**GBV Sub-Sector Monthly Meeting Minutes - March 2024**

| **Date** | 18 March 2024, Monday | **Venue: Sea Palace (Crown Plaza)** | |
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| **Meeting Modality** | In person | **Time:** 01.30 pm to 3:30pm | |
| **Chair** | Kristin Schmitz, Coordinator, GBV Sub Sector | **Preparation of Minutes:**  GBV SS Coordination Team | |
| **Partner’s present** | GBVSS participants attended from the following organizations (**as reported in attendance sheet**:  Friendship, Aid-Comilla, BNPS, Mukti CXB, ASD, Nari Maitree, Bandhu, IOM, UNHCR-Program, UNICEF-CPSS, IRC, AAB, BRAC, Caritas, World Vision-BRCR, WVI, PSEA Network, WFP, GNB, JNUS, DRC, UNKS, FH, UNDP, SKUS, Coast Foundation, UNFPA-Program, UNICEF-Program | | |
| **Agenda** | **1. Welcome, opening remarks and introduction**  Kristin Schmitz, welcomed all the participants of the agencies to the March 2024 GBV SS Monthly Meeting.  **2. Documents for endorsement** (by the GBV SS Coordinator)   * **Final agenda (draft circulated for comments)**   The GBV SS Coordinator presented the March 2024 draft agenda, circulated prior to the meeting for feedback. The agenda was endorsed   * **Feb 2024 GBV SS Monthly Meeting Minutes**   Minutes of the Feb 2024 GBV SS Monthly Meeting were also circulated prior to the meeting and endorsed | | |
|  | **Emergency Preparedness Update: PERU and Dignity Kits:** In March 2024, GBVSS conducted a survey on Dignity Kits and Menstrual Hygiene Kits. 8 partners were identified with prepositioned Dignity Kits, totaling 2,087. Four camps lack Dignity Kits provision as per the survey. Additionally, 6,000 Menstrual Hygiene Kits were prepositioned by Bandhu Social Welfare Society. Moving forward, monthly surveys will be conducted, particularly in light of the upcoming monsoon and emergency preparedness. The next survey is scheduled for the last week of April 2024. There is a pressing need for SS members' support in procuring dignity kits quickly, considering the estimated 273,098 Rohingya women and girls in reproductive age (28% of the total population). Given the trend of multiple emergencies in 2023, even if GBVSS targets only 5% of them, approximately 14,000 kits will be required for prepositioning, whereas the current stock of Dignity Kits stands at around 2,000. GBV SS also requested SS members to share feedback from pre and post-distribution monitoring (PDM) to essentially track the utilization and necessity of kit contents. GBVSS requested all members, especially appealing partners, to be prepared to support in next responses for upcoming disasters and to work together to preposition more. Additionally, GBV SS C highlighted that while there is a gap right now, simultaneously GBV SS is coordinating with other sectors (WASH, SCCCM, CP, Health etc) will assess other resources, seek alignment, and plan for smoother future distributions.  **Feedback from participants:**   * Gladys from IRC discussed the necessary prepositioning of Dignity Kits, with organizations expected to indicate the percentage of procurement for emergency purposes (prepositioning) and regular GBV programme separately. Flexibility in changing items based on priority was emphasized, particularly concerning disposable and reusable sanitary items * UNHCR updated their regular women's hygiene kit distribution to assist in Dignity Kit distribution. * Additionally, PSEA Network highlighted the desire of PSEA Network to work a bit closer with PERU teams and those engaged in distribution in order to minimize SEA risks and discuss challenges * GBVSS requested members, especially appealing partners, to be prepared to support in the next disaster response for upcoming disasters and to work together to preposition more.   **Host Community GBV referral pathway:** In conjunction with National GBV Cluster, GBV SS is helping to map host community service sites through the establishment of GBV Host Community Focal Points. Through engaging in mapping and conducting service checks, Host GBV FPs will help develop host community referral pathways, one of the first steps towards establishing GBV referral pathways nationally. Here also note that, GBV actors and other stakeholders raised the issue as per their operational observations of gaps and duplications due to lack of clear responsibility for safe referral pathway along with information sharing and follow up on GBV case response in the host community. And the prime objectives of the host community referral pathway is to improve information flow to enable appropriate, timely and informed actions to be taken by GBV prevention and response actors.  **Feedback from participants:**   * IRC and UNICEF highlighted the importance of engaging various Government departments in this Host Community GBV FP initiative and in overall GBV SS initiatives including SS monthly meetings. GBV SS clarified plan for increased government engagement * Habiba raised the question of the location for the host community of referral pathways, whether it should cover JRP locations or extend to other upazilas under Cox’s Bazar district. GBV SS clarified that primary it would be surrounded Upazilla’s of Refugee camps .   **Global SOP Update and alignment:** Kristin Schmitz, Coordinator-GBVSS briefed on the necessity of SOP while also sharing that she is working with GBV AOR to re-align with global SOP as well as alignment with other S/SS and WG SOPs (PSEA, CP, CP/GBV guidelines etc.). There are also some key areas of improvement like legal mandates, mandatory reporting, case referral vs case transfer etc. After finalization, an orientation will be conducted in collaboration with GBV CMWG.  **Feedback from participants:**  -Bora (PSEA Network) suggested the need for a standardized referral form  -Gladys (IRC) echoed the need to review CP-GBV guidelines and GBV SS C mentioned the need to contextualize  -Rehema (UNICEF) emphasized the importance of government involvement in legal matters (while working on the legal section of SOP due to a significant number of GBV cases reaching government CICs. Limited access to hospitals complicates matters, making it difficult to obtain necessary documents for court appearances.  -Kristin echoed key issue of lack of access to justice for survivors and need to coordinate with and advocate for changes in regards to clarified accountabilities amongst government actors (APBN, CIC, RRRC, and others) and urgency to fix permissions issues preventing specialized service referral and access to justice  -Kristin mentioned that these accountability and permissions issues hamper investigation with APBN only being able to refer up and out to district or down to mahjis who are engaging in problematic mediation which is against survivor centered principles  -Fariha (AAB) said in case of high risk cases we should take action immediately especially for relocation and Kristin echoed the need to streamline this process  **Coordinating trainings & development of capacity building map**  GBVSS highlighted the SS upcoming capacity building initiative for Q2  i) Training on basics of GBV including GBV guiding principles and referral pathway for non-GBV actors & government officials (1 or 2 batches, 2 days).  ii) MHPSS refresher on basic psychosocial support, PFA (2 batch, 3 days).   * From the GBVSS Partner’s training survey, for Q2, 2024, **CARE, BRAC, IOM, GUK**, have planned training on PSEA, GBV Core Concepts/PSS, referral mechanisms, mainstreaming and risk mitigation for stakeholders, basic GBV awareness, case management, GBVIMS, basic PSS, refresher training, MBR-2, SASA! Together Learning, Men and Boys Engagement, and Gender Transformative Approach. * In the long term, GBVSS is transitioning towards conducting more Training of Trainers (ToTs) for partners that have existing and required prerequisite training in order to enhance the capacity of partners. GBV SS has developed an internal "Pool of Trainers" categorized by thematic areas and SS members can reach out to help aid partners for assistance in coordinating, pooling, and when applicable facilitating training. Additionally, GBVSS will promote regular updates of the "partner training log" among its members. This collaborative effort will enable GBVSS members to utilize the training log to support each other and coordinate staff training effectively with quality assurance check of GBVSS   **Good practice sharing: Jago Nari Unnayon Sangstha (JNUS):**  Hasina Akter Jahan from JNUS presented the good practices in the field of gender. Interested actors can contact JNUS for powerpoint presentation  **2024 GBV Service facility mapping & service audit plan (Q2-3)**  Jay from GBVSS briefed GBVSS on service facility mapping conducted in February 2024 and service audit plan in Q2-Q3 with an external national consultant.  **Field Coordination Update**  To improve field level coordination, better streamline referrals, and ensure adequate service provision GBV SS prepared and is piloting a guidance note and checklist of responsibilities for GBV Camp Focal Points (CFP)s who are the entrance to our referral pathways. The draft version was displayed for discussion. If SS members are interested in contributing suggestions, GBVSS is happy to circulate and share for SS input.  **Feedback from participants:**  Shirin (UNHCR) raised questions on individual case referral and concerns about an added layer of communication. Kristin clarified that it is GBV CFP that are the first entry point to GBV referral pathways when the survivor is not directly accessing services and that the aim is to streamline referrals to GBV CFP who will have their respective camp specific referral pathways updated on a monthly basis. One of the primary responsibilities of GBV CFP is to circulate referral pathways amongst GBV actors in their relevant camp and to check in with relevant actors to institute quality monitoring. It is the responsibility of GBV CFP to raise service issues to GBVSS NFCs when in need of support or when encountering recurring field issues. This streamlined process together with the guidance note and checklist of responsibilities for GBV Camp Focal Points will assist in ensuring that recurring field issues and key problems in regards to GBV service provision are raised.  **Operational updates**   1. **Case Management Working Group:** Gladys from IRC provided the update below-  * February meeting was hosted at BRAC office, *14 Organizations represented,* * Actioning and sharing status for CMWG annual plan, * Established a Whatsapp group registration ongoing, * Meeting between GBVSS and CMWG lead on 11th Feb 2024 * Also briefed on support needed from GBVSS members  1. **Prevention Working Group:** Shirin from UNHCR provided the update as below-  * Prevention Working Group met monthly and discussed 2024 prevention-related indicators * The activity mapping has been updated but needs another update. * Prevention WG stated a need exists to review participation. SS member expressed that transition and staff turnover created some gaps re involvement and that they would like to be connected to prevention WG. GBVSS C highlighted the need that actors not be eliminated without careful review from SS.  1. **GiHA Working Group:** Reem from UN Women provided updates on behalf of GiHA WG and briefed on tracking gender equality across sectors: JRP 2023 2. **PSEA Network:** Bora from PSEA Network provided the update as below-  * PSEA workshop and TOT will be conducted on 27 & 28 March 2024. TOT in Bangla on Saying No to sexual misconduct. * Orientation to the revised PSEA SOP and ToRs with the PSEA focal points and senior management.  1. **Child Protection Sub Sector** Rovaiya from Unicef provided update as below:  * Child protection situation monitoring through ongoing Key Informant Interviews (KII), has successfully completed as of the end of February. * As part of CPSM, CPSS has oriented responsible colleagues to conduct Focus Group Discussions (FGDs) with children. Quarterly FGD sessions with children are set to begin this month * The CPSS carried out a collective visit to the camps.  1. **Protection Sector:** No update   **AOB**   * GBV CFP issues * Developing GBV SS resource folder which will be shared after review and organization * Reem asked for GBV SS to circulate the list of GBV Focal points of the camps, * Gladys highlighted the issue of male survivors of gender-based violence (GBV), expressing concern that services are not very open to address their needs. She questioned whether the assumption that GBV solely affects females perpetuates this oversight. AAB responded by mentioning their provision of male case management services and the establishment of a dedicated male engagement center. They stressed the importance of recognizing that global evidence indicates boys are also susceptible to sexual violence, emphasizing the necessity of creating safe spaces tailored to their experiences. * BRAC mentioned a dedicated case worker for male case management incorporated in the Community Centre. FGD with men's group stressed the need for dedicated space for male survivors. * DRC is working with LGBTQI community and have dedicated space in Palongkhali, Jamtoli area and it is adjacent to the camp so sometimes survivors come from camps. * SS members requested dedicated training for case management with male survivors. * Kristin mentioned plan to review existing CP-GBV guidelines following discussion between CP/GBV and respective CMWG   **Closure of the meeting:** Finally, Kristin thanked all participants for their active participation and closed the meeting while wishing to collaborate onward. | | |

**Review of Action Points (March 2024 monthly meeting)**

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| 1 | Bilateral discussions between GBV and CP SS on CP-GBV guidelines |  | Started prior to meeting and ongoing |
| 2 | GBV CFP monthly guidance sheet will be shared with partners |  | Shared with GBV CFP on 27 March |
| 3 | GBVSS will reshare training log sheet with GBVSS partners to update it |  | GBVSS has reviewed Q2 trainings, partners can reach out to GBVSS for coordinated support |
| 4 | GBVSS will reshare Dignity kits assessment form with GBVSS partners (3rd week of April 2024) |  | Shared |
| 5 | GBVSS will circulate the GBV CFP list |  | Shared |
| 6 | [Nomination form](https://docs.google.com/forms/d/e/1FAIpQLSceBNZa1agKrWFFF6r-m-YTdT-KY5UQhbYa2w4eBhqVkjutTg/viewform) for host community GBV referral pathway focal points will be circulated for completion, aligning with criteria outlined in the ToR |  | Shared |
| 7 | Monthly surveys (Dkits) will be conducted considering upcoming monsoon and emergency preparedness. |  | To be shared end of April 2024 |