7 February 2017, at 16:30 *(GVA)*

Gender-Based Violence Area of Responsibility (GBV AoR)

Monthly Call - February

Global Protection Cluster
GBV Prevention and Response

Chair: Jennifer Chase

Participants: Fabrizia Falcione (UNFPA NY), Leigh-Ashley Lipsco (South Sudan, UNFPA coordinator), Leora Ward (US), Christine Heckman (NY), Jennifer Miquel (regional GBV coordinator, Syria), Pablo Diaz (UN Women), Emily Krasnor (UNFPA HQ), Joan Timoney (WRC), Cara Endyke, Micah Williams (IMC), Magherita Maglietti and Pamela Di Camillo (Sub-cluster – Turkey/ Gaziantep), Rania al-Ahmer (UNFPA program/coordinator, Damascus), Alice Mangwi (South Sudan, IMC coordinator), Alexina Rusere (REGA, Cairo), Fransesca Rivelli (UNFPA, NY), Megan Nobert (Report the Abuse), Sella Ouma, Marjolein Roeland (CCCM/UNHCR), Max, Marina Tondo (Intersos), Toral Pattni (Care International), Sarah Mosely (IRC), Danielle Spencer (UNHCR), Akiko Sakawe (UNFPA), Erin Patrick (IRC, Guidelines roll out coordinator), Astrid Haaland (REGA manager, AoR)

Agenda:

1) Whole of Syria Update (Jennifer Miquel and colleagues)
2) Report on GBV STAIT Missions 2016 (UNFPA)
3) EDG Meeting in Geneva, HCs and GBV (UNFPA)
4) Update on Task Teams and Reference Groups
5) Update on REGAs
6) AOB

Minutes of meeting:

1. **Update on Whole of Syria response, by Jennifer Miquel,** GBV coordinator for Whole of Syria

The presentation with maps and graphs is attached to the minutes.

We have operations in Damascus that focus mainly on government controlled areas but not exclusively, we have sub-cluster coordination in Gaziantep for the cross border operations from Turkey and coordination in Amman for cross-border operations from Jordan into Syria. Each coordination mechanism has its own strategy, is accountable and independent, but brought under the umbrella of the Whole of Syria to ensure synergies, harmonization and coherence.

We are reaching 130 sub-districts (42% of Syria) with GBV services and prevention activities. We have 22 bigger organizations working on GBV and appealing through the HRP, but there are many also smaller actors. The HNOs highlighted child marriage, domestic violence and sexual violence, as well as kidnapping often associated with sexual violence. The most at risk are adolescent girls and female headed households, divorcees and widows. It has come out in the HNOs and assessments that the service provision has improved.

GBV and SRH have been integrated (programmatically and financially). We have been able to link safe spaces with reproductive health services and sometimes a reproductive health unit may have a safe space. Accessing RH services is not taboo in Syria. The response has many new organisations but also long standing ones such as the Syria Family Planning Association has been operating in Syria for many years and has been a strong responder for service provision for RH but their capacity has been built to also respond to GBV.

We do measure impact asking the different organizations how they think the coordination is going, also seeking input from the Syrian NGOs.

Briefly, on lessons learned: The response has been well-funded, and we have multi-year funding bringing predictability and sustainability for staffing, including information management capacity. We produced a separate GBV analysis of the HNO called “VOICES” (which can be found on humanitarian.info and reliefweb). We have so much data that we prepared a separate report based on GBV separate assessments for which we took the lead, in coordination with protection and child protection. This meant that partners had quality situational

information about GBV to develop their programmes and appeals for 2017 accordingly. Leading and coordinating the assessment and data for GBV, CP and general protection positioned GBV well to have a seat at the table (leading our own sectoral defense to the HC).

Promising Practices, by Magherita and Pamela (Gaziantep)

a. Capacity building initiatives from Cross-border operations from Turkey

The core of this initiative is to roll out the SOPs that were agreed by the sub-cluster. In May 2016 we decided to develop a coherent approach to capacity building for our two initiatives, one lead by the sub-cluster and the other by IMC. We use standardized tools and aligned approaches.

We started with an assessment and then a ten-day TOT training for participants selected by the sub-cluster, service providers from inside Syria plus their manager and supervisors. After the ToT, the service providers then returned and provided training inside Syria. We also followed up with monthly coaching calls and technical support. We have a list for master trainers that we have used to replicate the same trainings and also now consulting basic GBV sensitization trainings. This year, we started a new initiative for health personnel, following the same approach – first assessment, then training, including on CMR. We plan to bring together the trained medical staff and practitioners.

b. Emergency Aleppo response

In line with our capacity building initiative we have with our partners, we are working on improving our capacity to do emergency response. We responded within 24 hours from when the displacement started happening to the Idlib governorate. There were three welcome sites along the roads that people were evacuated. We provided PFA, and activities normally linked to safe spaces. We had 11 partners and reached 16 different communities within a week from the start of the evacuation. They were able to distribute over 5000 dignity kits, and reached over 400 newly arrived women IDPs with information about services, and on referrals.

The emergency response has been integrated into overall regular programming, although five organizations are still focusing mainly on newly arriving IDPs. The majority of the organizations actually moved with the IDPs from Aleppo.

c. Response from Damascus, by Rania (UNFPA Damascus)

We are working directly with organizations that are linked to the Government of Syria and as a result of capacity building and being involved with the HNOs etc., it is becoming easier to work together.

The Ministry of Health has already agreed on the CMR guidelines for survivors, on the medical procedures, but there were reservations on the forensic collection of evidence as doctors have an obligation to report to the Ministry of Interior. Now, there is a promising opening in the emergency law, with the potential exception for collection of medical evidence and for mandatory reporting.

On UNFPA SRH and GBV integration, a consultant has been hired to work on a GBV and SRH integrated strategy for Syria, including potentially youth.

We have organized two workshops with the Syrian Commission of Family Affairs on 1) the implementation of the CEDAW, and 2) Resolution 1325. The latter was accepted straight, while for the CEDAW, the government has reservations for four articles. The good news is that the work has been delegated to a Women's Group within parliament.

For Aleppo, West Aleppo was for a long time under government control, the East under oppositions – now the whole city is under government control. There are many war remnants hindering access. We have some monitoring missions to east Aleppo to assess needs. We are working with all protection partners - activities were organized through partners in East – it is difficult to now obtain more information and to build on that.

In Western Aleppo, UNFPA as two partners, with seven active mobile teams providing referral services to our clinics in the Red Crescent and the Family Association. We have two safe spaces, one is still functioning. We have been reaching more than 17 districts for the last week's report. The total distribution of hygiene kits was above 4000.

Q&A:

Alice Mangwi: In terms of the number of persons displaced – in South Sudan we are struggling to provide services for new arrivals when we have an influx in four five locations at the same time. Did you only have one group of displaced?

Magherita: The displacement was organized as an organized evacuation; there was an agreement reached. They all followed the same route, from Aleppo to different places within the governorate of Idlib. We had three welcome points were people were dropped off initially, but the key to our response has been to be agile and mobile. Eleven organizations are involved; they have gone from village to village providing services.

Rania: According to OCHA, 73'000 are hosted in Western Aleppo after fleeing from East Aleppo. There are also reports of another 81'000 blocked in East Aleppo and outside of our reach.

Joan: The integration of SRH and GBV is of interest to many which I will bring to the inter-agency working group on health. Jennifer M responded that they have GBV and health strategies, GBV and SRH integrated programs.

Jennifer Chase: I would like to thank the team. We can organize another dedicated call on the learning coming out from the whole of Syria, the methodologies to do research and assessments when access is difficult, let me know if you are interested.

2. **Update on EDG meeting,** by Fabrizia

The Emergency Directors Group (EDG) conducted two missions in November, 2016, to CAR and Nigeria. For the first time GBV was a focus area in the mission TORs which was significant to all of us working on GBViE. The mission to CAR was a combined EDG and Regional Directors combined mission. Having GBV in the TOR made it easier to bring up GBV. However, as the missions were also highly political, in particular in Nigeria, it was challenging to keep GBV in focus, though we achieved this with the support of the team leader, John Ging.

Both mission reports included the importance of supporting GBV Guidelines roll out and the operationalization of PSEA standards.

For Nigeria, there was a push from the government to reduce the crisis to be solely about food security, rather than protection. The government does not want to talk about a protection crisis. However, the protection issues were well reflected in the reports.

It was disturbing to me that in both countries, in meetings with donors, no GBV issues were raised. Also donors that are part and leaders in the CtA did not raise GBV or PSEA issues. The UN has to take on the strongest voice. IRC was part of the interlocutors in CAR, no INGOs were part of mission in Nigeria.

Sarah Mosely (IRC) asked if Fabrizia could clarify which donors were there. Fabrizia responded that the donor participants included the US, DFID, Canada, Norway, Sweden, Switzerland. In CAR, we also had France.

3. **January EDG Meeting,** by Astrid

The meeting focused on the HC appraisals and the annual operational reviews. I would like to thank the GBV sub-clusters for their time and phone calls that helped us gather specific information to feed into UNFPA EDG advocacy efforts. One significant outcome of that meeting was the **EDG agreement to include GBV as part of every EDG mission in the future.** We will do our best to continue bringing your advocacy, to raise your voices to policy level. Feedback from the meeting was that we were able to put a really strong advocacy on GBV and that was confirmed by John Ging. From our side, in terms of findings, the countries in West and Central Africa gave a strong cry for more attention and resources, including the Lake Chad countries.

4. **Learning Task Team Update,** by Fabrizia

Learning Task Team: We are at the final review of the e-learning (English) on the Managing GBViE and ready for launch in the next weeks. It will be translated in Arabic and French. We are working on the establishment of a Community of Practice. We are talking with the Global Academy and following up with the GPC for their guidance.

On the UNFPA/IMC project, we have just launched a call for participants to a second workshop on Managing GBViE. This in-person training is the second phase, the first being the e-learning, and the third phase will be establishing mentorships for the participants who are emerging specialists. They will also be invited to be part of community of practice.

5. **Sphere Handbook Revision Workshop,** by Astrid

I attended the Sphere Handbook Revision workshop last week in Geneva. Simon Russell, GPC Coordinator, is the chapter author for the "Humanitarian Principles" chapter. He suggested that GBV and CP join the writing group that he is setting up, to include universal protection principles on GBV etc. I then talked to the Director of the Sphere Project who was hesitant to include more specific protection areas, but that discussion will continue.

In addition, there was a decision to look into having a new chapter (also chapeau to the technical chapters) that would focus on affected populations, issues related to peoples agency and communities capacity to help themselves, cross-cutting issues (Gender, age) etc. We would foresee that this chapter will also include GBV.

Finally, there are the technical chapters on Health, Shelter, WASH and Food Security which needs to have GBV prevention and mitigation mainstreamed. The chapters already include quite a lot of GBV issues, and we need to make sure this is not lost and hopefully strengthened. I have reminded each technical group of the Guidelines, we are lucky in that we have essentially done the work already. The authors will reference the Guidelines, and also look at referral of survivors.

We will be asked to also provide input to Chapter revision first drafts end of March and again in August. The final revision should be completed in November 2017 for launch/printing in January 2018. The aim is to have a Handbook that is simple and user friendly. The Sphere Project is managed by a consortium of NGOs. The Sphere team would like to learn from the IASC cluster partners, but will not go into detail about that.

Jennifer and I will prepare a TOR for this process and discuss with the Guidelines Reference Group how to follow up. We might be able to have a part time consultant to work some hours on this, funded by Switzerland.

6. **Call to Action meeting in Geneva (March 1-2, 2017),** by Joan Timoney (WRC)

The Call to Action is the multiple stakeholder initiative involving governments, INGOs and the UN. The GBV AoR is of course already a partner. There is a five year roadmap: this year fifteen partners have been added. Partners are meant to report annually. If you are a partner and have not reported yes, please do so before the annual meeting.

The annual meeting will be chaired by Sweden in Geneva (1-2 March) and focus on what challenges we can tackle this year in implementing the Call to Action. There is also the RTAP framework, and it would be great to capture some of what I have heard on our call today to feed into our thinking. I will communicate that during the EDG missions in Nigeria and CAR that donors did not bring up GBV despite being partners – it is a good learning to raise with the group. There is a lack of information among donors at the field level about what they have signed onto at global levels.

Fabrizia noted that it seems that the discourse and engagement on the Call to Action remains among global technical staff, not trickling down to the field, and that this is as much a problem for the donors and government partners.

Jenifer: We would all be interested in hearing more on the findings from the WRC monitoring missions in a future call.

7. **REGA Update,** by Astrid

Upcoming missions:

- **South Sudan (February):** Capacity building (GBViE) for sub-cluster members (two-day workshop) and facilitating meeting for CCCM actors on practical steps for mainstreaming.
- **Ethiopia:** Focus on GBV analysis bridging gap humanitarian –development.
- **Iraq:** Expanding the work initiated in REGA mission last year on referral pathways and SOPs. Verification workshops to follow up on four regions covered in 2016, initiating new SOP processes in other governorates.
- **Chad:** Focus on Lake Chad and more regional GBV planning and analysis
- **Nepal:** Strengthening GBV referral pathways
- **Sudan:** Has reached out
- **Yemen:** Back on the table

8. **AoB**

Megan Nobert, Director of NGO Report the Abuse, is finalizing a concept note to help us establish an interest group around her work within the GBV AoR. Monica (IOM) noted in the chat function that she would like to be part of group. AoR members are welcome to join the group, please contact Jennifer Chase (chase@unfpa.org).