



Cox's Bazar GBV Sub-Sector

GBV Sub-Sector Monthly Meeting Minutes -August 2024

Date	12 August 2024, Monday	Venue: Online
Meeting Modality	Online	Time: 11:00am to 1:00pm
Chair	Sachchi Karki, Coordinator, GBV Sub Sector a.i.	Preparation of Minutes: GBVSS Coordination Team
Partner's present	<p>GBVSS participants attended from the following organizations (as reported in attendance sheet):</p> <p>Online (due to security situation): UN Women, UNFPA, COAST Foundation, PHD, SCI, DRC, MSF, WHO, IOM, BRAC, SKUS, Bandhu, Mukti Cox's bazar, AAB, ISCG, Handicap International, GBVSS, HAP, IRC, GNB, WFP, World Vision, Unicef. Plan International.</p>	
Agenda	<p>1. Welcome, opening remarks and introduction</p> <p>Sachchi Karki, GBVSS Coordinator a.i welcomed all the participants of the agencies to the August 2024 GBVSS Monthly Meeting and thanked and appreciated all partners for their efforts to continue the services among all the challenges (blockade, curfew etc.).</p> <p>briefed about GBVSS priorities in Q3 2024</p>	
	<p>2. GBVSS updates and discussions.</p> <p>a. Context update - as of August 2024: Sachchi Karki, GBVSS-Coordinator (a.i.) gave a brief update on context focusing on service delivery challenges & support / mitigation and Key findings from Q2 + August GBV risk monitoring and GBVIMS.</p> <ul style="list-style-type: none"> ● Service delivery challenges / mitigation and support. <ol style="list-style-type: none"> 1. Continuity of life saving services and the value added by volunteers during the political crisis. 2. Rising security concerns - limited service delivery and access. 3. Remote case management-limited effectiveness. 4. Escalating insecurity in Myanmar pushing more people across the borders - complex protection risks ● Key findings from Q2 + August GBV risk monitoring and GBVIMS <ol style="list-style-type: none"> 1. Risk monitoring mechanism : (IMS Factsheet, KII & flash update templates) 2. Rising reports of harassment against women and girls but low reporting of GBV and service access. 3. Emerging risks: abductions of women and girls, forced and child marriages (organized group related). <p>b. Updates against the GBVSS core functions: Sachchi Karki, GBVSS-Coordinator (a.i.) provided updates against the GBVSS core functions. (Detailed in PPT).</p> <p>c. GBVSS key coordination deliverables updates:</p> <ul style="list-style-type: none"> ● GBVSS Strategy: Sachchi shared that GBVSS shared the strategy with SAG members for their inputs and also quickly presented the highlights of the strategy. ● GBVSS SAG update (TOR, meeting minutes): Sachchi shared about the GBVSS SAG meeting in July and shared the updates to the SAG ToR agreed with its members. The changes included 	



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SAG membership criteria, meeting frequency, no. of members, among others.

- GBV SOP : Sachchi shared that the GBVSS SOP shall be revisited to align with the template provided by the GBV AoR and will be shared by the end of September 2024.
- Protection sector Joint Work Plan: Sachchi briefly presented the joint work plan with the protection sector highlighting the areas of collaboration among the protection sector, child protection and GBV sub sector.
- Field Coordination Updates: Alamgir shared the field coordination updates on GBV CFP nomination process, security issues and daily reports, challenges to case management services. The major shared points include availability of updated CFP/ACFP template in the Rohingya Response webpage, continuous nomination of CFP/ACFP in the field and briefed on security, recruitment and curfew issues. It is also shared that case management services were disrupted particularly in the first two days of the both curfew time and political instability.
- ISNA and SDR - enhanced needs analysis for 2024-2025: Jay briefed about ISNA indicators for 2024 & SDR.
- IEC centralization (online folder): Ipshita, IRC & Fahomida, GBVSS jointly presented the updates on IEC materials collection highlighting the limited contribution of members and urging them to incorporate their IEC materials in the folder.

Feedback from participants:

- Rajib, PSEA Network, requested to share the IEC folder with PSEA Network and invited a member from GBVSS to be a part of the PSEA task team.

d. Upcoming Q3 priorities: Eumna, GBVSS shared about the updates on upcoming training by GBVSS in Q3 2024 as well as SAG nomination

- **SAG nomination:** (*expression of interest* to be submitted by **19th August** along with rationale)
- **Service continuity:** preparedness & adjustment with the context.
- **Upcoming training programs** shall be coordinated with the relevant sub sectors and partners. The training shall be conducted by the end of September
 1. ToT on Caring for Child Survivors (CCS) 2nd edition(1 batch)
 2. Training for non-GBV actors on basics of GBV (including GBV guiding principles and referral pathway)
- **2024 Service audit** (Aug-Oct): Jay updated on the onboarding of GBV service audit consultant and service audit in August-October 2024. A discussion on what worked well in 2023 & what areas we need to focus on for the 2024 service audit was had:

Feedback from participants:

- Eumna, GBVSS shared that the assessor and co-assessor/auditor need to be oriented on how to deliver questions.
- Eunice Anek (WHO) and Reem shared that the 2023 service audit focused on WFS only so this time we should include PHC (Primary Health Care) as well as other relevant facilities.
- Rehema (Unicef) said we also need to focus on prevention activities/elements to measure the quality.
- Afroza Rehana (HI) suggested including questions for assessment for barriers for



women and girls with disabilities.

- **JRP mid-year reflection & 2025 roadmap:** Jay presented the **updates on ISNA and the timelines.**
 - **ISNA update**
 - Improvement of GBV question inclusion:
2 questions in 2023 on GBV → 10 questions in 2024 on GBV ([link](#)): compared to last year's MSNA, this year we have successfully included 10 GBV-specific questions for needs assessment at ISCG level, which will significantly increase our capacity for assessing the house-hold level needs and risks for GBV.
 - Enumerator training will be held 20-22 August, NFCs will provide in-person coaching on how to ask these questions, GBV terminologies, dos and don'ts for data collection.
 - **SDR, gap analysis, risk analysis updates**
 - **August - September:** SS IMO and national IM consultant will conduct thorough review of partner's secondary data (reports, assessments) that were submitted to GBVSS
 - **October:** "Needs analysis" for 2025 will be renewed based on this contextualized comprehensive SDR + 2024 quarterly GBVIMS factsheets & risk analysis + 2024 ISNA findings ⇒ all feeding into JRP 2025 operational planning
 - **Service audit (Aug-Oct)** - for GBV service quality improvement
 - partners discussed what worked/didn't work in 2023 service audit, and suggested:
 - SAG to discuss facility type selection for audit (e.g.include MPWC, WLCC, community centers, etc)
 - service modality selection for audit (e.g. in addition to case management, also include prevention work such as volunteer outreach services)
 - Train the assessor/auditors to be sent for data collection to have common understanding for data collection
- e. **Coordination with other sectors & actors**
 - i. **Presentation from MSF:** Tina from MSF briefed on the SGBV response activities across their programme:
 - MSF upholds **values and principles** of neutrality and impartiality, grounded in universal medical ethics and the right to humanitarian assistance. Their work is based on needs, regardless of the beneficiaries' country of origin or political status, and they do not take sides in armed conflicts. MSF makes independent decisions regarding their medical activities and conducts independent evaluations of survivors' medical needs. They take full responsibility and accountability for their actions toward patients.
 - MSF's **strategic plan** prioritizes sexual violence, aiming to address its consequences in all contexts, especially for neglected groups with limited access to care. Their approach is built on four programming principles:
 1. Access to Care: This includes community awareness, innovative care models, and comprehensive screening and safe identification across all departments, ensuring that survivors can access care beyond just SGBV-focused clinics.
 2. Quality Comprehensive Care: Providing holistic and effective care to all survivors.
 3. Promoting Change: Analyzing context-specific factors and advocating for necessary changes.
 4. Survivor-Centered Principles: Ensuring these principles are embedded across all aspects of their work.



- In line with GBVSS guidance, MSF is strongly committed to **survivor-centered principles**, ensuring privacy, confidentiality, and informed consent throughout the process. They promote autonomy and decision-making, respecting each individual's dignity without discrimination. MSF also takes great care to avoid harm, even in small details, such as ensuring the consultation room layout protects patient privacy.
- They provide **comprehensive medical care**, including treatment of injuries, STI and HIV testing, prophylaxis & treatment for children and adults, management of unwanted pregnancies, and all contraceptive options. They also offer Hep-B and tetanus vaccinations, mental health & psychosocial support, risk assessment, and safety planning along with the survivor. MSF ensures referrals to support services like case management, protection, shelters, adoption and foster care and follows up on vaccinations or further pregnancy testing as needed.
- MSF has adopted an innovative model by integrating **community-based care**. Trained staff actively engage the community, raise awareness, provide Psychological First Aid (PFA) upon disclosure, and offer both emergency contraceptive pills and long-term contraceptive methods. They also ensure referrals for comprehensive care to a nearby clinic or the patient's clinic of choice.
- MSF operates through three operational areas:
 - OCA: BKL OPD, KTP 24/7
 - OCP: HoH 24/7, GYL OPD
 - OCB: JMS OPD, JMS 24/7

f. Key points of discussions

- Ensuring continuity of service during emergencies
 - Engagement of trained volunteers was highlighted as a good practice, as they were able to keep the service facilities open, provided PFA as well as referrals where necessary. The targeting of female volunteers by organized groups was considered a big challenge. It was agreed that the service providing agencies need to be continuously mapping and stocktaking the risks faced by the volunteers and collaborating on the mitigation measures.
 - Enrica, UNFPA highlighted the need to do continued advocacy with the Govt. for the restoration of the security and mobilization of resources. She also recognized the good practice of GBVSS of continued assessment of the situation of female volunteers as part of the daily field update by GBVSS partners.
 - Ipshita, IRC said that suicidal thoughts and sexual violence may be increased in this situation and to ensure the safety and protection of survivors of sexual violence or survivors with suicidal thoughts, it would be helpful to have accompanying person (nurse/care) to support survivors.
- How can we coordinate/ collaborate better?
 - Reem, UN Women shared that in this emergency situation since both APBn and CiCs are not present in the camps and volunteers are providing services so volunteers are being targeted especially the female volunteers are getting the threats, sexual harassment. It's important now to think about how we can ensure the safety and security of female volunteers. Let's come up with an idea so that they can continue to serve the community.
 - She also mentioned that there are gaps in regular meetings at the field level, and field staff



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couldn't update on GBV issues in coordination meetings.

- Enrica said that last week Sitrep there was an increase in informal reports of harassment and some survivors are going to the facility but refusing to take services from far away, community people suggested to remain at home due to absence of APBn, some female HHs have been targeted. We have to link with protection to ensure safety and security of people.

Action Point: Sachchi took an action point -advocacy for restoration of security and human resources.

- Support available for Gender Diverse Population (GDP)
 - i. What exists? (*out-of-camp: 5 service centers - Bandhu / in-camp: health/SRH, others?*)
 - Sohel from Bandhu shared that Bandhu has been providing services for Gender Diverse Population (GDP) through the 5 service centers nearby the camps, where health, GBV, SRH and counseling services are available for GDP as well as some recreational activities performed by GDP over there.
 - Tania from DRC shared that DRC has 1 center from where services are provided to GDP, which has dedicated days for GDP.
 - Gabriella, UNHCR shared that safe shelter is open for all but they are facing some challenges from the community for giving safe shelter access to GDP. There is a problem with the peaceful coexistence among the host community and GDP and need to have a strong advocacy for it.
 - Enrica, UNFPA shared that we need to increase awareness within the community, and set up services like separate bathrooms.
 - Bilkish from CARE shared that Care has the multipurpose center where GDP can access the services and asked if there are agencies who are also providing GBV case management services?
 - Reem mentioned that UN Women MPWCs and Women's market are open for a Gender-diverse population.
 - ii. What are the major challenges?
 - Bandhu does not have holistic case management services in a coordinated way and there are no safe shelter services for them. Recently they faced some challenges like abduction, extortion and rape also.
 - There is no safe space inside the camp and Gender Diverse Population have to travel long distances to access the services from the safe space.
 - The Gender Diverse Population is facing challenges to seek health services. Bandhu does not have comprehensive health services other than SRH, STI but they have other issues also and for that purpose they have to refer to health facilities where they are facing harassment at health post by the service providers. But nowadays it is decreasing due to providing orientation and sensitization on GDP to health service providers by GDPWG and Bandhu.
 - Given the lack of specially trained service providers there is a trust gap between survivors and existing service providers.



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3. Operational Updates: Sachchi shared that it would be useful if the operational updates could focus on the major takeaways and the key coordination support required from the other GBVSS partners rather than merely listing the activities we conducted. GBVSS monthly meeting could be a forum where we hold each other accountable for our agreements/ collaboration.

a) Case Management Working Group: Gladys provided updates on CMWG

- July meeting was hosted at IRC office - 16 Organizations represented
- Actioning and sharing status for CMWG annual plan.
- Conducted Introductory Meeting with GDP Working Group on 9th July 2024
- Conducted Supervision TT Meeting to standardize the Supervision tools and practice on 15th July 2024

b) Prevention Working Group: Gabriella, UNHCR provided below updates

- On July 30, 2024, the GBV Prevention Working Group had its monthly meeting.
- Operational updates from the organization focused on security situation related challenges.
- Endline survey findings of the Awareness Phase of SASA! Together program was presented by UNFPA followed by a Q/A session.
- Guidelines on how to request training facilitation support from the WG was discussed.

c) GiHA Working Group: Bilkis from Care provided below updates

- New GiHA WG Coordinator joined.
- In the last two months, the GiHA WG meeting did not happen.
- GiHA WG Work Plan status and priorities for 2024 will be discussed in the next meeting
- TOR revision (representation) of sectoral level
- 2025 JRP (GAM process)
- GAM review report has been drafted.
- Gender Tipsheets exercise workshop held in April and Gender Tipsheets (draft) will be shared with all Sectors.

d) PSEA Network: Rajib from PSEA Network provided below updates:

- ICVA and UNHCR recently called for the application for 2024 PSEA fund. Last date for application is Aug 12, 2024. This is to develop or adapt the context specific PSEA communication and outreach material targeting communities.
- Meeting with 3 PSEA task team ((PSEA investigation technical task team, Child Friendly task team, Communication with Communities task team) held on 15 July 2024 to finalize ToR and work on key PSEA messages for children
- PSEA network in collaboration with ILO provided training on **Saying No to Sexual Misconduct** to ILO IPs on 7th and 11th July 2024
- Benedetta Cocco (Benni) has joined as the PSEA Coordinator of Bangladesh based in the Office of UN Resident Coordinator in Dhaka

e) Child Protection Sub Sector

- CPSS Published CPSM quarter- 2 dashboard
- CPSS is collaborating with the ICRC on restoring and referring family links in the camps



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	<ul style="list-style-type: none"> ● CPSS, in collaboration with the Protection Sector and GBV Sub-Sector, developed an Operational Flash Update. This update outlined the coordinated response efforts by humanitarian partners, who worked offline to assist and protect refugees in the camps. ● CPSS held monthly meetings with partners. ● ss rationalization and service coverage gaps in the camps. ● Completed CAAFAG needs assessment KII in 5 camps. KII were conducted with adults and adolescents. <p>f) Protection Sector: Shire, protection sector</p> <ul style="list-style-type: none"> ● Developed tool for daily protection monitoring ● Peace and security campaign ● Developed joint action plan ● Produced Housing, Land and properties (HLP) dashboard for 2023 <p>6. AoB No other points to be discussed.</p> <p>Closure of the meeting: Sachchi Sachchi Karki closed the meeting thanking all the participants for their continuous support and cooperation.</p>

Action Points

SL	Action Points	Responsible person	Progress
1	Send the 2024 SAG nomination call	Sachchi/ Jay	15 August 2024
2	Document the member inputs for GBV service audit tool design including inclusivity aspects as well as site selection.	Sachchi/ Abir/Jay	29 Aug2024
3	Share the 2024 Service audit design, location and facilities plans & questionnaire with the SAG for discussion and review by GBVSS members	Sachchi/ Abir	September 2024
4	GBVSS partners to upload their knowledge products and IEC materials in the common folder.	Fahomida/Ipshita	30 Aug 2024
5	Organize the JRP preparation workshop on 21 of August. Share the preparatory documents beforehand.	Jay	18 Aug 2024



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6	Ensure that the operational updates from the next monthly meetings shall focus on the key takeaways and collaboration/ coordination needs.	All GBVSS members.	Ongoing.
7	MSF presentation to be shared with partners	Jay	by 25 Aug (along with minutes)
8	ISNA indicators to be shared with partners	Jay	by 25 Aug (along with minutes)
9.	Advocacy with protection Sector for restoration of security and human resources.	GBV-Coordinator	Ongoing