JORDAN GBV IMS Task Force

Annual Report 2017

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DISCLAIMER

The data shared is only from reported cases, and is in no way representative of the total incidence or prevalence of sexual and gender-based violence (SGBV) in Jordan. This consolidated statistical report is generated exclusively by SGBV service providers who use the GBV Information Management System for data collection in the implementation of SGBV response activities in a limited number of locations across Jordan that target the population affected by the Syria crisis, and with the consent of survivors. This information is confidential and cannot be reproduced without the authorization of the GBVIMS Task Force. For further information, contact GBV IMS Task force co-chairs: Emilie Page page@unhcr.org and Pamela Di Camillo dicamillo@unfpa.org

1.Background

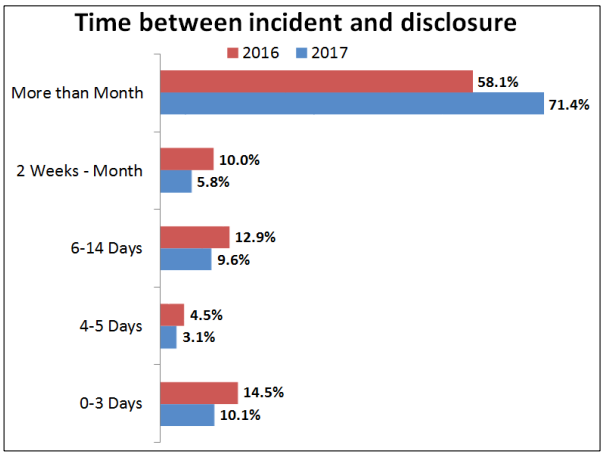
This report provides information on incidents of Sexual and Gender-Based Violence (SGBV) reported by survivors in Jordan during 2017. The information was gathered with the consent of survivors who received psycho-social support (through the case management approach) by 5 organizations members of the GBV IMS Taskforce. The GBV IMS Task Force[1] is the body responsible for gathering, maintaining and analyzing data related to SGBV, and for ensuring the security and protection of sensitive data concerning SGBV. The Task Force is also responsible for drafting reports, providing strategic directions to SGBV programs 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 SGBV in Jordan (or among refugee populations) as these trends are based solely on incidents reported by survivors to the Data Gathering Organizations (DGOs) engaged in SGBV response and using

[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.

the GBVIMS in 2017. Hence, it is not advisable to use findings of GBVIMS as a proxy of the prevalence of SGBV in any settings or to use it in isolation to monitor the quality of programmatic interventions. Despite the above limitations, the GBVIMS is considered as the highest quality SGBV incident data currently available to the humanitarian actors, which can be used effectively for trends analysis and to improve coordination of SGBV prevention and response.

Number of survivors assisted by members of the GBV IMS Task force in 2017 is steady in comparison with 2016 data.[2] Outside camps, the cuts in cash assistance have had a direct impact on the ability of survivors to afford transportation to reach SGBV service providers. A peak in reported incidents was observed in July 2017. This coincides with SMS being sent to refugees informing them about upcoming cuts in cash assistance and subsequent rumors circulating within refugees' communities. This contributed to increase tensions within families and fuel intimate partner violence (in our context, this refers to violence committed mostly by husbands). Finally, it is important to note that 2017 marked a considerable increase in percentages of Jordanian survivors assisted by members of the GBV IMS task force (74% increase compared to previous years). Although GBV IMS Task Force members work predominantly with Syrian refugees, considerable efforts have been put in place in 2017 to ensure Jordanians are informed about services available and supported. The percentage of Non-Syrian refugees assisted remains low, which does not indicate low prevalence of SGBV within these communities but rather a need to increase outreach to share information about services available as well as inclusion into SGBV programs. Finally, it is important to underline that majority of survivors reached services more than one month after the incident (71.4% in 2017 compared to 58.1% in 2016), this indicates the need to strengthen community based outreach efforts to inform refugees about services available for survivors and importance of seeking timely assistance in particular for survivors of sexual violence.



2. Context

Eight years into the Syria crisis, refugees remain in exile as their country continues to face a protracted conflict and an overwhelming humanitarian crisis. Jordanian-Syrian border remained closed in 2017, with few exceptions mostly linked to medical interventions. As of 31 December 2017, the United Nations High Commissioner for Refugees (UNHCR) recorded 655,624 registered Syrian refugees in Jordan, a number that has remained consistent over the past three years, mainly due to the increased entry restrictions into the Kingdom. Among the Syrian refugee population 25.7 % are women, 23.5 % are men, 24.7 % are girls and 26% are boys. Women and girls represent more than half of the refugee population (50.5%).

Close to 80% of 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 (±78,908), Azraq Camp (±53,557) and the Emirati Jordanian Camp (±7,087).

[2] Number of survivors assisted by members of the GBV IMS Task force in 2017 is slightly inferior to data of 2016. This is due to partner transition in a different location in 2nd half of 2017. It is also linked to efforts of Task Force members to improve data quality by ensuring that data is only entered when collected in the context of SGBV service provision.

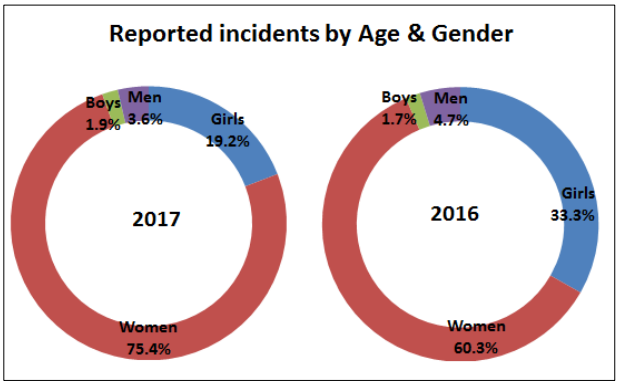
Jordan also hosts refugee population from other countries. The war and dire humanitarian situations in Yemen has contributed to increase number of Yemeni new arrivals in 2017, bringing the total number of Yemenis registered with UNHCR to 9,447. They are to be added to the multiple other refugee populations that Jordan hosts, including 65,922 Iraqis, and more than 6,450 from Sudan, Somalia, and other countries.

Despite some positive policy changes, such as the cancellation of the work permit costs and other legal amendments, formalization of work is not increasing as fast as anticipated, and few new job opportunities are being created for Syrian refugees. While Syrian refugees can obtain a work permit through cooperatives or a trade union in the agriculture and construction sectors, they are still dependent on a "sponsor"/employer in other sectors and decent work conditions remain a problem. Most importantly, restrictions in work sectors opened to foreigners exclude refugees from high-skilled and semi-skilled employment, leaving many to work in the informal market or remaining unemployed. For women, constraints are exacerbated by a lack of safe transportation to the workplace, disproportionate responsibility for unpaid care and domestic work, and a perceived lack of culturally appropriate employment opportunities. Only 4 % of work permits have been issued to Syrian women. On the other hand, non-Syrian refugees are simply not allowed to access the formal job market in Jordan and are compelled to engage in informal work, leading them to constantly fear being arrested by the authorities.

The significant influx of refugees over the last seven years has had an impact on the capacity of national services and there is a need for continuous humanitarian assistance to complement national efforts. While progress has been made to improve the legal status of Syrian refugees in Jordan, many barriers prevent access to economic opportunities, quality education and essential services and subsequently hampers the fulfilment of their rights, exacerbate their vulnerability and contribute to heightened protection risks including SGBV.

3. Main trends

a) Sex and age of SGBV survivors



During 2017, 95% of survivors assisted by data gathering organizations were female, this is in line with global SGBV trends highlighting that women and girls are disproportionally affected by SGBV. This trend has been consistent during the last 3 years.

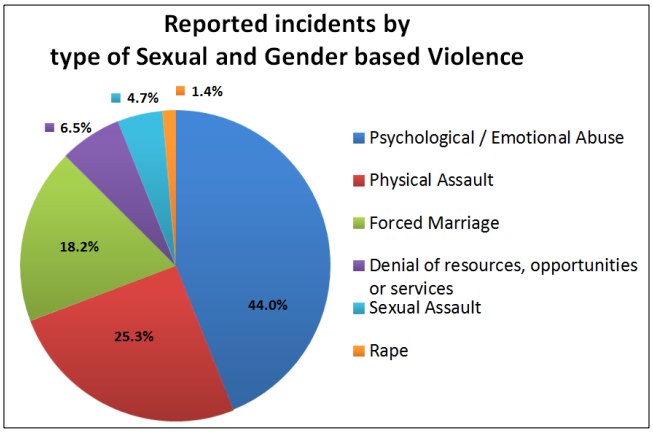
Low percentage of boy survivors can be explained by the fact that most of those who seek help are supported by child protection actors who are not part of the GBV IMS Task Force. Additionally, the fear of stigma also prevents boys from coming forward. Although men generally face less risks associated with gender based violence, slow percentages of men survivors assisted in 2017 indicate a need to strengthen the provision of services for men survivors as well as enhance outreach to men so as to ensure they are informed about services. Gay and bisexual men are at heightened risks of SGBV (further details under thematic section). In this context, it is important to underline that the establishment or strengthening of services for male survivors shouldn't affect service provision for women and girls: funding for Safe spaces for women and girls should be maintained while additional funding should be sought for interventions for men survivors.[3]Furthermore, it is recommended to develop an evidence base

[3] Services for men survivors shouldn't be provided in Safe spaces for women and girls as these spaces are known within communities as being for women and girls and serving men survivors there could lead to further stigmatization. Community centers equipped with safe and confidential counselling spaces would be considered as a recommended practice in this context.

for the drivers and impacts of different forms of violence against males; that can help inform good practice in prevention and social and psychological response. For example working closely with the MHPSS working group would be essential in particular on sexual violence in detention as form of torture. Gender Based Violence happens more to women and girls because it is a manifestation of historically unequal power relations between men and women, which have led to the domination over and discrimination against women by men. GBV IMS taskforce member are committed to maintain specialized focused services to women and girls.

b) Types of Sexual and Gender Based Violence

The GBVIMS categorizes SGBV into six broad categories: rape, sexual assault, physical assault, forced marriage, denial of resources/opportunities/services, and psychological/emotional abuse[4]. In line with previous two years, the main types of SGBV reported were psychological abuse (44%), physical assault (25.3%) and forced marriage including child marriage (18.2%). Psychological/emotional abuse mostly happened in the form of humiliation and confinement by intimate partner (in our context, essentially husbands). In addition, this category also included incidents of verbal sexual harassment which although widespread in Jordan are often under-reported as they are normalized. Physical violence was also mostly perpetrated by intimate partners and took the form of beatings, slapping, and kicking among other types of violence. It is important to underline that physical assault has severe consequences on survivors and may result in the death of the survivors. Forced marriage is the third most reported type of SGBV.[5] It includes mostly child marriages predominantly affecting girls of 15-17 years old. A detailed analysis on child marriages in Jordan can be found in the thematic section below. Denial of resources is often under-reported as not perceived by survivors as a form of violence. This was reported mostly by women and often in the context of intimate partner violence whereby husbands would use financial assistance for their own personal needs although assistance was meant to benefit the whole family including the survivor.

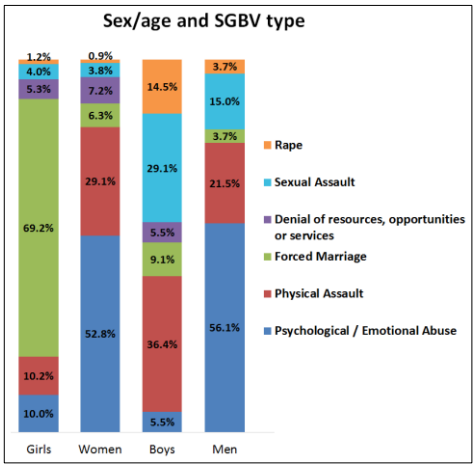


Sexual assault and rape constitute some of the most severe forms of SGBV with life-threatening consequences yet they are the most under-reported forms of violence. In 2017 only 6.1% of cases reported were rape or sexual violence. Although this is an increase compared with 2016 when only 3.6% of survivors reported rape and sexual assault; the percentages pertaining to sexual violence remain low since the establishment of GBVIMS Task Force in 2014. In Jordan, the stigma associated with seeking help when subjected to sexual violence constitute a major barrier for survivors to come forward. In addition, mandatory reporting requirements in Jordanian law prevent survivors who do not wish to file complaints from seeking much needed assistance (in particular medical assistance).

[4] *For details on the case definition of each category please refer to the Gender Based Violence classification tool accessible at: http://gbvims.com/wp/wp-content/uploads/Annex-B-Classification-Tool.pdf*

[5] Longitudinal analyses show a decrease in forced marriage reported, instead of showing a different trend this is due to an improvement in data quality. During 2016 30.2% of survivors assisted by data gathering organization reported forced marriage, against 18.2% in 2017. It has to be noted that the difference is related to an improvement in data collection, as members of the GBV IMS task force ensured this year that only data pertaining to survivors seeking SGBV services is entered in the system (as per global GBV IMS guidance).

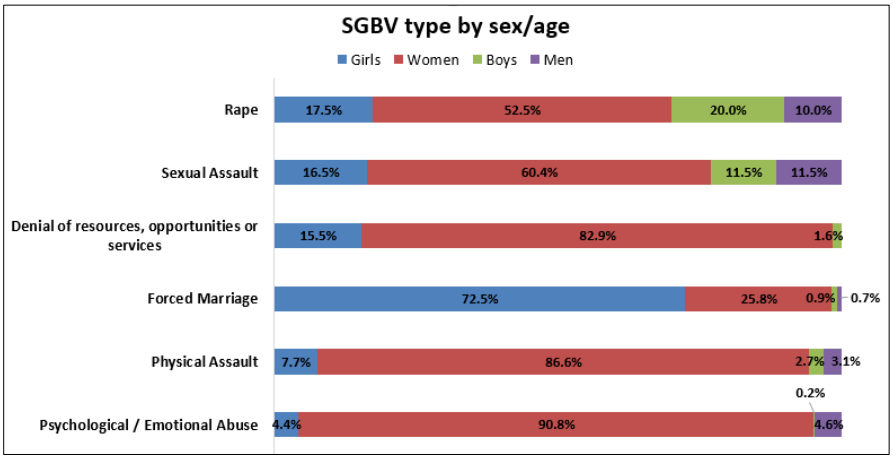
To deepen the analysis, it is important to take into account age and gender. As indicated in attached chart, the main SGBV type faced by girls assisted by the GBV IMS Task Force members is child marriage (69.2%), followed by physical assault and emotional abuse. Detailed analysis on child marriage is available below under thematic section.



Women on the other hand have reported being mostly affected by emotional abuse (52.8%) and physical assault (29.1%), this mostly took place in the context of intimate partner violence, see further details under thematic section.

Boys are particularly affected by sexual violence (33.6%) and men are mostly reporting emotional abuse (56.1%), often in the context of threats of sexual violence in detention as well as discrimination and insults against gay/bisexual/transgender refugees.

The chart below clearly shows that women and girls are disproportionally affected by the different types of SGBV.

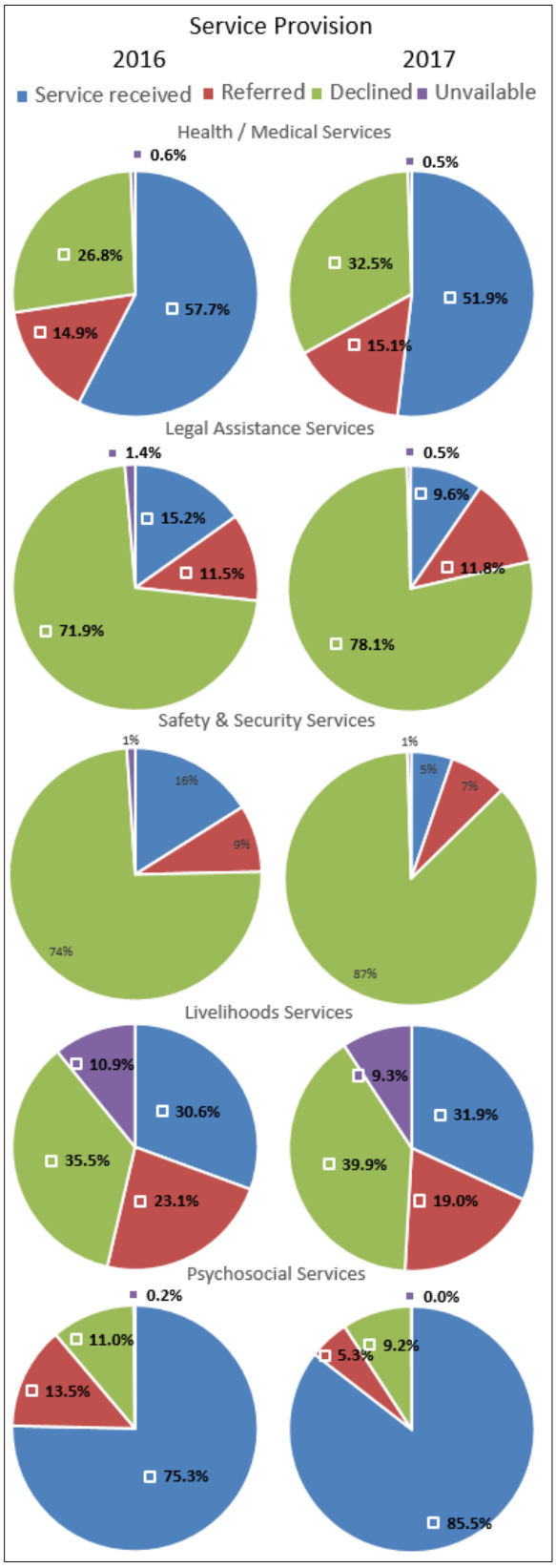


c) Service Provision

In the course of recording a report of an SGBV incident and undertaking case management, one of the key roles of data gathering organizations is to identify any needs for further services and ensure that survivors receive necessary support, either through referral to other specialized services or direct provision by the same service provider. In 2017, data shows an increase of percentage of survivors declining referrals to other services while at the same time showing a decrease in percentage of survivors receiving services directly (except for livelihood where there is a minimal increase and psycho-social support where there is an increase of around 10%). Percentage of survivors referred to services remained stable for health and legal while a decrease was noticed for security, livelihood and psycho-social services. Percentages of survivors who were unable to access a service due to its unavailability remained stable compared to 2016. Health services provided to survivors directly by data gathering organizations decreased of 5.8% between 2016 and 2017, and an increased percentage of survivors also declined referrals to other health services. Survivors decline referrals to health services ought of fear of mandatory reporting (which is particularly strict for medical staff). **Health services** are not automatically available for free to all SGBV survivors which might contribute to survivors declining referrals too. It is important to note here that clinical management of rape services are available in the camps and in Amman but gaps remain in other urban locations; reproductive health service providers should urgently establish free clinical management of rape services in urban areas outside of Amman. Advocacy to restrict mandatory reporting requirements only to child survivors is needed as well as advocacy with health actors to ensure access to free health

care to all SGBV survivors (for health concerns related to SGBV).

Legal Assistance and security services remain some of the most sensitive areas of service provision, as majority of survivors decline referrals. If we compare 2016 and 2017, we can notice an increase of 6.2% in percentage of survivors declining referrals to legal as well as an increase of 13% in percentage of survivors declining referrals to security services. In 2017, 78.1% of survivors declined referrals to legal services while 87% declined referrals to security services. Survivors have expressed fears of retaliation if seeking legal or police assistance as well as fear of stigma due to lack of confidentiality and lack of survivor-centred approach within law enforcement actors (victim blaming, perpetrators asked to sign pledges instead of serving jail terms). The legal system does not encourage survivors to come forward as specific types of SGBV are not being criminalized (such as marital rape) or punishments too lenient). In addition, instead of ordering jail terms for potential perpetrators of honor killing, law enforcement authorities place women at risk of honor killing in detention centres for their own "protection". Finally, the Crime Prevention Law gives considerable powers to Governors, allowing them to place in administrative detention anyone who is perceived as posing a threat to national security. In practice, Governors have placed in administrative detention women who were seen as not complying with gender norms (such as women who are engaging in survival sex or women having relationship without being married).



Survivors might also be undecided about legal services at the beginning of the case management process and might actually request them later on. It is important to take into account that a considerable number of survivors approach directly legal service providers which is not captured by GBV IMS data (this might be explained by survivors experiencing different levels of fear and type of safety concerns).

Survivors also generally decline referrals to safe shelter options. To the exception of an NGO run safe shelter, other safe shelters in Jordan are run by the Jordanian Government and have strict entry criteria.

The latter are accessible only to adult female survivors of family violence who are willing to involve the Family Protection Department into their case while survivors with male children above 5 are not accepted[6]. Most survivors and in particular the ones who are not at imminent risk of abuse would benefit from being provided with alternatives to institutionalization; such as through provision of monthly protection cash allowing survivors to cover rent and other urgent needs. It is thus recommended to integrate cash for protection components into SGBV case management programs, and donor support for such projects should be prioritized.

Regarding **livelihoods**, although Jordan committed at the global level to facilitate access to employment for Syrian refugees, this has not resulted on the ground into major changes for refugee women and SGBV survivors. Opportunities for legal work that are aligned with the needs of Syrian refugee women continue to be very limited. Of all services, livelihoods shows the largest gap in service availability, with more than 9.3% of survivors unable to access livelihood services due to unavailability of such services. 39.9% of survivors declined referrals to livelihood in 2017, livelihood services being generally difficult to access for survivors. The lack of day care for children of survivors as well as lack of safe transportation options (risks of sexual harassment in public transport) are prompting survivors to decline services. Additionally, gender norms on access to work for women also push female survivors not to engage in work opportunities outside of their home (legal restrictions have also been placed on the establishment of home based businesses in 2017). Finally, it has been noticed that in some refugee household, the sudden employment of women who did not work previously due to cultural norms, might be perceived as a threat to male domination, which might in turn lead to increase risks of intimate partner violence. Gender discussions groups[7] have been recognized by the GBV IMS Task Force as a good practice. Risk mitigation measures should be implemented urgently in livelihood programs to ensure a safe and effective access to services for women and groups at heightened risk of SGBV. In addition, the GBV IMS Task Force believes it is essential to further develop women economic empowerment activities, including for girls above 15 years old.

Cash based interventions aiming at covering basic needs are not always available to survivors and lack flexibility in terms of amounts to meet the needs of survivors. Survivors who needed urgent cash assistance often were unable to receive it on the spot and might have to undergo multiple interviews before being able to receive cash. This is because most data gathering organizations have not embedded tailored cash based interventions into their SGBV case management programs, forcing them to refer survivors to cash based interventions designed to cover basic needs. Survivors who were provided with monthly cash based interventions to cover basic needs often reported that the amount was not enough to help mitigate risks of SGBV.

Psycho-social services remain the most available services for survivors throughout the country (gaps identified in specific underserved urban locations as well as remote locations), and is the most common service provided (mostly through case management approach). Data shared by DGO's is based on information collected with survivors during psycho-social service provision, thus data on psycho-social service provision has to be understood within this context.

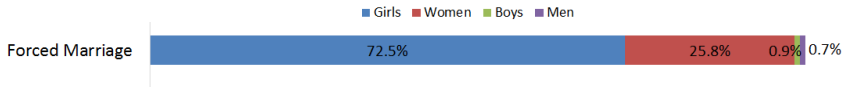
Referral pathways are an essential part of the response to SGBV, establishing connection between survivors in need and the services they require. Although it is clear from the above information on referrals done by SGBV partners that the mechanism is strong and moving in a positive direction, referrals from other providers to SGBV providers remain weak. Nearly 70% of survivors approaching SGBV service providers did so through self-referrals which require survivors to already be aware of service availability and to take steps on their own to approach the service providers. This further underlines the need for SGBV safe referrals training for non-specialized frontline workers (including refugee volunteers) as well as the need to improve

[6] Exceptions might be granted on a case by case basis for boys up to 7 years old.
[7] Gender discussion groups bring together male and female relatives to sensitize them on gender equality and importance of decision making processes based on respect and equality within families. For more resources: https://gbvresponders.org/resources/

dissemination of the referral pathway generally. Additionally, a new campaign is needed to inform communities about SGBV services.

4. Thematic Focus

a. Child marriage



The majority of child marriages occurred in Jordan (Jordanian-Syrian border remained closed since 2016, thus most survivors coming forward had been in Jordan prior to 2017). According to GBV IMS data which have been consistent for the last 3 years, this is the main form of GBV affecting adolescent girls. Child marriage has mostly affected Syrian refugee girls between the ages of 15 and 17, although some girls were also married by Sheikhs before they turned 15 years old. The legal framework in Jordan allows children between 15 and 17 years old to marry under exceptional circumstances; in practice, judges often allow these marriages. Marriages of girls below 15 years of age are illegal; however, judges can issue an exceptional marriage document if the child is pregnant to allow birth registration of newborn.

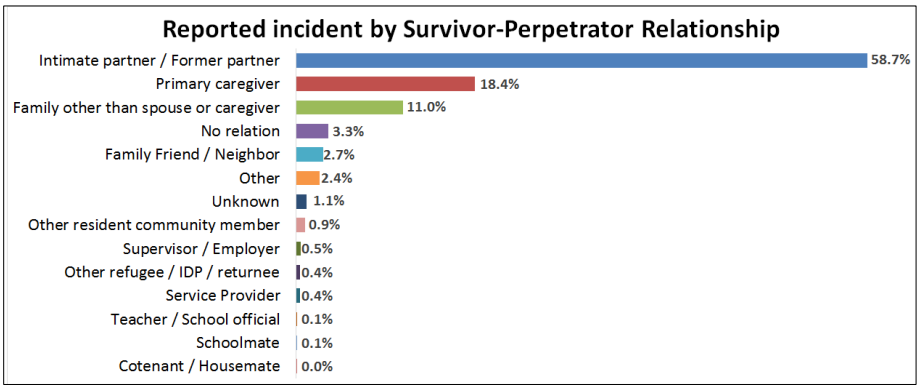
Prolonged crisis and worsening socio-economic situation for Syrian refugees' families in Jordan forces many families to resort to child marriage as a negative coping mechanism; girls being perceived as an economic burden to the family. Child marriages were a common harmful traditional practice in Syria prior to the conflict, especially in rural areas in the southern, eastern and northern areas, including Daraa which is where the majority of refugees in Jordan originate from. As per social norms, in order to be considered as a successful girl and later on woman within society, one has to obtain a marriage with a man from a respected family. In this context, education for girls is not valued as much as marriage to secure a respected place within the community and many girls consider that getting married and having children are the main goals in their life. Refugee families and girls themselves also perceive that it would be more difficult to find a husband once girls turn 18 years old. Additionally, access to education for girls is hampered by fears that girls might be sexually harassed on the way to or at school. Finally, some families decide to marry their adolescent daughters to preserve the family "honor" as they are concerned that girls might engage in extra-marital relationships. Families believe that actual or perceived extra-marital relationships would bring shame to their families. Girls are also at risk of forced marriage or honor killing if their families find out about extra-marital relationship.

The lack of empowerment activities and vocational training, future employment opportunities for girls above 15 years old also indirectly contribute to fueling child marriage as girls do not have sustainable and concrete alternatives to marriage.

Child marriage has devastating consequences on girls: many are forced to give up their education and are subjected to early pregnancy which increases risks of maternal and child mortality as well as to intimate partner violence (particularly within couples where age difference is significant). Once married, social norms prevent child spouse to attend school.

b. Intimate partner violence

Intimate partners' violence is one of the main context in which SGBV occurs as per reports shared by survivors in Jordan (72.9%). The table below further shows that intimate partners were the main perpetrators of SGBV in Jordan (58.7%).



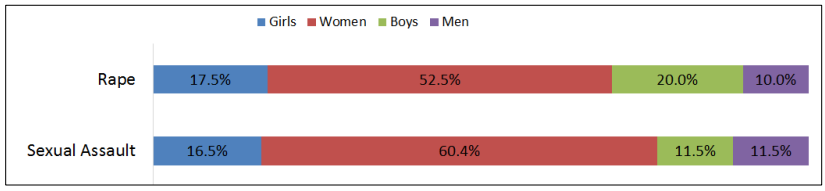
Intimate partner violence is normalized by social norms which give more power to husbands within family dynamics. Other contributing factors related to financial constraints, prolonged displacement situation and impunity are exacerbating this type violence.

As indicated above, cuts in monthly financial assistance in 2017 contributed to increase tensions within families and fuel intimate partner violence. Additionally, it has been reported that the amount given to families is too little to cover their basic needs and discussion on its allocation between spouses led to tensions and at times violence. Additionally, Syrian refugee male face difficulties in finding jobs on the formal market and fear being arrested when working informally. This also contributed to increase tensions within families and has led to intimate partner violence against female spouse (tensions were particularly high in families living in urban areas without authorization). In some families, the fear of arrest was so high that spouses decided that the wives would work instead of their husband as it is perceived that risks of arrest are lower for women. For families in which women did not traditionally work that has also contributed to increase tensions as intimate partners felt weak and frustrated which prompted them to subject their female spouse to emotional or physical violence as a way to re-ascertain their power. It has also been highlighted that tensions within families caring for adults or children with disabilities were on the rise which at times led to violence by husbands on their wives. Overcrowded housing conditions have also been mentioned as a contributing factor.

c. Sexual violence

As per the GBV IMS, sexual violence is composed of two SGBV types: rape[8] and sexual assault[9].

Sexual violence is one of the most severe form of SGBV, yet due to severe social stigma it is often not reported. Longitudinal analysis shows that survivors seeking help for sexual violence have been constantly low compared to the other forms of GBV. During 2014, 8.4% of survivors reported sexual assault and rape, during 2015 and 2016 the number of reported cases reduced to 5.9% and 3.6% respectively. In 2017 the number of reported cases increased to 6.1% but remains low, with only 1.4% of rape cases. A focus on group more at risks show the intersectionality of gender and age in compounding risks of sexual violence. In 2017, women and girls were overwhelmingly affected by sexual violence: 70% of rape cases were reported by women and girls, going up to 76.9% for sexual assault. Girls are particularly at risk of rape or sexual assault by male relatives. This form of GBV is particularly severe for girls, not only for the immediate health and psychological consequences but also in terms of social impact. Because of the value of virginity in society, adolescent girls' survivors risk being marginalized, and will be perceived as a shame by their family. Girls' survivors might be at risk of honor killing and face difficulties getting married later on. Girls are also at risk of sexual exploitation through multiple marriages to different



[8] According to the standard definition used in GBV IMS, rape is non-consensual penetration (however slight) of the vagina, anus or mouth with a penis or other body part. Also includes penetration of the vagina or anus with an object.

[9] Sexual assault is any form of non-consensual sexual contact that does not result in or include penetration. Examples include: attempted rape, as well as unwanted kissing, fondling, or touching of genitalia and buttocks.

men within a short timeframe or being forced by their "husband" to have sex with other men in exchange for money. Adolescent girls are at risk of sexual violence at home by relatives but also in public spaces, especially on the way to school.
Boys who were subjected to sexual violence reported mostly neighbors, sport coaches, employers and older boys as perpetrators.
Adult male survivors reported mostly being subjected to sexual violence in detention in Syria or during flight when being attacked by armed groups (Syria and other countries of origin such as Somalia and Sudan).
Women on the other hand were subjected to various forms of sexual violence including marital rape and sexual exploitation (through organized network, in the context of survival sex, by humanitarian staff or by landlords). Forced cybersex has been identified as new emerging form of sexual assault.

Women and girls faced risks of sexual harassment in all public spaces, the following places have been indicated as particular risk points: crowded ATMs/ cash collection points, schools, markets, distribution areas, isolated areas in the camps, and police stations. Phone sexual harassment has been reported as a particular concern (perpetrator include unknown men as well as humanitarian and non-humanitarian service providers).

d. LGBTI refugees

LGBTI refugees in Jordan are at heightened risk of gender based violence while being most often unable to seek protection from the Jordanian authorities due to fear of being themselves arrested by the police on the basis of their sexual orientation or gender identity. Threats of honor killings and overall physical and emotional violence emanating from family members is one of the main concern of LGBTI refugees in Jordan. Religious leaders often contribute to the violence by attempting to force the person to comply with traditional gender roles, while some mental health professionals use "conversion therapies" which are a severe form of emotional violence. Intersex children are particularly at risk of forced surgeries[10] as well as emotional and physical violence. LGBTI refugees face discrimination on the job market or while trying to find accommodation both on the basis of their diverse sex, sexual orientation or gender identity but also on the basis of their refugee status. This increases risks of resorting to negative coping mechanisms such as survival sex. Impunity for crimes committed against LGBTI refugees further contributes to the pervasive cycle of violence.
GBV IMS Task Force acknowledges the findings of the SGBV SWG 2017/2018 gap analysis and further recommends to strengthen case management services for LGBTI refugees as well as empowerment activities and tailored cash interventions to mitigate risks faced by LGBTI refugees in Jordan.

5. Recommendations

Recommendation	*Responsible*	*Timeline*
Develop messages to advocate with national authorities for the enhanced respect of the survivor-centered approach within law enforcement authorities and for lifting legal mandatory reporting requirements for adult survivors of SGBV.	SGBV WG	Mid-year
SGBV WG to issue one pager guidance on mandatory reporting requirements for humanitarian actors to ensure enhanced respect for survivors' wishes.	SGBV SWG Co-chairs- UNHCR legal unit	Mid-year
Strengthen awareness and outreach efforts through community based approach to disseminate information on availability of compassionate and confidential SGBV case management services and clinical management of rape services.	SGBV Actors	Mid-year

[10] At per global standards, it is essential to ensure that intersex persons are able to provide consent for such surgery and thus parents shouldn't decide by themselves to assign a male or female sex to an intersex child rather they should wait for the child to turn 18 years old and let them decide whether they want to remain intersex or go through surgery to be assigned a male or female sex.

Launch a renewed interagency campaign to inform communities on availability of SGBV services and disseminate prevention messages. Campaign to be designed with the support and guidance of affected communities.	SGBV WG	By the end of the year
Update SGBV referral pathways per field location, ensure ownership by field level coordination structures and continuous update. Conduct briefings to other sectors to disseminate updated pathways and explore options to improve dissemination of referral pathways through innovative methods.	SGBV WG and field WG	Urgent
Conduct ToT on SGBV safe referrals for non-specialized frontline workers (including refugee protection volunteers).	SGBV WG national and field	By mid-year
Strengthen efforts for the prevention and response to child marriage. Prevention activities to focus on social norms interventions/behavioral change as well as targeted livelihood support to families at risk of engaging in child marriage. Increasing cooperation with education (to identify formal and informal opportunities), livelihood and basic needs sectors is required.	SGBV/CP/ Education actors (support required from donors)	Ongoing
Further expand focused empowerment activities for adolescent girls to provide concrete alternatives to child marriage (literacy classes, traineeships, peer led support groups, parenting skills, etc.) while enhancing support activities for girls who are already married (such as support groups, educational opportunities).	SGBV/ CP actors (support required from donors)	Ongoing
Clinical management of rape services should be urgently mapped, thus ensuring their inclusion in SGBV referral pathways. It is recommended to ensure availability in urban location and conduct facility based trainings (in both government hospitals as well as NGO run clinics) to ensure all relevant staff are trained, training to be followed by monthly coaching sessions. Advocacy should be undertaken with ministry of health on good practices in the field of CMR and in particular joint examination by forensic and CMR doctor (if survivor wants to file complaints) thus ensuring the survivor doesn't undergo multiple exams which leads to re-traumatization. FPD staff to be further sensitized on importance of CMR services.	RH working group	Urgent
Ensure free and automatic access to health services for SGBV survivors (for health concerns related to SGBV incidents).	Health actors	Urgent
Increase availability of SGBV services in underserved/remote areas (including case management services), increase accessibility for non-Syrian refugees (including through increased outreach), while maintaining level of engagement with Jordanian survivors. SGBV services should be available to all nationalities.	SGBV actors (with support from donors)	Ongoing
Increase tailored cash based interventions for SGBV survivors including interventions which support identification of safe accommodation in urban while covering the rent through cash, as alternative to institutionalized shelters (for survivors not facing imminent risks).	SGBV actors	As soon as possible
Increase access to livelihood activities (including by providing child care support as well as support to ensure safe transportation), further expands empowerment activities for women and other groups at risk of SGBV within existing SGBV programs.	SGBV actors	Urgent

Enhance programming involving social norms interventions such as "Gender Discussion Groups" or support groups where spouses are sensitized about gender equality. Additionally, more support should be provided to families of persons with disabilities (both in the form of cash interventions and parenting skills building activities).	SGBV, protection actors	As soon as possible
Reduce risks of sexual violence in identified risk areas. Conducting safety audit and advocating with other sectors for risk mitigation measures.	SGBV WG and other sectors	By the end of the year
PSEA taskforce to review SOPs to ensure they are in line with survivor-centred approach. The role of the PSEA focal points versus SGBV case manager has to be clearly defined and PSEA focal points trained. Outreach to communities should be enhanced.	PSEA taskforce	By mid-year