



## GBV Sub-Sector (GBVSS) Monthly Meeting Minutes - April 2025

<b>Date</b>	17th April, 2025	<b>Venue:</b> ISCG Conference Room, Cox's Bazar Office
<b>Meeting Modality</b>	In-Person	<b>Time:</b> 10:00 am to 12:00 pm
<b>Chair</b>	Annie Waweru, GBVSS Coordinator	<b>Preparation of Minutes:</b> GBVSS Coordination Team
<b>Partner's present</b>	<b>Number of Participants:</b> Total: 38 (M:09, F:29) <b>Representative Organizations:</b> UNFPA (GBV), WHO, BRAC, GUK, Bandhu Social Welfare Society, YPSA, BNPS, AID-COMILLA, Caritas BD, Protection Sector, Coast Foundation, GiHA WG, World Vision Bangladesh, Action Aid Bangladesh, IRC, DRC, CBM Global, Nari Maitree, Oxfam, ICRC, UNFPA (A&Y), IOM, Save the Children International, UN Women, JBUS, Mukti CXB, CARE, RWWS, FIVDB, WFP, MSF-OCF, CPSS, GBVSS	
<b>Agenda &amp; Discussion</b>	<p><b>Welcome &amp; Greetings:</b> Annie Waweru, GBVSS Coordinator, began the meeting by welcoming all participants and emphasizing the importance of their presence and contributions to the GBV Sub-Sector (GBVSS).</p> <p><b>Agenda:</b></p> <ol style="list-style-type: none"> <li><b>GBVSS Updates</b> <ol style="list-style-type: none"> <li>Field Coordination Update</li> <li>Prioritization Activity. Next steps.</li> <li>Service &amp; Facility Mapping</li> </ol> </li> <li><b>Partner Presentation:</b> Camp-level Consultation Findings by GiHA WG</li> <li><b>Operational Updates:</b> CMWG/PreventionWG/CPSS/PS/GiHA/PSEA Network</li> <li>AoB</li> </ol> <p><b>Discussion and decision:</b></p> <p><b>Welcome &amp; Greetings:</b></p> <ol style="list-style-type: none"> <li><b>GBVSS Updates</b> <ol style="list-style-type: none"> <li><b>Field Coordination Updates:</b> The GBVSS shared the field-level coordination updates as outlined below.               <ul style="list-style-type: none"> <li>Fear of retaliation by perpetrators and community leaders has contributed to the underreporting of gender-based violence, particularly in cases of rape and physical assault. Survivors and service providers often face intimidation, which silences cases and significantly hinders access to safety and justice.</li> <li>Adolescents are increasingly exposed to online exploitation and coercive recruitment, largely due to limited digital safety literacy. Economic hardship further compels them to engage in unsafe online spaces, where they are at heightened risk of sexual harassment, manipulation, and abuse.</li> <li>The U.S. funding freeze and the threat of food ration cuts triggered significant fear and anxiety among refugees in the camps. Although the ration cuts were ultimately not implemented, the period of uncertainty led to an increase in reported theft and robbery cases. Female-headed households were particularly affected by the robbery due to the absence of a male figure for protection. Many families expressed feelings of hopelessness and anxiety, repeatedly asking what the future holds in light of the funding cuts and whether essential services will continue. The GBV Sub-Sector has been providing psychosocial support to women and girls, while also reassuring them that GBV services remain available and operational.</li> <li>There has been a rise in incidents of stalking, inappropriate behavior, and sexual assault, particularly in and around market areas, WASH facilities, and shops. Adolescent girls, volunteers, and caseworkers have all reported being targeted. Women have expressed fear about sending their daughters to school or shops without accompaniment.</li> </ul> </li> </ol> </li> </ol>	



#### **Feedback and discussion:**

- Johanna emphasized the importance of raising awareness on online or technology-facilitated gender-based violence (TFGBV). In response, the GBV Sub-Sector (GBVSS) Coordinator informed the group that communication has already been initiated with a UNFPA staff member in Dhaka who is a certified Trainer of Trainers (ToT) on TFGBV, and a response is awaited. The training is planned to be held online in Q2, and the date will be communicated in due course.

#### **b) Prioritization Activity. What next?**

The GBV Sub-Sector (GBVSS) Coordinator presented the updated prioritization matrix, developed in consultation with the Strategic Advisory Group (SAG) and the ISCG. The matrix identifies three tiers of priority areas:

- First priorities include: GBV risk mitigation and referrals, psychosocial support activities, and GBV case management services.
- Second priorities: Mental health and psychosocial support (MHPSS) training, implementation of GBVIMS (IR or Primero), and social behavior change interventions, including social cohesion and GBV prevention activities.
- Third priority: Training on GBV case management and information management (IM), advocacy and campaign initiatives, and the dissemination of key messages on GBV and Protection from Sexual Exploitation, Abuse, and Harassment (PSEAH). Additionally, several activities—such as capacity building on GBV core principles, community-based leadership, and prevention training—are categorized under resilience and solutions, highlighting their role in fostering long-term sustainability and systems strengthening.

In light of ongoing funding constraints, the GBV Sub-Sector (GBVSS) Coordinator encouraged partners to integrate and mainstream GBV interventions within broader sectoral programs. She emphasized opportunities for collaboration with other sectors—such as joint activities with legal aid, child protection, and sexual and reproductive health (SRH) actors—and urged agencies to identify entry points for delivering services and messages collectively. This approach aims to maximize existing capacities and funding streams while ensuring continuity of GBV service delivery.

#### **c) GBV Service and Facility mapping:**

The GBV Sub-Sector (GBVSS) Information Management Officer (IMO) delivered a presentation on the recent GBV service and facility mapping exercise, which identified a total of 266 GBV facilities. Of these, 196 are under the Joint Response Plan (JRP) and 70 are non-JRP facilities.

Among them, 145 (55%) are classified as GBV facilities—such as Women and Girls' Safe Spaces (WGSS) and Multi-Purpose Women's Centers (MPWCs)—where operational costs are fully covered by GBV actors.

The remaining 121 (45%) are GBV Service Points or Integrated Service Points embedded within other sectoral facilities, such as health and nutrition centers, and are supported by those respective sectors.



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Activity-wise, JRP facilities are primarily engaged in GBV case management (128 facilities) and awareness-raising activities (137 facilities), followed by capacity building (100 facilities) and social and behavior change interventions (109 facilities).

The GBVSS Coordinator clarified that the data was drawn from partner submissions and, in light of shrinking funding, stressed the importance of integration and collaboration across sectors. She also explained the distinction between GBV facilities and service points and underscored the need for implementing partners to deliver the full JRP service package—including case management, risk mitigation, capacity building, and behavior change communication—under one roof. This approach would enhance efficiency, reduce the burden on beneficiaries, and minimize protection risks for the women and girls. Lastly, she addressed the UNRC's concern regarding the high number of facilities, reinforcing the call for a harmonized and streamlined approach.

The Coordinator explained that the GBVSS team will engage individually with the nine appealing partners to discuss the rationalization of facilities, including considerations for closure or integration. She reiterated that this directive follows guidance from the UNRC as a strategic measure to optimize limited funding and ensure continued service delivery for women and girls.

#### **Feedback and Discussion:**

- Reem (UN Women) raised concerns regarding donor commitments and the consolidation process. She emphasized that while immediate facility closures may not be feasible, a phased transition—potentially involving relocation to underserved camps—would be more appropriate. She requested that the GBVSS allow time for the utilization of earmarked funds.
- Johanna, the Protection Coordinator, stressed the need to review the number of GBV facilities across the sector and consider integrated service delivery models to enhance efficiency. The GBVSS Coordinator acknowledged that case volumes vary across camps and confirmed that GBVSS will consult partners to better understand staffing levels and caseloads before making decisions on facility closures or consolidations.
- Pudintine (WHO) recommended clarifying focal points to improve coordination. The GBVSS Coordinator responded that an updated list of focal points is already available on the GBV Sub-Sector website.
- It was also noted that non-JRP partners require improved information-sharing and coordination with JRP partners to enhance complementarity and prevent duplication of efforts.

#### **2. Partner Presentation:**

Mehbuba, the GiHA Coordinator, shared the findings of the community consultations conducted during IWD 2025, revealing the multifaceted impact of gender inequality on Rohingya women and girls across several camps in Cox's Bazar. The consultations were conducted in Camp 1E, 1W, 2E, 2W, 4, 4 Extension, 5, 11, 12, 13, 14, 17, 18, 19, 21, 22, 26, 27, and the two Registered Camps (Kutupalong RC and Nayapara RC). The consultations highlighted that limited access to education and employment results in high school dropout rates and a lack of economic freedom for women. To counter this, solutions such as scholarships and literacy programs and leadership and vocational training were identified to increase access to education and provide empowerment programs. Mental and physical health challenges, including psychological stress and trauma from violence, are prevalent, while social isolation due to mobility restrictions hinders women's engagement in community life, weakening community progress. To address health concerns, the need for gender-inclusive medical facilities was emphasized for improved healthcare services. The consultations also identified prevalent economic dependence on men, exacerbated by women's lack of means or opportunities to earn independently and low literacy rates that impede educational and professional advancement. Furthermore, limited participation in social, economic,



and political spheres leads to low self-confidence and exclusion from decision-making, contributing to reduced economic contribution due to gender bias. Community support networks and encouraging men to support gender equity through male and community engagement were identified as crucial interventions. Finally, the lack of women in leadership positions results in weaker, gender-blind policies, further entrenching inequality. The consultations advocated for gender-sensitive laws and representation policies to foster inclusive policies, alongside stricter enforcement of child marriage and GBV laws to ensure law enforcement and accountability, and for NGOs & INGOs to promote gender equality more widely through awareness & education.

#### **Feedback and discussion:**

Hasina noted that community women are not being adequately heard and voiced. Therefore, what are the key recommendations or way forward for programming in this area? She highlighted the importance of ensuring the current activities are practical and impactful, even as studies are still ongoing.

### **3. Operational Updates:**

#### **Case Management Working Group:**

Falguni from IRC shared key updates from the last working group meeting held on 7 April 2025 at CARE Bangladesh. The group finalized the IPV Training Module and the CP-GBV Case Management Guideline.

The next meeting is scheduled for 5 May 2025 at the UNFPA Office. The GBVSS Coordinator urged partners to update the CMWG contact list to avoid missing the upcoming training and online orientation related to the CP-GBV guideline. An in-person training on the CP-GBV guideline is also planned.

#### **Prevention Working Group:** Shirin from UNHCR shared the following updates:

- The service mapping is being updated.
- Feedback is being collected on the Working Group's Terms of Reference (ToR).
- The annual workplan is currently under development.

The GBVSS Coordinator emphasized the need to provide a clear timeline for partners to submit their inputs on both the workplan and the ToR. Shirin was requested to share the WG and Updates ToR by 24Th April for circulation.

#### **Child Protection Sub-Sector (CPSS):** Osman, CPSS representative, shared the updates as below:

- During March 2025, **CPSM-FGD for Quarter 1** was initiated and completed, with analysis currently underway. The finalized data will be integrated into the dashboard and system once the process is complete. Similarly, CPSM-KII activities were concluded in March and are prepared for integration into the system
- Like other sectors, the Child Protection subsector experienced challenges stemming from disruptions in **US funding** and other contributing factors. To address service gaps and ensure continuity, coordination guidance on phasing out and project pauses is being developed and will soon be shared with Child Protection agencies.
- A joint meeting between the Child Protection and GBV sectors was held to finalize the **CCS (Caring for the Child Survivor) Guideline**, aimed at fostering better coordination. The finalized guideline has been shared with sector coordinators and the SAG for endorsement. Once approved, it will be distributed to relevant agencies for implementation.
- The **CP Case Management forms** have been updated and reviewed by the CMTWG members. These revised forms will soon be made available for use. Additionally, CPIMS+ is undergoing modifications to align with the updated Case Management forms, ensuring improved consistency and efficiency in case management practices.



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**Protection Sector (PS):** Johanna, the Protection Sector Coordinator, shared the updates as below:

- In response to funding constraints, the Protection Sector initiated a joint prioritization exercise with the GBV and Child Protection Sub-Sectors to align priorities, enhance efficiency, and integrate protection services. With a 60% budget reduction, activities were categorized into three tiers. First priority activities included registration, case management for high-risk individuals, protection monitoring, legal aid, community consultations, disability support, and LAE-related capacity building.
- An operational update was developed to outline the response for 150,000 new Rohingya arrivals, including core needs for 100,000 people not covered in the initial 2025 JRP. Key priorities include biometric registration, legal aid, case management, protection monitoring, psychosocial support, and community-based protection.
- The Sector published the 2024 HLP Year-End Factsheet with camp-level data, and the Anti-Trafficking Working Group released its End-Year Report on trafficking trends and risks. A CBP Workshop held on 6 March reviewed 372 structures, identified challenges such as community fatigue and low youth inclusion, and set plans for a unified CBP framework and volunteer mapping.
- The Sector briefed Dr. Comfort Ero (President, International Crisis Group) on the protection landscape, operational constraints, and advocacy needs. Meanwhile, the Peace and Security Working Group conducted a second round of perception surveys to assess shifts in community safety perceptions and the impact of ongoing peacebuilding efforts.

**Feedback and Discussion:** Johanna noted a rise in security incidents, particularly stabbing cases, in recent days. The GBVSS coordinator recommended increasing community awareness on the emerging security concerns.

**Gender in Humanitarian Action (GiHA) WG:** Mehuba, the GiHA Coordinator, informed that gender tipsheets for sectors will be shared with sector coordinators for review within this month.

**PSEA Network:**

- Shirin (UNHCR) shared that the team participated in the Quarterly Donor Meeting organized by the Dhaka PSEA Network at the UNRC Office, where updates from the Cox's Bazar PSEA Network were presented.
- Two validation workshops on the interagency SEA Risk Assessment were conducted—one in Dhaka and one in Cox's Bazar.
- The GBVSS Coordinator reminded that all GBVSS partners are expected to actively engage in the PSEA Network.

**AoB**

- The GBVSS Coordinator acknowledged ongoing funding cuts and staff reductions across agencies. She encouraged all partners to prioritize staff well-being and self-care and to reach out for support when needed.
- Action Aid Bangladesh shared that they have started community-based safe shelter services in several camps. A concern was raised- Camp 1W CiC requested case numbers and behaved rudely when the information was not shared.  
→ **Action Point:** GBVSS Coordinator requested AAB to report the incident via email. The National Field Coordinator will also plan to have a meeting with the CiC at the camp level. Additionally, a workshop with CiCs is planned for this quarter to address such issues.
- Subarna from UNFPA asked if both appealing and implementing partners should respond to the funding freeze impact request from GBVSS. The GBVSS coordinator clarified that JRP partners should compile responses from their implementing partners, while non-JRP partners will share their information directly with GBVSS and ISCG.

*The detailed presentation can be found [here](#).*



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### **Action Points**

SL	Action Points	Responsible person	Progress
1	The GBVSS will share the GBV service facility mapping with the partners and start the integration discussions.	GBVSS	In progress
2	ActionAid to share CiC's data request incident to GBVSS via email.	ActionAid Bangladesh	
3	GBVSS will call for a meeting with 9 JRP appealing partners to discuss facility mapping and rationalizing.	GBVSS	In progress