

Gender Based Violence Information Management System Annual Narrative Report

January - December 2020



Gender-Based Violence (GBV) has negative health, psychological and socio-economic consequences on the survivors, their families and communities. Majority of the cases are under reported, which is a concern for the GBV actors, on how best to create an environment and conditions to reach out to the survivors and respond to their critical needs. The community centers provide individual and group support through various activities including case management, psychosocial support, recreation, skills training, awareness raising and referrals for services.

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LIST OF ACRONYMS

AGD	Age, Gender and Diversity
CCCM	Camp Coordination and Camp Management
CMR	Clinical Management of Rape
DGOs	Data Gathering Organizations
EMAP	Engaging Men through Accountable Practice
GBV	Gender-based Violence
GBVIMS	Gender-based Violence Information Management System
HRP	Humanitarian Response Plan
IASC	Inter-Agency Standing Committee
ICCG	Inter Cluster Coordination Group
IDP	Internally Displaced Persons
IIC	Iraq Information Centre
IOM	International Organization for Migration
IPV	Intimate Partner Violence
ISP	Information Sharing Protocol
MHPSS	Mental Health and Psychosocial Support
PFA	Psychological First Aid
PSS	Psychosocial Support
UNFPA	United National Population Fund
UNHCR	United National High Commissioner for Refugees
WHO	World Health Organization

INTRODUCTION

The implementation of the Gender-Based Violence Information Management System (GBVIMS) effectively commenced in Iraq in January 2014. The GBVIMS Task Force is responsible for Gender-based Violence (GBV) data collection and analysis, and ensuring the security and protection of the GBVIMS data. The GBVIMS Task Force in Iraq functions under the umbrella of the GBV Sub Cluster, and is co-chaired by UNFPA and UNHCR. The GBVIMS data gathering and pre-approved organizations have signed an Information Sharing Protocol (ISP) that regulates how the GBVIMS data is shared. The GBVIMS Task Force would like to acknowledge the efforts of all the Data Gathering Organizations (DGOs) who continue to share the data and UNFPA and UNHCR for their technical and financial support.

This GBVIMS report highlights the trends and emerging Gender based violence (GBV) incidents in 2020 compared to previous years (2018- 2019), which is representative of the dates when the incidents were reported to the service providers, and not the dates when the incidents occurred. The analysis of the trends of the reporting period vis-à-vis the previous years highlighting the gaps in GBV service provision and proposed recommendations for programming. The data is shared by humanitarian agencies working in the GBV prevention, response, awareness-raising, community engagement activities and case management. This report includes information on the following areas:

- 1) Survivor profiles
- 2) Incident details
- 3) The context in which the incident occurred
- 4) Alleged perpetrators
- 5) Service referrals
- 6) Conclusion and recommendations

GBVIMS classifies all incidents reported by the GBV survivors into the following six categories: rape, sexual assault, physical assault, forced marriage, denial of resources, opportunities or services, and psychological/emotional abuse. GBVIMS also provides the context in which an incident of GBV occurs, such as intimate partner violence (IPV), child sexual abuse, early marriage, sexual exploitation, sexual slavery and harmful traditional practices. Reported incidents include IPV, sexual violence, exploitation and abuse, forced marriage and denial of resources and opportunities.

DISCLAIMER:

- 1) The data is gathered **only** from *reported* GBV incidents to service providers directly working with GBV survivors.
- 2) The consolidated data is in no way representative of the total incidents or prevalence of GBV in Iraq. These statistical trends are generated exclusively by GBV service providers who use the GBVIMS for data collection in the implementation of GBV response activities in a limited number of locations across Iraq and with the consent of the survivors.
- 3) This data should not be used for direct follow-up with survivors or organizations for additional case follow-up.
- 4) The following information should not be shared outside your organization/agency. Failure to comply with the above will result in the suspension of sharing GBVIMS statistics in the future.
- 5) The report has been prepared using a process that ensures no harm on the survivors, service providers or the community from which information was shared.
- 6) The report has methodically mitigated the risk of double reporting of incidents at the level of data gathering by the service providers. Nevertheless, the possibility of capturing double reported cases in the consolidated report is not excluded.

GENERAL STATISTICS

Gender-Based Violence (GBV herein after) is a human rights violation as well as a public health issue, mostly affecting women and girls around the world. In the context of Iraq's in and out of displacement settings, the main drivers include deeply rooted pre-existing negative social norms and gender inequalities as well as protracted displacement. Due to their increased vulnerabilities resulting from conflict related displacement, harmful social norms, unplanned camp closure and reduced access to livelihood activities, the female and child headed households, women with perceived affiliation to extremists, widows and people living with disabilities are at heightened risks of human rights violations like sexual violence, early marriage, domestic violence, survival sex and sex trafficking. The economic and social stress caused by the COVID-19 pandemic due to loss of livelihood or sources of income, stress from the confinement, closure of social amenities and networks, and restricted movement have exacerbated the GBV risks for women and girls, especially domestic violence.¹ Despite the closure of some community centres due to funding constraints, 2020 recorded an increase in the reported incidents by 6% compared to 2019 due to the increase in the number of DGOs in 2020 by 27% compared to 2019, new projects/ scale up of activities and improved reporting, or a key result of awareness raising activities.

75%: Reported GBV incidents accounting for IPV.

GBV stakeholders are concerned that the sudden closure of IDP camps that commenced in October 2020 may further increase the GBV risks for women and girls, given that there was limited time for humanitarian organizations to coordinate and ensure the safety of the IDPs returning to their areas of origin. The GBV service providers strived to ensure that the referral mechanisms were in place to enable continuity of services for the survivors that were receiving services and returned to their areas of origin.

45%: Reported incidents whereby perpetrators were aged 26 and 40.

In 2021, the GBVIMS organizations will seek to reduce vulnerabilities, negative coping mechanisms and mitigate GBV related risk factors arising from the camp closure, COVID-19 pandemic, protracted crisis and economic hardship through scaling up the existing multi-sectoral services in the static and mobile centres in the areas of displacement, return and out of camp settings, as well as informal sites. Tailored livelihood activities will target the most vulnerable, in order to facilitate recovery efforts. Prevention and mitigation activities will address the

deeply rooted harmful norms and gender inequalities that lead to acts of gender-based violence, in particular harmful traditional practices.

Based on the key trends and emerging issues, it is crucial for non-GBV sectors to collectively address GBV as part of their shared responsibility as per IASC GBV Guidelines. In 2021, the GBV SC will mainstream and integrate GBV as per IASC Guidelines in the Cash WG, Emergency Livelihoods and Food Security Clusters, while synergies with the Health Cluster will be made in improving the existing health response to sexual and gender-based violence through an improved and well-coordinated Clinical Management of Rape (CMR) and MHPSS services.

Key Trends and Emerging Issues

- Increasing number of reported incidents due to the increase in the number of DGOs and new projects/ scale up of activities by DGOs and improved reporting.
- Majority of the incidents are reported by married, female, adult survivors, and are mostly perpetrated by the spouse at home and account for self-referrals.
- Decreasing trend of incidents reported by the IDPs vis-à-vis the increasing trend of the incidents reported by host community and returnees due to the closure of IDP camps, and increased presence of GBV actors in out of camp settings and areas of return.
- A third of survivors previously reported GBV due to reoccurrence of IPV.
- Psychological/emotional abuse is the commonly reported GBV type in the context of IPV.
- Declining trend of reported incidents of early marriage, possibly a result of advocacy or underreporting of incidents.
- Increasing trend of IPV incidents possibly due to the new risks like the COVID-19 pandemic, displacement and closure of camps, fuelled by pre-existing risks arising from negative social norms and gender inequalities.
- Increasing trend of survivors living with disabilities reporting GBV.
- Majority of the reported incidents were perpetrated by males aged 26 and 40, followed by 41 to 60 years, suggesting the link between age and power in the process of socialization and negative masculinity attitudes.
- Over half of the incidents were reported to service providers more than a month after the incident occurred.
- Majority of the survivors reporting GBV require psychosocial services, and decline referrals to legal, safety and security services.
- The daily laborers and unemployed persons perpetrated majority of the reported incidents, thus livelihood may be a mitigating measure for GBV.
- Safe house and livelihood services recorded the highest in the services not available for the survivors.

¹ GBV Sub Cluster, [Rapid assessment of the impact of COVID-19 on GBV](#), April 2020, page 2 reported increased in reported incidents of domestic violence due to stress related to the pandemic like loss of lack or loss of livelihood or income, stress from the confinement, closure of social amenities and networks, restricted movement and social isolation measures exacerbated the GBV risks for women and girls.

SURVIVOR STATISTICS

The data highlights that females are most vulnerable to GBV than their male counterparts due to the pre-existing GBV risks and negative social norms. While men and boys are also vulnerable to GBV, documenting incidents against them is a challenge owing to existing social norms that discourage male reporting of GBV. Nevertheless, male survivors reported 13% of the GBV incidents to the Iraq Information Centre (IIC) in 2020. Hence, it is equally crucial to scale up service delivery for male survivors and advocate for the legislative framework that may discriminate against male survivors.²

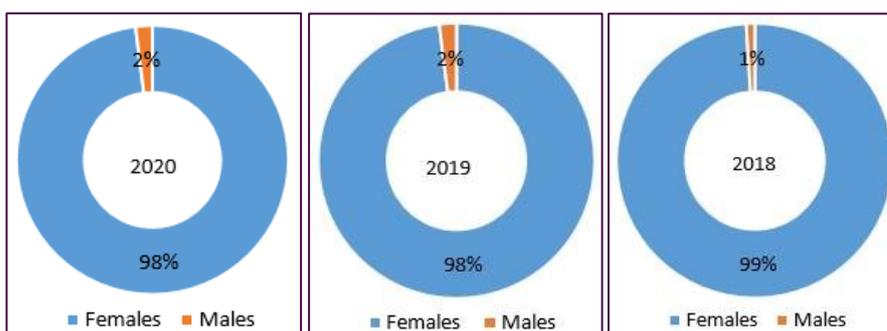


Figure 1: Sex of Survivors (2018 - 2020)

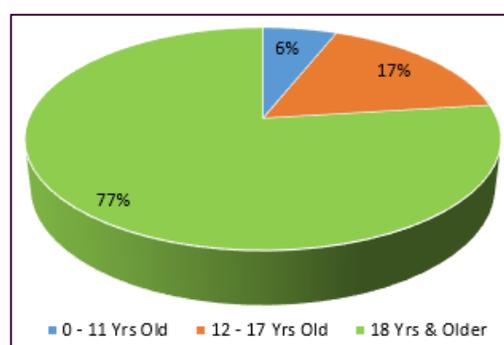


Figure 2: Age of Survivors (2020)

Although there is no major difference in the reporting trends analysis compared to previous years, age and gender however, continues to determine the GBV risks that the adults, adolescents and children are exposed to. This calls for Age, Gender and Diversity (AGD) mainstreaming³ programming in humanitarian interventions. While adolescents mostly report early/forced marriage, child sexual abuse and harmful traditional practices, women mostly report physical assault and psychological/ emotional abuse in the context of intimate partner violence (IPV). Collaboration with child protection actors on prevention and response of GBV is essential, given that documenting incidents involving children below 12 years

is a challenge since child protection actors are not data gathering organisations on GBVIMS.

The graph indicates year-wise correlation between the age and marital status of survivors, given that female married/adults and single/girls report similar incidents. Despite the link, the risks vary depending on vulnerabilities that may expose women and girls to GBV such as lack of access to livelihood, conflict related displacement, perceived affiliation to extremists, divorced/ separated and widowed especially heads of households, unaccompanied or separated children. Reported incidents of IDP women including widows and divorced women with perceived affiliation to extremists harassed while returning to their areas of origin is a concern, as the cases are underreported due to fear of retaliation or lack of access to phones.⁴ GBV stakeholders need to determine the risks through inter cluster safety audits and rapid assessment exercises in order to design tailored prevention/mitigation activities.

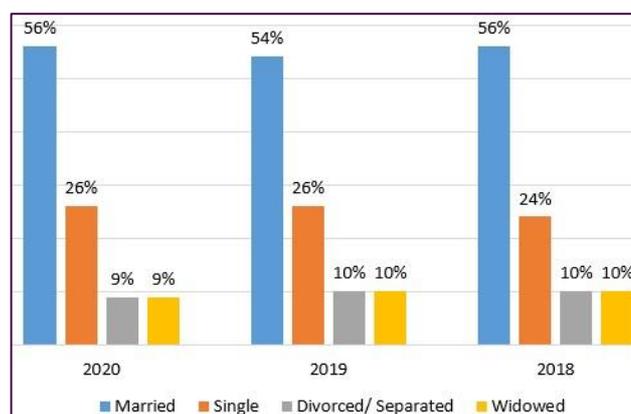


Figure 3: Marital Status of Survivors (2018 - 2020)

² For example, Article 393 - (1) of the Iraqi Penal Code definition of rape as “any person who has sexual intercourse with a female without her consent or commits buggery with any person without their consent is punishable by a term of imprisonment not exceeding 15 years” is not gender-neutral, limited to acts of sexual intercourse and omits penetration by objects and other body parts.

³ IASC, Women, Girls, Boys and Men, Different Needs – Equal Opportunities, December 2006.

⁴ CCCM & Protection Cluster, Camp Closures Situation Report 9, 26 November 2020, page 1.

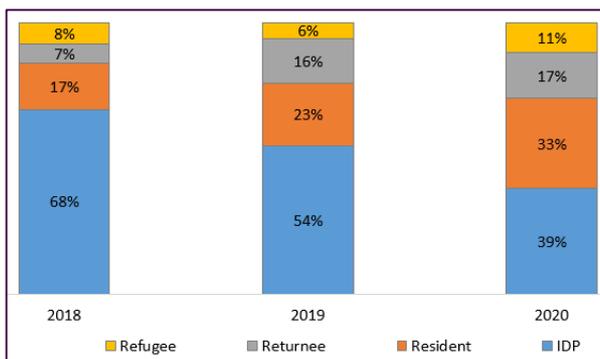


Figure 4: Displacement Status at Time of Report (2018 -2020)

The graph explains a decreasing trend of the incidents reported by the IDPs vis-à-vis the increasing trend of the incidents reported by the host community and returnees most likely due to the closure of some of the IDP camps and the increased presence of GBV actors in out of camp settings and areas of return. The population status is similar to the findings from IOM for the IDPs and returnees⁵ and IIC for the IDPs and host community. The GBVIMS recorded an increasing of GBV incidents reported by survivors in post displacement, likely due to the closure of IDP camps. It is crucial for GBV stakeholders to advocate for planned camp closure to ensure service delivery for the returnees.

While a third of the survivors in 2020 previously reported incidents of GBV due to reoccurrence of the Intimate Partner Violence (IPV) incidents and relationship established with the service providers after initial reporting. The re-occurrence requires scaling up of existing MHPSS services and advocacy against IPV to prevent reoccurrence. The mental health consequences of reoccurrence of IPV incidents include suicidal thoughts and low self-esteem among children of families who witness acts of the violence at home. It is crucial for GBV stakeholders to consider transition from psychiatric hospital-based interventions to community-based mental health services like integration of MHPSS and recreation or livelihood activities. Access to services for vulnerable persons is crucial, given the increasing trend of survivors living with disabilities reporting GBV, a key result of awareness raising on reporting for timely services, or collaboration for multi-sectoral services.

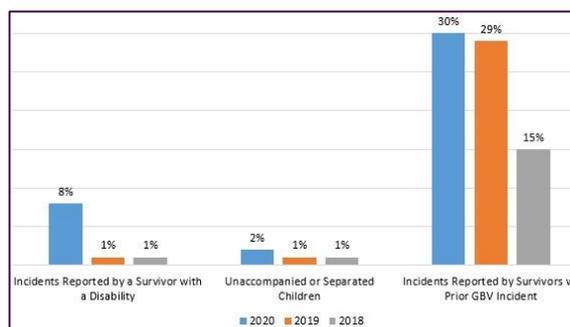


Figure 5: Vulnerable Populations (2018 - 2020)

INCIDENT DETAILS

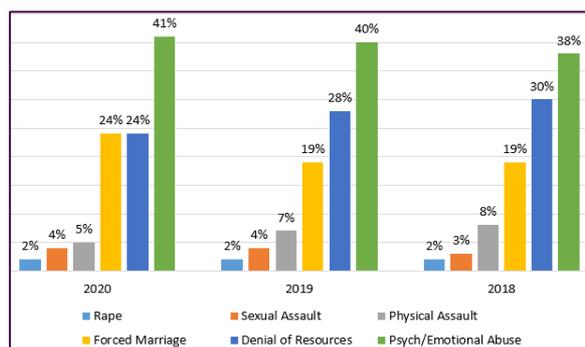


Figure 6: Types of GBV (2018 - 2020)

The graph presents an analysis of year-wise incident details of different types of gender-based violence. The possible underreporting of incidents that are sexual in nature due to stigma, fear of retaliation like honor killing, victim blaming, lack of trust in the service providers, pressure from the family not to report the incidents, and mandatory reporting for rape incidents, highlight that it is necessary for GBV stakeholders to determine the risks and challenges survivors face in accessing services and advocate for legislative reforms. For example, advocate for amendment of the Iraqi Criminal Code No. 111 of 1969 that permits “honour” as a

lawful defence that allows perpetrators to marry survivors of rape in order to terminate the criminal case. The cyber-related GBV incidents reported to IIC in 2020 recorded 7.4%, most likely due to the increased use of online services during the COVID-19 pandemic, a wakeup call for GBV stakeholders to advocate for positive use of social media targeting adolescents and young adults, and advocate for amendment and enactment of the draft cybercrime law of the Government of Iraq in order not to limit freedom of expression, and the Kurdistan Region of Iraq’s Law to Prevent the Misuse of Communication Devices (2008) to include cyber violence.

⁵ IOM, [Displacement Tracking Matrix](http://iraqdtm.iom.int/MasterList) in <http://iraqdtm.iom.int/MasterList>.

Thirty-seven percent (37%) of the GBV incidents reported to the IIC occurred in the evening, followed by morning at 35% and afternoon at 28%. Although the decreasing trend of “not applicable” incident time of day may be a key result of capacity development, capacity building of the staff working directly with the survivors on incident time of day is necessary. Given that majority of the incidents account for psychological/ emotional abuse and physical assault, the incidents may have occurred during the day when extended family members are at home.

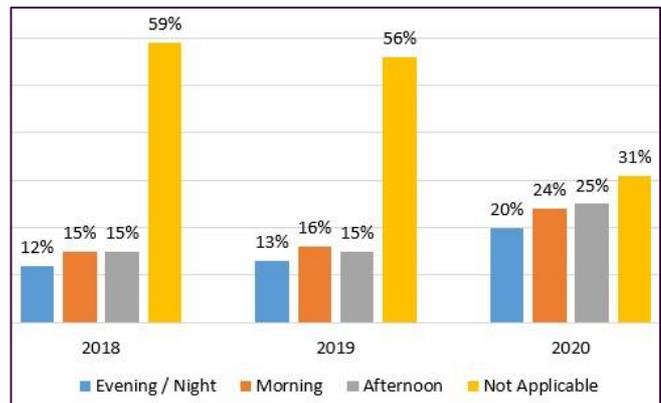


Figure 7: Incident Time of Day (2018 - 2020)

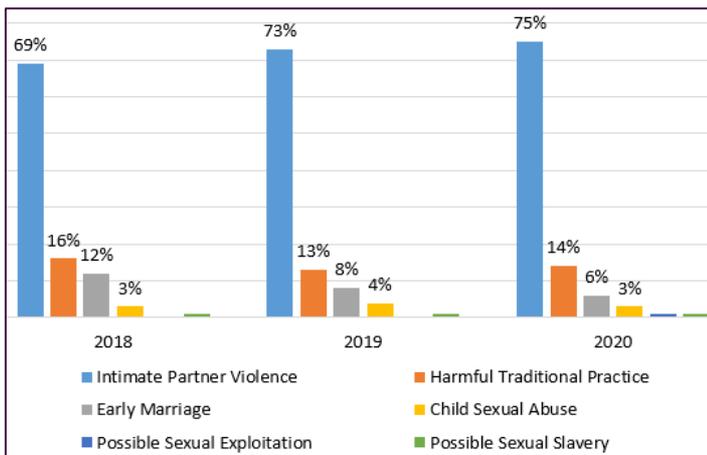


Figure 8: Case Context (2018 - 2020)

The graph indicates that new risks arising from the COVID-19, displacement, closure of camps, etc. fuelled by pre-arising from negative social norms and gender inequalities may have contributed to the increasing trend of reported IPV incidents in 2020. Thus, it is imperative to advocate for enactment and enforcement of anti-domestic violence law, amendment of article 41 of the Iraqi Penal Code No. 111 (1969) that gives a husband a legal right to punish his wife within certain limits prescribed by law or custom, promote positive ways of coping with stress and scale up awareness raising against cultural acceptance of GBV.⁶ Women report staying in

abusive relationships due to stigma, victim blaming, fear of rejection, stigma towards divorced women and financial dependence. The declining trend of reported incidents of early marriage may be a result of advocacy, collaboration with stakeholders for access to education to keep girls in school, or underreporting of incidents.

The increasing trend of the incidents reported over a month after the incident occurred is a concern, given that timely services facilitates timely healing and recovery. The barriers for timely reporting include stigma influenced by social and cultural norms, fear of retaliation and victim blaming by the perpetrator or survivor’s family, absence of services, mandatory reporting for rape incidents, and lack of trust in the service providers or a fair trial in seeking justice. Accordingly, GBV stakeholders need to scale up advocacy against the barriers that may inhibit survivors from seeking services and enhance access to services where there are gaps.

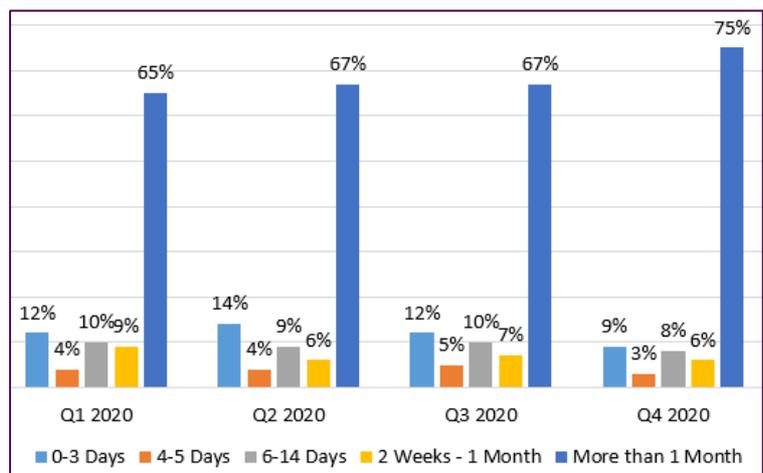


Figure 9: Time between Incident and Report Date (2018 - 2020)

⁶ Cf. WHO, Respect Framework for Preventing Violence against Women and Clinical Management of Rape and Intimate Partner Survivors Guideline. These two fundamental tools available in Arabic address prevention and the response to violence against women in development and humanitarian context.

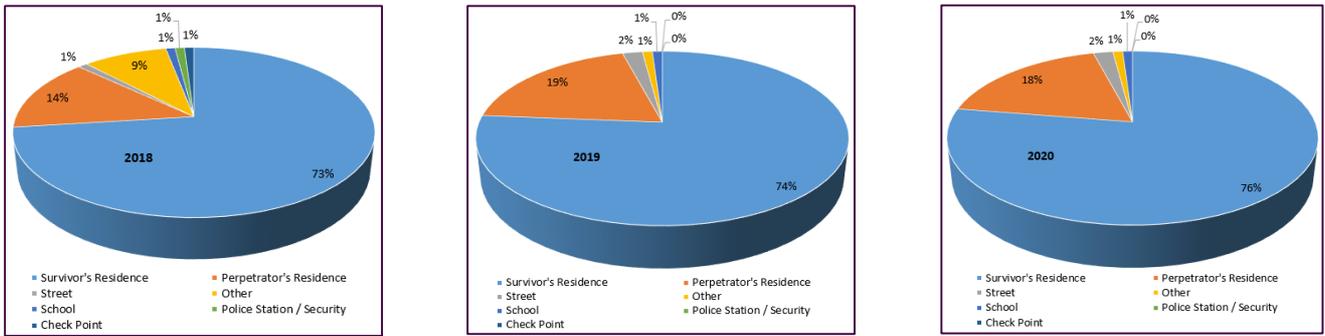


Figure 10: Incident Location (2018 - 2020)

The year-wise pie-charts explains that the safety of women and girls at home continues to be a concern as majority of the reported incidents occurred at home. GBV risks increase in homes where extended family members live together and may fuel violence, as well as in crowded displacement settings. Prevention, risk mitigation measures include advocacy with stakeholders on enhancing the safety in camps and informal sites, for example the CCCM Cluster on site planning, building capacities of women and girls on how to do safety planning in order to minimize risks of domestic violence, and engagement of men and boys on GBV risk mitigation at home.

ALLEGED PERPETRATOR STATISTICS

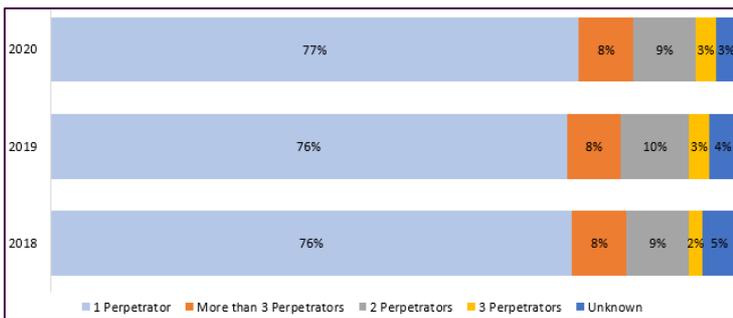


Figure 11: Number of Primary Perpetrators (2018 - 2020)

While majority of the reported incidents involve one perpetrator, extended family members may in certain cases fuel the violence as indicated in the graph. Thus, tailored GBV prevention activities using behaviour change approaches like Engaging Men in Accountable Practices (EMAP) is crucial. Given that rape accounted for 2% of the reported incidents, it is unlikely that incidents perpetrated by multiple perpetrators involve gang rape.

The graph explains an increasing trend of the incidents perpetrated by the spouse may be attributed to increased GBV risks for women and girls arising from the stress due to reduced or loss of income for household needs following the COVID-19 pandemic, displacement and forced return as a result of unplanned camps closure in 2020 as compared to previous years. The increased risks may exacerbate the negative coping mechanisms like forced/ child marriage, transactional and survival sex, trafficking, sexual exploitation and abuse. Scaling up of a tailored GBV prevention activities at community level is crucial, given that majority of the reported incidents were perpetrated by family members or caregivers.

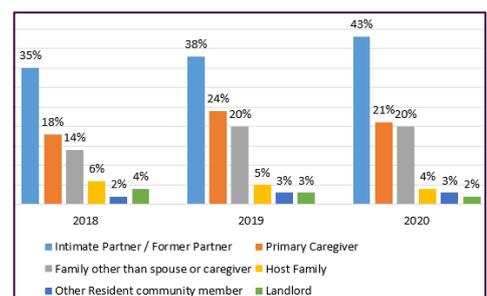


Figure 12: Primary Perpetrator's Relationship to Client (2018 - 2020)

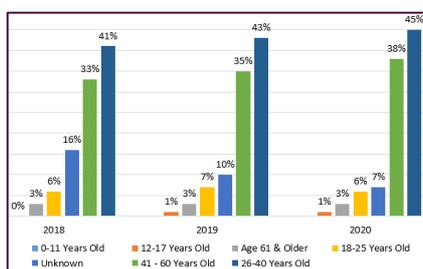


Figure 13: Perpetrator(s) Age Group (2018 - 2020)

The data highlights the link between age and power, as majority of the reported incidents were perpetrated by males aged 26 and 40, followed by 41 to 60 years. Bending the curve requires a change in negative masculinity attitudes on abusing power over females. For example, tailored activities targeting youth aged 18-25 on positive use of social media, positive ways of coping with stress, engage the youth to speak out against GBV with peers, and school-based prevention activities for youth aged between 12 and 17.

The data reaffirms the increased attention on livelihood as mitigating measure for GBV, given that the daily laborers and unemployed persons perpetrated majority of the reported incidents in 2020, thus the need to scale up livelihood interventions. However, GBV stakeholders need to ensure that the activities do not cause further harm. For example, identify culturally appropriate, feasible activities that will help mitigate and prevent risks of GBV and strengthen community’s resilience, and involve relevant family members in the activities. GBV risks increase for women and girls living in IDP camps where armed forces are responsible for camp management, and women and girls with perceived affiliation to extremists when they move through checkpoints. It is necessary for GBV stakeholders to determine the barriers that inhibit reporting of incidents perpetrated by the armed forces/ armed groups, in order to enhance access to services.

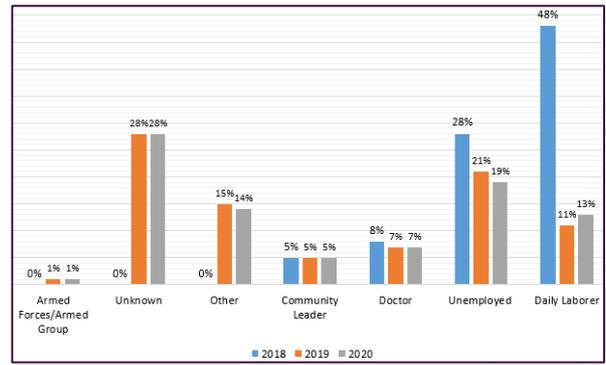


Figure 14: Perpetrator Occupation (2018 - 2020)

REFERRAL PATHWAY STATISTICS

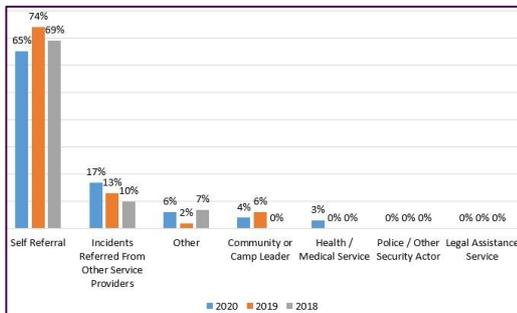


Figure 15: Referral Pathways (2018 - 2020)

There is no major difference in the reporting trend as majority of the survivors reporting GBV account for self-referrals, an indication that the survivors were aware of the available services. The increasing trend of referrals from other service providers may be a result of regular updating and dissemination of the multi-sectoral referral pathways with relevant stakeholders. The GBV Pocket Guides tailored for non-GBV actors to improve safe referrals to GBV service providers was a milestone in 2020. GBV stakeholders need to determine the factors prohibiting utilization of services provided by the security and legal service providers.

The data reiterates the demand for PSS as majority of the survivors reporting GBV required the service. The services provided for safe house/shelter services are low due to the gaps in the services while security services are low due to stigma and other factors noted already. Given the demand, it is essential to enhance the quality psychosocial support services in line GBV guiding principles, and integrate PSS with other services where necessary like livelihoods, in order to address immediate and long term needs of the survivors.

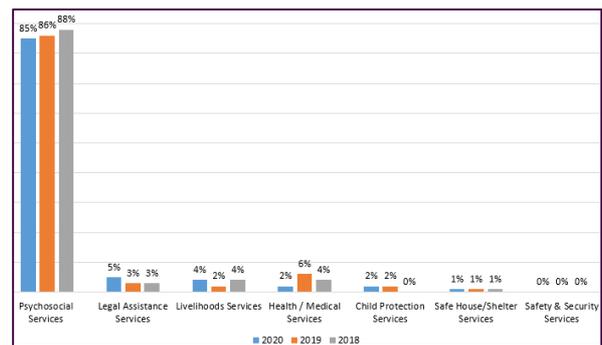


Figure 16: Services Provided for New Incidents (2018 - 2020)

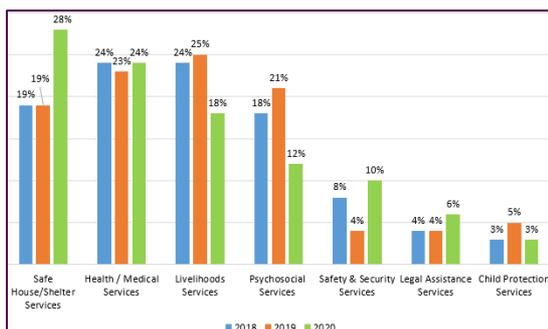


Figure 17: Services Referred to Other Serv. Providers (2018 - 2020)

The increase of the referrals for safe house/ shelter, safety and security and legal assistance services in 2020 may be due to the scale up the service, following advocacy to address the barriers prohibiting survivors’ access to the service. The decrease of referrals for livelihood services in 2020 is due to the gaps in the service while the decrease of referral for psychosocial support services is due to the fact that majority of the DGOs provide the service. Regular updating and dissemination of the multi-sectoral referral pathways with relevant stakeholders is necessary for timely referral for services.

Majority of the survivors reporting GBV decline security and legal assistance services. However, there was gradual acceptance of these services in 2020 compared to 2019. Capacity development of non GBV specialized actors like the police, judiciary and staff working in the safe shelters on GBV guiding principles may enhance utilization of the services. The increasing trend of survivors declining referral to safe house/shelter may be attributed to the concern over the quality of services provided in safe houses and fear of stigmatization. Referrals to PSS declined by the survivors is low as survivors are unlikely to decline to referral to services provided by other DGOs.

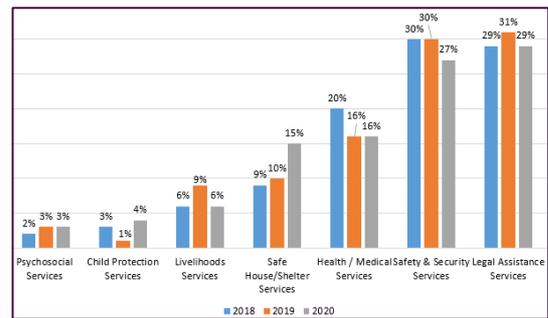


Figure 18: Referrals Declined by Survivors (2018 - 2020)

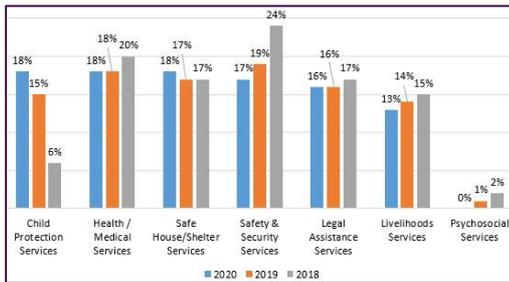


Figure 19: Services Not Applicable (2018 - 2020)

The increasing trend of the survivors that do not require child protection services is an indication of the need to enhance collaboration with the Child Protection Sub Cluster for reporting of GBV incidents affecting children and service delivery. The data highlights the gradual utilization of the safety and security services, given the decreasing trend of the survivors that do not require the service. The data reaffirms the need for PSS as only 1% of the survivors did not require the service. GBV service providers need to provide regular capacity building to the frontline service providers of PSS like case workers, social workers, counsellors, psychologists etc. in order to ensure that survivors receive safe and dignified survivor-centered and multi-sector services in a timely manner. The activities vary depending on the needs of the survivor like basic Psychological First Aid (PFA), structured psychosocial support, individual or group PSS, provided independently or integrated in other services.

The graph indicates a consistent gap in the provision of livelihood interventions since 2018, followed by safe shelter. Access to emergency cash assistance and livelihood services are the most needed services and may enhance resilience towards recovery and stability. While PSS were available for majority of the reported incidents, GBV service providers need to provide regular capacity building to frontline service providers in order to ensure survivors receive timely and quality services.

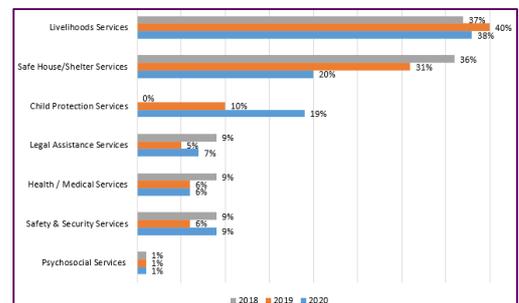
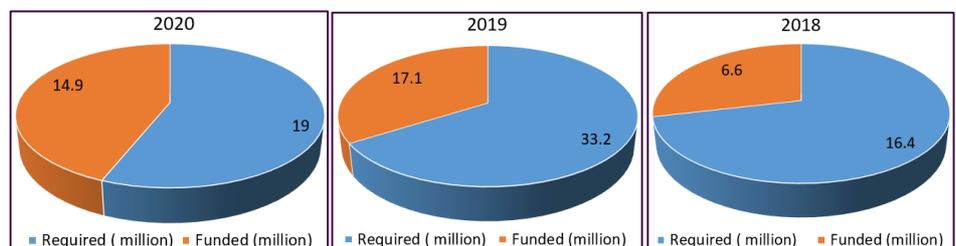


Figure 20: Services Unavailable (2018 - 2020)

FUNDING STATUS

The GBV Sub Cluster received 78.4% of the appeal in 2020, an increase compared to 51.5% in 2019 and 40% in 2018.⁷ The HRP and non-HRP funds enabled time-critical, life-saving services for 448,608 (60% women, 24% girls, 6% boys, 9% men) in 2020 and 185,288 (58% women, 28% girls, 5% boys, 10% men) in 2019.⁸ It is imperative that the GBV SC continues its advocacy strategy in 2021 in order to respond to the unmet as well as well emerging needs of the survivors of GBV as part of the 2021 HRP commitment.



⁷ Cf. Financial Tracking Service in <https://fts.unocha.org/appeals/866/summary>.

⁸ Cf. GBV Sub Cluster Dashboard, 2019 and 2020.

RECOMMENDATIONS

Responsible	Activity	Proposed recommendations
All GBV stakeholders including the government and humanitarian and development partners.	Access to Services	<ul style="list-style-type: none"> ▪ Scale up multi-sectoral timely and quality services in out of camp settings and areas of return and for vulnerable persons based on their specific needs. ▪ Enhance support and transition from psychiatric hospital-based to community-based mental health services, given the demand for PSS services.
	Advocacy/ awareness raising	<ul style="list-style-type: none"> ▪ Scale up awareness raising against all forms of GBV using innovative approaches. ▪ Enhance information dissemination on the available services using innovative approaches. ▪ Scale up awareness raising on timely in person and remote reporting by all survivors including males. ▪ Scale up and advocate for quality livelihood and safe house/shelter services.
	Capacity building	<ul style="list-style-type: none"> ▪ Regular capacity building of the GBV service providers and duty bearers on the GBV guiding principles.
	Collaboration with non-GBV actors	<ul style="list-style-type: none"> ▪ Enhance referral mechanisms with other sectors through the multi sectoral referral pathways for timely and comprehensive service delivery, in line with GBV guiding principles.
	Legislative Reforms	<ul style="list-style-type: none"> ▪ Advocate for amendment and enactment of the draft cybercrime law of the Government of Iraq, and Kurdistan Region's Law to Prevent the Misuse of Communication Devices (2008) to include cyber violence. ▪ Advocate for enactment and enforcement of anti-domestic violence law. ▪ Advocate for amendment of Iraqi Penal Code, e.g. articles 41 & 393 (1), & Criminal Code No. 111 (1969).
Child Protection Sub Cluster		<ul style="list-style-type: none"> ▪ Scale up coordination with GBV service providers on reporting and services of incidents affecting children.
GBV Sub Cluster	Referral Pathways	<ul style="list-style-type: none"> ▪ Regular updating of the harmonized multi-sectoral referral pathways.
	GBV Mainstreaming	<ul style="list-style-type: none"> ▪ Engage other clusters on GBV mainstreaming and integration. ▪ Consider developing GBV mainstreaming checklist for other clusters/sectors.
GBV SC & Emergency Livelihoods Cluster partners	Referrals	<ul style="list-style-type: none"> ▪ Enhance coordination with the GBV service providers on referral for livelihood services.
Inter Cluster Coordination Group (ICCG)	GBV Mainstreaming	<ul style="list-style-type: none"> ▪ Revitalize GBV mainstreaming and integration efforts
	Referral Pathways	<ul style="list-style-type: none"> ▪ Regular updating of the multi-sectoral referral pathways for timely referrals.
MHPSS Working Group	MHPSS services	<ul style="list-style-type: none"> ▪ Enhance coordination with the MHPSS working group and the GBV service providers on service delivery of MHPSS to survivors of gender-based violence
Donors	Access to Services	<ul style="list-style-type: none"> ▪ Scale up livelihood interventions and safe shelter services, given the gaps in the services. ▪ Expand coverage in out of camp setting, areas of return and other under-served areas.
Government	Safety and Security	<ul style="list-style-type: none"> ▪ Enhance the safety of the IDPs that return to their areas of origin.

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