

28 March 2017, at  
15:30  
(GVA)

## Gender-Based Violence Area of Responsibility (GBV AoR)

Monthly Call - March



### Chair: Jennifer Chase

**Participants:** Jeanne Ward (consultant), Fanuel, Karanja Ephraim (Sudan, UNFPA sub-cluster coordinator), Fiona Shanahan, Sarah Mosely (IRC), Kaisa Laitila (IFRC), Marina Tondo (Intersos), Alexina Rusere (REGA), Megan Lind (UNICEF), Micah Williams (IMC), Monica Noriega (IOM), Sella Ouma, Sunita (UNICEF), Hanna Persson (ECHO), Andrea Cullinan (REGA), Anna Stone (NRC), Catherine Hingley, Emily Krasnor (UNFPA), Erin Patrick (InterAgency GBV Guidelines Coordinator), Erin Kenny (UNFPA), Astrid Haaland (GBV AoR), Mendy Marsh (UNICEF), Elisabeth Pender (OFDA) and Therese Pankratov (Norway).

### Agenda:

- 1- Sphere Standards revision process
- 2- REGA Mission to Papua New Guinea
- 3- REGA Mission to Sudan
- 4- Child Protection AoR Mission to Nigeria
- 5- Update on IASC GBV Guidelines roll-out
- 6- New Task Team on Global GBV Minimum Standards

### Minutes of meeting:

#### 1-Sphere Standards revision process, by Jeanne Ward

This is the first time in the revision of the Sphere Standards that there has been a GBV person on board to provide specific feedback.

Briefly on the process: Chapter writers are finalizing drafts that will be sent to the entire humanitarian community for review in the next three weeks. Then, the field feedback will be sent to the drafters who will incorporate relevant information. At that point, the technical experts will come in to resolve any divergence of opinion. There will be another draft that will go out for a brief review and then the final version will be produced.

Sphere is committed to having a process that engages as much as possible the inputs and the voices of the Global South.

The different sections of the Sphere Handbook are the Humanitarian Charter, the Protection Principles chapter, the Core Humanitarian Standards, and the four technical chapters including the Minimum Standards for different technical areas for WASH, Food Security and Nutrition, Shelter and NFIs, and Health. The content is going to be modified but the overall structure of Sphere Handbook will not change.

### Q & A:

Erin K: Happy to see that there is a recognition of the need to have a GBV expert on the Sphere revision.

Jeanne: I have done the review of all the chapters based on the content of the GBV Guidelines, it seems that the drafters are keen to try and include references to GBV.

Jennifer: Thanks to Switzerland for coming forward with this funding opportunity. The GPC invitation for the GBV AoR to be part of the Writing Group on the Protection Chapter reflects our positive and constructive relationship at the global level.

Hanna (ECHO): Is there any possibility to share the comments, so we can all send joint messages?

Jeanne: I will ask if I can share the documents but do not know what the answer will be, but we will figure out a way and agree on a process to have everyone involved.

## **2- REGA Mission to Papua New Guinea (PNG), by Andrea Cullinan**

80% of all natural disasters in the world occur in Asia and the Pacific. It is also the most populous and fastest growing region. PNG has one of the highest rates of GBV prevalence in the world, with the magnitude of gender-based violence considered to be of epidemic proportions. 41% of men in PNG admit to having raped someone, over two-thirds of women are estimated to have suffered some form of physical or sexual violence in their lifetime, and 7.7% of men admit to having perpetrated rape of men and boys. Maternal mortality is second highest only to Afghanistan.

In PNG, the Protection Cluster (PC) has an integrated approach to GBV and CP, due to the few actors and same line Ministry and nascent stage of government buy-in. The Office of the High Commissioner for Human Rights (OHCHR) co-leads the Protection Cluster with the government, while Save the Children and UNICEF support CP, and CARE and UNFPA support GBV coordination within the cluster.

I ran a three-day workshop on “*GBViE Preparedness*” for 29 service providers and government counterparts. The biggest outcome is that the government, which doesn’t yet fully understand their responsibilities in a humanitarian system, and is usually reluctant to take such leadership, showed strong interest and participated throughout the workshop. The workshop was therefore a great opportunity to engage the government and strengthen their commitment.

To reinforce the efforts of the PC, and to catalyze the opportunity of senior representation in form of the REGA, we also had separate meetings with line-Ministries, the Department of Community Services, as well as senior level meetings, with the Australian Embassy and the Australian Aid Commission. It was useful to talk to the donors explicitly about shifting views from development into humanitarian responses, and in particular, advocate for preparedness. It was a great opportunity for sensitizing the participants, who were mainly development actors, on humanitarian action and GBViE, as humanitarian action was not familiar to many development partners present, so the workshop also provided fruitful opportunity to promote understanding of development-humanitarian nexus and capitalize on development actors’ knowledge and skillsets which can be utilized in humanitarian response.

The workshop was organized at an opportune time as the country is starting to set up a humanitarian architecture (the Protection Cluster was revised in December 2016) and thinking about GBV in emergency situations. Another important outcome is a joint work plan based on country specific priorities.

Finally, there is a very strong cultural context of traditional beliefs in magic, sorcery and witchcraft in Papua New Guinea, with women six times more likely to be identified with witchcraft; often being blamed for natural disasters and targeted, resulting in sorcery-related violence and killings of women. This background is a key protection issue to address in humanitarian action. The complexity of the cultural environment shows the importance of government involvement, especially in the rule of law.

## **3- REGA Mission to Sudan, by Alexina Rusere**

REGA is in Sudan to support the Protection Cluster/Sector to develop and review a GBV sub-sector strategy. In addition, REGA will support the GBV Coordinator to roll out the GBV Guidelines for different Sectors. Two workshops of three days each will be held at national level in Khartoum. The two workshops will target Health, Child Protection, Shelter/NFI, WASH, Food Security and Livelihood Sectors, The second workshop will focus on Education and other sectors to be recommended by the Protection Cluster/Sector.

The GBV Sub-Sector with REGA support is planning to organize similar workshops for the five Darfur States.

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The funding situation for GBV programs is poor. Some of the donors appear reluctant to support UNFPA because of their relationship with the government. It is fundamental to have the support of the Health and Justice Ministries so as to pave the way for access to services for the survivors and all people of concern. I feel that we need to shift our thinking and find ways to support the Ministries more, as well as local and civil society organizations.

Jennifer: Sudan is a country where the bridge between humanitarian and development is happening. Can you tell us something about the Humanitarian Mission that is coming up? Are the HRP and UNDAF going to align with the same time-frame?

Karanja (GBV Coordinator, Sudan): We completed the Cluster Coordination Performance Monitoring study in preparation for the Mission. The Mission is going to look at the humanitarian architecture, whether there is a need to revise the coordination. On UNDAF and the HPC timelines, these are being synchronized. The response planning is also being linked to the UNDAF work plans.

There are three outcomes in the strategy. The first outcome is looking at population in emergency (preparedness and immediate response). The second is on how to move from material support into early recovery and resilience building. The last is targeting the population affected by malnutrition in Sudan.

Example of protection from GBV: We are currently working with women centers with reduced funding. This year, we will establish community structures in areas where it is needed. Finally, we will incentivize community participation and build stronger local capacity for more sustainable actions.

### **4-Child Protection Mission to Nigeria, by Megan Lind**

The recent HNO indicates that in Nigeria 55% of IDPs are children, girls who have experienced sexual violence by Boko Haram, are particularly stigmatized.

While Child Protection and GBV actors have made progress in developing helpful resources, in many instances GBV response programs, while appropriate for adults, do not take into account the specific needs of children and adolescents. This gap in response programming can make children and adolescents more vulnerable. The goal of the mission was to evaluate effective and efficient coordination of programs and activities supporting child survivors of GBV, and to provide recommendations on how to improve access to age and developmentally appropriate services.

During this time, we used several strong resources, including Caring for Child Survivors of Sexual Abuse, the IASC GBV Guidelines (2015), and the 2015 Mental Health Guidelines for integrating GBV.

It was a very successful mission. To appropriately identify what the individual needs would be in a camp and in a host community; we reached out to approximately 250 members of different coordination groups and offered the opportunity to participate – including, but not limited to – the Child Protection Sub-Sector Working Group, the GBV Sub-Sector Working Group, the Protection Sector, and the Health Sector. Collectively a group of volunteers agreed on a comprehensive pilot plan for assessing the access to, and quality of, services for child survivors of GBV.

The pilot plan included four types of assessments: safety audits, community mapping, clinical audits, and focus group discussions.

The pilot plan was originally supposed to be in one IDP camp but we were able to replicate our work in a second location, the Bakassi IDP host community. We saw multiple sectors engaged (protection, reproductive health, mental health, psychosocial, education and nutrition), and appreciated the cooperation of the Nigerian

government and the Camp Coordination and Camp Management Sector for the cooperation and access to each location.

**a) Overall quantifiable results**

We:

- Trained 40+ actors from fourteen local and national organizations on how to conduct safety mapping
- Conducted two safety audits, one in Bakasi IDP camp and one in Galtimari host community
- Trained 30+ actors from 13 organizations on community mapping
- Conducted 45 community mapping exercises with 192 IDPs
- Trained 30+ actors from 12 organizations on focus group discussions

Conducted 19 focus group discussions with 235 IDPs

**b) Recommendations**

A comprehensive report will be released in the near future with recommendations. In the interim we encouraged sector members to:

- Distribute information on clinical and psychosocial referral options in Bakasi IDP Camp;
- Build the capacity of current clinical actors on caring for child survivors;
- Amplify clinical services by procuring, and/or working with UNFPA to obtain, drugs that are child friendly;
- Establish a directory of clinical and psychosocial actors; and
- Continue comprehensive assessments in local government associations.

**5-Update on IASC GBV Guidelines (GL) roll-out, by Erin Patrick**

The formal target countries this year for the GBV Guidelines roll out are: Burundi, Greece, Lebanon, El Salvador, Guatemala, Honduras, Pakistan and Whole of Syria (where regional focus is being continued from 2016).

In addition, we will also roll out the GL in CAR, Mali and Nigeria in 2017, which were selected as 2016 target countries and are being carried over.

There are some countries, like Sudan, which are not “formal” target roll-out countries in 2017, but where support is being provided, whether remotely and/or via the GBV coordination mechanisms in country, REGA, or otherwise. All training materials including facilitator’s manuals are available on the website ([www.gbvguidelines.org](http://www.gbvguidelines.org)) to further support countries or agencies that wish to roll out the GL outside of the formal process.

The next roll out will be in Greece, starting the week of April 24<sup>th</sup>.

**6-Global GBV Minimum Standards, by Emily Krasnor**

I am happy to announce a new initiative to develop Inter-Agency Global GBV Minimum Standards.

Over the next six months, we are initiating a GBV AoR Task Team to consult and document on whether there is a consensus to have Inter-Agency Minimum Standards. We will hold country level consultations and will also be sending out a survey through the AoR.

What is the background to this initiative?

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The 2014 AoR report “*The current state of GBV response capacity in humanitarian setting*” showed that GBV coordination and response was inadequate and inconsistent. Based on these observations, the report recommended mechanisms to standardize responses and build capacities to meet the demands from the field.

This idea is also built on many current developments that seek to support accountability and that point to a need for global standards: The UN Security Council Resolutions, the Call to Action, GBV Guidelines, the World Humanitarian Summit Commitments, UNFPA 18 Minimum Standards and UNICEF’s Key Resource Package. We did a survey on the UNFPA Minimum Standards, 75% of UNFPA staff had used these in their work with external partners, including for developing Standard Operational Procedures for the response.

The Task Team will be facilitated by UNFPA and will be co- chaired by UNICEF and another NGO. We are looking for organizations that are interested in joining the team. On the survey, this should be going out by the end of this week. We are very excited and welcome strong participation.

### **Learning Task Team Update, by Micah Williams**

There is a Learning Task Team Call tomorrow at 9:30 NY time. We have a few new learning opportunities to share, and we plan to discuss also the group’s terms of references. New participants are welcome.