a consistent profile in all GBV reports, mainly male family members like intimate partner, caregiver, head of household, in addition to men from the community. Most of GBV cases took place inside home. Women and girls should know that services are available for GBV cases outside home as well. 	
<p>Gender-Based Violence Case Management Coaching Initiative</p>	<ul style="list-style-type: none"> - A coaching initiative for GBVIMS Task Force to support and strengthen the Gender Based Violence (GBV) case management services provision and the organizational capacity in conducting internal analysis for the GBV IMS. It took place from Oct 2020 to April 2021. Sustained efforts were implemented and a technical support in the form of mentoring, training, and other capacity building activities. - Gaps: 	

	<p>Suicide and Mental Health care & setting safety plan for mental health.</p> <p>Supported CM supervision and staff care.</p> <p>Principles of empowerment and survivor centered approach & Attitudes.</p> <p>Working with child survivors.</p> <p>Working with migrant workers, English speakers, LGBTI, people with disabilities.</p> <ul style="list-style-type: none"> - The areas of assessment included: <ul style="list-style-type: none"> Case management steps including Psychosocial Support Self-assessment of level of confidence for identified case management. Frequency, participation, and perceived level of benefit from various capacity building activities. Case scenarios. Mental health assessment. - Areas of strength included: - Interactive nature of topic discussions through polling activities, group work, screensharing, role plays and open discussions - All topics discussed fulfilled a specific identified capacity building need. - Coaching and training PowerPoint, resources and tools shared with participants allowed for sharing of knowledge and use of tools for practical application. - Practical application of knowledge through specific case discussions and adapted material related to the need identified from baseline assessment. - Coaching session for supervisors was helpful to discuss various challenges and tools related only to case management supervision 	
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	<ul style="list-style-type: none"> - 2-hour coaching sessions were engaging, practical and allowed for honest informal exchange of ideas and knowledge. - Areas of improvement and recommendations: - Technical needs individualized for each task force organization needs. - Independent out-of-session group/individual activities or challenges can be incorporated for sustained learning. - Follow up mentoring and shadowing in the form of field visits. - Activities catered for case management supervisors was perceived as helpful and are recommended in future efforts to ensure technical capacity building on all levels of service delivery. - Recommended topic areas: - Remote Case Management Supervision and Primero/GBVIMS+ Rollout. - Safety planning for suicide and other high-risk mental health related situations. - Organized regular staff care initiatives. - Specialized training and guidance for LGBTQI, persons with disability, and migrant workers. - More understanding and guidance for male sexual abuse and female perpetrators of GBV. - Technical support for on-going internal analysis of GBVIMS data. - Questions and comments: - Q: This is phase 1, will there be a second phase and what will the second phase focus on? - A: the second phase will be rolling the GBV IMS+ training, it will facilitate CM documenting phases, and the focus will be on this roll 	
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	<p>out. Also, it will focus on other areas like a need for self-care sessions for staff.</p> <ul style="list-style-type: none"> - The plan for the second phase will be shared once ready. 	
Updates from partners	<ul style="list-style-type: none"> - The GBV IMS report is uploaded on UNHCR's data portal and relief web. The report will be translated to Arabic soon and uploaded. - NCFA are about to finalize the English version of the national SoPs and will provide Trainings on the SoPs in 2021. - Generation for peace: RDPP program to build capacity on GBV prevention. In collaboration with GIZ and MoE enhance quality of education for teachers and parents. - Amaali app: new refreshing training session on Amaali app, 48 participants are interested and 32 are new users. Will conduct 3 briefing sessions two for new users next Sunday and Monday (invitation email was sent). The refreshing session will be conducted the week after. 	https://data2.unhcr.org/en/documents/details/86672
AOB	<ul style="list-style-type: none"> - N/A 	