



**GBV SWG meeting minutes 29<sup>th</sup> of June 2021**

**Location: online Webex link**

**Agencies present: AWO, Caritas, CRP, COOPI, MECI, MPDL, NRC, UNHCR, UNFPA, UNICEF, UNDP  
Generations for Peace**

**Agenda**

1. Coordination updates; Activity info updates, updates from the field coordinators
2. COVID-19 guidance note + celebration of world refugee day
3. “Child Marriage in the context of COVID-19”: UNICEF
4. Best Practice: Cash for Protection by NHF
5. 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>Coordination updates; Activity info updates, updates from the field coordinators</b>	<ul style="list-style-type: none"> <li>- <b>IACU</b> provided the last training on ActivityInfo for all members who missed the previous trainings. Focal points were requested to finalize their reporting on PLAN database by the 30th of June 2021.</li> <li>- As for MONITOR database the deadline for reporting on the months of January, February and March is on the 30th of June. The deadline for April, May and June is on the 14th of July.</li> <li>- It is very important that all organizations who appeal during the JRP share their appeal with the reporting focal points in their</li> </ul>	

	<p>organizations and make sure to have a proper handover to the next focal point to avoid discrepancies.</p> <ul style="list-style-type: none"><li>- As for the Jordan Financial Tracking (JFT): IACU is in process of launching the JFT for 2021 reporting and planning to conduct a number of training sessions on JFT. Users who are willing to attend the training to register at the following link and choose the appropriate day and time for them: <a href="https://enketo.unhcr.org/x/BbcEdJTz">https://enketo.unhcr.org/x/BbcEdJTz</a>.</li><li>- <b>Azraq Camp:</b> received a letter from SRAD for resuming activities and all agencies in the camp need to adhere to the protocols, will opening 50% of the capacity. Health protocol will be implemented and encouraging taking vaccines. Leave permits are granted and urgent humanitarian updates will be granted. During June, World Vision launched an online campaign “just married” to raise awareness on child marriage. They involved community and collaborated with partners. Different platforms are available in the camp.</li><li>- Vaccinations: as of Sunday, more than 12000 refugees registered for vaccine, 395 refugees took both doses of vaccine. Encouraged staff to get vaccinated and several presentations on vaccination. Increase in reporting of GBV cases to the GBV service providers, and still looking at the causes, might be due to more presence in the camp.</li><li>- <b>Irbid:</b> GBV gap analysis started. GBV safe referral training was conducted. NHF operating in Jerash and Ajloun to conduct CM for survivors who are not able to approach centres in person. NHF started implementing GBV CM and other activities in King Abdalla camp.</li><li>- <b>Zaatari:</b> received a letter from SRAD for resuming activities. All organizations and staff should receive at least the 1<sup>st</sup> dose of vaccine</li></ul>	
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	<p>and the capacity of staff is 50%. Continue providing in person CM and support for GBV and CM cases. Reopening the site is related to the commitment of INGOs. More than 12000 individuals received the first dose of vaccine. GBV WG started to implement awareness sessions on sexual harassment and raising awareness sessions. CM campaign under preparation and a concept note will be shared. IMC is leading child labour issues in the camp. Trainings: set a plan to start providing trainings in Q3.</p> <ul style="list-style-type: none"> <li>- <b>Mafrq:</b> capacity building plan on GBV safe referral and PSEA, in Mafrq will start in person and there will be 3 sessions per month, 2 online sessions and one in person. In June, CP WG suggested to have a joint CP GBV WG and will finalise gaps by the end of June. FGDs will be held to specify the topic related to GBV to conduct awareness sessions based on the community needs. FPD and MoSD will start attending the WGs from July.</li> </ul>	
<p><b>COVID-19 guidance note + celebration of world refugee day</b></p>	<ul style="list-style-type: none"> <li>- A guidance note was finalised and shared with members in both English and Arabic.</li> <li>- Content of the document:</li> <li>- Statistics of vaccinations: on 13 January 2021, Jordan began its vaccination campaign, with healthcare workers and the elderly prioritized for the first shots. As of 23 May 2021, 385,142 people were fully vaccinated in Jordan which represents only 3.6% of Jordan's population. Vaccination is not limited to Jordanians, all individuals on Jordanian soil are eligible to receive it, and it is free-of-charge. The percentage now increased to 12%.</li> <li>- There is still missing desegregated data based on gender and age. Registration on vaccination for females is 45%. Focused on the need of desegregated data to understand gaps and challenges.</li> <li>- Gender barriers: women face challenges to access health vaccination sites due to several reasons that were mentioned in the</li> </ul>	<ul style="list-style-type: none"> <li>- <b>COVID-19 guidance note in Arabic:</b> <a href="https://data2.unhcr.org/en/documents/details/87299">https://data2.unhcr.org/en/documents/details/87299</a></li> <li>- <b>COVID-19 guidance note in English:</b> <a href="https://data2.unhcr.org/en/documents/details/87298">https://data2.unhcr.org/en/documents/details/87298</a></li> </ul>

	<p>guidance note. Additional reason is literacy especially for elderly people, in addition to the access to smart phones and internet.</p> <ul style="list-style-type: none"><li>- Recommendation: divide based on service providers. For health service providers it's important 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 centres. Community based approach with the support of community leaders. Support the integration of Protection from Sexual Exploitation and Abuse (PSEA) messaging in Risk Communication and Community Engagement (RCCE).</li><li>- For government: provide care support for children and transportation cost. Ensure that official information about vaccination and registration is accessible to all groups by diversifying means of communications. Ensure that vaccination sites are accessible and safe. Support the creation of child friendly spaces. Display/disseminate protection from Sexual Exploitation and Abuse (PSEA) messages in vaccination centres. Work with women-led/women's rights organizations. Ensure private rooms in vaccination centres. Ensure safe and reliable Sex and Age disaggregated data collection. Allocate resources for mobile vaccination.</li><li>- GBV service providers in and out the camps:</li><li>- Support the training of health service providers, volunteers, and outreach workers on GBV safe referral and on reporting SEA. Provide up-to-date awareness information on GBV through the Amaali application. Display emergency phone number for survivors. Ensure private rooms in vaccination centres. Disseminate information about available GBV services and Amaali application. Support vulnerable groups when required. Update referral pathways and outreach information. Information about</li></ul>	
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	<p>essential services for women, including Intimate Partner Violence for GBV survivors, as well as mental health services should be kept open and active. Information on life-saving services.</p> <ul style="list-style-type: none"> <li>- Members can use and disseminate the guidance note, members who are trained on GBV safe referrals can train health providers, use key messages in awareness raising sessions, use it in GBV WGs.</li> <li>- Field coordinators arranged joint session with health sector to raise awareness on vaccination and a focus on non – Syrian refugees during the world refugee day. The report will be presented to members.</li> </ul>	
<p><b>Child Marriage in the context of COVID-19</b></p>	<ul style="list-style-type: none"> <li>- A regional analysis for child marriage during COVID-19. The study would not have been complete without the invaluable inputs provided by UNICEF and UNFPA country office colleagues from the six country offices of Djibouti, Egypt, Jordan, Morocco, Sudan, Yemen and local partners.</li> <li>- There is not enough evidence yet on the impact of the pandemic on child marriage globally and in the Middle East and North Africa/Arab States (MENA/AS) region. Nevertheless, it is estimated that up to 10 million more girls will be at risk of becoming child brides in the next decade because of COVID-19.</li> <li>- Implications of COVID-19 on the global economy, particularly for low-income countries where child marriage practice is more prevalent, and the fact that poverty is one of the drivers of child marriage worldwide, cases of child marriages are expected to increase in vulnerable and poor communities.</li> <li>- This study was commissioned with the purpose of generating more evidence to analyse trends and drivers in rates of child marriage during the COVID-19 pandemic in the MENA region, with a focus on six countries. The study also documents promising practices and interventions to curb the impact of COVID-19 on child marriage and</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="https://www.unicef.org/mena/reports/child-marriage-context-covid-19">https://www.unicef.org/mena/reports/child-marriage-context-covid-19</a></li> </ul>

	<p>bolster efforts to eliminate child marriage by 2020. The report is based on case studies and examples from Djibouti, Jordan, Egypt, Morocco, Sudan and Yemen and covers the following areas: 1. Overview of child marriage and related issues. 2. Implications of COVID-19 on child marriage prevention and response. 3. Documented changes or trends in child marriage since COVID-19. 4. Contributing factors to changes in the rates of child marriage during COVID-19. 5. Promising practices in child marriage programming during COVID-19.</p> <ul style="list-style-type: none"><li>- Due to the constraints imposed by the COVID-19 pandemic, the study was conducted remotely and could not benefit from field visits in the six targeted countries.</li><li>- The following data collection methods were used to collect information: literature review. Interviews with Child Protection Officers/Specialists, Gender-Based Violence (GBV) Specialists. Interviews with international and local civil society. Questionnaires to local partners and service providers. Focus group discussions with community leaders. Questionnaires to adolescents and young people.</li><li>- Child marriage and early marriage define almost the same concept, which is any legal or customary union involving a boy or girl age 18. Any marriage entered without free and full consent to the union is forced.</li><li>- Child marriage constitutes a severe human rights violation, often jeopardising the education, health, well-being and future of millions of children in the world as well as being an extreme manifestation of GBV.</li><li>- The report explains the child marriage and documents problems in the six targeted countries.</li></ul>	
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	<ul style="list-style-type: none"><li>- In Jordan, factors contributing to child marriage include poverty and the social pressure to provide “sutra”, which in Arabic means attaining security in life and protection from hardship, a concept that has roots in Islam and is culturally accepted among people of all faiths in the region.</li><li>- The COVID-19 pandemic is having a significant impact on the economies of the Middle East and North Africa.</li><li>- Among the six countries that were part of the study, only Jordan produced national data related to child marriage in 2020, showing a slight increase. The simplicity of marriage procedures and the reduction of costs during this period possibly contributed to this increase. The high costs of marriage had been behind the reluctance of young men to marry together with high unemployment and low average income.</li><li>- To address and prevent child marriage, it is necessary to adopt an integrated and multi-sectoral approach. In some countries, the issue of child marriage is raised within communities in connection with FGM prevention activities. In others, it is integrated within the framework of activities on GBV or addressed within schools. The promising practices presented in this chapter are alternative approaches to traditional programmatic work that was used in the six countries to overcome challenges presented by COVID-19. Some of the promising practices refer to GBV prevention interventions that were adapted to COVID-19 and have the potential for adaptation to include specific child marriage prevention activities. Other approaches provide conditional cash assistance to vulnerable families of at-risk girls, given that poverty is one of the main determinants of child marriage.</li><li>- Some of the recommendations were to enhanced poverty alleviation, safeguarding girls’ access to school, campaigns on child</li></ul>	
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	<p>marriage prevention, access to SRH services, use of online platforms and social media and community engagement.</p>	
<p><b>Best Practice: Cash for Protection by NHF</b></p>	<ul style="list-style-type: none"> <li>- IFH started to implement the Cash for protection component, in 2020, IFH in collaboration with a consultant from UNFPA worked on developing and designing a CVA policy which included the main types of cash, the criteria of receiving cash, the amount, frequency, delivery mechanism and financial service provider, the policy also included the monitoring plan after receiving the cash assistance, as well as the exit strategy for the CVA.</li> <li>- Cash can be lifesaving.</li> <li>- CVA aimed at contributing to positive outcomes in response to GBV should always be designed as part of a context-specific range of components to support GBV prevention.</li> <li>- Rational and Justification GBV: Lack of alternative to institutionalization/safe shelter. Lack of flexibility from cash agencies Basic Needs cash amount not sufficient Gap in urgent needs coverage</li> <li>- Help survivors meet the costs associated with fleeing an abusive relationship, such as income loss, rent, transportation, food, clothing, etc. Immediate health, safety and security after a violent incident</li> <li>- Based on the mapping, IFH decided to implement cash assistance at three locations, East Amman, Karak and Madaba.</li> <li>- Priority and type of cash: Priority 1: the client faces a life-threatening issue related to an incident of GBV.</li> <li>- Priority 2: the client's life is not immediately at risk but has decided within the case action plan to remove from violent and risky situation.</li> </ul>	

	<ul style="list-style-type: none"><li>- IFH is following UNHCR MEB (Minimum expenditure Basket). The amount of cash is decided based on the actual cost of the needs/services needed and defined by the Case Manager.</li><li>- Monitoring Tools and Complaint and Feedback (CFM) are in place.</li><li>- Cash assistance program in Zaatari camp is supported by UNHCR.</li><li>- IFH and UNHCR in Zaatari camp worked on developing a specific SOPs .</li><li>- The maximum amount of each payment is 200JOD based on analysis conducted by IFH and UNHCR.</li><li>- IFH will identify the cases in needs for cash assistance through case management assessment. Or receiving external referrals from the service providers in the camp.</li><li>- The cash for survivor FP at IFH will receive the referral and assess the needs and determine the cash amount which can cover the needs of referred cases/survivors.</li><li>- The modality of providing cash is cash by hand.</li></ul>	
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<p><b>AOB</b></p>	<ul style="list-style-type: none"> <li>- Evidence on GBV risks for non-Syrians remains limited. Started to look closer at this issue and to examine FGM since it has been reported as a hidden problem in Somali and Sudani communities residing in Jordan. UNFPA along with Sawiyan and in cooperation with the GBV SWG will be looking closer into this.</li> <li>- UNFPA has recruited a regional consultant from Egypt and working with Sawiyan and the SWG on the following: <ul style="list-style-type: none"> <li>- Consultation 1: will be a consultation with a group of women community leaders from the Sudanese and Somali refugee/asylum seeker communities in Jordan with the aim of a) facilitating a discussion on the magnitude of this harmful practice (of FGM), effects and complications associated with the practice b) hearing from the women about other GBV related issues they face that may be unknown to humanitarian actors in Jordan and c) learning from the women if the GBV related services in Jordan meet their community's needs.</li> <li>- Consultation 2: with members of the GBV WG, including GBV services providers, NGOs working with other nationalities and protection, government, to share with them findings and outcomes of the first consultation, and discuss recommendations and way forward.</li> <li>- A survey will also be circulated with GBV SWG members and informing them of the date of the second consultation.</li> <li>- Planning to have a gap analyses workshop for GBV to update the previous report on gap analysis. Members were asked if they prefer to have it in person or virtual workshop. the majority voted for in person workshop.</li> <li>- GBV safety assessment in east Amman-IOM: reminders were sent to express interests in supporting with the assessment and will update members in the future.</li> </ul> </li> </ul>	
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	<ul style="list-style-type: none"><li>- Generations for Peace: working with ministry of Youth to start with raising awareness sessions for women.</li><li>- IMC: coordinating with FPD on media plan to raise awareness on sexual abuse and domestic violence, joint activities like procures, videos explaining FPD services to help people to know more about the available assistance such as case management services and the role of FPD. This will include linkages between IMC and FPD.</li><li>- TFG: thinking to start a project for people with disability. Question: are there available analysis for this group that can be helpful?</li><li>- Part of GBV IMS annual report for 2020 covered persons with disability. For more information it will be good to contact DATF.</li><li>- A joint meeting with CP SWG on child survivor of GBV (TBD).</li></ul>	
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