

GBVIMS Taskforce in Jordan

**ANNUAL
REPORT
2022**



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1 Executive Summary

This report provides information on incidents of Gender-Based Violence (GBV) reported by survivors in Jordan during 2022. The information was gathered with the consent of survivors who received psycho-social support (through the case management approach) via seven organizations members of the Gender Based Violence Information Management System (GBV IMS) Taskforce. The GBV IMS Task Force¹ is the body responsible for gathering, maintaining and analyzing data related to GBV, along with ensuring the security and protection of sensitive data concerning GBV. The Task Force is also responsible for drafting reports and providing strategic directions to GBV programmes based on identified gaps and trends.

It is important to highlight that the data and trends noted in this report are not representative of the prevalence of GBV in Jordan (or among refugee populations) as these trends are based solely on incidents reported by survivors to the Data Gathering Organizations (DGOs)² engaged in GBV response and using the GBV IMS in 2022. It is accordingly not advisable to use these findings as a proxy for the prevalence of GBV in any settings or to use it in isolation to monitor the quality of programmatic interventions. Despite the above limitations, the GBV IMS is considered the highest quality GBV incident data currently available to the humanitarian actors, which can be used effectively for trend analysis and improving coordination of GBV prevention and response.

After having an increase in the reported incidents in 2021, a decrease of 24.1% was reported in 2022.

The lowered reported cases of GBV in general could be attributed to multiple challenges and changes, some internal to the agencies including prioritized programming and funding, and some externally that could be related to the perception of the general population when it comes to reporting GBV. For example, many organizations have faced cuts in their funding and staff within their agencies that led to lowered capacity and load of cases per case manager and/or

reduced prioritization of specialized programming or support such as cash assistance, livelihoods services etc. On the other hand, a general trend is observed whereby survivors are reporting directly to the Family Protection Department whose data is not included in this analysis; this is due to increased efforts of awareness year after year and for survivors' preference to seek specialized services directly rather than through a case management agency. As members of the public were repeatedly introduced to GBV services and referring agencies, some became knowledgeable of the referral pathway and thus preferred to refer themselves directly to the specialized agencies. Reasons for this could be reduction in time from reporting to accessing specialized service and/or reduced confidentiality concerns. Other significant influencing factors observed may be the increased activity and subsequent efficiency for local community based organizations to reach the general population in awareness raising and GBV case management. National agencies that are not included with the GBVIMS Task force are becoming more interested and involved in implementing GBV case management and are doing so without being included in this data, thus going unreported on an interagency level.

On the other hand, as society adjusted to the recovery from the health, socioeconomic and psychological impacts of COVID-19 closures, a shift in the types of reported GBV was observed with GBV service provision. During quarantine in the months following the outbreak of the COVID-19 virus, an increase in Intimate Partner Violence (IPV), domestic violence, denial of resources and technology-facilitated GBV was observed. As people adjusted to life outside the home once again, the accessibility and use of social media and the internet was reduced which could explain the lowered reported cases to have been perpetrated by strangers and taking place in and through electronic mediums. Cases that are grouped within the IPV classification increased by 2.8% in 2022 compared to the previous year. Many GBVIMS collection agencies reported increased drug abuse that may have facilitated GBV in the intimate partner violence context. Higher socioeconomic pressures on family head of households was previously associated with higher intimate partner and domestic violence in the time following the onset of the COVID-19 outbreak - this continues to be observed post-quarantine; as

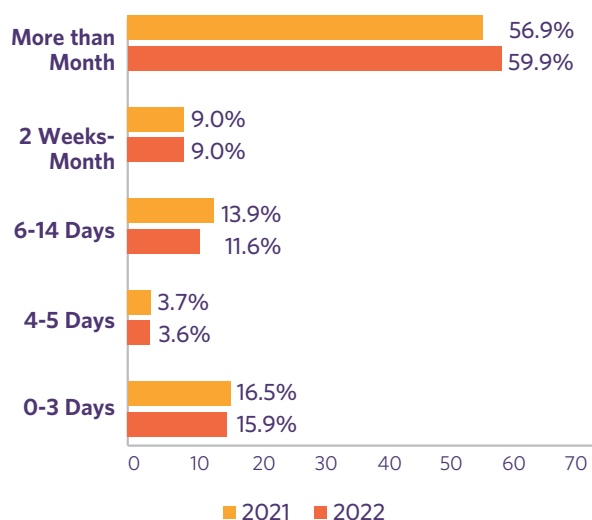
¹ The Gender-Based Violence Information management system (GBVIMS) Task Force members have signed an Information Sharing Protocol that defines roles and responsibilities and data protection procedures. The Taskforce is chaired by UNHCR and UNFPA with the technical support of UNICEF.

² INTERSOS, Jordanian Women Union (JWU), Noor Al Hussein Foundation (NHF), Jordan River Foundation (JRF), International Rescue Committee (IRC), Arab Women Organization (AWO) and United Nation High Commissioner for Refugees (UNHCR).

economic pressures and its connection to lowered mental health and stress can be a risk factor to increase exposure to violence³. Furthermore, cash assistance programming was reduced or restricted in 2022 for many GBV service providers so it may have contributed to the overall reduced GBV case reporting as there is less of a motivation to report if little to no economic benefit can be observed by women who perceive that cash assistance would be the solution for their protection concerns. This also includes other barriers that may be linked to this such as limited transportation allowances to reach the centers.

As a result of continuous programming in GBV prevention and response, the time between GBV incident and disclosure to case management agencies was notably reduced as per the graph below, most significantly for the time from zero to three days and in those reporting more than a month from incident date.

Time between incident and disclosure



Reducing the time between a gender-based violence incident and the reporting date brought about significant positive impacts. It increase the likelihood of holding perpetrators accountable and improve access to justice for survivors. Prompt reporting enabled survivors to access vital support services swiftly, preserved crucial evidence for investigations, and contributed to preventing future incidents. It also led to accurate data collection, informing policy development and targeted interventions. By encouraging survivors to come forward, it promoted empowerment and helped break the silence surrounding gender-based violence. Overall, reducing the reporting time fostered a safer and more supportive environment for survivors while reinforcing the importance of addressing and preventing gender-based violence.



3 The Borgen Project, 'Poverty and gender-based violence', <https://borgenproject.org/poverty-and-gender-based-violence/> accessed 11th July 2023

2 Context

Twelve years into the Syrian crisis, refugees remain in exile as their country continues to face a protracted conflict and an overwhelming humanitarian crisis. The suspension of registration for persons who entered Jordan on a specific visa modality, which was implemented pursuant to the Cabinet decision on 23 January 2019, remains in force. Advocacy with the Government is ongoing to find the most appropriate registration and verification processes for individuals affected by this decision. As of 31 Jan 2023, the total number of Syrian refugees who returned to their country of origin since 15 Oct 2018 is 48,118.

As of December 2022, the United Nations High Commissioner for Refugees (UNHCR) recorded 660,892 registered Syrian refugees in Jordan, a number that has remained consistent over the past five years, mainly due to the increased entry restrictions into the Kingdom. Among the Syrian refugee population 26.10% are women, 24.64% are men, 24.04 % are girls and 25.22% are boys. Women and girls represent half of the refugee population (50.14%). Around 79.6% Syrian registered refugees live outside the camps, primarily concentrated in urban and rural areas in the northern governorates of Jordan, with lesser populations in the southern governorates. The remaining Syrian refugees live in camps, mainly in Zaatari Camp (82,735, Azraq Camp (44,805 and the Emirati Jordanian Camp (6,735). Jordan also hosts refugee populations from other countries: the total number of Yemenis registered with UNHCR is 12,751, and they are to be added to the multiple other refugee populations that Jordan hosts, including 62,132 Iraqis, as well as more than 7,206 from Sudan, Somalia, and other countries.

The prolonged displacement is impacting severely on women and girls in Jordan, increasing GBV risks and exposure for refugee and host community, with increased demands on services. Since the beginning of the Syria crisis, coordination of GBV service has been multifaceted to meet identified needs of vulnerable women and girls, promoting common standards, approaches and mechanisms, and building national capacity to respond.

According to the data from the Department of Statistics in Jordan for the third quarter of 2022, unemployment rate has reached 20.5% for males compared to 33.1% for females, recording a decrease of 0.1 percentage points

compared to the same period of 2021, and recording an increase of 0.5 percentage points higher than the 2nd quarter of 2022. While males' unemployment rate decreased by 0.7 percentage points, the females' unemployment rate increased by 2.3 percentage points compared to the 3rd quarter of 2021. Comparing the unemployment rate in the 3rd quarter of 2022 with the second quarter of 2022, it is noticed that the male's unemployment rate decreased by 0.2 percentage points while the females' unemployment rate increased by 3.7 percentage points. The statistics reflect the impact of post COVID-19 on the economic situation of Jordan and the labor market specifically regarding the resumption of schools, reduction of teleworking and economic changes in Jordan.

Despite the positive steps by the Government of Jordan to provide free work permits to Syrian refugees and the change in the legal framework of Syrian-owned home-based businesses, the unemployment rate continues to increase disproportionately impacting women and youth, and those working in the informal sector and/or in very poor conditions⁴. Challenges remain high for women to work in particular (only 5% of Syrian women have work permits), namely due to social attitudes, lack of or limited access to childcare, type of jobs, etc. The employment rate for the Vulnerability Assessment Framework (VAF) sample stands at 33% for Syrians and 29% for non-Syrians. Gender was found to be a strong predictor of labor force participation and employment: 12% of interviewed women participate in the labor force, compared to 71% of men⁵. Although Jordan has begun its recovery from the COVID-19 shock, higher global commodity prices led to an acceleration in headline inflation and labor market conditions remain challenging. Recent price increases are especially affecting the poorest households, and refugees remain most affected, while for women employment and income generating opportunities continue to be governed by the expectation of the society to fulfill their gender roles. Increasing women participation in labor force was also prohibited by restrictions on their movement and social interaction under the pretext of protecting them from sexual abuse and harassment, domestic care burdens, and supporting children education due to schools' closure during the pandemic.

⁴ <https://www.unhcr.org/news/news-releases/jordan-issues-record-number-work-permits-syrian-refugees>

⁵ Samuel Hall, UNHCR Jordan 2022. Vulnerability Assessment Framework: Population Survey for Refugees in Host Communities.

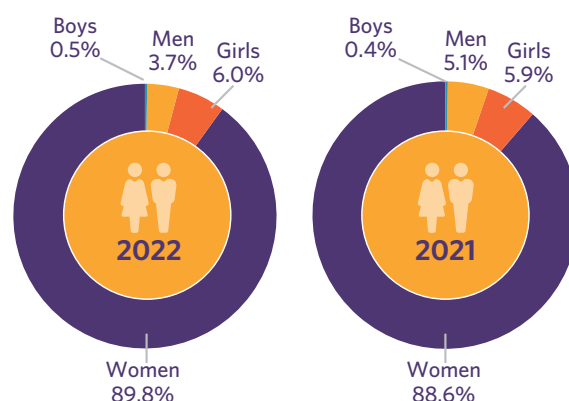
3 Main trends

Women and girls continue to make up the bulk (94%) of all reported cases

Women and girls remain the highest reporting demographic for gender based violence at 94% of all reported cases for the year of 2022, due to many socioeconomic, community and accessibility reasons. Firstly, there continues to exist a power imbalance between men and women which puts females in a vulnerable position if they are to be subjected to various forms of violence such as rape, sexual abuse, harassment, and denial of resources. They are more likely than males to find themselves helpless in the face of violence and not able to seek support or refuge due to stigma and legitimate fear of being abandoned by friends and family alike if they choose to leave the abuser or fight for their rights. This leaves women more susceptible to recurring abuse and thus feeling helpless to get out of the violent situation. Women may also be threatened by perpetrators to be subject to cybercrime, physical violence, retaliation from family members, and even honor killing if the perpetrator was to suspect that he may be reported.

From another perspective, even in cases where threat of harm is of lower likelihood, the ability for women and girls to sustain themselves financially in order to separate in a dignified manner and provide for their children is difficult to obtain. Barriers include lack of skills or education to enter or reenter the workforce, inability of family members to claim responsibility for living arrangement or expenses of a survivor and her children and unavailability and limited capacity and enrollment of survivors into adequate shelters to name a few. Thus many women, especially mothers, assess that they are better off staying with the perpetrator and utilizing the available resources whilst trying to mitigate conflict, reduce contact and other means of safety measures to protect herself and her children. It is important to note that the ability to financially depend on oneself is not the only factor that limits women in abusive relationships from leaving perpetrators, there remains a strong stigma placed on women who report violence in a family or domestic setting and this is a strong deterrent for leaving. The proximity of the perpetrator and recurring abuse has therefore increased the overall numbers for women who report gender based violence - this becomes especially relevant knowing that most cases reported are within a domestic violence context.

Reported incidents by Age & Gender



Men and boys are underreported compared to previous years with a decrease of cases of male survivors from 5.52% to 4.25%

GBV cases by men and boys are underreported compared to previous years with a decrease of cases of male survivors from 5.52% to 4.25%. Women and girls remain the overwhelming majority of survivors reporting to GBV service providers due to the fact that most programs prioritized targeting women and girls given the decreased funding and the fact that they remain disproportionately affected. However, efforts to engage men and boys with some of the GBV providers are noted, for example GBV prevention and group male awareness sessions. Barriers such as fear of stigma, physical or sexual violence and lack of awareness on GBV and services available remain persistent. Other reasons for lower reported cases from male survivors may be the reduction in reported sexual violence cases that took place in previous years in the country of origin, during internal displacement or security detention (as it was the case for last years' men and boys reported incidents).

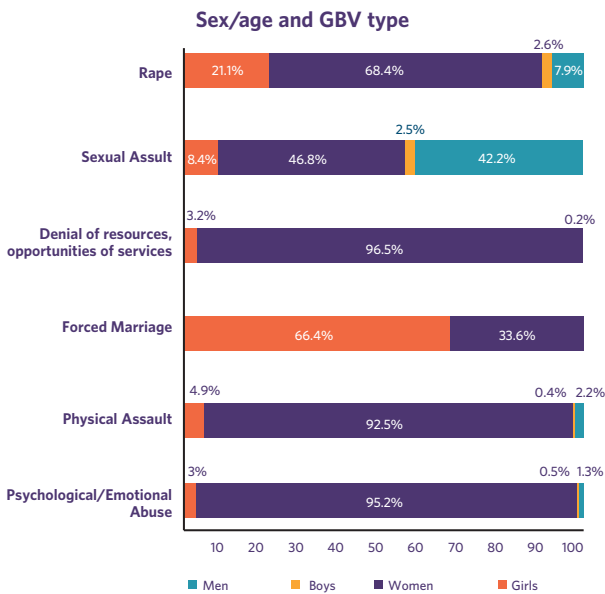
Decrease in Adolescent girls reporting GBV including reported child marriage incidents, especially for age groups 12 to 17 years

Reported child marriage cases have decreased in the year 2022, in comparison to previous years while a significant reduction in overall cases of children reporting that are between ages twelve to seventeen; more specifically, falling from 8.5% of overall reported cases to 6.4%. This apparent decrease in overall cases has garnered a few possible explanations ranging from an increase in overall awareness of the harmful effects of child marriage as a result of heightened campaigns

and targeted interventions for family engagement programs, to reduced ability at the GBV service providers level to reach adolescent girls due to their involvement in schools. To reference earlier GBVIMS reports, a very significant increase in child marriage cases was observed during COVID-19 closures that was attributed to the higher socioeconomic demands experienced by families during quarantine, job layoffs and the failure of some to adopt the online and televised modality of education⁶. However, it is hypothesized that as these factors became no longer applicable to the lives of young girls, subsequently child marriage cases have reduced.

This finding also appears to correlate with national reports of decreased child marriage cases⁷. Despite the reduced numbers of adolescent girls reporting GBV, members of the Task Force continued programming that included vocational training, group psychosocial support sessions, GBV awareness sessions for males and families, as well as group family interventions.

a. Types of Sexual and Gender Based Violence



Reported Sexual violence cases decreased by 40% with reported cases going from 8% to 6% of all cases

One of the most intriguing findings in the reported year of 2022 pertains to the overall reported cases of sexual violence. While sexual assault constitutes some of the most severe forms of GBV with life-threatening consequences, yet they are the most under-reported forms of violence.

Despite the constant efforts of GBV service providers to raise awareness about sexual abuse and confidential services and building the capacity of community-based organizations, volunteers and non-GBV specialists on GBV safe referral and PSEA, reporting sexual assault remains low and has slightly decreased (6% compared to 8% in 2021) and reports of sexual violence cases decreased overall by 40%. The stigma associated with seeking help and fear of mandatory reporting being applied, constitute a major barrier for survivors' ability to come forward, coupled with the risk of retaliation for reporting by known perpetrators, safety concerns and in severe cases, and even honor killing.

Reported Rape cases were significantly reduced by 1% from year 2021 to 2022

For reported cases of rape, a continued reduction in cases continues to be seen with a 1% overall decrease in cases in comparison to the previous year. To explain this trend, in addition to the factors mentioned above which inhibit and stigmatize reporting, service providers noted the influence of barriers to disseminate awareness information on rape, lack of awareness, fears and enforcement of laws involving mandatory reporting of rape cases within GBV service provision and/or partners and/or other service sectors such as health and legal services. This could be amplified by fears of security or police actors acting on their behalf and possibly increasing the likelihood of retaliation and other safety concerns linked to the perpetrator and community. Rape within the intimate partner violence context, which most of the time takes place in married unions (marital rape), continues to be severely underreported as it is not acknowledged by law or practice in formal and informal settings by providers and general public alike as a valid form of abuse. As reported in some counties, approximately 8 out of 10 rape cases occur by known perpetrators to the survivor⁸.

Intimate partner violence reported cases has increased by 2.8%

Speaking to the context of violence within intimate partners, this year's report showed an increase in IPV cases by 2.8%. The presence of perpetrators within the home appears to have increased the opportunity for violence to take place and this may be attributed to the high percentage of unemployment seen after COVID as various market sectors struggle to replenish and recover economically from COVID 19 closures and implications. This, coupled with the psychological stress likely experienced by all members of the family as a result of economic needs leading to unmet basic needs such as food, adequate shelter and utilities, may have exacerbated the prevalence of violence. According to the World Bank, More than 1 in 4 women (26%) aged 15 years and older have suffered violence at the hands of their partners at least once since the age of 15⁹.

6 Child Marriage in the context of COVID - Analysis of trends, programming and alternative approaches in the Middle East and North Africa, UNICEF-UNFPA, 2021 [https://www.unicef.org/mena/media/11956/file/Child%20Marriage%20in%20the%20context%20of%20COVID-19-%20MENA%20Regional%20Analysis_High%20Res%20\(1\).pdf.pdf](https://www.unicef.org/mena/media/11956/file/Child%20Marriage%20in%20the%20context%20of%20COVID-19-%20MENA%20Regional%20Analysis_High%20Res%20(1).pdf.pdf)
 7 <https://www.jordannews.jo/Section-109/News/Jordan-witnessed-decline-in-registered-child-marriages-in-2022-27783>

8 <https://www.rainn.org/statistics/perpetrators-sexual-violence>
 9 <https://genderdata.worldbank.org/data-stories/overview-of-gender>

Although not measured quantitatively through the GBVIMS, there are many informal reports from survivors and case managers of an increased trend for substance and drug abuse as a backdrop and accelerator for intimate partner violence and other forms of domestic violence. The World Bank states that a partner that drinks excessively increases a woman's risk of intimate partner violence up to five times¹⁰. This appears as a negative coping mechanism for the increased stress that has been seen by perpetrators as a result of the above.

b. Nationality and Disability

Nationality of survivors of minorities other than Syrians almost doubled in number from 0% to 2%

Service providers saw an increase in minority nationalities due to their outreach efforts as well as mobile and hotline services that are available with limited accessibility issues. Some NGOs implemented strategic programming with government actors working on supporting cases of human trafficking which were largely non-Jordanian or Syrian in nationality.

Jordanian nationals reporting GBV increased 4% from 2021 to 2022

The year 2022 marked an increase in the percentages of Jordanian survivors assisted by members of the GBV IMS task force (4% increase compared to 2021). This is a continuous rise from the previous years of approx 3-4 % each year. This could be due to a higher number of awareness programs on availability of services targeting Jordanians and strengthened partnerships between the DGOs and local CBOs.

Survivors with disabilities reporting GBV incidents decreased from year 2021 to 2022 at 2.2% to 1.6% of overall reported incidents

Compared to 2021, the reporting percentage of persons with disabilities (PWDs) has reduced despite the focused efforts and programmatic strategies implemented to reach out to this group. This comes as a result of lacking inclusive services in some areas of Jordan for PWDs in addition to the absence of affordable and accessible transportation. Survivors with disabilities may also need to be accompanied by a family member to reach service providers, but since globally reported incidents are mainly perpetrated by family members, it becomes challenging to find supportive family members who would agree to accompany the survivor to help centers¹¹. Nevertheless, social norms impose other restrictions on PWDs and their families in terms of acceptance and respect of their rights which prompted some families to hide their family members with disability.

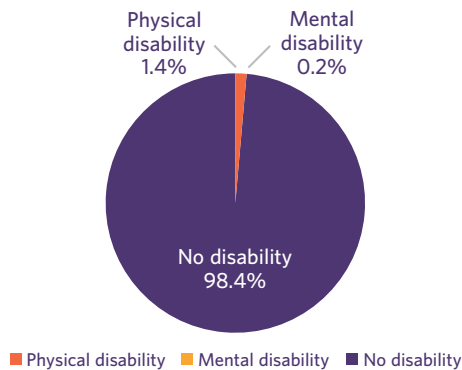


based-violence/

10 Ibid.

11 https://www.un.org/womenwatch/daw/csw/csw57/side_events/Fact%20sheet%20%20VAWG%20with%20disabilities%20FINAL%20.pdf

% of GBV survivors with disabilities



c. Service Provision

This year, an increased number and percentage of cases was noticed for cases seeking help who were self-referred, meaning the survivor approached the case management agency directly. This could be explained by the increase in initiatives that focus on outreach and dissemination of information on hotlines and other channels to seek help either in person or through virtual casemanagement.

Referrals from the **police and community** leaders have also increased this year, which could be correlated with increased collaboration and coordination efforts between the government and NGO service providers, reflecting also an increased level of trust in the quality of services provided by these organizations.

The strong decrease in numbers of referrals from the **shelter sector** may be explained due to restricted admission criteria. Admission is done through the government and causes reluctance by the survivor and rather prefer alternative options such as extended family members or cash for shelter for relocation purposes.

Reported incidents that have taken place in **schools** have doubled in number from 2021 to 2022 due to implementation of specific tailored programs and increased awareness sessions regarding services targeting governmental schools which, coupled with the 2022 reinstatement of classes in full capacity rather than online, allowed for an increased number of referrals.

Another observation is the decreased referrals from other **non-specialized actors** (legal, health, PSS) despite continuous capacity building programmes on GBV Safe Referrals for such groups. On another note, organizations introduced a "one stop shop" approach for many services such as psychosocial support and legal with the exception of cash (health, legal, livelihood), meaning that these services are provided in the same organization and/or place. There is an increase of these services being provided directly by

the GBV case management providers which resulted in the decrease of referrals from other non-specialized actors.

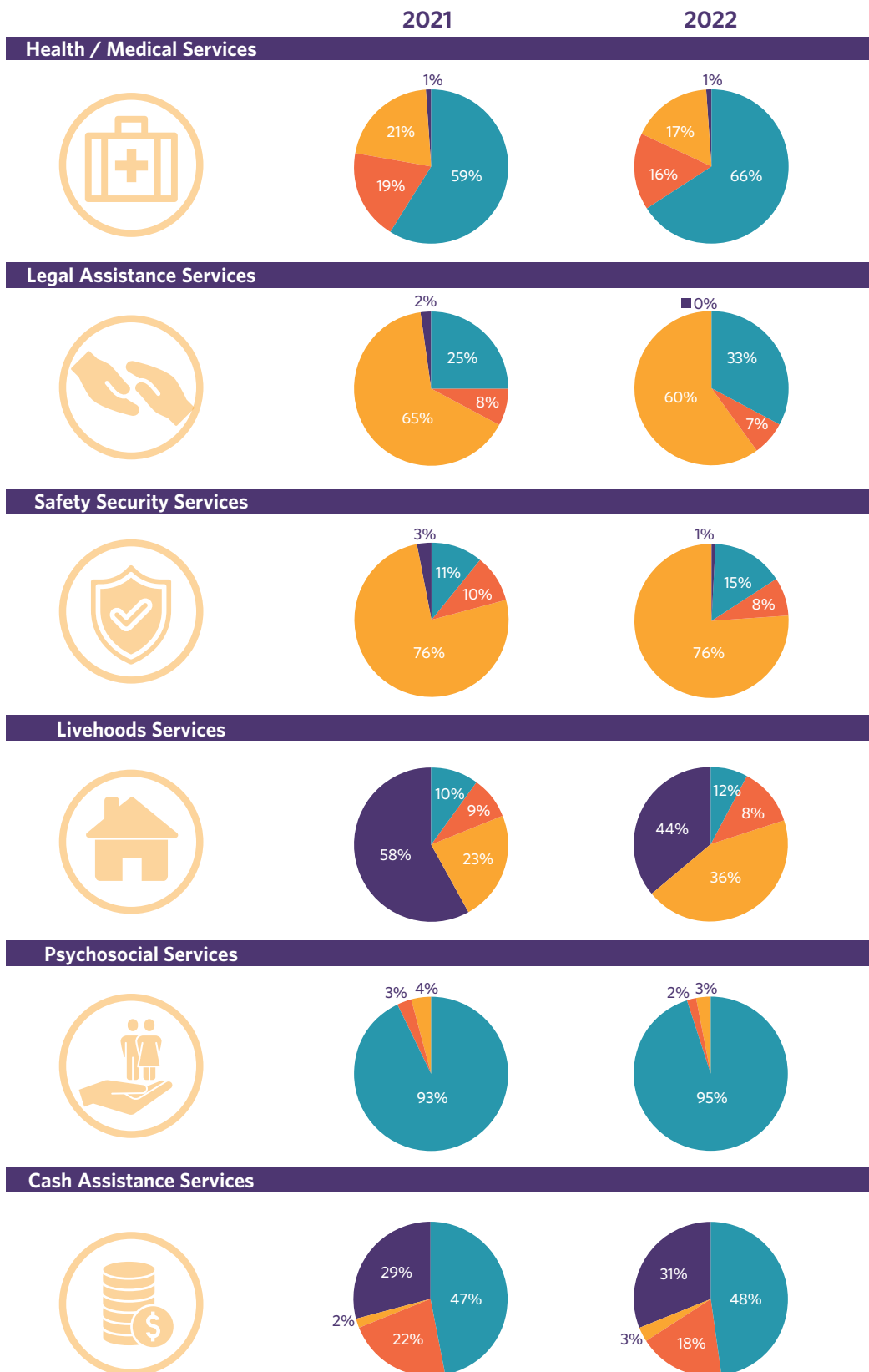
Regarding **livelihood**, it continues to reflect the largest gap in services availability and services declined. It is noted that criteria for entry into livelihood programs are difficult, such as restricted intake dates throughout the year, length of waiting period and lack of coherent conditions applied for all. Some survivors declined being enrolled in any livelihood services for fear of reduction or cancellation of the cash assistance as of the entry. Over time, people and service providers avoided referring to livelihood services due to mistrust in the ability to provide support to survivors and as the quality of training was not regarded positively. Around 12% of survivors in need received the services either directly or referred to another agency and 35 % declined referral. The finding on increased use of cash based interventions is also in line with the previous observations, as women were asking for cash assistance instead of being enrolled in livelihood programs to secure long-term **cash assistance** from UNHCR or other agencies. Members of the DGOs have expressed an increased need for transformative approaches to be applied in women awareness programs to shift thinking towards empowerment of women and to link cash interventions to livelihood opportunities.

Cash-based interventions were found to be less readily available in comparison to the year 2021, with a decrease of 2% and referrals were reduced by 4%. This could be explained by lowered funding as previous COVID-19 restrictions and conditions invited more donor support. Moreover, a shift is noted as cash assistance is being integrated less within the case management agencies to avoid establishing a pattern and many organizations are shifting towards more sustainable economic empowerment initiatives to support the autonomy and long term assistance of families in need.

Legal assistance and **security services** remain some of the most sensitive areas of service provision, as the majority of survivors decline referrals; similar to last year they remain amongst the highest declined across all services where survivors have expressed fears of retaliation if seeking security services, as well as fear of stigma due to lack of confidentiality and lack of survivor-centered approach within law enforcement actors (victim-blaming, perpetrators asked to sign pledges instead of serving jail terms). Yet women declined most of the legal services due to the mandatory reporting and fear of mediation with the perpetrators. Moreover, legal procedures and services require lengthy periods as well as high costs which cannot not be affordable for the survivors. Despite that, this year there was an increased percentage of received legal assistance and safety and security services - this was due to improved coordination between some of the DGOs and organizations providing such services.

Service Provision

■ Service received ■ Referred ■ Declined ■ Unavailable

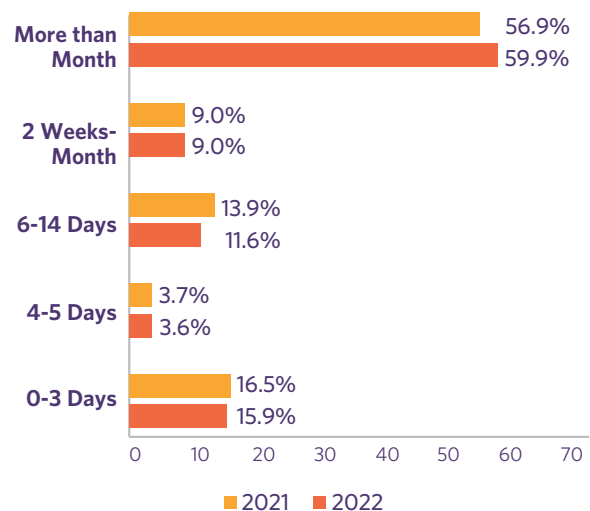


4 Thematic Focus

a. Time between incident and reporting date continues to decrease. Time between incident and interview date decreased 3% for reporting more than a month after the incident, with self-referral rates increasing

Building on the significant work of the GBV providers in Jordan and partners, an observed trend of decreased time between GBV incident date and reporting was evident (3% less than 2021). This finding points to a few possible positive trends that are a result of increased awareness, coordination with local actors and outreach efforts in the dissemination of knowledge about access to GBV services. In addition, it indicates an increase of trust between survivors and providers which encourages people to disclose incidents of GBV earlier, as well as a reduction of barriers to access. More people from the community are able to locate a GBV case management service provider and they are also able to do so independently (without the need to undergo the case management process) through direct self-referral to specialized service providers such as health, cash assistance, legal, shelter etc. To supplement this finding, an increased number of survivors claiming that they were able to refer themselves independently and/or are self-referred was seen in the year 2022. It can also be argued that the continued use of hotlines and phone and internet based services after COVID19 has also reduced previously existing barriers for access such as socioeconomic challenges in transportation and time and money involved in child care among other arrangements¹². Moreover, establishing programs and services led by community based organizations has had a positive impact on trust building with the local community and increased awareness of services which could have contributed to the decreased time for reaching a GBV service provider after an incident.

Time between incident and disclosure



b. Positive trends of referrals from police, other Non-governmental organizations and Community Based Organizations while referral to legal and livelihood remains least utilized

In addition to the collaborative efforts by local community based organizations that have aided the access and disclosure for GBV survivors, this year a significant increase in the referrals from police actors was noted. This could be the result of direct efforts by GBV service providers and police actors themselves to increase capacity and participate in coordination meetings and training on GBV service provision and related common areas of practice. A number of safe referral trainings were conducted by UNFPA and UNHCR with the participation of several police actors, focusing in particular on trauma informed response to GBV disclosures and knowing how to safely and effectively respond and refer. Additionally, awareness sessions with police and Ministry of Defence personnel were also conducted this year related to GBV and referrals. There were also strategic coordination efforts to include survivors referred from police and security actors who are migrant workers and human trafficking victims. Legal services were also noted as an area that promoted referral from security and police actors as GBV service providers offer those services for free.

¹² Not Just Hotlines and Mobile Phones: Gender-based violence service provision during COVID-19, UNICEF, <https://www.unicef.org/documents/gender-based-violence-service-provision-during-covid-19>

5 Recommendations

Main Finding	Recommendation
<p>“One stop shop” approach may be preferred by survivors; where an increased amount of accepted internal referrals continues to be seen</p>	<p>Strategic planning with partners and local government actors on how to apply “one stop shop” approach and how current SOPs could be adapted in response to this. A capacity gap assessment can also be conducted to verify gaps that need to be addressed to reach this goal.</p>
<p>Majority of survivors reached services more than one month after the incident despite the decreased time in seeking help</p>	<ul style="list-style-type: none"> - A study is needed on the obstacles to seek help and delay in seeking help. - Continue promoting innovative community-based approaches to disseminate information on availability of compassionate and confidential GBV case management services and clinical management of rape services. - One stop shop with integrated services with GBV case management might be considered as a more effective strategy to increase chances of successful referral and trends for self referrals
<p>Reported GBV incidents by girls have decreased compared to the previous years</p>	<p>Work with Disability inclusion organization to increase outreach and build capacity of GBV providers to deal with survivors with disabilities in particular mental disability.</p>
<p>Sexual assault and rape constitute some of the most severe forms of GBV with life-threatening consequences, yet they are the most under-reported forms of violence.</p>	<ul style="list-style-type: none"> - Developing innovative approaches to reach adolescent girls and married young women and facilitate their access to GBV services. - Foster collaboration and promote joint initiatives and safe referrals with education and Child Protection actors to mitigate the risks of GBV against children including adolescent girls/ boys and in particular against Child marriage and sexual abuse and exploitation. This can be established through partnerships with integrating focal points from specialized GBV service providers to increase accessibility to case management services and therefore increase the reflected numbers in GBVIMS. Planning is in place to organize a workshop in 2023 to clarify GBV pathways for non-GBV actors and CP actors.

Main Finding	Recommendation
<p>Only 1.5% of incidents reported were by survivors with disabilities. In line with previous years' trend, more people with physical disability reported incidents compared to people with mental disability.</p>	<ul style="list-style-type: none"> - Work with Disability inclusion organizations to increase outreach and build capacity of GBV providers to deal with survivors with disabilities in particular persons with mental disability - Integrate GBV case management service provision through assigned focal points in agencies working and providing services, skills and basic needs to persons with disabilities. - Reduce accessibility issues by dedicating resources for sign language interpretation and other means of awareness raising that are accepted by diverse persons of disabilities based on focus group studies and proven models. - Include caregivers in interventions in areas such as psychosocial support, awareness campaigns and parenting programs.
<p>Sexual assault and rape constitute some of the most severe forms of GBV with life-threatening consequences, yet they are the most under-reported forms of violence</p>	<p>To counter stigma and promote survivor-centered approaches:</p> <ul style="list-style-type: none"> - Advocate for a broader definition of rape in law. - Collaborate with health and case management service providers for survivor-centered care. - Engage with communities to improve access and build trust in services for survivors of rape - Work with UNHCR and NCFA to advocate for survivor-centered approaches
<p>Security/Police remain amongst the highest declined across all services as survivors have expressed fears of retaliation if seeking police assistance as well as fear of stigma due to lack of confidentiality and perceived lack of survivor-centered approach within law enforcement actors (victim-blaming, perpetrators asked to sign pledges instead of serving jail terms)</p>	<ul style="list-style-type: none"> - Look further into the impact of mandatory reporting on help seeking behaviors and work with law enforcement agencies on application of survivor centered approach. - Review training approach and work on attitudes and coaching approach
<p>Livelihoods continue to reflect the largest gap in service availability</p>	<ul style="list-style-type: none"> - Strengthen livelihood opportunities targeting GBV survivors and linked to case management through MOUs or joint programmes
<p>More trust is perceived with community based organizations</p>	<ul style="list-style-type: none"> - Mapping of Civil society organizations providing case management services in the community and assess reasons why beneficiaries seek assistance from these organizations. - Enhance Coordination and provide coaching and capacity building to improve CBOs' case management skills.

in coordination & cooperation with:

