



GBV Sub-Sector Monthly Meeting Minutes - April 2024

Date	24 April 2024, Wednesday	Venue: Sayeman Beach Resort (Tide Meeting Room)
Meeting Modality	In person	Time: 11.00 pm to 1:00pm
Chair	Kristin Schmitz, Coordinator, GBV Sub Sector	Preparation of Minutes: GBV SS Coordination Team
Partner's present	<p>GBVSS participants attended from the following organizations (as reported in attendance sheet): Plan Int, UNFPA, UNHCR, IOM, Ain O Shalish Kendra, IPAS BD, BRAC, Bandhu Social Welfare Society, Help Youth Club CXB, Handicap Int., MSF-OCP, Mukti CXB, ASD, Good Neighbors BD, CODEC, Coast Foundation, Save the Children Int., YPSA, Nari Maitree, EDUCO, CRS, Caritas BD, PSEA Network, PHD, Action Aid BD, UN Women, UNDP, Muslim hands, GUK, SKUS</p>	
Agenda	<p>1. Welcome, opening remarks and introduction Kristin Schmitz, welcomed all the participants of the agencies to the March 2024 GBV SS Monthly Meeting.</p> <p>2. Documents for endorsement (by the GBV SS Coordinator)</p> <ul style="list-style-type: none"> ● Final agenda (draft circulated for comments) The GBVSS Coordinator presented the April 2024 draft agenda, circulated prior to the meeting for feedback. The agenda was endorsed ● March 2024 GBV SS Monthly Meeting Minutes Minutes of the March 2024 GBV SS Monthly Meeting were also circulated prior to the meeting and endorsed 	
	<p>3. Training Coordination: (Detail in PPT) GBVSS-Coordinator, explained training coordination guidance and request requirements to GBVSS partners. This took into account an absence of guided coordination in fulfilling these requests in years prior, recent last-minute requests without sufficient lead time, and prior practices where attendees were not checked against prerequisite trainings and other requirements resulting in those without sufficient prerequisites or in non relevant roles being trained. In response, GBVSS has shared guidance to assist partners in a more coordinated manner. Requirements include:</p> <ul style="list-style-type: none"> ● Active ongoing participation in GBVSS general meeting ● Members engaging in prevention and case management programming should actively participate in respective working groups and actively in GBVSS. For example, those organizations receiving SS related GBV CM training, must be participating in GBV CM WG. ● UN agencies and JRP INGOs are primarily responsible for developing the capacity of their IPs. GBVSS can support through circulating trainings and helping to pool participants for trainings amongst members. ● Localization: <ul style="list-style-type: none"> ○ Considering localization, shrinking funds, and the small capacity of SS team, GBVSS will prioritize the capacity development of smaller CSOs as training all IPs is not sustainable. ○ It is essential to localize and align with Joint Response Plan (JRP) objectives, e.g. areas and assigned staff, ensuring transparent coordination to avoid issues in field level service provision ● When requesting trainings or when asking GBVSS to advertise your own upcoming training, partners should reach out directly to GBVSS. Partners can also reach out directly to WGs with GBVSS in copy. ● If any request comes to WGs of GBVSS, the WGs will be responsible to coordinate with GBVSS. ● To request training support, partners require to give at least 3 weeks notice and provide the following to GBVSS or WG with GBVSS in copy: <ul style="list-style-type: none"> - Requesting email with concept note or training plan attached. 	



- Information on: 1) # of participants, 2) Participants roles, agencies, and implementing camps 3) Previous experience or qualification of participants matching with that specific training and 4) Whether participants have had required prerequisite training and other specialized trainings
- If members are unaware of prerequisites for needed trainings for example for any TOT or for targeted specialized trainings, please ask GBVSS for advice.
- GBVSS will reference JRP operational areas, GBVSS budget and AWP, SS internal map of partner training plans, and upcoming SS priorities and deadlines, and will determine how/whether GBVSS or associated SS partners can support
 - If support is possible, GBVSS will communicate the proposed plan which may involve a plan to pool trainings in order to have sufficient participants
- GBVSS's role is primarily to help coordinate members' pre-planned trainings. SS must shift away from providing so many trainings as SS and must shift to reliance on collective membership. GBVSS is the collective membership and our role is to assist in providing technical guidance and coordination support to your trainings.

Additional priority discussions in this regard include:

- It's important to be aware of and list prerequisite trainings and other criteria before planning for certain specialized training; for example, that those trained be caseworkers, to require GBV core concept training before receiving case management training, and to follow clear guidance on Training of Trainers (ToT) procedures. TOT are for those who have already completed full prerequisite training and been assessed as being suitable to be a trainer for example through having facilitation skill. They should also be familiar with activity implementation. When TOTs are provided, consideration should be given to those who can commit to cascading the ToT once received in order to ensure systematic capacity building of the field level technical staff.
- Case Management (CM) is a highly specialized service that requires certain prerequisites and careful effort spent ensuring the right people are trained in the right skills. When requesting GBV CM training, particular attention must be made to attendees fitting prerequisite requirements and other criteria. When possible, SS encourages partners to have GBV CM internal onboarding include a period of shadowing and mentorship. Trainings should follow global guidance, be carefully developed, and carefully contextualized. Trainings should include the incorporation of pre-tests and post-tests to help inform who might be eligible for later TOTs..
- GBV SS and CM WG actively support in coordinating GBV CM trainings. SS can provide limited support in Case Management at field given the limited number of training pool members available.

Fahomida from GBVSS briefed members on upcoming GBVSS training plans in the pipeline in upcoming quarters
Mentioned upcoming trainings included:

1. Training on basics of GBV (guiding principles, risk mitigation, data protection, safe referral, coordination mechanism) and PSEA for relevant non-GBV actors.
2. Workshop with GBVSS members on 5W reporting, ISP and Data protection, GBV assessment tools and guidances
3. Training on basic MHPSS for case managers (will reach to MHPSS WG for collaboration)
4. Training for Protection CFP and CP CFP on survivor centered PFA and case referral.
5. Orientation to PERU GBV Staff on basic GBV core concept, safe ethical referral and role in PERU.

GBVSS also presented an idea to pilot a training for Majhis and religious leaders on "Basics of GBV," covering guiding principles, data protection, safe referral, coordination mechanisms, and PSEA. This plan may be subject to revision based on the outcomes of the pilot training and subsequent follow-up sessions with GBVSS partners.



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- **Feedback:** Rajib from the PSEA network expressed a willingness to engage and provide support in this regard. He raised the issue of any available modules for training on PSEA tailored for Majhis, as they are not staff members, and emphasized the importance of training majhis in reporting and referral. Additionally, he provided guidance on the CHS Alliance project, which collaborates with Mukti and SKUS in training community leaders and may be helpful to consult in organizing the training.
- Kristin also referred to the formal justice and survivor centered approach as a means to address bottlenecks, along with maintaining contact with RRRCs for very specific GBV referrals.

Feedback from the participants:

- UNDP discussed how collaboration between UNDP, UNHCR, and IOM is crucial for community level involvement and training. They plan to train approximately 1000 APBN members and recruit an international consultant to develop modules where they will coordinate efforts with UNHCR, IOM, and GBVSS.
- GBVSS presented on plans to conduct training for APBN and other key stakeholders in upcoming quarters
- Gladys highlighted the importance of better connecting with the community and Majhis, while also addressing concerns about Majhis being killed and terrorized in the settlement.
- Farid from Educo noted that they received various types of training from GBVSS and emphasized the need for capacity building among APBN, CiC office, and RRRC officials due to challenges in referrals for the safe and secure relocation of survivors.
- Fariha from ActionAid Bangladesh also stressed the need for developing contextualized visual materials to enhance Majhis' comprehension of the training content.

4. Referral of Survivors to Safe Shelter: Mithu from IOM delivered a presentation on the referral process for survivors to Safe Shelter. Below is a brief overview:

- 24-hour car support available
- Staff assigned round the clock, even on weekends and holidays
- Female survivors allowed to bring children (boys up to 10 years old and girls up to 18 years old)
- Duration of stay determined on a case-by-case basis, maximum stay typically six months, but subject to individual case needs
- Medical support accessible via medical calls
- Psychological support services (PSS) offered to survivors
- Training support and skill development services provided; survivors may receive a sewing machine after completing training
- Severe cases of mental health issues or physical disabilities may require additional caregivers beyond the available services
- Shared and presented the Safe Shelter referral pathway
- Discharge issues managed by shelter management in coordination with respective case workers; safety form required upon discharge
- Safe shelters available across all 33 camps
- Safe Shelter should be considered as a last resort, and as with all GBV services informed consent from survivors is necessary

Feedback from the participants:

- IOM shared some challenges including examples of referred cases lacking a case plan resulting in lack follow-up from organizations after survivors were sent to safe shelters
- **Khadija from UNFPA inquired about cases involving the host community, to which IOM responded that they do receive cases from the host community.**



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- Swapna from BRAC inquired about the location of safe shelters, to which GBVSS clarified that safe shelter locations cannot be shared or disclosed according to guidelines to ensure the safety and confidentiality of both service providers and survivors
- Shanta provided additional information on the relocation of survivors, emphasizing the roles of actors in the camps. CiC also requested their presence.
- Kristin from GBVSS proposed compiling a list of key bottlenecks used to inform advocacy decisions on reducing survivors' risks in the community.
- GBVSS encouraged actors to contact their colleagues if they encounter challenges regarding camp pass issues for survivors sent to safe shelters from camps.
- UNDP inquired about ensuring legal services for residents of safe shelters. IOM assured that legal services are provided, with minimal challenges in accessing support from the court.
- Gladys from IRC highlighted discrepancies in organizations' practices regarding sharing survivor information with CiC, emphasizing the need for a general practice in operations.
- Safe shelters are accessible to those with disabilities but based on severity, caregivers may be required to accompany.
- Gabriella from UNHCR mentioned they may present a brief on the modality of UNHCR's community based safe shelter in the next GBVSS monthly meeting.
- A need to initiate coordination and advocacy efforts with the Department of Social Service (DSS) regarding safe shelters and host communities was highlighted as needed.

5. Mapping of empty/closed service points for purpose of site service reallocation:

Kristin, GBVSS Coordinator, provided an overview and mentioned that GBVSS is currently working on creating a mapping of GBV services to determine how they can offer support. There is a need to conduct a mapping of closed and currently empty service sites, including those that may reopen. This effort will aid GBVSS in developing a collective strategy to retain these spaces for GBV-specific services and to facilitate handover to GBV actors when required.

Regarding the risks of facility handover to CiCs, Kristin mentioned:

- There is a risk of reallocating spaces to non-GBV and non-Protection purposes.
- Space limitations and design considerations that ensure confidentiality must be taken into account to ensure the continuity of GBV programming, such as Case Management.

6. Inter-agency IEC material update & invitation for partners to collect and share with GBVSS:

Fahomida from GBVSS outlined objectives of a joint IEC material collection effort, emphasizing the aim to maximize resource utilization through collaborative efforts and budget optimization, while also focusing on harmonizing and standardizing some messaging. GBVSS partners were requested to share IEC materials aligned with the proposed thematic areas identified by GBVSS. The mechanism for collecting these materials include a shared drive for uploading potential collective materials and a process of SS and partner review, feedback sharing, updating and circulation

7. Field Coordination update:

Alamgir shared updates on field level coordination as below:

- **Block and Boundary Demarcation: ISCG Circulation**
 - Camp 20 Ext: **new** block and sub-block boundaries
 - Camp 1E, 2W, and Kutupalong RC: boundaries were revised one year ago (but we/ISCG noticed that most actors are still not using these in their maps).
- **RRRC Office Memo:** To follow RRRC Office memo/circulation regarding new GBV project initiation/



closure of project.,

- **GBVSS Coordination:** Coordinate with GBVSS regarding initiation of all new GBV activities, new training, and ongoing case management training. For new activities, contact NFCs from GBVSS with Coordinator in copy. For case management training by and or for new partners, coordinate with GBVSS and GBVSS CM WG

Feedback from participants:

1. Gabriella inquired about the practical process of nominating or electing GBV Camp Focal Points (CFPs) in the camps.

Alamgir from GBVSS then elaborated on the nomination process as follows:

- The GBV CFP/ ACFP nominated/elected as per Terms of Reference (ToR). The ToR was introduced in August 2018 while the same ToR revised in September 2022.
- The CFP/ACFP nomination process was held through a democratic and transparent process.
- When a vacancy arises, this is communicated to camp level GBV actors and any staff from all GBV actors (case worker/ case manager/supervisor) in the respective camp are eligible to nominate. If there is no self-interest, then a meeting amongst GBV actors is held to propose names for CFP/ACFP and interest is sought. A process of consensus is then sought before nominations are confirmed.
- Actors prefer field based CM staff who can attend meetings and assist survivors in the field easily
- In most cases GBVSS representatives present to the selection/election meeting where GBVSS role is namely to ensure nomination processes are inclusive of all actors, conducted fairly, and to facilitate/observe
- Nominated CFP/ACFP seek approval from their supervisor of their respective organization to take the role.
- In the selection process, GBVSS never focuses on the identity of UN, INGO, national or local NGO, but rather ToR eligibility criteria, regular presence in the camp, regular attendance of GFBV actor camp level meetings, and staff member's interest

Fahomida from GBVSS also clarified how the GBV CFP/ACFP's information is shared with CiC office, sectoral focal points as well as updated in GBVSS website.

2. Fariha from ActionAid Bangladesh requested to define and standardize various types of GBV service facilities based on the services provided.

8. Operational updates

a) Case Management Working Group:

- February meeting was hosted at IOM office - 20 Organizations represented.
- CMWG is working on the Bi-annual reporting Template.
- Continued work on CM WG onboarding checklist.
- IOM has shared a brief presentation on the Safe House.

b) Prevention Working Group:

- Regular monthly meeting took place.

c) GiHA Working Group: Farzana, acting Coordinator of GiHA WG shared:

- GiHA Working Group meeting held on 3rd March 2024.



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- International Women's Day (IWD) 2024 Campaign in Cox's Bazar, organized by Gender in Humanitarian Action Working Group (GiHA WG) IWD Task Force and launched at the RRRC office on 6th March 2024.
- Tracking gender equality across sectors -Sector Objectives and Indicators of 2023 JRP.
- Rapid Gender Analysis (RGA) Training took place from 21 - 23 April 2024 at Dhaka, organized by the National GiHA working group and technical support provided by CARE International. As an outcome of this training, participants will be expected to support the RGA in Cox's bazar when it will take place.

GAM Review Report recommendations:

- JRP 2023 Gender with Age Marker (GAM) review report drafted on 10th March and presented and shared with sector working group coordinators based on findings and recommendations.
- GAM analysis recommendation included: Invest in GAM capacities & applications and strengthen alignments of GAM and JRP appeals
- Sector-specific Recommendations included: Update sector-specific gender tip sheets, strengthen sector-wise gender-specific indicators, develop standardized training for all actors, and bridge the gap: in gender transformation.

d) PSEA Network: Rajib from PSEA Network provided the updates as below-

- Conducted PSEA workshop and ToT (Bangla) on 27 and 28 March 2024 which included 159 Participants composed of PSEA FPs and Senior Management from 88 Organizations. Discussions included the roles and responsibilities of the PSEA Focal Points as well as senior management. Feedback was requested on the revised PSEA SOP, PSEA Sector Checklist, and the ToRs for the Network, Co-Chairs and PSEA Focal Points.
- 55 Participants from 45 Organizations received Saying No to Sexual Misconduct ToT in Bangla.
- No Excuse Posters (Bangla and English) and 'Saying No to Sexual Misconduct posters have been distributed. If anyone is interested, the network is happy to distribute.

e) Child Protection Sub Sector:

- The Child Protection Sub Sector held a meeting with the SAG, where they discussed and shared the Child Protection Situation Monitoring Dashboard for endorsement by SAG members.
- The selection process for the CP CMTWG Co-chairs for 2024-2025 has been completed. The newly selected co-chairs are Save The Children and Coast Foundation
- As part of the CPSM initiative, CPSS has oriented responsible colleagues to conduct Focus Group Discussions (FGDs) with children. Quarterly FGD sessions with children began in March 2024.
- CPSS attended a workshop on the revised Standard Operating Procedures (SoP) and Terms of Reference (ToR) facilitated by the PSEA Network.

f) Protection Sector: No update provided by the protection sector.

AoB

There was no discussion under AoB.

Closure of the meeting: Kristin thanked all participants for their active participation and closed the meeting



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SL	Action Points (March monthly meeting)	Responsible	Progress
1	Circulation of GBV CFP and publicly available referral pathways	GBVSS IMO	Shared
2	Documentation of GBV CFP nomination process either through updating the ToR of GBV CFP or separate short document	GBVSS NFCs	Shared
3	The GBVSS will strengthen documentation (e.g.meeting minutes, email/whatsapp communications) of CFP nomination at camp level.	GBVSS NFCs	Completed and ongoing
4	Dignity Kit survey input by 9 May 2024	GBVSS members	Continual review and recirculation by GBVSS (Eumna is FP)
5	Host Community Referral Pathway (RP) focal point nomination survey input by 9 May 2024	GBVSS members	Recirculated and ongoing