TERMS OF REFERENCE

I. CONTEXT AND BACKGROUND

Category 5 Hurricane Dorian made landfall on Abaco Islands and Grand Bahama in the Bahamas from 1-3 September 2019. As estimated 76,268 individuals have been impacted by the hurricane. Grand Bahama and Abaco Islands are the most severely affected by Hurricane Dorian and most of their inhabitants have arrived in Nassau searching for shelter, food, protection, health and psychological assistance. The official death toll as of 10 September rose to at least 56 and the number of missing persons stands at 680. Evacuations from Abaco to the New Providence was led by the National Emergency Management Agency (NEMA). It has been estimated that over 14,000 people have been displaced due to the disaster, among them over 2000 are staying in official shelters where they are receiving food, water, medical and social assistance through the support of the Department of Social services.

The Government response is being led by the NEMA through the Emergency Operations Center. At the national level the response is being organized across 14 Emergency Support Functions (ESF) identified as critical, similar arrangements are being set up in Abaco and Grand Bahama.

Protection has been recognized as one of key Emergency Support Functions and established as a Protection working Group in Nassau was established on September 16th under the leadership of UNHCR, providing predictable leadership and accountable response to protection during the humanitarian crisis in the country due to the devastating effects of Hurricane Dorian. Gender-Based Violence (GBV) has been designated as one of the two Areas of Responsibility under the Protection Working Group, and UNFPA was designated as the global lead of the Gender-Based Violence Area of Responsibility (GBV AoR).

The GBV Sub-Working Group (GBV WG) aims to consider all types of gender-based violence in its coordination, planning, and advocacy activities related to GBV prevention and response in the humanitarian context and will give special emphasis to increasing access to holistic services and support to survivors of GBV at all geographical levels.

II. STATEMENT

The GBV WG aims to address immediate humanitarian service delivery needs and action to prevent and respond to GBV, as well to strengthen services, systems, and structures to protect the affected population from GBV, with an emphasis on addressing the needs of women and girls.

Gender-based violence is understood to encompass a range of harmful acts which are based on socially-ascribed gender differences. The different forms of GBV that may arise in the current context of the humanitarian response may include, but are not limited to:

- Physical violence: an act of physical violence that is not sexual in nature. Examples include battering by husbands, mothers-in-law, etc., hitting, slapping, choking, cutting, shoving, burning, shooting or use of any weapons, acid attacks or any other act that results in pain, discomfort or injury.
- Sexual violence: any form of non-consensual sexual contact. Examples include rape (including in the context of marriage), sexual exploitation, forced prostitution and inappropriate touching.
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• Denial of resources, opportunities or services: denial of rightful access to economic resources/assets or livelihood opportunities, education, health or other social services. Examples include actors denying a woman humanitarian aid due to her gender, earnings forcibly taken by a husband or other family member, a woman prevented from using contraceptives, a girl prevented from attending school, etc.

• Psychological/emotional abuse: infliction of mental or emotional pain or injury. Examples include: threats of physical or sexual violence, intimidation, humiliation, forced isolation, stalking, harassment, unwanted attention, remarks, gestures or written words of a sexual and/or menacing nature, destruction of cherished things, etc.

• Forced and early marriage.

• Trafficking and abduction of women, girls and boys.

• Harmful traditional practices such as child marriages, female genital mutilation (FGM) and others.

III. OBJECTIVES OF GBV WORKING GROUP

Using a survivor-centered and rights-based approach, the objective of the GBV WG is to develop effective and inclusive protection mechanisms that promote a coherent, comprehensive and coordinated approach to GBV in the Bahamas, including prevention, care, support, recovery, and efforts to hold perpetrators accountable. This will include building the capacity of actors to effectively address GBV, identifying and mobilizing interventions that address risks and vulnerabilities to GBV, advocating for GBV risk-reduction in the context of all humanitarian action, filling service-level gaps to ensure a comprehensive response, and establishing referral systems for survivors at regional level.

These actions will be in line with the IASC Guidelines for Gender-based Violence Interventions in Humanitarian Settings, which provide a minimum set of actions to which all humanitarian actors can be held accountable for effective GBV prevention and response.

Specific Objectives and interventions of the GBV WG Include:

• Engage in on-going mapping of relevant GBV prevention and response actors and services in crisis-affected areas (Who, What, Where).

• Ensure that analyses on the GBV situation (including risk and vulnerabilities and types of GBV incidents that may be occurring) in the crisis-affected areas are carried out, documented and shared with all relevant actors for follow-up action and advocacy.

• Provide a forum for sharing information on activities, identifying needs and gaps in relation to the prevention of and response to GBV, as well as for planning inter-agency GBV activities.

• Facilitate and support awareness-raising initiatives, targeting government bodies and community structures for the prevention of GBV.

• Liaise with relevant sectors or working groups to ensure that GBV issues are integrated across all humanitarian response efforts.
• Identify partners with operational capacity and develop standard operating procedures for addressing GBV; SOPs should include at minimum: referral and reporting mechanisms, information sharing, coordination, and monitoring/evaluation.

• Support Emergency Support Functions (ESF) or sectors participation (e.g. Health, Protection, Education, Shelter, etc.) in GBV SOP development processes to ensure effective and coordinated GBV interventions.

• Provide guidance and build capacity on norms, standards and tools to standardize actions to prevent and respond to GBV in the humanitarian context in line with IASC GBV Guidelines: through training, advocacy and other capacity development initiatives of humanitarian actors.

• Receive and respond to requests from the government and NGOs for technical assistance and capacity development.

• Support the establishment of inclusive cross and multi-sectoral GBV coordination mechanisms and scale up interventions to address GBV issues.

• Promote a safe and ethical standardized system for collection, analysis, sharing and management of GBV-related data.

• Assisting in the planning and facilitating of assessments, strategic planning sessions, evaluations, lessons learned exercises

• Identifying, recording, linking, formulating collaborations with appropriate local resources to address field needs and linking appropriate external resources to address field needs.

• Work with relevant clusters to ensure all predictable or observed risks have been effectively minimized including:
  – Ensuring GBV survivors have safe shelter;
  – Providing hygiene kits (including sanitary materials) to women and girls;
  – Promoting women’s direct access to food delivery that is safe and respects their privacy requirements;
  – Ensuring water points, latrines and bathing spaces are safe and accessible to women and girls;
  – Advocating for teacher training that addresses GBV risks and vulnerabilities.

IV. GUIDING PRINCIPLES AND APPROACHES

GBV WG actions will be undertaken in accordance with relevant human rights laws and humanitarian principles, and will be informed by other relevant legal frameworks, including national laws that promote the rights and agency of women and children. The work of the GBV WG will be guided by the following principles:

• Safety: The safety and security of the survivor and others, such as her/his children and people who have assisted her/him, must be the number one priority for all actors.

• Confidentiality: People have the right to choose to whom they will, or will not, tell their story. Maintaining confidentiality ensures the survivors, witnesses and information sources are protected, and informed consent is obtained before action is taken.
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- **Respect:** All actions taken should be guided by respect for the choices, wishes, rights and dignity of the survivor, and be guided by the best interests of the child.

- **Non-discrimination:** Survivors of violence should receive equal and fair treatment regardless of their age, gender, race, religion, nationality, ethnicity, sexual orientation or any other characteristic.

V. STRUCTURE AND LEADERSHIP

The GBV WG will have a co-leadership structure of Government and UN or UN with NGO. UNFPA as global GBV AoR lead is the responsible for supporting the GBV WG in line with the Global Division of Labour in the Interagency Standing Committee (IASC) Guidelines.

In the current case, the GBV WG is led by the Ministry of Social Services & Community Development and the Director of the Department of Gender and Family Affairs chairs the meetings. UNFPA co-leads the GBV WG in close relationship with the Government.

Each of the GBV WG co-leads must have a suitable staff member to effectively meet the co-lead requirements and with capacity for logistical support for convening meetings, circulating minutes and other communications and provide linkage with other coordination mechanisms.

Core responsibilities of the Co-Chair include:

- Chairing coordination meetings and ensuring that appropriate stakeholders are continuously engaged in the Sub-cluster meetings and activities (including national women’s groups and relevant Government ministries, amongst others);
- Establishing and supporting GBV coordination at national and sub-national level;
- Ensuring appropriate planning and strategy development (identification of gaps etc.);
- Advocacy and communication;
- Capacity development and establishment of a safe and ethical IMS;
- Acting as a provider of last resort;
- Consolidate, coordinate, improve and support the efforts and activities of all relevant stakeholders in the prevention of and response to GBV, within the context of humanitarian action in the Bahamas.

VI. MEMBERSHIP

The membership of the GBV WG will include all partners (national and international NGOs, UN agencies, government, human rights organizations, and academic institutions) who are addressing GBV-related issues (prevention of risks and vulnerabilities and survivor response) in the identified areas of intervention.

Members are expected to regularly attend WG meetings, to coordinate and share information about activities and challenges encountered.

Members agree to follow guiding principles for ethical GBV programming including never offering any information related to GBV cases (even anecdotal or unconfirmed cases or information) that could lead
to the identification of the survivor/victim or alleged perpetrator, as well as respect the partnership principles guidance: Complementarity, Equality, Transparency, Result-Oriented and Responsibility.

VII. MEETINGS

Weekly coordination and planning meetings will be held at the Department of Gender and Family Affairs until a new meeting schedule is decided.

Extraordinary meetings may be called by the Chairs or at the request of three other members of the WG when it is considered necessary to address an issue of urgent matter.

VIII. REPORTING AND COORDINATION

The GBV WG lead and co-lead participate actively in the Protection WG meetings to share the work of the GBV WG, concerns and findings to the larger protection coordination mechanism.

Coordination and reporting mechanisms will focus on tracking results and informing GBV WG members on periodic progress made on work plan activities. Close links are also established and maintained with other coordination bodies, specifically health and shelter working groups, sexual and reproductive health, mental health and psychosocial support reference groups.