

IM Training

Minimum Deliverables for GBV Sub-Cluster



Gender-Based Violence
Area of Responsibility



What are the IM products that are needed in the first 2 weeks of the emergency?



Minimum Deliverables





What should be the minimum deliverables of the GBV sub cluster?



Minimum Deliverables



For all contexts

SERVICE MAPPING

How are different affected population accessing services at different geographic and institutional level?

Who are the critical GBV service providers?
Gov? Humanitarian? Community networks?

Are these service providers currently reporting under other cluster/WGs?

What do we want to measure in the service mapping (quality, 24/7, stock availability etc.)

What are the modality of service delivery?
Mobile/remote/community based etc.?

SERVES THE ESTABLISHMENT OF REFERRAL PATHWAYS

AVAILABILITY
ACCESSIBILITY
QUALITY

ACCESS AT DIFFERENT LEVEL

DELIVERY MODALITY



Minimum Deliverables

For all contexts

REFERRAL PATHWAYS / SOPS

- What are the service entry points?
- At which geographic level can people access those services?
- Have we verified that the availability, accessibility and quality of the services?
- Have we verified the contact details?
- How do we visually represent it?
- How do we keep it updated?
- What is the dissemination strategy?

SERVICE ENTRY POINTS
CONTACTS

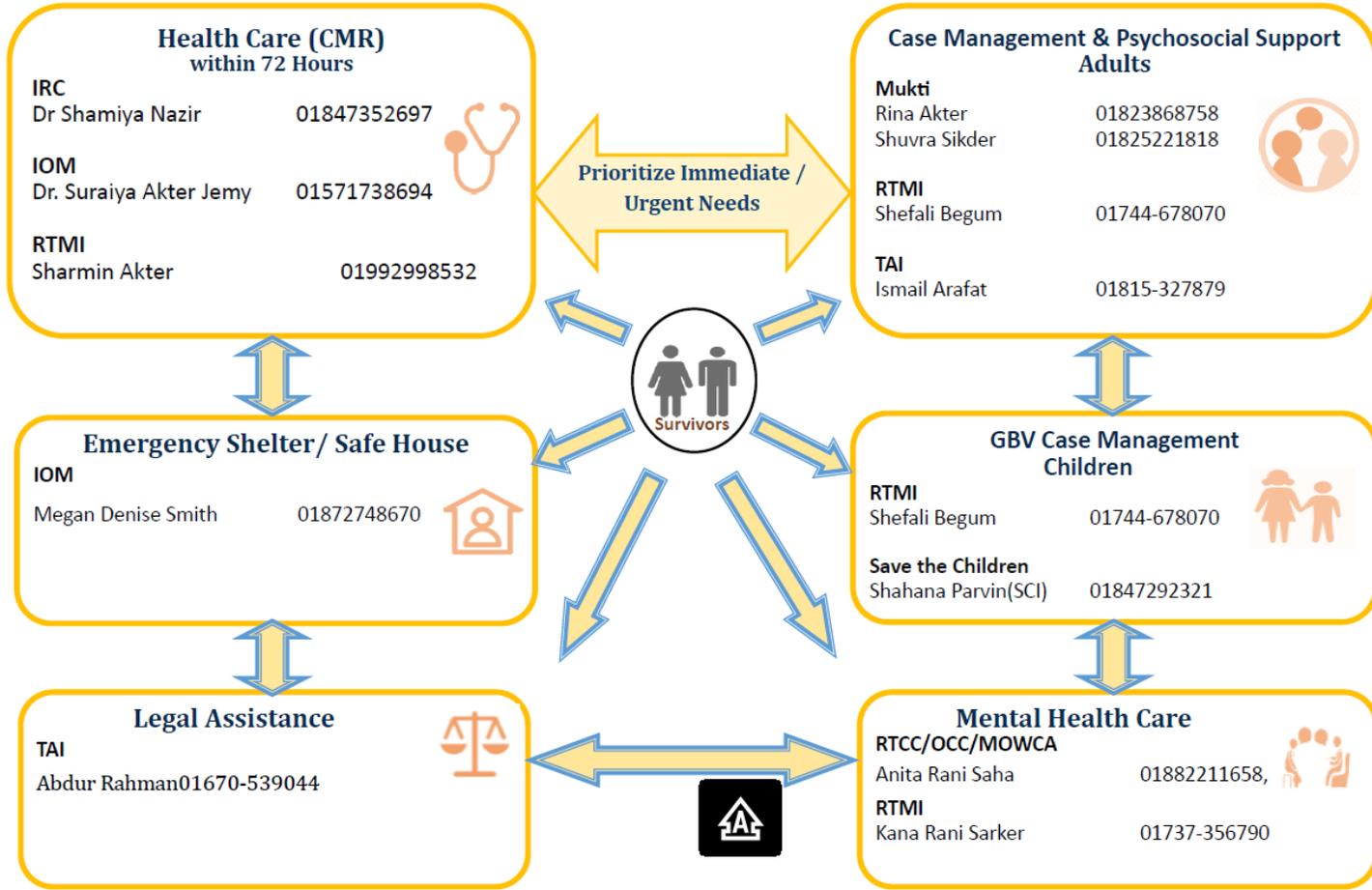
KEY MESSAGES
DOs & DONTs

DIFFERENT
LEVEL OF
REFERRAL AND
RESPONSE

MAP NEEDED?



Minimum Deliverables



What can I do?

GBV Referral Card

if someone I meet shares an experience of:

- Domestic Violence
- Rape, or other forms of sexual assault
- Sexual harassment
- Trafficking for the purpose of sexual exploitation
- Forced marriage, early/child marriage
- Threats of violence and harm

- Say **calming words**, but don't instigate physical touch to comfort them (e.g. don't try to hug them or hold their hand)
- **Do not try to solve their problem yourself**
- **Inform the person that you can refer them** to someone who may be able to assist them
- **Listen but never judge, and don't record their personal data** – it is recorded only by the appropriate referral agency
- **Maintain confidentiality and respect their wishes**– if someone has experienced physical or sexual violence, encourage them to **access health services within 72hrs**
- Always seek the person's **consent** before referring

Who can I call for help?

JAN 2019

Care and Support for Adults

MUKTI	RTMI	TAI	RTCC/OCC/MOWCA
01823868758	01744-678070	01815-327879	01882211658

Care and Support for Children

RTMI	Save the Children
01744-678070	01847292321

In the Event of a Medical Emergency

	MSF	IRC	IOM
	01844050199	01847352697	01571738694

Camp 1E

GBV REFERRAL PATHWAY - District: XXXXXX

TELLING SOMEONE AND SEEKING HELP (DISCLOSING)

Survivor tells family, friends, community member, general service provider or at refugee registration services, that person accompanies survivor to the health or case manager /psychosocial "entry point".	Survivor self-reports to a medical/health or case manager/psychosocial "entry point".
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------

IMMEDIATE RESPONSE:

- Provide a safe, caring environment and respect the confidentiality and wishes of survivor.
- Provide reliable and comprehensive information on available services and support to survivor.
- If agreed and requested by survivor**, obtain informed consent and make referral.
- When family/guardians make a decision on behalf of the child, ensure the best interest of the child is given priority. Preferably, the accompanying adult should be selected by the child.
- Accompany the survivor to assist his/her in accessing services.
- For survivor of sexual violence, ensure immediate (within 72 hours) access to medical care.
- Remember: Recent sexual violence is a MEDICAL EMERGENCY!**

Clinical Management of Rape / Medical Services

GBV Immediate psychosocial support

<p>Organisation Name <u>Exact location</u></p> <p>Saturday-Thursday 8:00 to 3:00</p> <p>Focal point 1: Focal point 2:</p> <p>Case Manager Case Manager</p> <p>Mobile: xxxxxxx Mobile: xxxxxxx</p> <p>Email: xxxxx@xxxxx Email: xxxxx@xxxxx</p>	<p>Organisation Name <u>Exact location</u></p> <p>Saturday-Thursday 8:00 to 3:00</p> <p>Focal point 1: Focal point 2:</p> <p>Case Manager Case Manager</p> <p>Mobile: xxxxxxx Mobile: xxxxxxx</p> <p>Email: xxxxx@xxxxx Email: xxxxx@xxxxx</p>
<p>Organisation Name <u>Exact location</u></p> <p>Saturday-Wednesday 09:00 to 15:00</p> <p>Focal point 1: Focal point 2:</p> <p>Psychologist Psychologist</p> <p>Mobile: xxxxxxx Mobile: xxxxxxx</p> <p>Email: xxxxx@xxxxx Email: xxxxx@xxxxx</p>	<p>Organisation Name <u>Exact location</u></p> <p>Saturday-Wednesday 09:00 to 15:00</p> <p>Focal point 1: Focal point 2:</p> <p>PSS PSS</p> <p>Mobile: xxxxxxx Mobile: xxxxxxx</p> <p>Email: xxxxx@xxxxx Email: xxxxx@xxxxx</p>

IF ADULT SURVIVOR OR CHILD SURVIVOR /CAREGIVER WANT TO PURSUE POLICE/LEGAL ACTION, refer and when possible accompany survivor to police/security –or – to legal assistance /protection officers for information and assistance with referral to police.

N.B. Currently, in the area of operation security and legal services may not be able to offer survivor-centered services, therefore are not part of this referral pathway.

AFTER IMMEDIATE RESPONSE , FOLLOW-UP AND OTHER SERVICES

Over time and based on survivor's choices can include any of the following:

Health	Psychosocial Services/Women and Girls Safe Spaces/Community Centers	Basic Needs (Cash ,NFI, ect)
<p>Organisation Name <u>Exact location</u></p> <p>Saturday-Thursday 08:00 to 16:00</p> <p>Focal point 1:</p> <p>Protection Officer</p> <p>Mobile: xxxxxxx</p> <p>Email: xxxxx@xxxxx</p> <p>Saturday-Thursday 8:00 to 3:00</p>	<p>Women and Girl Safe Space (PSS level 2)</p>	<p>Organisation Name <u>Exact location</u></p> <p>Saturday-Thursday 08:00 to 16:00</p> <p>Focal point 1:</p> <p>Cash for work program</p> <p>Mobile: xxxxxxx</p> <p>Email: xxxxx@xxxxx</p> <p>Saturday-Thursday 8:00 to 3:00</p>





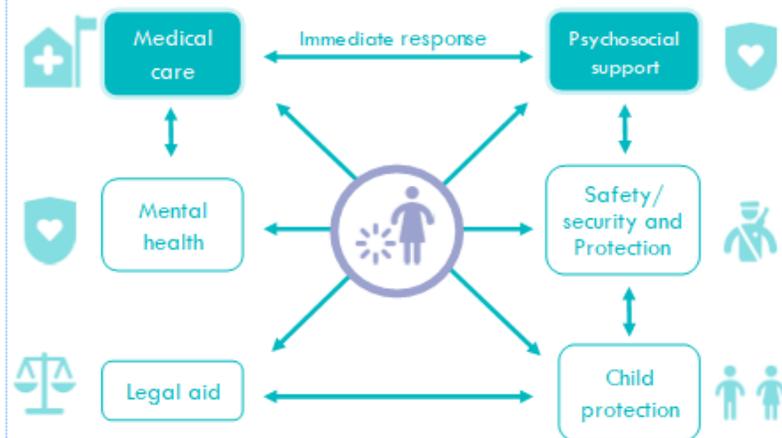
Gender-Based Violence Sub-Sector

Ethiopia: Referral Pathway (May 2019)

KEY GUIDELINES

- **Do not inform ANYONE** of the incident without first asking the survivor's permission
- No action will be taken without the **INFORMED CONSENT** of the survivor
- Conduct discussions in **private settings** with a case manager of the sex that is preferred by the survivor
- Be a **good listener**, and non-judgmental
- **Be patient**: don't press for information he/ she doesn't want to share
- Ask only **relevant questions**
- Do not laugh, show disrespect or disbelief
- **NEVER blame** the survivor
- At all times, **prioritize survivor and staff safety and security**
- Always observe the guiding principles of **CONFIDENTIALITY, SAFETY, RESPECT, NON-DISCRIMINATION and DIGNITY**

REFERRAL PATHWAYS—SERVICE ENTRY POINTS



MAP OF WEST GUJI ZONE - DISTRICTS WITH REFERRAL PATHWAYS



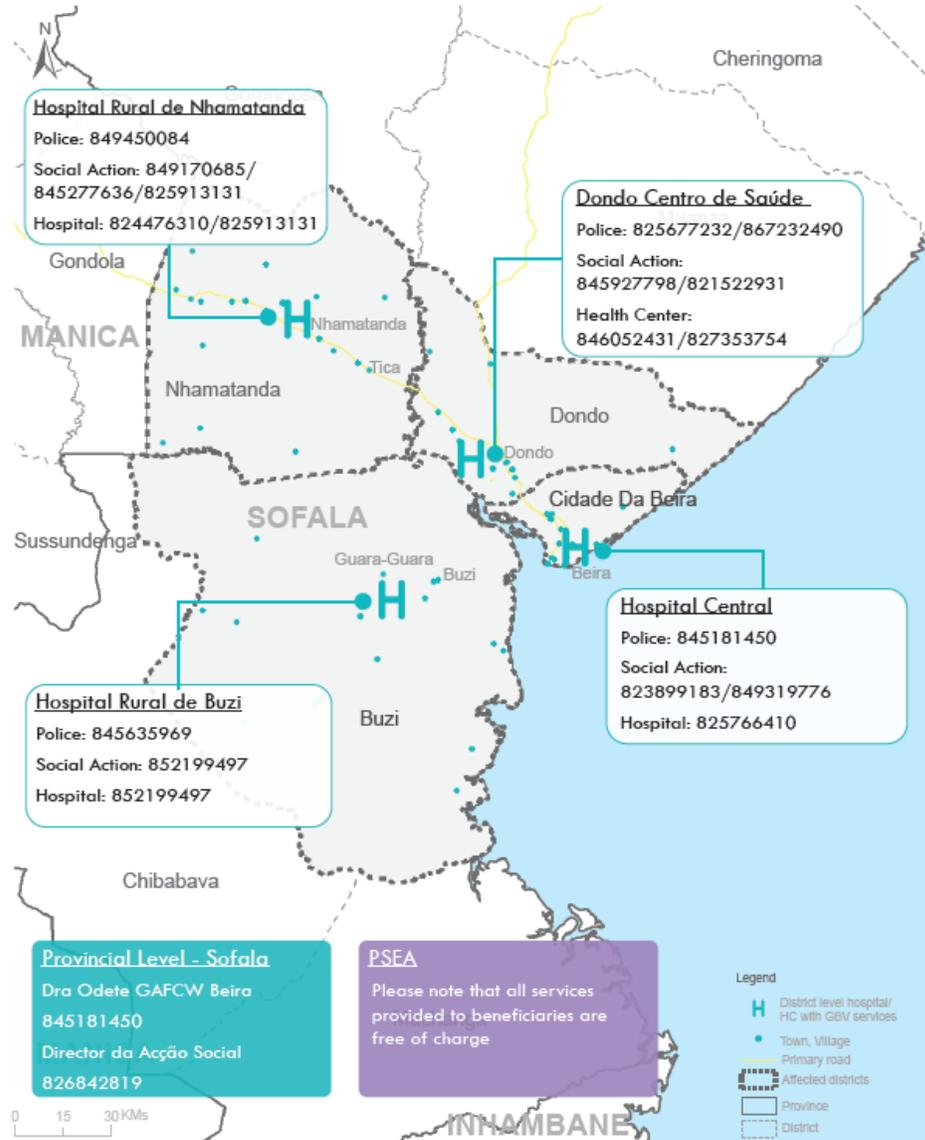
The boundaries and names shown and the designations used on the maps on this site do not imply official endorsement or acceptance by the United Nations.



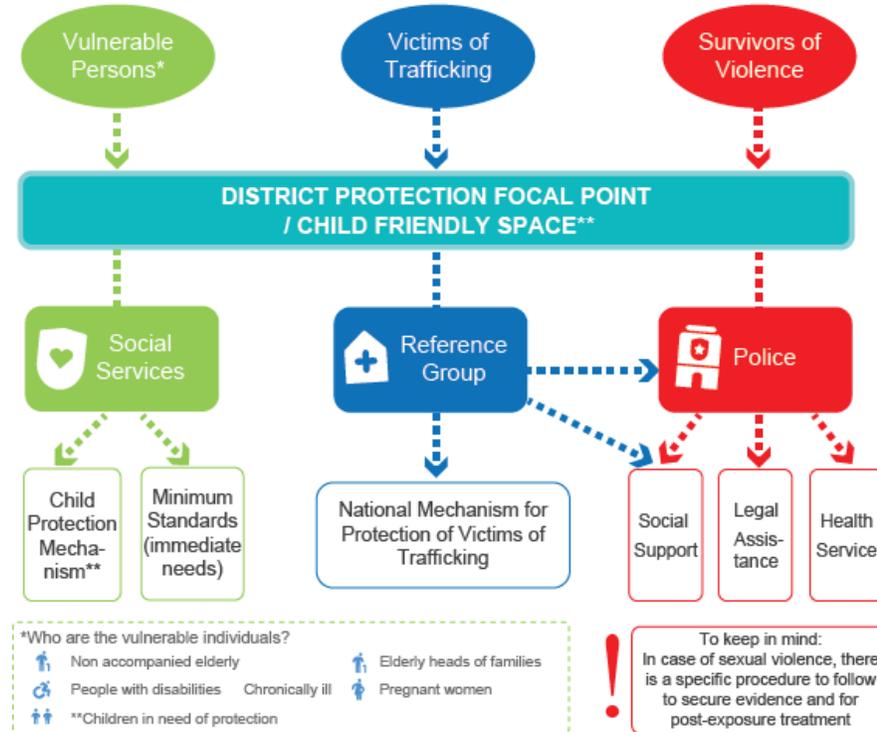


Gender-based Violence Sub-Cluster - Referral Pathways in Four Affected Districts Mozambique: Beira Coordination Hub (as of April 2019)

Government-led Integrated GBV Services



REFERRAL PATHWAYS FOR VULNERABLE GROUPS IN EMERGENCIES?



INCREASED RISKS DURING EMERGENCY

During an emergency some vulnerable individuals, especially women and girls, will be more at risk of facing:

- Rape, or other forms of sexual assault
- Sexual harassment
- Trafficking for the purpose of sexual exploitation
- Forced marriage, early/child marriage
- Threats of violence and harm
- Domestic Violence

DOs

- Introduce yourself, say calming words
- Do not try to solve their problem yourself
- Listen but never judge, practice respect
- Do not record their personal data
- Maintain confidentiality and respect their wishes
- If the person agrees, provide reliable and comprehensive information on the available services and support
- ⚠️ If someone has experienced physical or sexual violence, encourage them to access health services within 72hrs / 3 days
- 🛡️ Children are particularly vulnerable to any kind of violence and depending on their age may be unable to take decision. The accompanying adult, if any, should be ideally selected by the child.

Note: The affected districts are defined as per Ministry of Gender, Children and Social Action, contact details are verified by humanitarian partners. Complete contact of full Sofala districts will be available upon further verification in the field in the coming weeks.



For sudden-onset

MIRA ASSESSMENT TOOL REVIEWED

What can we include in the multi-sectoral rapid/initial needs assessment?

How can GBV be mainstreamed?

What can we train the enumerators on?

REVIEW
QUESTIONNAIRE

DIRECT
OBSERVATION

PROXY
INDICATORS

TRAINING
GUIDE



Minimum Deliverables

For all contexts

KEY MESSAGING /COMMUNICATION MATERIAL / BRIEFING NOTE

Who are the audience?

What do we want to communicate?

What are the key messages?

HIGHLIGHTS OF
NEEDS AND RISK

KEY MESSAGES

HIGHLIGHT OF
GAPS

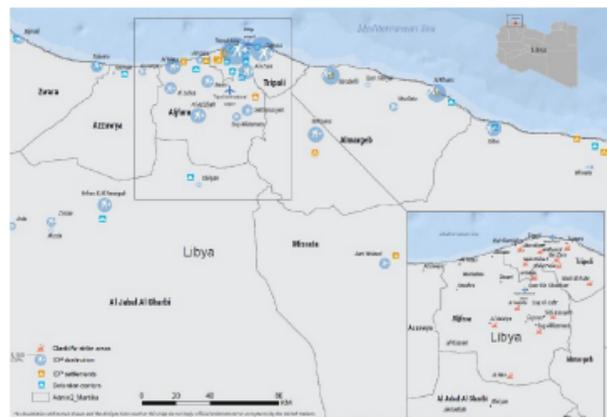
RESPONSE
STRATEGY AND
RECOMMENDATION



Minimum Deliverables



MAP OF OPERATIONAL AREA



FUNDING REQUIREMENT

Tripoli Flash Appeal 2019



Total Funding Requested

US\$ 10.2 Million

Source: OCHA 26/04/2019

KEY RECOMMENDATIONS

To the humanitarian community



To the local authorities



To the donors



1. To strengthen internal Sexual Exploitation and Abuse prevention mechanisms to ensure humanitarian workers are not involved in SEA related events
2. Support public health facilities and ensure they have the capacity to provide clinical management of rape services
3. Support the provision of food in detention centers to reduce risks of sexual exploitation among the detainees

1. Hold accountable perpetrators of sexual harassment and abuse, including guards manning the detention centres
2. Provide uninhibited assistance to sub-Saharan migrants including those in need of shelter and medical services in the public health facilities

1. Provide financial assistance to upscale provision of GBV related services in the new collective shelters, urban displacement locations and the gathering and departure facility (GDF)
2. Provide financial support towards the establishment of a community based complaints mechanism to better strengthen prevention and reporting of Sexual Exploitation and Abuse related incidents.

SITUATIONAL UPDATE

The ongoing armed clashes in Libya that started on 4 April, has led to displacement of some 41,000 individuals as of 28 April 2019 DTM displacement matrix. An estimated 72,000 women and girls have been directly affected by the ongoing clashes, out of which 37,440 are women and girls while some 748 are exposed to incidents of sexual violence.

Unconfirmed number of individuals remains trapped in the conflict-affected areas and at risk including nearly 3,300 migrants and refugees in detention centers, out of which 396 are women and girls held in deplorable and unsafe conditions. Recent reports provided indicate the lack of food in Tajoura, Al Hamra and Gheryan detention centres including allegations of sexual harassment and physical abuse in Al Saba detention centre by one of the guards. As the conflict continues to escalate, women and girls are continuously at risk of sexual exploitation and abuse either while fleeing the conflict areas where they might be forced to negotiate for safe passage or while accessing humanitarian aid. Displaced urban migrants who have lost their job opportunities find themselves with limited shelter options in Tripoli and are at risk of depleting their resources amidst sky rocketing prices of commodities in the market including rent. With limited options for financial resources, they are continuously exposed to sexual exploitation. Recent discriminatory behaviors against displaced sub-Saharan migrants has led to their denial of access to assistance, particularly shelter which is provided by



Gender-Based Violence Sub-Cluster Briefing Note
Mozambique: Beira Coordination Hub (as of 11 April 2019)

Prioritizing the protection needs of women and girls throughout the Cyclone Idai response

Critical Needs and Priorities

- Scale up the capacity of community-based organizations to respond to GBV in emergencies
- Build the capacity of social workers to deliver psychosocial support
- Refurbish the maternity wards, which is where survivors are treated
- Rehabilitate the offices of the Women and Children's Protection Desk, so women and children have a protective environment to confidentially report
- Construction materials to refurbish the homes of vulnerable female-headed households
- Prioritize income generating activities in the second phase of the response to mitigate GBV risks
- Facilitate female police officers transport and accommodation in Beira

Supporting the Government's ability to coordinate a multi-layered response

The United Nations Population Fund (UNFPA) in coordination with the Ministry of Gender, Children and Social Action (MGCSA) officially launched the Gender-based Violence (GBV) Sub-cluster at national and sub-national level (Sofala Province) the week of 25 March. UNFPA has a full-time Coordinator based in Beira. The Coordinator has been supported by the GBV AoR's Nairobi-based Regional Emergency GBV Advisor, Regional GBV Specialist and global GBV IM Specialist who were deployed to Beira within the first two weeks of the crisis.

UNFPA is leading coordination, but the goal is for the Government at provincial level to eventually take on full leadership of the Sub-cluster with support provided by UNFPA. Members of the Sub-cluster are reinforcing the Government's capacity to lead this response to ensure sustainability and accountability among actors. The Coordination team has conducted all of their field missions with provincial-level counterparts from Ministry of Gender, Children and Social Action (MGCSA). Government counterparts played an integral part in identifying the needs outlined in this Brief.

Verifying Government-led GBV response services and outstanding needs

One of the primary functions of the Sub-cluster at the onset of any emergency is to identify life-saving GBV response services that can be mapped on a referral pathway. In Mozambique, the Government is the focal point for all GBV related services. Partners such as IOM have been working in close partnership with the Coordination team to verify the functionality of Government services such as health, judicial, the police, and psychosocial support in camps and in communities affected by the cyclone. As mentioned above, the verification teams have always included a Government counterpart from provincial level, thus ensuring MGCSA becomes a primary source of information (as opposed to only international partners) on the nature and direction of the response.

For all contexts

RESPONSE TRACKING/ 4W

Do we know all our partners?

What are the activities/intervention we need to track?

Have we coordinated and integrated with/in protection cluster?

Do we have a proper template?

What is the frequency for reporting and collecting?

LIST OF ACTIVITIES

REPORTING
INDICATORS

TEMPLATE

EXCEL?
ONLINE?

GEOGRAPHIC
UNIT OF
TRACKING



Minimum Deliverables

LEGEND	Cell to fill in	Dropdown list / Lista ex	AutoFill/Auto	Error / Erro
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Activity ID Atividade ID	WHO				WHAT					WHERE				
	Lead Organization Organização líder	Organization type Lead Org. Tipo de organização - Organização líder	Implementing Partner Parceiro de Implementação	Organization type Imp.partner Tipo de organização - Parceiro de Implementação	Sector/Cluster Setor	Response activity type Atividade de resposta - tipo	Response activity description Atividade de resposta - descrição	Materials Delivered Materiais entregues	Delivery_modality Modalidade de entrega	Provincia Provincia	Admin1 CODE Admi n1CO DE	Distrito Distrito	Admin2 CODE Admi n2CO DE	Posto Posto
#activity +name	#org +funder +nam	#org +funder +type +nam	#org +impl +nam	#org +impl +type +nam	#sector +cluster +name	#activity +activity +name	#output +name	#modality +name	#adm1 +name	#adm2 +name	#adm3 +name			
	IFRC	ONGs internacionais			Proteção	Emergência - VBG GBV - Psychosocial Support			Sofala	M209	Nhamatanda	M20913		
	IFRC	ONGs internacionais			Proteção	Emergência - VBG GBV - Psychosocial Support			Sofala	M209	Dondo	M20907		
	IFRC	ONGs internacionais			Proteção	Emergência - VBG GBV - Psychosocial Support			Sofala	M209	Buzi	M20901		
	IFRC	ONGs internacionais			Proteção	Emergência - VBG GBV - Psychosocial Support			Sofala	M209	Cidade_Da_Beira	M20906	Cidade_Da_Beira	
	IFRC	ONGs internacionais			Proteção	Emergência - VBG GBV - Psychosocial Support			Sofala	M209	Cidade_Da_Beira	M20906	Cidade_Da_Beira	
	IFRC	ONGs internacionais			Proteção	Emergência - VBG GBV - Psychosocial Support			Sofala	M209	Cidade_Da_Beira	M20906	Cidade_Da_Beira	
	NATAN	ONGs internacionais			Proteção	Emergência - VBG GBV - Psychosocial Support			Sofala	M209	Cidade_Da_Beira	M20906	Cidade_Da_Beira	
	AVSI	ONGs internacionais			Proteção	Emergência - VBG GBV - Awareness raising			Sofala	M209	Cidade_Da_Beira	M20906	Cidade_Da_Beira	
	AVSI	ONGs internacionais			Proteção	Emergência - VBG GBV - Awareness raising			Sofala	M209	Cidade_Da_Beira	M20906	Cidade_Da_Beira	
	IOM	ONGs internacionais	INGC	Governo	Proteção	Emergência - VBG Strengthen referral mechanisms			Sofala	M209	Cidade_Da_Beira	M20906	Cidade_Da_Beira	
	IOM	ONGs internacionais	INGC	Governo	Proteção	Emergência - VBG Strengthen referral mechanisms			Sofala	M209	Cidade_Da_Beira	M20906	Cidade_Da_Beira	
	IOM	ONGs internacionais	INGC	Governo	Proteção	Emergência - VBG Strengthen referral mechanisms			Sofala	M209	Cidade_Da_Beira	M20906	Cidade_Da_Beira	
	IOM	ONGs internacionais	INGC	Governo	Proteção	Emergência - VBG Strengthen referral mechanisms			Sofala	M209	Cidade_Da_Beira	M20906	Cidade_Da_Beira	
	IOM	ONGs internacionais	INGC	Governo	Proteção	Emergência - VBG GBV - Integrated protection service in safe spaces			Sofala	M209	Cidade_Da_Beira	M20906	Cidade_Da_Beira	
	IOM	ONGs internacionais	INGC	Governo	Proteção	Emergência - VBG GBV - Integrated protection service in safe spaces			Sofala	M209	Cidade_Da_Beira	M20906	Cidade_Da_Beira	
	IOM	ONGs internacionais	INGC	Governo	Proteção	Emergência - VBG GBV - Integrated protection service in safe spaces			Sofala	M209	Cidade_Da_Beira	M20906	Cidade_Da_Beira	
	IOM	ONGs internacionais	INGC	Governo	Proteção	Emergência - VBG GBV - Integrated protection service in safe spaces			Sofala	M209	Cidade_Da_Beira	M20906	Cidade_Da_Beira	
	COSACA	ONGs internacionais			Proteção	Emergência - VBG GBV - Awareness raising			Sofala	M209	Nhamatanda	M20913		
	COSACA	ONGs internacionais			Proteção	Emergência - VBG GBV - Awareness raising			Sofala	M209	Dondo	M20907		
	COSACA	ONGs internacionais			Proteção	Emergência - VBG GBV - Awareness raising			Sofala	M209	Buzi	M20901		
	COSACA	ONGs internacionais			Proteção	Emergência - VBG GBV - Awareness raising			Sofala	M209	Cidade_Da_Beira	M20906		
	COSACA	ONGs internacionais			Proteção	Emergência - VBG GBV - Awareness raising			Sofala	M209	Nhamatanda	M20913		
	COSACA	ONGs internacionais			Proteção	Emergência - VBG GBV - Awareness raising			Sofala	M209	Dondo	M20907		



For all contexts

OPERATIONAL PRESENCE (4W) / HRP DASHBOARD

What information to include in the product/dashboard?

What indicator to highlight? (HRP)

How to provide interpretation of data and qualitative analysis of 4W?

How to design your layout and organize your information visually?

What is the frequency for updating?

NAME OF
PARTNER

ACTIVITY

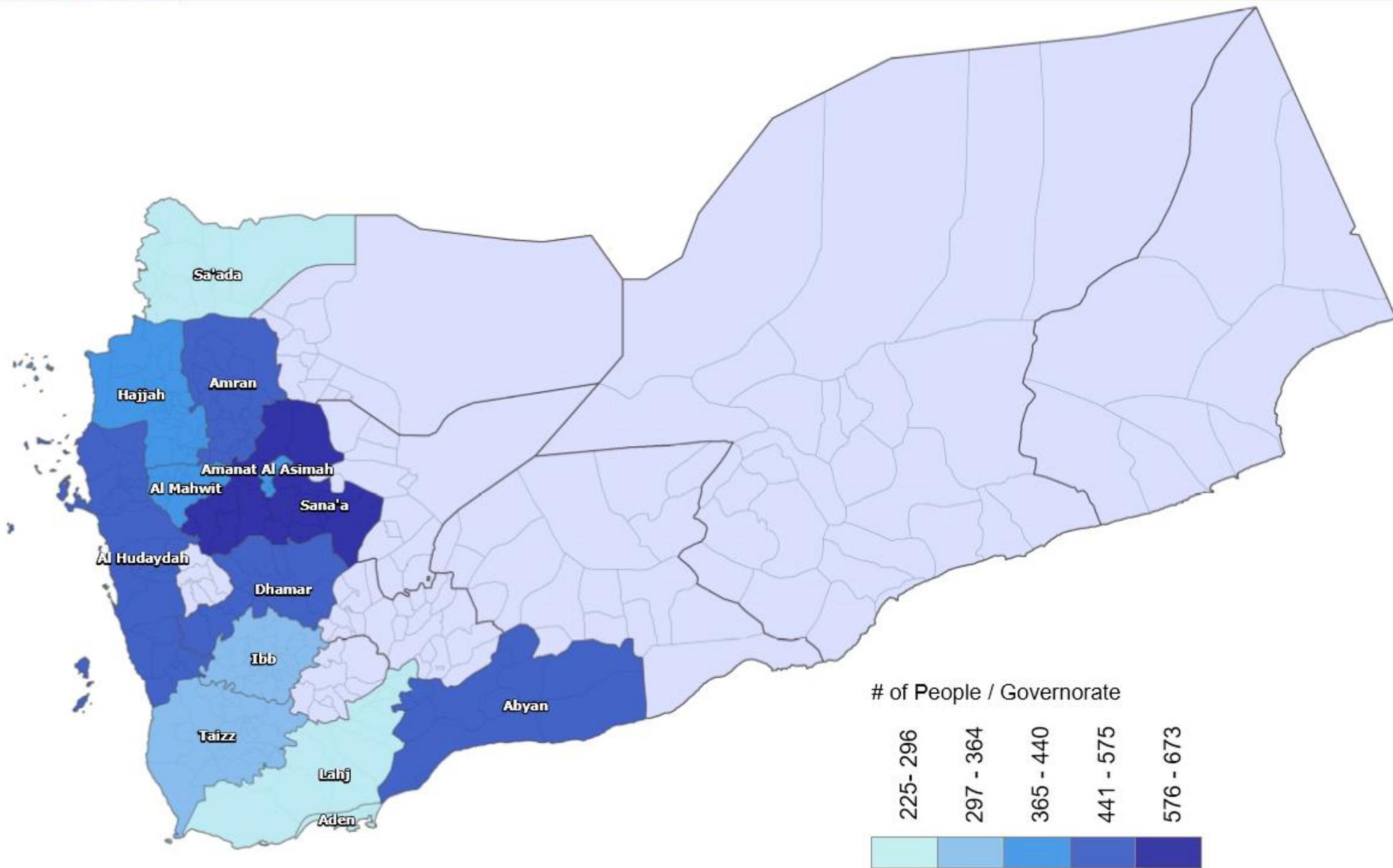
MAP OF
OPERATIONAL
PRESENCE

ANALAYSIS
AND
INTERPRETA
TION

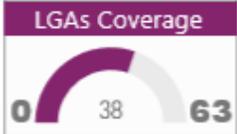


Minimum Deliverables

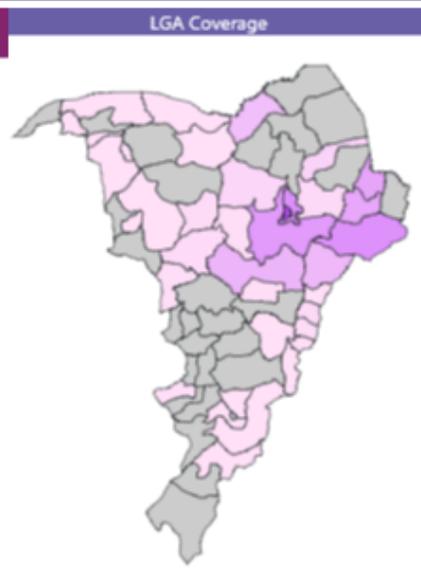
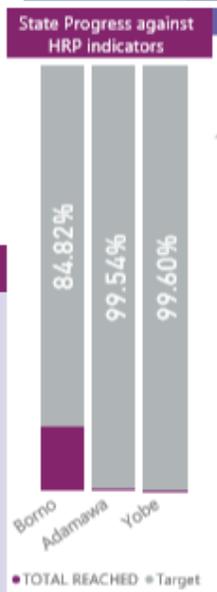
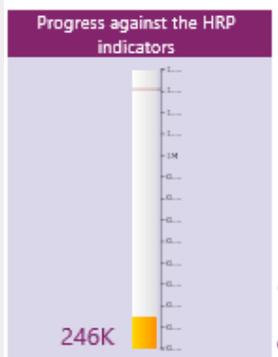
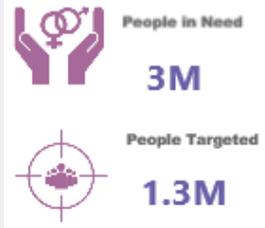
of People Recieved Services - 2017



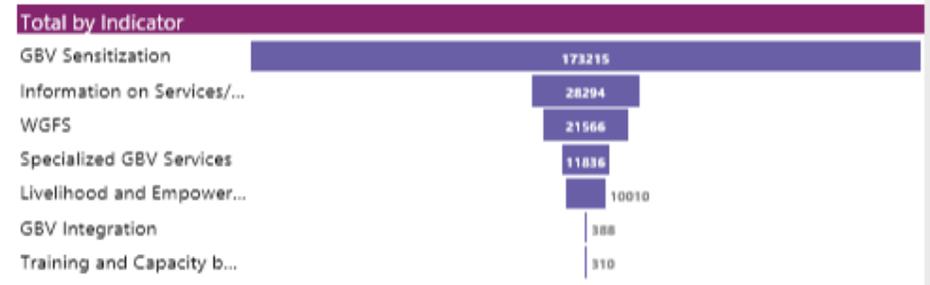
GBV SUB SECTOR - NIGERIA OVERVIEW DASHBOARD [JAN - DEC 2019]



2019 HRP Figures	TOTAL REACHED	GIRLS	BOYS	WOMEN	MEN	Count of IP's
	245619	73871	41145	91068	37009	33



Select State: **All** | Select Month: **All** | Select Beneficiary Type: **All**

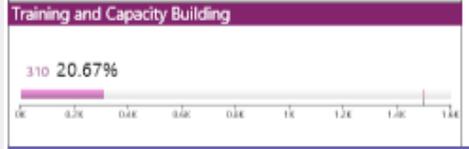


Donor Acronym

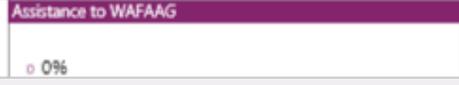
BC	EU	NAPTIP
CERF	GAC	NHF
CIDA	GCCS	NJR
DCLI	GFFO	NMFA
DFID	GoN	OFDA

OVERVIEW BY SECTOR, OBJECTIVES AND INDICATORS

1: Improve access to quality lifesaving and well-coordinated GBV services that are responsive to the needs, rights and dignity of survivors and those at risk



2: Strengthen community resilience, reintegration and systems that promote accountability for GBV/SEA and gender equality



Implementing Partners

ALIMA	IA	MdM
BOWDI	IMC	NAPTIP
CARE	INTERSOS	NCA
CCEPI	IOM	NEYIF
CHAD	IRC	NF
EYN	JDF	Plan
FHI360	KFP	SCI

Sub Indicator	TOTAL REACHED
# persons benefiting from capacity building on GBV integration/how to include GBV risk mitigation in programming, gender equalities and code of conduct	388
# persons (community structures, government institutions, learning institutions, security actors, media, e.t.c) who have received training on GBV principles	1795
# of women and girls that have access to services and peer support through the WGFS	4915
# of women and girls that have access the WGFS for the first time	16643
# of survivors who were referred and followed up to establish they received the required assistance	4
# of survivors who sought assistance and were referred for services	399
# of survivors that have received medical care	136
# of survivors that have been supported to access safe shelter facilities/assistance	0



IM in Emergencies



GBV AoR Service Mapping - Who is doing What, Where (3W)

Overview

This is an interactive dashboard that shows all GBV related services across all sectors. The above half visualization summarizes the service provision by number of operating partners per Mantika and per sector of service. Click on the map or graph to filter specific geographic location or sector or service. Or use the filter column on the right to select directly. The reference table below provides details of services provided by which partner organizations in Baladiya (admin 3) level.

Filter

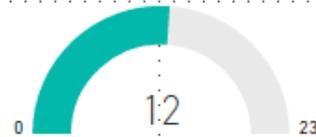
Choose Mantika

All

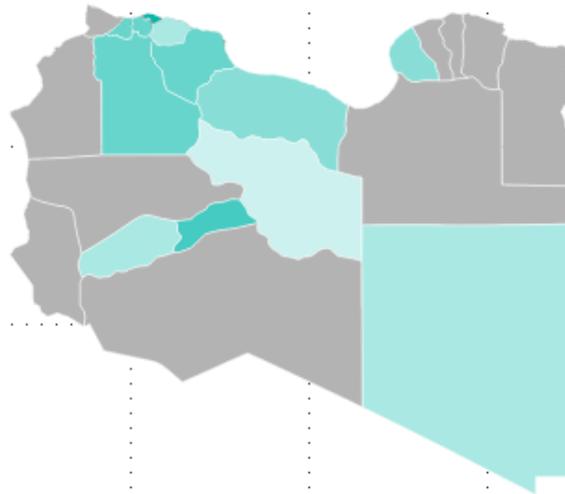
Choose Targeted Population

All

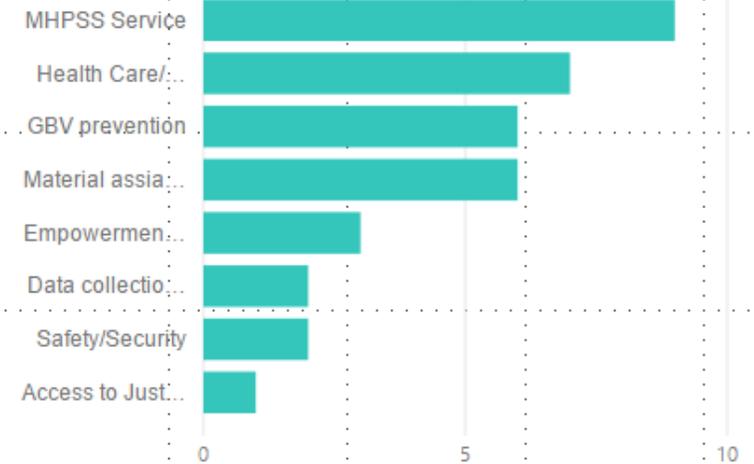
of Mantikas with operation



Operational Presence (# of Partners per Mantika)



Number of Partners per Sector of Service



Admin3	Ambulatory Services	Cash assistance	Child Friendly Space	Clinical Management of Rape (CMR)	Counseling services	Critical emergency NFIs	Dignity/ hygiene kits	GBV Case Management	GBVIMS
Albawanees	Unknown			IMC	IMC	IMC	IMC		
Aljufra				UNFPA					
Alkhums	Unknown			IMC	IMC	IMC	IMC		
Alkufra	Unknown			IMC	IMC	IMC	IMC		
Azzawya	IMC			IMC	IMC	IMC	IMC		
Benghazi			PUI	UNFPA	PUI		PUI, UNFPA	UNICEF	
Ghiryayn	Unknown			IMC	IMC	IMC, IOM	IMC, IOM		
Jadu							UNFPA		
Janzour			UNICEF						
Kikkla						IOM	IOM		
Misrata	IMC			IMC, IRC	IRC	IMC, IOM, IRC	IMC, IOM, IRC	IRC	IRC
Qasr Bin Ghasheer				MSF-OCA	MSF-OCA				
Sebha				UNFPA	IOM, UNFPA	IOM	UNFPA	UNICEF	
Sidi Assayeh	IMC			IMC	IMC	IMC	IMC		
Sirt				UNFPA	IRC				
Total	IMC, Unknown	CESV	PUI, UNICEF	IMC, IRC, MSF-OCA, UNFPA	IMC, IOM, IRC, MSF-OCA, PUI, etc.	IMC, IOM, IRC	CESV, IMC, IOM, IRC, PUI, etc.	CESV, IRC, UNICEF	CESV, IRC

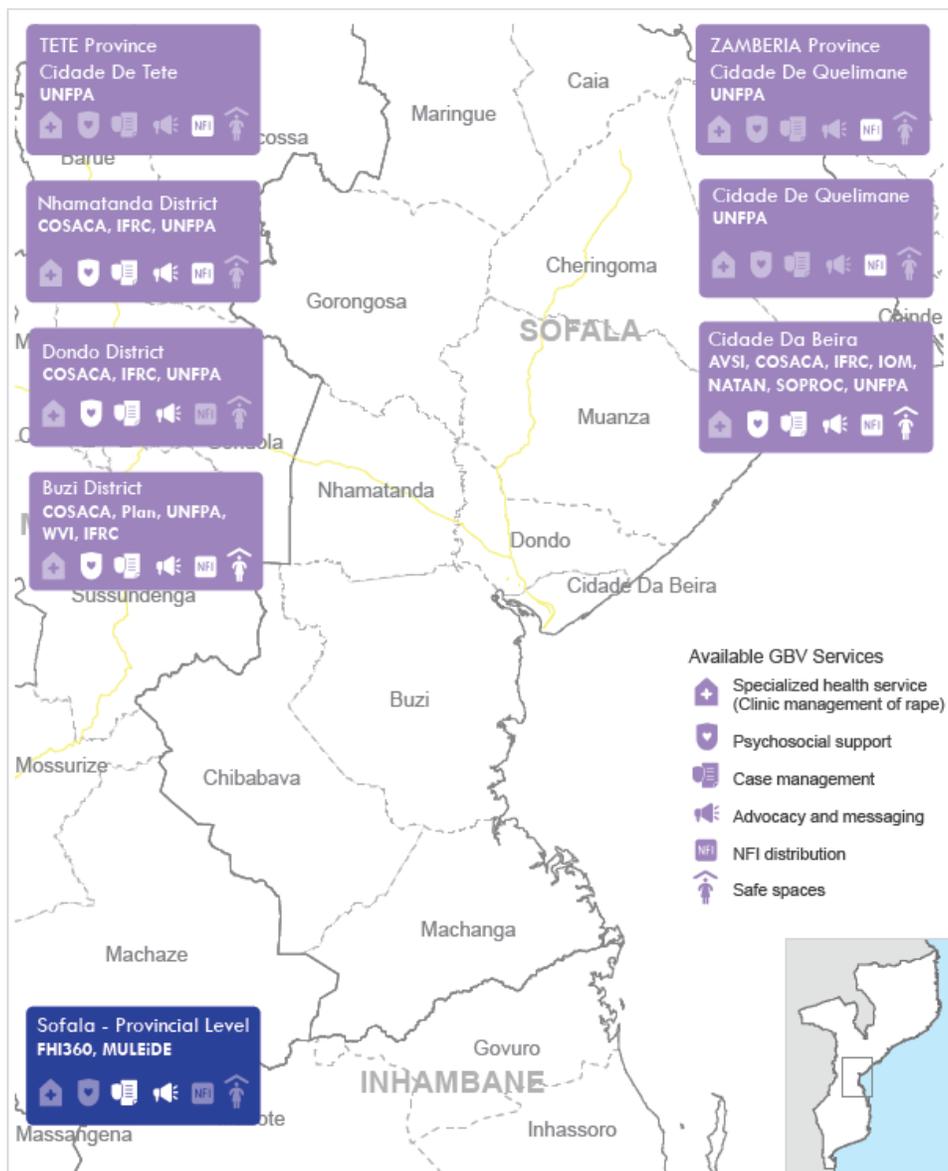
For more information, contact GBV AoR Coordinator Libya: Ken Otiano otieno@unfpa.org



Gender-based Violence Sub-Cluster - Service Provision by Humanitarian Partners

Mozambique: Beira Coordination Hub (as of 11 April 2019)

GBV Service Provision by Humanitarian Partners (District Level)



KEY FIGURES



OVERVIEW

Interventions are concentrated in Beira city and are evolved around relocation sites/accommodation centers. Non specialized psychosocial support is the most common service delivery in site setting.

NFI (dignity kits) distribution has been the main intervention for risk mitigation and has the widest coverage across all the most affected districts.

Information gap remains on the provision of specialized health service (clinic management of rape etc.) by humanitarian partners and emergency medical teams.

A total four national NGOs are providing community based case management services, two national NGOs have community based network for referral at provincial level (Sofala).

Site Level (Accommodation Center)



For inputting in GBV service provision mapping, please contact:

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For all contexts

DISSEMINATION CHANNEL

Contact list of all partners updated?

Mailing list for disseminating information based on different audience?

HR.info GBV page active?

Contacts, meeting calendars, all relevant reports, products uploaded and updated on HR.info GBV page?

CONTACT LIST

HR.INFO

MAILING LIST

MEETING CALENDAR



Minimum Deliverables

Gender-Based Violence

GENDER-BASED VIOLENCE



GBV AoR
Whole of Syria

The gender-based violence sub-sector in Syria is comprised of more than 110 partners including, UN, INGO, Syrian NGO and government agencies operating in all 14 governorates and 197 sub-districts. The sector works to prevent and respond to abuse, neglect, exploitation and violence against women and girls through strengthening community-based GBV programming. This includes activities such as the provision of specialized GBV services for survivors, psychosocial support and various prevention and mitigation activities, such as awareness raising and mainstreaming GBV into other sectors. In addition, the sector works on strengthening the capacity of service providers to respond to gender-based violence issues across the country.

CONTACTS

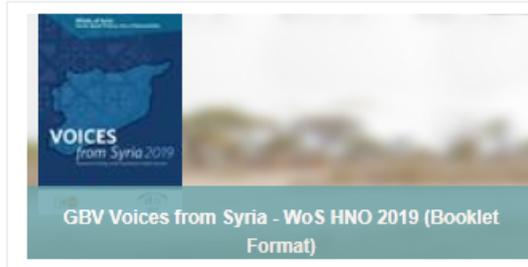
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[GBV AoR 4W Interactive Dashboard | 2018, January - December](#)

LATEST INFOGRAPHICS & MAPS

- [GBV AoR 4W Interactive Dashboard | 2017, January - May | Whole of Syria](#)
- [GBV AoR 4W Interactive Dashboard | 2017, January - April | Whole of Syria \(Embedded Content\)](#)
- [GBV AoR 4W Interactive Dashboard | 2017, January - April | Whole of Syria](#)
- [GBV AoR 4W Interactive Dashboard | 2016 | Whole of Syria](#)



GBV Voices from Syria - WoS HNO 2019 (Booklet Format)

WOS GBV AOR DOCUMENTS

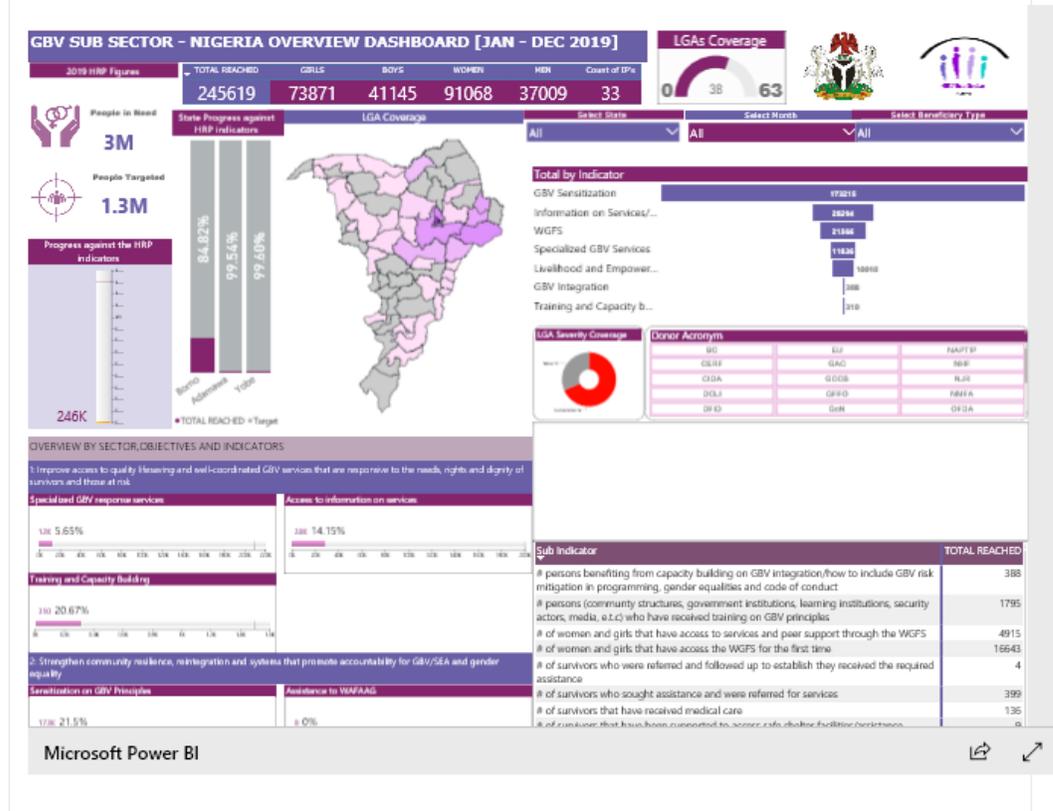
- [GBV Voices from Syria - WoS HNO 2019 \(Booklet Format\)](#)
- [Syrian Arab Republic: Whole of Syria Protection Sector notes \(#1 to #4\) on the situation in Al Hol Camp 2019](#)
- [2018 Guidelines for Filling the GBV 4Ws | ENG/ARAB](#)
- [2018 GBV 4W Definitions | ENG/ARAB](#)
- [Whole of Syria Adolescent Girl Strategy](#)

TURKEY CROSS-BORDER DOCUMENTS

- [GBV Voices from Syria - WoS HNO 2019](#)
- [GBV Sub-cluster work plan 2019](#)
- [GBV Sub-cluster Strategy Narrative 2019](#)
- [GBV Trend Analysis Reports](#)
- [Protection Monitoring Quarterly Report \(July-September 2018\)](#)

Gender Based Violence

GBV SUB SECTOR - NIGERIA OVERVIEW DASHBOARD [JAN - DEC, 2019]



MAPS, DASHBOARDS AND INFO-GRAPHICS

- [GBV Sub Sector Northeast Operational Presence Maps \(March, 2019\)](#)
- [GBV Sub Sector Dashboard \(March, 2019\)](#)
- [GBV Sub Sector Women, Girls and Youth Friendly Spaces Coverage Borno \(December, 2018\)](#)
- [GBV Sub Sector Interactive Dashboard \(Jan-Dec, 2018\)](#)
- [GBV Sub Sector Interactive Dashboard \(Jan-Dec, 2017\)](#)

CONTACTS

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Gender Based Violence (GBV)

VIEW

EDIT

GROUP

TRANSLATE

CONTENT

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CONTACT LIST PROTECTION CLUSTER AND GBV SUB-CLUSTER

- [Contact list of Protection Cluster and GVB Sub Cluster](#)

Meeting Minutes

[2019-4-9 GBV Sub Cluster Coordination Meeting Minutes](#)
[2019-4-5 GBV Sub Cluster Coordination Meeting Minutes](#)

Content from Reliefweb

[Mozambique: UNICEF Mozambique Cyclone Situation Report #9 \(09 - 15 May 2019\)](#)
[Mozambique: Protection Monitoring Report - Dondo transit, accomodation and resettlement sites, May 2019](#)
[Mozambique: Mozambique: 4W Protection and GBV Cluster in](#)

REFERRAL PATHWAY



KEY INFOGRAPHICS



BRIEFING NOTE



SECONDARY DATA ANALYSIS



IM in Emergencies

For all contexts

SECONDARY DATA ANALYSIS REPORT

What are the existing data sources (qualitative and quantitative)?

Is there sector experts or other sources to verify these data?

How do we categorize and structure all data (report layout)?

PRE-CRISI
CONTEXTUAL
ANALYSIS

CRISIS IMPACT

NEEDS AND
RISKS

OPERATING
ENVIRONMENT



Minimum Deliverables

Control of resources: Traditionally men control resources and decide how finances are partly responsible for what happened to them. Girl survivors may be excluded

Women and girls may also self-impose restrictions on their freedom of movement. violence are more stigmatized ([Intersos 12/2017](#); [IRC 2016](#)). When an incident of GBV is

Information gaps and needs

- No information on protection and GBV risks at night
- The extent to which women and girls engage in survival sex as a coping mechanism
- The extent to which trafficking occurs
- No reports on sexual and reproductive health needs of women
- Limited data on types of governance structures in camps and the extent of women's participation
- Limited data on the different forms of GBV taking place
- Lack of assessments with focus group discussions that represent women's voices regarding GBV and protection issues.
- Lack of information on the inaccessible areas for both host communities and IDP sites
- Under-reporting of gender based violence and sexual exploitation as a result of widespread stigmatisation and cultural taboos due to patriarchal cultural norms and socioeconomic inequalities that undermine the role of women
- The extent and scale of sexual violence perpetrated against men and boys
- No focus group discussions capturing the communities view regarding GBV
- A lack of data on proxy indicators of risk of GBV, such as locks at latrines, adequate lighting at latrines, privacy in shelter, substance abuse, etc.

Limitations

This short document has been made based on a review that took place over the course of two days. This means more information is likely available that has not been put in the review. The DTM has been used as a source of data, readers should note that this assessment is done by interviewing (male) key informants, and does not constitute a representative sample or sufficient female representation.

In-depth data on GBV remains sparse.



In times of disaster the prevalence of GBV increases and new forms of violence emerge. Rape, trafficking, early marriage and other forms of violence against women tend to increase in times of conflict and natural disasters ([CARE, 3/2019](#)). GBV happens everywhere in all contexts and is recognized as one of the most pervasive yet most under-reported forms of violence in the world. Any GBV prevalence data needs to be treated with extreme caution. Field visits to district hospitals suggest that the functional hospitals have received less cases in comparison to the pre-crisis situation, which can be an indication of increased challenges in access to services or increased reporting barriers for the affected population.

Stressed living conditions and tensions in communal living spaces expose people to a higher risk of GBV as people live in crowded and less safe environments. Economic hardship and loss of livelihood are likely to trigger negative coping strategies, like early and forced marriage, in the need to engage in survival sex or sex work for food and money etc.

Prior to the cyclone, women and girls already faced GBV protection needs: According to the latest Demographic Health Survey ([2015](#)), 24% of women aged 18 – 49 are estimated to have suffered physical violence since the age of 15. A further 6% of women aged 18–49 are estimated to have experienced sexual violence. 12% of women report having been forced to have sex in their lives. Those who experience physical violence *only* are more likely to seek help than those who only experience sexual violence. Among those who are survivors of physical violence within the marriage, an estimated 13% suffered from eye injuries, burns, or sprains. A further 23% is estimated to have suffered sexual violence as well ([DHS 2015](#)).

In Sofala, 6.5% of women aged 15–49 thought it was acceptable for a husband to beat his wife.¹ When posed the same question, 13% of men in Sofala thought it was acceptable to beat their wife. In particular, arguing and refusing to have sex were seen as legitimate reasons to beat a wife ([DHS 2015](#)). Within this environment, keeping silent is the most adopted way for women to cope and is considered to increase their individual chance to survive ([Slegh, 2009](#)).

in land ownership is not reflected as patriarchal cultures still favor land ownership for men ([SINA, 2009](#)).

The challenges of survivors to seek help include but are not limited to access constraints to service providers, fear of stigmatization, and ostracization. With limited presence of district level services, most GBV cases are settled through traditional courts by community committees. It is critical to take into account the power dynamics of the households in any community engagement and programme design, survivors are not serviced properly when they need to risk their family's protection in order to stand up for their rights ([Slegh, 2009](#)).

INFORMATION GAPS AND NEEDS

- Critical demographic data disaggregated by sex and age remains a gap for most vulnerable population groups, e.g. female headed households.
- More complete data on damage and impact is still to be obtained with improvement of humanitarian access.
- More granular level information needed at community level on GBV protection needs
- Assessment/survey data using different data collection methods that are not limited to key informants are needed. Surveys, FGD with women groups, community committee are recommended.

LESSONS LEARNED

- Adolescent girls are often at high risk of GBV, yet not always specifically targeted for provision of reproductive healthcare. Specific attention should be paid to adolescent girls who often do not access healthcare due to their age, lack of decision-making power, and limited access to care ([UNFPA GBViE Minimum Standards 2015](#))
- The GBV prevalence rate in Sofala province is high. Strong evidence exists regarding the risks GBV poses for HIV, specifically among women, and numerous studies have highlighted the benefits of tackling GBV and HIV as twin epidemics ([WHO, 2004](#)). GBV integration into HIV prevention programmes that address social and cultural norms that support inequalities in the family,

sex in exchange for food and other relief items ([Jornal de Noticias, 4/2019](#)).

For all contexts

OTHER ASSESSMENT TOOL REVIEWED WITH GBV MAINSTREAMING

What are the other periodic/regular data collection exercises ongoing?

What can we include in these assessment tools?

How can GBV be mainstreamed?

What can we train the enumerators on?

REVIEW
QUESTIONNAIRE

DIRECT
OBSERVATION

PROXY
INDICATORS

TRAINING
GUIDE



Minimum Deliverables

For all contexts

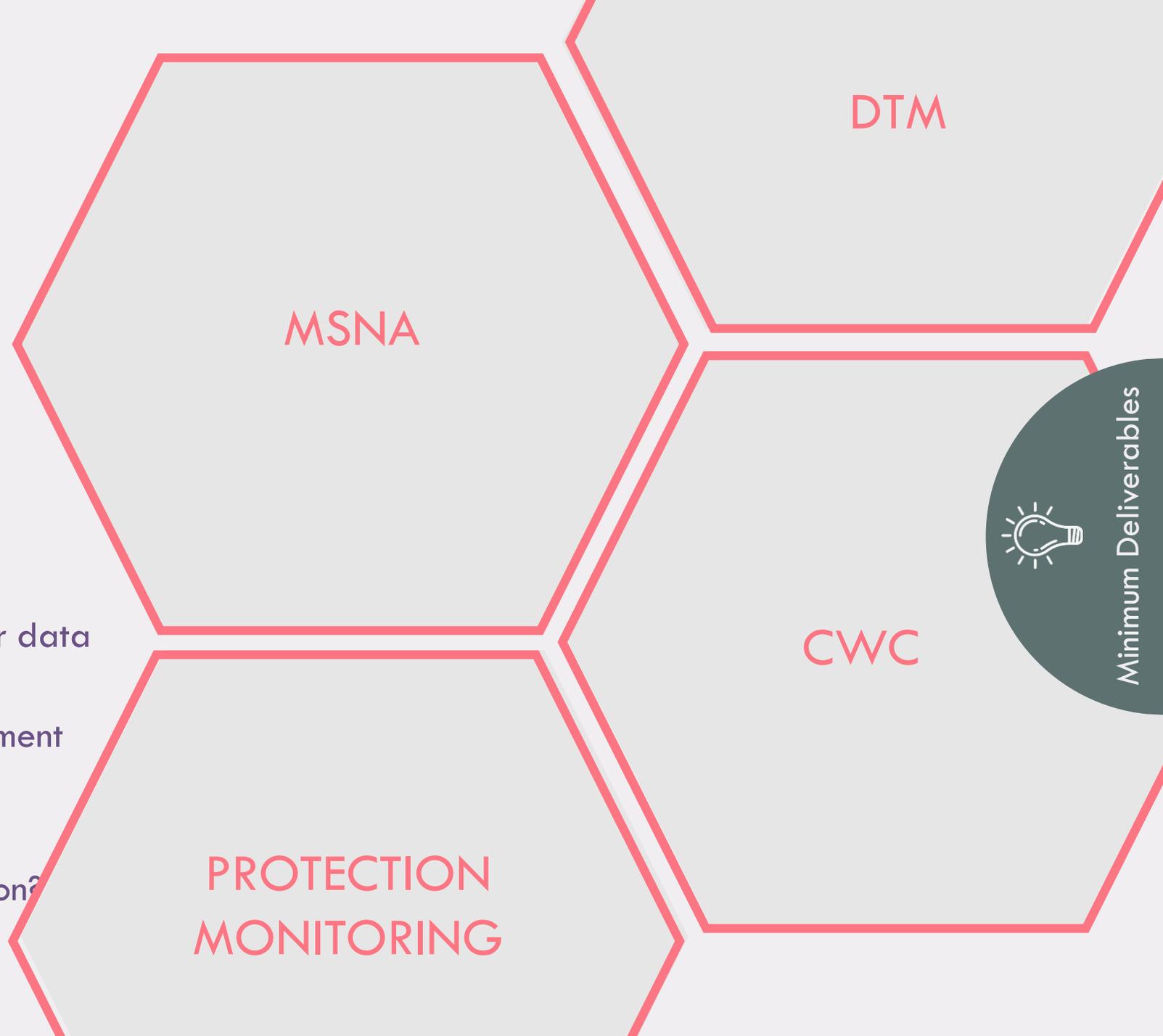
OTHER ASSESSMENT TOOL REVIEWED WITH GBV MAINSTREAMING

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What can we train the enumerators on?



When necessary, according to the information landscape

GUIDANCE ON FURTHER GBV SPECIFIC ASSESSMENTS

Can we not find the information we need through the existing data environment?

What do we want to know?

Do we (or our partner) have the resources and expertise to carry out further assessment?

What methodology and data collection methods should we use?

DETERMINE
INFORMATION
NEED

ASSESSMENT
METHODOLOGY

RESOURCES
MOBILIZATION

TRAINING OF
ENUMERATORS



Minimum Deliverables