

UNITED NATIONS POPULATION FUND

# COVID-19

SEXUAL AND REPRODUCTIVE  
HEALTH AND RIGHTS IN  
TIMES OF CRISIS

JORDAN BRIEF / APRIL 2020

// **Gender equality and  
women's rights are  
essential to getting through  
this pandemic together.**

— ANTONIO GUTERRES  
Secretary General of the United Nations

## INTRODUCTION

The Coronavirus Disease-2019 (COVID-19) pandemic has curtailed access to social and health services in Jordan, especially Sexual and Reproductive Health and Rights (SRHR) and Gender-Based Violence (GBV) with a disproportionate impact on women, adolescent girls and youth. In response, UNFPA Jordan has focused efforts on ensuring continuity of essential SRH and GBV services, and mobilising youth and women's organisations and their networks, as "response accelerators" across Jordan and particularly within Zaatari and Azraq refugee camps. This paper provides an initial analysis of the impact of the crisis on women and girls in Jordan, with a focus on SRHR and the increased risks of GBV, in addition to outlining a set of recommendations for key decision makers.

## THE IMPACT OF THE CRISIS ON SRHR & GBV

UNFPA recognizes that outbreaks such as the COVID-19 pandemic affect women and men differently, exacerbating existing gendered inequalities and with vulnerable communities, including refugees and displaced people, persons with disabilities, youth, and the elderly. During public health emergencies, human and financial resources are diverted from various health programmes to respond to the infectious disease outbreak. UNFPA recognises the tremendous efforts of the Government of Jordan in responding to the Covid-19 Pandemic, yet evidence from past epidemics, such as Ebola and Zika, indicate containment efforts divert resources from routine health services including pre-and post-natal health care and contraceptives, exacerbating oftentimes already limited access to SRH services.

### SEXUAL AND REPRODUCTIVE HEALTH SERVICES

Movement restrictions have been applied with exceptions for medical staff and hospitals remain open - primary health facilities in urban and rural areas are largely closed, however this has limited women's access to their regular health services, such as SRH. Other critical services, such as the treatment of sexually transmitted infections (STIs), availability of contraception, and provision for clinical management of rape (CMR) have been reduced.

Women make up 50 percent (50%) of the health workforce in Jordan<sup>1</sup> and are more likely to be the front-line health workers, particularly nurses, midwives and community health workers. They are also the majority of health facility service-staff - including cleaners, laundry, catering - and, as such, they are more likely to be exposed to the virus, and they may have less access to personal protective equipment (PPE) or correctly sized equipment.

Women are often not reflected in national or global decision-making on the response to COVID-19. Moreover, at the health system level, there are concerns that we may soon see shortages of medications, such as contraceptives, antiretrovirals for HIV/AIDS and antibiotics to treat STIs, due to disruptions in supply chains overall as a result of the lockdown — all of which could have life-threatening consequences and reverse recent gains Jordan has made to ensure universal access to SRH, which encompasses access to modern contraception, maternal and newborn health.

### INCREASED RISKS OF GENDER BASED VIOLENCE

As is the case globally, quarantines or home lockdowns inevitably increase the risks of GBV against women and adolescent girls, particularly with regards to domestic and family violence. The recurrence of incidents might increase and safety options become even more limited. Financial challenges due to limited livelihood opportunities during the lockdown increase tensions in the family, as well as on decisions of resources and food security. In Jordan before the crisis, 88 percent (88%) of the reported cases of GBV were perpetrated by husbands. However, during the first two-weeks of the lockdown, women's organisations and case management agencies reported a drop of 68 percent (68%) of reported cases. Proximity with the perpetrator, lack of access to a private cell-phone and limited knowledge in hotline numbers and trust in online services are all

factors that contribute to the drop (as demonstrated in the GBV IMS Preliminary Trend Analysis, 14 April 2019). Those that do call for help are usually those facing life-threatening situations. Women and girls are reporting emotional and physical abuse and, to a lesser extent, online sexual harassment and sexual exploitation. The potential low or loss of household income may have a long-term economic impacts on women compared to men and may increase the risk of exploitation and sexual violence and PSEA. Child early- and forced-marriage may also increase as a secondary economic consequence of the pandemic. The closure of Women and Girls Safe Spaces (WGSS) has meant the loss of vital social support and related networks essential for coping with violence. Online sexual harassment is also currently on the rise. Abusers may restrict women's access to the news or other sources of information, preventing them from knowing about and accessing services.

### SPECIFIC RISKS & OPPORTUNITIES FOR YOUNG PEOPLE

The disruption of the delivery of SRH services and information also affects young people. The need for mental health services and counselling is paramount, as many people, including young people, are facing high levels of anxiety and stress related to COVID-19. Young people are also affected by closures of non-formal education opportunities, depriving them of social engagement with their peers and educators. Prolonged periods of closures and movement restrictions may lead to additional emotional unrest and anxieties. The closure of youth services restrict youth from engaging directly with their peers and communities. Yet young people are an important resource in mitigating risks, and to support community outreach in this crisis and Jordan has a large number of youth-led organisations, youth networks and youth informal and formal groups. Due to imposed movement restrictions, youth feel they need alternative pathways to volunteer and serve their communities.

### DATA GAPS

Vital event registration, especially birth and death registration, is a key supporting measure in managing and protecting the wider community on public health and population issues, allowing decision-makers and public health authorities to detect patterns and trends on vital population and health issues, identify needs, to plan urgent, effective interventions as and where required. The lockdown has included the main government agencies involved in Civil Registration and Vital Statistics, where all vital registration activities are now postponed until further notice, including deaths. Statistics on COVID-19 are currently being managed by the Ministry of Health (MoH), due to the fact that the Department of Statistics (DoS) remains closed.

## UNFPA JORDAN'S COVID-19 RESPONSE

Since the start of the COVID 19 pandemic in Jordan UNFPA has been working closely with partners to ensure the continuity of essential services, including:

- **Supporting the national MoH COVID-19 National Plan** through ensuring provision of personal protective equipment (PPEs) to healthcare providers to cover any shortages with those much needed supplies. UNFPA is also supporting healthcare frontliners with PPEs;
- **Maintaining the continuity of provision of critical reproductive health services** including Basic Emergency Obstetric Care (BEmONC services) and comprehensive SRH primary health services for refugees;
- **Disseminating SRH messages for women**, with a focus on areas of family planning, breastfeeding, high risk pregnancies and nutrition during pregnancy. The intended campaign aims to reduce the risks to individuals and families specifically women in reproductive age by enabling them to make sound decisions based on reliable information, and to adopt health recommendations in order to reduce the spread of the disease Covid-19;

- **Ensuring the provision of life saving GBV case management services** through different helplines across the kingdom including three main refugee camps. UNFPA worked to ensure Clinical Management of Rape is available in the clinics in the refugee camps, and in urban areas the service is available upon call as clinics are temporary closed;
- **Informing communities on the availability of GBV services;** this has included the production of a video targeting people with different kinds of disabilities, mental disabilities, sign-language for people with hearing disabilities and narration for people with visual impairments. Moreover community volunteers are engaged to disseminate information on COVID 19 and services available through mobile phones;
- **Coordinating the SGBV working group and SRH working group.** Updated referral pathways on Amaali phone application with a COVID 19 quarantine section. Provided a preliminary analysis of GBV trends during COVID emergency;
- **Launching a GBV/ SRH rapid assessment** in order to assess the extent to which the COVID-19 outbreak affects adolescent girls and young women, both Jordanians and Syrians and other nationalities, in refugee camps and host communities looking at GBV/SRHR risks; Identifying main obstacles for women and girls, including in camps, to seek help and access SRHR and GBV services during the COVID-19 crisis;
- **Mobilising youth groups and youth networks** in raising awareness about COVID-19 through the members of the National Youth Peace and Security Coalition, Y-PEER Network, Shababna Youth Network in universities, and the Zaatar Youth Task Force. UNFPA Youth partners organizations have been strengthening the capacity of youth organizations and youth networks to engage safely and actively in COVID 19 response. UNFPA Jordan is working with its partners on ensuring reliable SRHR information for adolescents and youth that can be accessible online.
- **Prioritise strengthening the response capacity hotlines.** This includes increasing remote access to mental health and psychosocial support (MHPSS) and safety planning opportunities with trained service providers. Rather than setting up new services exploring scale up of existing ones and promote innovative ways to promote safe help seeking behaviors;
- **Invest in the existing emergency referral pathways.** This includes disseminating the information available about the "Amaali" app and promoting national level campaigns in support of hotlines;
- **Ensure GBV risk mitigation into all aspects of the epidemic response** is included in national contingency/preparedness and humanitarian response plans. UNFPA has the technical capacity of providing tools and methodologies for risk mitigation and prevention of GBV in any cash and voucher (CVA) based programming, especially related to food security; conducting safety audits; health and water, sanitation and hygiene (WASH) responses;
- **Ensure that services continue to be inclusive,** including those from migrant communities, and those living with a disability, refugees, and others have equal access to GBV prevention and response during the outbreak;
- **Continue to support coordination** between the Governmental multisectorial response to GBV, the national Family Violence Protection team and the response by civil society and humanitarian actors members of the SGBV WG;
- **Recognise the vital role of women organisations** that are at the forefront of the response and prioritise support to them, promoting their advocacy priorities and asks and investing in capacity that stays beyond the crisis.

## RECOMMENDATIONS FOR DECISION MAKERS

### SEXUAL AND REPRODUCTIVE HEALTH

- **Sexual and reproductive health, including a woman's right to deliver safely, must be prioritised** in all health and contingency plans and notably the Pillar 9 (Essential Services) of the Ministry of health COVID Response Plan.
- **Access to family planning and contraception must continue,** and supply chains must be supported to avoid any stock outs.
- **Developing new and innovative ways for providing SRH services,** such as reproductive health and contraception counselling services, using mobile phones e.g. WhatsApp messaging must be promoted
- **Pregnant women with suspected, probable, or confirmed COVID-19 diagnoses, including women who may need to spend time in isolation, have access to woman-centred, respectful skilled care,** including obstetric maternal screening tests, fetal medicine and neonatal care, as well as mental health and psychosocial support with readiness to care for maternal and neonatal complications.
- **Female healthcare workers' needs must be prioritised** during the pandemic response. More broadly, we must build the systems to support women's leadership in global health before the next disaster strikes. We can do this by equipping women with the skills, training and opportunities to rise to the top, and advocating for systemic changes - like closing the pay gap - to change the face of global health leadership.

### GENDER BASED VIOLENCE

- **GBV services are lifesaving:** Prioritize movement permission for key case management staff to ensure they can support survivors and offer transportation options to survivors who need to reach shelters or hospitals;
- **Comprehensive women centres should be reopened** with IPC protocols and one counsellor to offer one to one case management;

### YOUTH

- **Support and promote new ways of providing information and support to adolescents and young people** on sexual and reproductive health and rights through online platforms that are recognised by MoE and MoH.
- **Invest in young people to join efforts towards mitigating risk and safety** by reaching out to communities through initiatives that build their capacities and knowledge of COVID-19 and increase their connectivity to share information.
- **Strengthen the capacity of youth organizations to engage young people safely, effectively and meaningfully** in ways that enable them to broaden their knowledge of the virus and play an effective role in the prevention and response, including as social and community workers and as assistants to professional health staff, where needed and possible.

### POPULATION AND DATA

**Consider death registration and statistics as essential government services** as the Civil Status and Passport Department (CSPD) and the Department of Statistics (DoS) are best placed to deal with registration and statistics issues, and recommend that a remote death registration modality be introduced at least as a temporary measure (with the death certification establishment provided later).

1. Refer to: <https://hrh2030program.org/new-research-findings-on-womens-leadership-in-jordans-health-sector/> [last accessed on 16 April 2020].

## FOR MORE INFORMATION

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