A. Introduction
The Gender Based Violence (GBV) Sub-Cluster (GBV SC) is the coordinating body with the objective to strengthen GBV prevention and response in areas of Syria reachable though cross-border intervention from Turkey or other locations still under the mandate of the Turkey hub coordination mechanism (the strategy will refer to areas of intervention where appropriate). It works to facilitate multi-sectoral, interagency actions aimed to prevent GBV, and ensuring the provision of accessible, timely, and survivor-centered GBV response services. The GBV SC is led by UNFPA and co-led by Global Communities. Members of the GBV SC include UN agencies, international and national NGOs. The Whole of Syria/Turkey hub GBV SC was formally established in March 2015 but it was already partially operational since August 2014 as a GBV sub-working group.

The GBV SC develops and implements the operational GBV strategy for cross-border Turkey within the broader GBV Whole of Syria (WoS) Area of Responsibility (AoR) strategy as outlined in the Humanitarian Response Plan (HRP). The HRP provides a vision for comprehensive GBV programming in the current emergency, outlines priority objectives and associated activities, while the GBV SC operational strategy increases accountability of the GBV SC by linking the coordination work to programming efforts, and it is therefore critical to both coordination and programming. The operational strategy includes a Work Plan for 2019, which will be reviewed by mid-2019 and updated accordingly.

For the development of this strategy and relative work plan, local and international organizations members of the GBV SC were extensively consulted and it is linked to the humanitarian response plan for 2019. The document presents a situational analysis based on the most recent GBV assessments, review of achievements in the previous year and an outline of the strategy for 2019.

B. Situational Analysis
Assessments and data gathered in 2018, as has been done for Voices 2017 and 2016, reconfirmed that GBV – particularly sexual violence and sexual harassment, domestic violence, family violence against women and girls, and early/forced marriage – continues to pervade the lives of women and girls, particularly adolescent girls (10-19 years old). Women, girls, boys and men have confirmed that GBV occurs in homes, at schools and universities, in the market, and on the street. In a word: everywhere. The fear of sexual violence – both generally and associated with abduction – is a concern raised by women and girls contributing to psychosocial distress. It is a further limitation of their movements in some parts of Syria, which is already restricted by parents, husbands and family members who harbor the same concerns. One reason for this movement restriction – which was given in other years but came out more strongly this year in certain areas – was adherence to customs and traditions rooted in patriarchy: “The mobility of women is highly restricted because of the customs and traditions.” (Adolescent girl from Daret)

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1 GBV is an umbrella term for any harmful act perpetrated against a person’s will and that is based on socially ascribed differences between male and female. The underlying cause of GBV is unequal power relations in society and affects mostly women and girls as a result of their economic, political and social status (IASC Guidelines for Integrating GBV Intervention in Humanitarian Action)
2 Handbook for Coordinating GBV Interventions in Humanitarian Settings
3 GBV AoR, UNFPA, VOICES from Syria 2019. Assessment findings of the Humanitarian Needs Overview, 2019
4 Voices is an annual report of the GBV AoR, based on findings from assessments conducted in the framework of the 2019 HNO
Azza sub-district, Aleppo governorate). Focus group discussion (FGD) participants also cited fear of sexual violence as a reason for movement restriction, both self-imposed and by family members. While most forms of violence experienced by women and girls in Syria were reported in previous editions of this publication, there were fresh concerns voiced in the FGDs. Participants identified armed recruitment as a conflict related GBV risk and a form of child labor that is impacting girls. Another new trend is the use of technology to sexually harass adolescent girls, such as unwanted sexual text messages or blackmail using photos of women and girls.

Participants did not identify sexual violence perpetrated against men and boys as a strong concern in their communities. However, the All Survivors Project publication “Destroyed from Within: Sexual Violence against men and boys in Syria and Turkey” (September 2018) has documented sexual violence and abuse experienced by men and boys during the Syria crisis. Also of note, sexual violence is still perceived in 2018 to be a torture tactic within detention and prisons against both males and females. Indeed, reports conducted by the Independent Commission of Inquiry documented such activity up until December 2017. Additionally, during home arrests, the daughters, wives and female relatives of detained men and boys were raped and sexually assaulted.

In the 2019 assessments, the findings from all qualitative data sources indicated that women and girls are still disproportionately affected by gender-based violence in Syria as in any other country in conflict. Women and girls have fears related to their safety, whether as a result of crime or the crisis, that inhibit their movement, whether in gaining an education, earning a living and/or accessing health or psychosocial services. Women’s and girls’ fears are related to the violence they can be subjected to within the home by family members and in the street as they try to make a semblance of normal life in the midst of deep conflict. Specifically, the crisis has further entrenched patriarchal norms and customs that impede women and girl empowerment in the name of protection.

Women and girls expressed a high level of satisfaction for available services when they were able to access them. Clients of GBV services note improvements in self-confidence, trust and social connection, independence especially economic, knowledge of rights, and ability to protect themselves from violence. Feelings of shame and stigma that prevent survivors from disclosing their experience of violence (Coping mechanisms), along with cultural and safety factors related to movement restrictions, were reported to prevent survivors from seeking GBV services.

In 2018, despite a reduction in the area under the mandate of the Turkey cross-border GBV SC, the GBV SC increased to 84 communities reached (compared to 56 of 2017) with almost 57,000 specialized services. Additionally, 333,352 beneficiaries were involved in women and girls empowerment and prevention activities (6% more than what was originally targeted). Alongside the number of services being provided, during this period, the number of GBV SC active members has increased to 66.

C. Progress against GBV SC Operational Strategy 2018
Throughout 2018 the GBV SC concentrated its effort on increasing availability and quality of survivor-centered GBV response services, including for adolescent girls, increasing capacity of service providers; GBV prevention activities with the development of the GBV Awareness Raising Toolkit and responding to emergencies through an integrated package of basic interventions. In 2018 the GBV SC reviewed its Standard Operating Procedures (SOPs), which were subsequently signed by 23 GBV SC members. The
number of active members continued to grow in 2018 presenting both challenges and opportunities. In 2018, the GBV SC met monthly, under the leadership of UNFPA and co-leadership of Global Communities.

The work of the GBV SC over 2018 was guided by the GBV Strategy 2018. The overall objective of the GBV SC strategy for 2018 reflected the HRP objective of “provide life-saving specialized quality GBV services, including case management, psychosocial support and establish referral pathways”. The GBV SC worked toward the overall objective through 4 specific objectives. Some key achievements under each specific objective are highlighted below:

0. **Improve preparedness and response capacity to contextual changes**
Working in a very volatile context implies the necessity of being prepared to emergency scenarios and sudden changes. The year 2018 has been characterized by a number of “emergencies within the emergency” with major displacements and changes in line of control in areas under the Turkey cross-border GBV SC. In order to support GBV SC members to prepare and respond to emergencies, the GBV SC developed a guidance note on “Ethical Closure of GBV Programs”. This document has been the outcome of a long process of consultation and collection of lessons learnt and has been developed in collaboration with the Jordan cross border GBV WG. The main purpose is to support GBV actors in the development of closure plans, including, considerations on do no harm for GBV survivors supported with case management and women and girls attending Women and Girls Safe Spaces (WGSS), duty of care, data protection and communication. The GBV SC, in coordination with the Protection Cluster and its other Sub-Clusters, developed 3 emergency preparedness plans (Idleb displacement in early 2018, Afrin, East Ghouta displacement) and 1 readiness plan (Idleb scenario planning second half of 2018), based on the emergency response model already in place since 2017. The GBV SC Information Management Officer (IMO) and coordinators developed and contributed to a number of IM products. Among these, of particular interest, the GBV SC in October introduced a new simplified Incident Recorder, a tool that the GBV SC coordination team will be using in 2019 to produce qualitative and quantitative GBV trend analysis reports based on the number and type of GBV supported cases that GBV SC members are reporting on a monthly basis.

Moreover, the GBV SC participated in the process of the Turkey Humanitarian Funding (THF) allocation, setting priorities and recommendations and in the Humanitarian Programme Cycle (HPC). In order to contribute to the assessment phase for the 2019 Humanitarian Needs Overview (HNO), trained partners conducted 34 FGDs with women, men, boys and girls. Moreover one Focus Group Discussion (FGD) with GBV practitioners was held in Gaziantep and one in North West (NW) Syria.

1. **Provide life-saving specialized quality GBV services, including case management, psychosocial support and establish referral pathways.**
   - 84 of communities/neighborhoods (153%) that have at least one type of specialised GBV services (Target: 55)
   - 56,929 of GBV specialised services provided (162%) (Target: 11,279)
   - 1,733 (140%) GBV actors trained on GBV (women/men) (Target: 684)

During 2018, 5,547 survivors were assisted with case management and 6,461 received Psychosocial Support. The GBV SC conducted a review of its SOPs, updating them with the most recent guidance and resources (developed globally and locally), contextualizing them more to the reality on the ground and
providing detailed guidance for both GBV specialists and non-specialists, based on their respective responsibilities. The GBV SC conducted quarterly service mappings and produced referral pathways at district level. Additionally, the GBV SC developed a system to ensure referral options were disseminated broadly without breaching the Information Sharing Protocol (ISP). The GBV SC introduced a system of Referral Focal Points at district level. These are service phones of organizations providing GBV case management that any organization/humanitarian worker can call to refer identified GBV survivors for direct support.

The new GBV SC capacity building strategy focused on supporting organizations based on the type of programs and activities they are already implementing. The GBV SC therefore targeted different groups with different capacity building options: 1) Organizations providing case management and PSS to GBV survivors, responding to Level 3 of the IASC Mental Health and Psychosocial Support (MHPSS) pyramid 2) Organizations providing prevention and empowerment activities at community level, responding to Level 2 of the IASC MHPSS Pyramid 3) Organizations providing health services to GBV survivors, in particular Clinical Management of Rape (CMR) services 4) Other humanitarian actors.

Throughout the year the GBV SC organized 3 learning sessions, 1 Training on GBV case management with at risk groups, co-facilitated 3 CMR trainings, 1 Communication and Advocacy Training, 1 GBV basics training, 2 awareness raising Training Of Trainers (ToT), 2 GBV risk mitigation trainings to S/NFI and FSL Cluster members, in addition to a number of sessions in other Clusters focusing on GBV referral pathways. The GBV SC was not able to organize any case conference inside Syria, however enhancing field level coordination and technical support will be a focus for 2019.

2. Enhance strategies to empower women and girls and prevent GBV, with a particular focus on adolescent girls.

333,352 (106%) women, men, girls and boys reached by GBV prevention and empowerment activities (Target: 313,199)

Considering the increasing number of partners carrying out prevention activities and their demand for technical support, the GBV SC focused on the development of a “GBV Awareness Raising Toolkit”. The toolkit provides four comprehensive programs for delivering awareness raising around seven key GBV messages to women, adolescent girls, men and adolescent boys. Its development was informed by extensive consultations with GBV SC members in Turkey and Syria. The toolkit was launched during an event to kick off the 16 Days of Activism Against GBV and its rollout started with two TOTs held in Gaziantep (and will continue in 2019 focusing on field level dissemination). Throughout the development and rollout of the toolkit, the GBV SC explored approaches to “engaging men and boys” in prevention activities and targeting adolescent girls with specific topics. The GBV SC Prevention and Risk Mitigation Taskforce met regularly, supporting the coordination team in all aspects that led to the toolkit development and taking the lead in the design of the joint initiatives to mark the 16 Days of Activism against GBV and the International Women’s Day.

The GBV SC also focused on implementing key actions of the Adolescent Girls Strategy developed in 2017. In particular some GBV SC members engaged in discussions with the Reproductive Health Working Group and started the so called “Young Mothers Clubs”. Additionally some GBV actors organized targeted
empowerment activities for adolescent girls and the GBV SC trained case workers on case management with early married adolescent girls and child/adolescent survivors of sexual violence.

3. Increase measures to mitigate the risk of GBV in the humanitarian response

679 (70%) humanitarian actors trained on GBV (IASC etc.) (Activity 3.3.1) (Target: 1,218)

The GBV SC worked to increase the capacity of other Clusters to mitigate GBV through a series of initiatives, including raising awareness on referral options, trainings, workshops, and presentations. In particular, the GBV SC conducted 2 sessions on GBV basics in the education cluster, 1 session in each cluster on the newly introduced GBV referral focal point system, 1 referral workshop with the larger humanitarian community, 1 training on GBV risk mitigation for the Gender Focal Point Network (GFPN), 1 for the Food Security and Livelihood (FSL) Cluster and 1 for Shelter/Non Food Items (S/NFI) Cluster. Additionally, the GBV SC supported the Global IASC GBV Guidelines team in the pre and post phases of the Regional GBV risk mitigation training they organized in Amman.

In the framework of GBV risk mitigation actions, the GBV SC also engaged with S/NFI Cluster, reviewed their newly developed shelter rehabilitation guidelines and their proposed HNO assessment tool and organized a two-day GBV risk mitigation training. The GBV SC also engaged with FSL Cluster to ensure selection criteria for food assistance include GBV survivors and to develop a protocol for referrals of GBV survivors for food assistance. Health Cluster, and Sexual and Reproductive Health Working Group in particular, continued to be engaged in the organization of CMR training and in the operationalization of the Adolescent Girls Strategy. The two coordination bodies also collaborated in the finalization of a guidance note on Virginity Testing, to advocate for the full eradication of this harmful practice. Additionally, the GBV SC co-led the gender focal points network and maintained strategic collaboration with the Prevention of Sexual Exploitation and Abuse (PSEA) network providing technical support as needed.

The GBV SC also engaged in several advocacy efforts, in particular, providing inputs to the protection monitoring reports and developing advocacy messages in various occasions: 1) development of protection messages in shelter determination 2) general protection messages in emergency 3) East Ghouta messages 4) support to advocacy for access and space to work in Afrin 5) advocacy with OFDA to ensure protection/GBV actors continued working in HTS areas.

The GBV Sub-Cluster updated GBV donors on a quarterly basis with an email on main achievements and key documents developed, in addition to regular meetings. Finally, the GBV SC actively engaged and fed into global initiatives, through consultations with GBV SC members: providing feedbacks on the global minimum standards for GBV service providers under development.

D. Strategy 2019: Overall Objective, Specific Objectives and Results

In line with the strategic sectorial objective of the HRP (Humanitarian Response Plan), the overall objective of the Turkey hub GBV response for 2019 is **survivors have access to quality specialised GBV services and measures are in place to prevent and mitigate risks of GBV**. The GBV SC will be working toward the overall objective through 3 specific objectives from the HRP framework and one specific objective internally developed given its cross-cutting nature as explained below.

Looking at the ever changing situation of NW Syria and the unpredictability of its future, the GBV SC in 2019 will continue its advocacy to ensure continuity of funds, presence of organization and access in areas where there are GBV gaps, along with strengthening the emergency capacity and the field level
coordination and increased focus on contingency planning and ethical transition/closure of programs when the need arises.

Overall, the focus of the GBV SC for the year will be on engaging field based staff in simple coordination fora, capacity building and GBV risk mitigation in other sectors. In an effort to continue to build on last year’s achievements, the GBV SC will focus on rolling out guidance developed in 2018, including the Awareness raising toolkit and the SOPs and will develop and/or disseminate specific technical guidance to ensure inclusion of women and girls with disabilities in GBV programming. The provision of specialized services, including with a focus on the specific vulnerabilities of adolescent girls and the collaboration with other sectors to make services safer and more accessible for women and girls remain of high importance. Moreover, the GBV SC, in collaboration with Whole of Syria, will produce a number of products and maps to support the analysis of the response as well as to identify gaps and geographic priorities. The GBV SC will continue to be represented at the Inter-Cluster Coordination Group (ICCG) and in other humanitarian forums for interagency initiatives, including multi-sectoral assessments, protection monitoring and emergency response plans. To ensure better understanding and access to staff in the field, the GBV SC will continue to consistently provide information, guidance, training and whenever possible conduct meetings in Arabic and English.

0. Improve preparedness and response capacity to contextual changes

This year, as a natural development of last year’s achievements, The GBV SC will support its members in the operationalization of the guidance note on ethical closure, providing technical support for the development of exit strategies/closure plans. Additionally, the reviewed SOPs will be disseminated both in Syria and in Gaziantep, through dedicated GBV basics and SOP trainings of GBV and non-GBV actors, based on their roles and responsibilities.

The GBV SC will also focus on developing standardized GBV M&E tools, building on the outcome of a baseline assessment conducted by a consortium of three GBV SC members that secured funds for this analysis. The consortium will be responsible, with the support of the GBV coordination team, to conduct a review of existing M&E practices in GBV programming, including through surveys and direct consultations with GBV actors. Based on the final report of this phase, the GBV SC will take over the leadership in developing, through the usual participatory approach, a set of standardized M&E tools for various GBV activities.

Part of this objective is also the development, in coordination with the Protection Cluster and its other Sub-Clusters, of emergency response plans, based on the integrated protection approach used during 2017 and 2018. Due to the delays in the development of the 2019 HRP, the GBV SC this year will engage in both the finalization of the 2019 HRP, the development of VOICES from Syria 2019, as well as the 2020 HNO and HRP processes. Finally, as it’s the usual practice, the GBV SC will also support THF standard and emergency reserve allocations.

Finally, the GBV SC will continue to produce, contribute to and disseminate IM products, including monthly dashboards, weekly roundups, etc... This year quarterly GBV trend analysis reports will also be produced and shared with GBV SC members as well as donors and other stakeholders, based on data submitted by GBV SC members on GBV survivors supported with GBV case management. Additionally, the
GBV SC IMO will continue the 4Ws capacity building, especially to ensure accurate reporting of newly introduced indicators.

1. **Provide life-saving specialized quality GBV services, including case management, psychosocial support and reinforce referral pathways.**

The GBV SC will continue to produce and share quarterly referral pathways, based on the information collected through the Service Mapping, which will be conducted using an on-line submission form that will be rolled out at the beginning of the year. Additionally, the GBV SC will continue to work to increase the referrals of GBV survivors to and from other sectors, to ensure a multi-sector response.

In order to support GBV SC members to continuously improve the quality of specialized services, the GBV SC will provide and disseminate guidance on needs, risks, best practices and capacity on utilizing cash for GBV case management, to ensure that organizations that are using cash in support of GBV survivors will do so in a safe way and in line with best practices.

The Capacity Building Initiative (CBI) will continue to engage GBV SC members in training, learning sessions, workshops and other capacity building events based on the type of services they are already providing (GBV case management, GBV capacity building, GBV awareness and empowerment, GBV risk mitigation in other sectors, CMR). However, the envisaged change for the year is the creation of a field based Capacity Building Taskforce, where GBV SC members, selected on the basis of pre-defined criteria, will serve on a voluntary basis to support the CBI in the field, including planning, organization, facilitation of trainings, coaching opportunities and other learning initiatives. The GBV SC will also focus intensively on what was not achieved in the past year: the creation of some simple coordination initiatives in the field, in particular looking at facilitating the organization of interagency case conferences to facilitate cross-sharing and learning and eventually improve the quality of case management provided. The collaboration with health actors remains at the center of this strategy to ensure CMR services and other health services to GBV survivors continue to expand and improve.

2. **Enhance strategies to empower women and girls and prevent GBV, with a particular focus on adolescent girls.**

Through a natural link with 2018 achievements, the 2019 strategy will focus on the rollout of the GBV Awareness Raising Toolkit, including specific support to ensure organizations are able to implement the full programme, which means covering all the seven key messages with all the 4 groups (women, men, adolescent boys, adolescent girls).

GBV SC will continue to provide prevention and empowerment activities both through women and girls safe spaces (WGSS) and mobile teams. The WGSS remain a key approach for GBV SC partners and the GBV SC will continue to capacitate partners to provide quality services, with a specific focus on inclusiveness of women and girls with disabilities. To achieve this, the GBV SC, with the support of one of its members, will develop an on-line training on inclusion in GBV programming, with a specific focus on women and girls with disabilities accessing WGSS. The idea of the on-line training is to ensure that field based staff are able to access this training opportunity anytime, anywhere.
The GBV SC will continue to focus on implementing key actions of the Adolescent Girls Strategy developed in 2017. In particular, the GBV SC will provide technical support to improve GBV programming that specifically target adolescent girls, including both married and non-married girls. This means to continue and/or expand the implementation of Young Mothers Clubs, to disseminate newly developed adolescent girl interventions (e.g. Girl Shine by IRC) as well as to capacitate GBV SC members on how to make WGSS more adolescent-friendly.

Finally, the GBV Prevention/Risk Mitigation Taskforce will continue to meet and to lead on key actions, including the design of campaigns for the 16 days of activism and the International Women’s Day.

**3. Increase measures to mitigate the risk of GBV in the humanitarian response**

GBV risk mitigation in other sectors will remain a focus for the year. Therefore, the GBV SC will finalize a package of training material that GBV SC members can use in their efforts to capacitate staff working in other sectors (within the same or a different organization). The GBV SC will build on the achievements of last year and will continue the work initiated with the FSL and S/NFI Clusters to ensure an increasing number of GBV survivors can be referred to food, livelihood, shelter and non-food item assistance in a safe and efficient way. The GBV SC is also planning to work with selected clusters to support them in operationalizing GBV risk mitigation measures that they have articulated in their GBV risk mitigation strategies (at the WoS level). This will be done in a way that strengthens collaborations with the Education Cluster and enhances the already existing opportunities with the CP SC, the MHPSS Working Group and the Reproductive Health Working Group (both under the mandate of the Health Cluster).

The GBV SC will also continue to maintain a strategic collaboration with the PSEA network to provide technical support as needed, and ensure SEA survivors have access to GBV response services.

In order to continue raising the voices of women and girls in NW Syria, the Turkey hub will contribute to the plans of the WOS GBV AOR to develop a publication that puts together stories of adolescent girls collected by GBV SC members in the framework of their ongoing programmes.

Finally, within the protection cluster and the WoS, the GBV SC will contribute to the development of advocacy messages, position papers and advocacy products and will support their dissemination. In this effort, the GBV SC will finalize a guidance note on mitigating protection and GBV risks in Internal Displaced People (IDP) sites exclusive to IDP widowed and divorced women and girls and will advocate with relevant stakeholders, including donors and humanitarian leadership, for the protection of these vulnerable women and girls. This will be done in collaboration with the Camp Coordination and Camp Management (CCCM) Cluster, in an effort to ensure GBV risk mitigation measures are mainstreamed in the design, implementation and monitoring of IDP sites.

The GBV SC will also regularly engage and advocate with donors to sensitize them on the GBV situation in NW Syria, to provide updates on on-going processes and to ensure funding coverage of identified needs.