
Guidance Note on GBV Service Provision during COVID-19 in Jordan and a forward look to safe resume of services

SGBV WG Jordan, April 2020
(Updated version, February 2021)

1. Background

On 11 March 2020, the World Health Organization (WHO) declared the novel coronavirus (COVID-19) a pandemic and which has now spread to nearly every country in the world. The Director-General of WHO has called on countries to take actions in order to contain the virus. The UN Secretary General has urged all governments to make the prevention and redress of violence against women a key part of their national response plans for COVID-19, putting women's safety first.¹

This guidance note on gender-based violence (GBV) service provision highlights the impact of COVID-19 in Jordan from a GBV perspective and provides key messages and recommendations for action by service providers and other stakeholders. *The Sexual and Gender Based Violence sub Working Group (SGBV WG)² with this guidance note aims at providing GBV practitioners with a framework to ensure continuity of safe and confidential GBV services in the context of the different stages of COVID emergency.* The paper is organized in different sections. It starts by providing a background on the COVID and GBV epidemic in the country, then reflects on COVID impact on GBV risks and service provisions; section three looks at the post lockdown stage, and then recommendations and messages to be disseminated. The paper offers examples that showcase the work of GBV actors in Jordan during this crisis.

In Jordan, the first case of coronavirus was identified on 2 March 2020 and in two weeks, the number increased rapidly. To prevent the spread of the epidemic, the Hashemite Kingdom of Jordan announced

¹ <https://news.un.org/en/story/2020/04/1061052>. Accessed on 4/05/2020.

² The Sexual and Gender-Based Violence (SGBV SWG) working group was established in 2014 and aims at supporting a comprehensive and coordinated approach to SGBV, including prevention of SGBV and provision of compassionate care to SGBV survivors. The SGBV SWG ensures prioritization of life-saving activities and gap-filling as well as disseminates guidance to enhance quality of services. The SGBV WG operates at national level and has dedicated sub national level coordination mechanisms in Zaatari, Mafraq, Azraq as well as it is discussed in referral and coordination meetings in Irbid and the South. It is comprised of more than 35 partners, including UN agencies, INGOs, and local NGOs, government counterparts operating across governorates in Jordan serving refugees and host community.

Defense Ordinance number 1 on 18 March and proceeded with a lockdown on 20 March which suspended all private sector activities and government services except for some health and security services.

Accordingly, SGBV service providers shifted many of their activities from direct to remote implementation including remote case management, helplines, legal aid and psychosocial support (PSS) while keeping in operation some in person lifesaving services like safe shelter and clinical management of rape (CMR) services.

Jordan is a low middle income country that has hosted several waves of refugees and displaced persons as a result of prolonged conflict in the Middle East, leading to pressure on natural resources, growing income disparities and increase in poverty. As of 5 April 2020, the United Nations High Commissioner for Refugees (UNHCR) recorded 656,213 registered Syrian refugees in Jordan, a number that has remained consistent over the past three years due to the increased entry restrictions into the Kingdom. Among the Syrian refugee population 25.8 % are women, 24.5 % are men, 24.3 % are girls and 25.5% are boys. Moreover, Jordan hosts 90,305 refugees from other nationalities.

Gender Based Violence is commonplace in the life of many women and girls in Jordan. This is due to gender inequality, social norms, harmful traditional practices and unequal education opportunities. According to Jordan GBV Information Management System (IMS) data of 2019, 95.2% of SGBV survivors who reported exposure to SGBV were women or girls. Emotional violence is the main type of gender- based violence reported (48.4%) by survivors followed by physical assault (24%)³. In terms of nationalities of survivors who seek help, 70% are Syrians, 23% are Jordanian and 7% are refugees of other nationalities, mainly Iraqis and Sudanese.

In 2019, 88% GBV perpetrators reported to case management agencies in Jordan were husbands or family members, mainly males⁴. Many survivors of violence have been trapped in their homes with their abusers since the beginning of movement restrictions measures.

2. Impact of COVID-19 on GBV services in Jordan

The impact of COVID-19 on GBV can be considered as two-fold. First, women and girls are at increased risk of SGBV. Second, survivors face increased barriers for reporting and receiving services.

2.1 Increased exposure to SGBV

The majority of sexual and gender-based violence incidents are perpetrated by family members⁵. As a direct consequence of the lockdown, women and girls are therefore at increased exposure to SGBV. Limited livelihood opportunities may also reinforce the upholding of existing gender norms which in turn can fuel tensions and incidents of domestic violence and other forms of SGBV. The crisis may pose

³ Jordan GBV IMS 2019 annual report <https://data2.unhcr.org/en/documents/details/75705>

⁴ Jordan GBV IMS 2019 annual report.

⁵ Jordan GBV IMS 2019 annual report.

additional burdens on women and girls as caregivers for children, the sick and the elderly with chronic diseases in the family, and may increase their risks of COVID-19 infection. Women in labor market are facing additional challenges related to lack of support in household activities and pressure from employers on women to report to work without having movement permission, losing their jobs as employers most likely will dismiss women from services rather than dismissing men or losing their income from home based businesses⁶. These all add additional stressors on women. COVID-19 has different impacts on women, girls, boys and men and adds



Figure 1 Frontline workers at JHAS/UNFPA SRH clinic in Zaatar camp, March 2020

more barriers and challenges for persons with disabilities, elderlies and LGBTI. In the current situation, women and girls are at higher risks of exposure to SGBV during the epidemic. Women and girls are at particular risk of domestic violence and online sexual harassment due to isolation, social norms and lockdown with the perpetrator. The curfew led to an increase in the frequency of quarrels and domestic violence among (16%) of Jordanians, (12%) said that they were subjected to intimidation during the curfew period by a family member, and only (5%) of those who experienced violence resorted to seeking help.⁷ Other emerging forms of GBV in Jordan include attempts of sexual exploitation by phone and risks of increased negative coping mechanisms as an impact of the crisis, as early marriage.

Those in vulnerable positions, who have suffered a loss of employment and income opportunities and who are now dependent on financial aid, are at increased risk of sexual exploitation and abuse (SEA) especially following the lockdown.

Women and girls who face intersecting inequalities including women and girls with disabilities, adolescent girls, older women, women and girls with diverse sexual orientation and gender identities, men and boys who are survivors of SGBV, those living with HIV and AIDS and those from ethnic and religious minorities or migrant women and girls might be even more vulnerable to various forms of discrimination, violence, exploitation and abuse. Particular groups at risk identified are women working in informal tented settlements and migrant workers.

⁶ For more information please consult UNWomen brief accessible here <https://www2.unwomen.org/-/media/field%20office%20jordan/images/publications/2020/covid19%20and%20gender%20in%20jordan%20eng.pdf?la=en&vs=128>

⁷ COVID-19 and family violence in Jordan, The center of strategic studies <http://jcass.org/ShowNewsAr.aspx?NewsId=830>

2.2 Increasing barriers to reporting and accessing services

At the same time as women and girls are at increased risk of SGBV, barriers to accessing services and to reporting incidents are increasing. Since the beginning of the lockdown in person psychosocial support and case management services, legal aid stopped and passed to remote service delivery through phone or online conversations, livelihood activities have been suspended. Access to shelter remained available during the crisis.

Family Protection Department continued to ensure safety and security services in Camps and urban areas in coordination with case management agencies. Sexual and Reproductive Health services



Figure 2 Call Taker within the Operations and Control Unit of the Public Security Directorate, assists and supports citizens calling the 911 unified emergency number

continued in camps including clinical management of rape, whilst in urban areas because of the closure of all primary health centers CMR was only available on call. While movement restrictions make it difficult for survivors to access these services, providers are also challenged on health protocols with the requirement to ensure that all precautionary measures are implemented in advance of receiving survivors especially if the survivor has been diagnosed with COVID-19 infection. After the lockdown decision, Shari'a and administrative courts in Jordan were closed. Hence, women became unable to claim their rights under the personal status law in regards to allowance, dowry and children custody and visitation or labor rights and other financial claims which have added more financial burdens on them and increased their risk to SGBV⁸.

As lockdown measures were imposed across Jordan, reported cases of GBV have simultaneously decreased significantly with case management agencies reporting a 68% decrease in new cases. Underreporting is a result of multiple factors with the survivor's proximity to the perpetrator, lack of privacy, and limited control of mobile devices. In particular, refugees living in camps share the same caravan with limited space, exacerbating privacy issues. Further women in the camps often do not own a mobile phone and need to use their husband's phone. Those that do call are usually in life threatening

⁸ <https://firebasestorage.googleapis.com/v0/b/ardd-94d08.appspot.com/o/publications%2Ftnxnu9lsgdj.pdf?alt=media&token=fee835d8-bcf6-4615-9b78-0afeb3494083>

situations because of the additional stressors that the curfew has created.⁹ More than half of Jordanians (54%) do not know how to reach service providers in the event of domestic violence during the curfew¹⁰.

3. GBV service delivery during COVID-19: How do we reach survivors of GBV other than by phone?

Although switching to remote service provision has ensured the continuity of services, preliminary analysis of help seeking behaviors showed that there are additional obstacles for women to seek help. Where heightened surveillance by abusers in confinement exists, the issue may not be mobile phone ownership per se or connectivity¹¹ but the ability of a survivor to use their device **to call** support services/hotline or trusted personal support systems.

Emerging field solutions include **adapting existing physical safe spaces for women and girls into GBV phone booth stations** where phone-based case management support can be given. Equipping existing women spaces with a series of private phone booths/stalls where survivors can call GBV case workers, who are on standby at set times, to receive support. This approach may be the most minimally disruptive and cost-effective solution for both providers and survivors. Infection Prevention Control (IPC) protocols including social distancing policies would be enacted with only one staff physically present to help with any technological issues and to ensure hygiene management of the mobile phones in the booth. This solution is reliant on providers having permissions from authorities permitting the service to operate and imposed limitations of movement. In any case, coordinating opening times of the service with times survivors are permitted to be out of their homes will be necessary.¹² Considerations in sharing information should be taken to reach women who are at risk of controlling behavior from the husbands who could deny them access to the services. In Jordan UNFPA has integrated GBV support in clinics where health providers can be the first entry point for a woman to seek help. Jordan River Foundation have conducted Safe referral trainings with frontline workers of other sectors to promote safe referrals. Case management organizations received a training by UNHCR and UNFPA on case management and safety planning for SGBV survivors during COVID-19. Moreover, the Amaali application for safe referral is under revision to add a feature for safe chatting. The SGBV WG has been advocating for the re- opening of community centers/ WGSS as a safe entry point for disclosure.

⁹ Preliminary Analysis of Gender Based Violence trends during COVID-19. GBV IMS Task Force Jordan. 14 April 2020. <https://data2.unhcr.org/en/documents/details/75490>

¹⁰ COVID-19 and family violence in Jordan, The center of strategic studies
<http://jcsc.org/ShowNewsAr.aspx?NewsId=830>

¹¹ Additionally, not all hotlines services are free to dial- making having sufficient phone credit necessary to make such calls.

¹² UNICEF, 2020. "Not just hotlines and mobile phones: GBV Service provision during COVID-19"

4. Scenario planning: Preparedness for gradual resuming of activities in the near future

The COVID 19 containment policy of the Government of Jordan envisages a gradual lifting of restriction measures in Governorates not affected by the epidemic. As a result, on 25th of April community centers, WGSS and primary health centers in those locations started to partially resume work. The SGBV WG recommend the following measures for resuming of GBV activities:



Figure 3 Sterilization of shelters in Azraq camp, UNHCR/UNICEF

1. **Immediately put in place Infection, Prevention and Control (IPC) measures in accordance with standards at all service delivery points.** In line with Government provisions to sanitize spaces and equip Women and Girls Centers or mobile teams with hand-washing stations or hand sanitizers. Clean and disinfect meeting/activity spaces regularly, particularly surfaces that are touched by many people. Increase air flow and ventilation where climate allows (open windows, use fans when available, etc.). Communicate that participants/clients with symptoms, such as, cough, fever, or respiratory problem should not attend the activity and inform those participants of the contact information of health care providers. Ensure adequate distancing in activities so that women and girls can access services without being closer than 2 meters apart, and without large crowds (follow the guidance in your area for limiting numbers). This may include putting a cap on the number of women and girls, marking spaces for mats on the floor/ chairs on the ground.
2. **Communicate openly with women and girls about COVID-19 and any changes or potential changes in your methods of service delivery.** Inform your beneficiaries of the resuming of activities and reopening of safe spaces. Inform them of the risk mitigation measures you put in place. Clearly communicate any variation in time of opening or activity offered. One to one Case management is a lifesaving activity that should be resumed at first, for all the other activities consider Government regulation, space availability and risks for your staff. Since schools are closed women might be accompanied by children, arrange child care avoiding crowding or communicate the absence of it and propose alternative solutions. If you are continuing or suspending remote work by hotline inform beneficiaries and prepare a clear phase out plan. Use different means to disseminate this information and remember to reach people with disabilities with accessible languages. You can find an example of communication materials accessible for people with different disabilities [here](#).
3. **Meet with your team to discuss best options and support to staff. (Caring responsibilities, duty of care)**

It is important that staff are engaged actively in decision-making so that they feel a sense of ownership, control, and connectivity during the rapidly changing crisis and in the aftermath. This is about more than supervision; it is about support. Discuss with staff what more you can do to support them personally, as well as professionally. Check in regularly as the situation evolves. Creating space to ask staff about their concerns, their needs, and their ideas for moving forward. Give time to talk freely, whether about work, or the situation more generally. Do this at every stage of the outbreak, whether in-person or continuing remotely. Communicate also to the staff that the staff with symptoms, such as, cough, fever, or respiratory problem should seek medical attention and stop providing GBV services. Since schools are still closed take into consideration staff caring responsibilities and promote flexible measures for work life balance. The closure of schools and transition to “distance learning” for students has forced many working parents to take on the additional job of teacher. The majority of those facing this burden are women. It is important to recognize the gendered realities of where the responsibility to undertake this additional care work lies and shift management and support accordingly. Take into consideration safe commuting options;

Special Considerations for Case Management

Maintain distance with the survivor during the session, allow time between appointments to clean the space and arrange waiting area with social distancing measures. Arrange if possible for child care during the session, if the service is not available inform women beforehand

Ensure continued safe storage of sensitive documentation. In the event that your offices re open after shut, consider the safest ways to transfer stored documentation without putting anyone at risk. Ensure that your organisation have developed and implemented data protection protocols with paper and electronic file evaluation provisions. Key issues and measures to explore include:

- a. documentation you left in the office was locked and safely stored? Is it possible that someone might have gained unauthorized access? Check all the locks and documents;
- b. If you continue remote support, how will you document cases? Is it safe to store information on phones, tablets, or paper?
- 3. **Ensure case management protocols with staff are updated to transit back to in person service modality.** If you maintain helplines Will you be accepting new calls/clients in addition to following up with current clients? d. How will calls be documented and followed upon? e. Will there be a staff rotation to ensure coverage? f. Will this be safe for staff?

4. Communicate with donors about changing needs

Begin communicating with donors immediately about changes in case management programming and funding needs, including preparations for worst-case scenarios. Request greater flexibility of resources and rapid mechanisms for ensuring you have the resources you need.

5. Document

Lessons learnt and challenges need to be documented and inform preparedness for other emergencies. The process of documenting lessons learnt should be consultative of all staff members and be guided by consultation with beneficiaries, in particular women and girls.

UPDATE (February 2021):

On the **3rd of December, 2020**; to mark the occasion of the 16 Days of Activism against Gender-Based Violence Campaign, the Sexual and Gender-Based Violence Sub-Working Group (SGBV SWG) organized an online technical workshop for GBV practitioners in Jordan on developing safe and innovative ways for GBV survivors to seek help amid and beyond COVID 19 in Jordan looking at the pilots in Jordan and lessons learnt so far. The initiatives reviewed were: **Rukni initiative**; launched in October 2020 by ARDD and UNDP, in addition to two pilots; supported by OCHA Humanitarian funding, which are: **“A Nationwide Response to Innovatively Strengthen and Diversify the Helpline and Online Case Management Services”** piloted by Jordan River Foundation which strengthens the helpline and case management services through expanding JRF hotline to receive texts and audio messages, and **“Protection intervention to support vulnerable and at risk Jordanian and Syrian out of camps population during COVID-19 crises”** by INTERSOS, where women can seek help for GBV services through pharmacies.

An analysis and technical discussion brought to updating the Recommendations as below.

5. Recommendations

The following list of recommendations apply to the situation in Jordan in which the response to COVID-19 severely limits movement outside the household and which in turn increases the barriers for GBV survivors to report cases. The recommendations cover GBV service providers, government, development and humanitarian partners, and the inter-agency coordination mechanisms.

Recommendations for GBV service providers:

- All lifesaving services are operating 24/7 and are accessible for SGBV survivors through phone, online SMS, WhatsApp;
- Piloting and establishing **alternative and innovative safe solutions for women to seek help** other than mobile phones; such as: Phone booths, hotspot box (mailing box) in CBO's, pharmacies or other spaces for women to submit requests for support and help; only the case workers can access the requests. Moreover, establishing mobile GBV clinics with a certain schedule to cover all areas across Jordan.
- Develop an evaluation tool for hotlines where survivors can evaluate the service provided through the hotline after ending the call with the service provider.
- SGBV concerns are integrated within the services of other sectors to mitigate SGBV risks;

- Apply a survivor-centered approach and psychological first aid (PFA) in all services and encourage community members to provide support to SGBV survivors;
- Provide technical support for case managers, helpline workers and front liners on how to communicate with SGBV survivors to ensure high quality of service delivery and self-care, in addition to train case managers on a unified language and method to use when a survivor reaching help lacks of privacy to speak (unified guidelines for case workers)
- Remind all the staff that providing the services is more important than collecting data. SGBV forms like assessment/intake forms, safety plan might be simplified during the emergency. Safe data storage must be in place to continue remote data collection;
- Messages/Nationwide campaign about SGBV risks and services available during lockdown to be disseminated through a variety of sources and in different places ensuring barriers to access to information such as access to internet, visual or other impairments or illiteracy, are adequately addressed. In addition to include messages on the responsibility of community members to act on when they witness an incident of violence.
- Advocate for the gradual resume of one to one case management and reopening of comprehensive women health centers and women and girls safe spaces.
- Follow-up closely on cases identified previously that would be at a higher risk of GBV during the current situation.
- Provide cash for protection to vulnerable households that are not able to cover their basic needs such as rent and food to reduce the risks of SGBV as well as emergency cash for shelter and transportation.
- Distribute dignity kits to women and girls at risk. While Dignity Kits are composed of a variety of non-food items, from sanitary pads to soap, their distribution is a programmatic intervention in which we use a means to communicate essential information on gender-based violence and sexual and reproductive health including how to access life-saving services. Custom kits to the needs of women and girls during COVID, this might include credit for mobile phones and leaflet with information on hotlines available. Coordinate with the SGBV WG to avoid overlap.
- Investing in bridging the digital divide. Provide online/ offline training or recorded training for women on how to use technology to ensure they are able to access online services. (Ex. Zain Initiative by UNFPA).

Recommendations for health care providers:

- Promote health facilities as safe space for disclosure of violence;
- Ensure frontline workers are trained on GBV core concepts and safe referrals including referral pathways in the Amaali application.

Recommendations for the Government of Jordan:

- Provide movement permits and licenses to all GBV service providers;
- Prioritize women headed households in basic needs service provision;

- Create new mechanisms to ensure women receive alimony and other rights financial support on time;
- Continue working on cases related to women's rights through Shari'a and administrative courts;
- Collect gender-disaggregated data including data from the FPD and sharia courts on early marriages to identify trends;
- Pilot Rehabilitation services for perpetrators in the context of Jordan and create guidelines on how to do so without compromising safety of survivors.
- Design couple sessions to raise awareness on forms of violence and counselling sessions available.
- Design community programs for communities to enhance their responsibilities to eliminate violence and take action to violence.

Recommendations for development and humanitarian partners:

- Commit to continuous funding for SGBV activities: COVID Appeal is 2 million x 10 organizations;
- Consult recommendations and advocacy priorities for funding allocations;

Recommendations on inter-agency coordination:

- Strengthen coordination with the Governmental response to GBV
- Conduct GBV rapid assessment in consultation with coordination mechanisms to avoid overlaps
- Advocate for SGBV services as life saving
- Strengthen coordination with cash and livelihood WG
- Activate a pop-up for users to provide feedback after using Amaali Application and also evaluate the videos on the app and based on that to see if to work on developing a more comprehensive informative video on Amaali Application.
- Roll out the GBVIMS+ System for Data Protection in Jordan in Q1 and make the system standard for all.
- Work with journalists to change the flow of GBV stories, to focus more on successful gender justice, in addition to focus on success stories of GBV survivors who sought and received help.



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6. Key messages on GBV during COVID-19:¹³

Target Group	Topic	Message
Community	GBV	If you are harmed or feel threatened, intimidated or harassed (in person or online), do not remain silent. Seek remote confidential support from the toll-free helplines [add helpline/hotline number(s)]. You have the right to receive help and do not have to manage this on your own.
Everyone	GBV	“Listen and Link”: If someone experiences gender-based violence and asks for help, you can be a source of support: “listen” to their problem and “link” them to information about helplines and/or other social support services available in your area. Download Amaali app to find a service closer to you. Remember, it’s not the survivor’s fault.
Everyone	GBV	During times of crisis, some families use negative coping mechanisms such as child marriage or other harmful practices. These are not solutions! Protect every member of your family by saying no to these harmful practices. Don’t feel ashamed to ask for help (INSERT contact and opening hours)
Community leaders	GBV	As a leader in your community you can stop child marriage and other harmful practices from happening in your village. Promote peace among couples and families during the COVID-19 crisis. Guide your people and take action!
Women	GBV	The state of emergency and its precautionary restrictions are not an excuse for violence. Act to keep your community safe and say no to violence.
Community	GBV	Staying at home because of COVID-19 may cause tensions among couples and in households. If you find yourself getting so angry or frustrated that you think a disagreement may turn into a fight with your partner, children or other family members, take a break (pray, meditate, read or do some sports) and talk about the matter later when everyone is less angry. Refrain from taking decisions or talking when you are angry. Violence is never the solution and may harm oneself or another person.
Women in the community	GBV	Women who are experiencing violence may find it helpful to develop a safety plan for their and their children’s safety if violence gets worse. This includes keeping readily accessible important documents, money, any medicine for chronic diseases a few personal things to take with you if you need to leave immediately, numbers of neighbors, friends and family whom you can call for or go to for help and knowledge of

¹³ GBV and MHPSS Awareness Raising Messaging during the Time of COVID-19 - Iraq

		how you might exit the house and access help (e.g. transport, location).
Everyone	MHPSS	Taking care of yourself will benefit your family and is a sign of strength and responsibility. If you feel overwhelmed and tense, seek help from (INSERT contact and opening hours). It is normal to feel out of control and to worry how to provide for your family in this situation.
Everyone	PSEA	Remember that support and assistance are free. No one should ever ask for money, favors, or sex in exchange for assistance. You have the right to report anyone who attempts to exploit or abuse you without any fear of retaliation (INSERT contact and opening hours + reporting modalities for complaints)
Everyone	PSEA	You have the right to be informed about services and assistance being provide in your area, to complain and to report any inappropriate behavior, sexual exploitation or abuse by any humanitarian or development worker, regardless of who they work for. All reporting will be treated safely and confidentially. Reporting will not prevent you from getting assistance or services.
Everyone	GBV	During the lockdown, we tend to spend longer time using the internet and social media platforms which might increase the risk of being subjected to online sexual harassment. If you experience this, remember that you are not to blame; tell someone about what you have experienced or seen, you can also seek confidential support from the toll- free helplines or the cyber-crime unit. Always remember to save logs, screenshots, chats, emails and SMS so you can use it as proof if needed.
Everyone	Gender Equality	During COVID19 crisis, we find it often that we receive jokes in the forms of messages or videos which stereotypes or demeans women on the basis of their gender; helping to reinforce gender stereotypes and normalizing violent behavior against women. If you happen to receive these jokes, please stop this circle and avoid re-sharing. Be an ally and challenge this kind of language and those types of jokes, set a positive example by helping raise awareness about gender stereotyping and violence against women.
Women	Legal	For those having family card, the Supreme Judge Department will cash the adjudged and paid legal alimony through bank transfer on the account of this card. Therefore, the information of this card must be updated to withdraw the legal alimony upon their transfer through the ATM.
Community	Legal	Despite the urgent circumstances, it is imperative to obtain birth and death information from hospitals, to be able to register births and deaths in accordance with the provision of the law regardless of nationality and status.
Community	Legal	The law grants a grace period of one month to report births and deaths formally as such kindly take care of the all relevant official documents issued in this regard.

Community	Legal	Refrain from conducting any marriages at the meantime due to the inability to formally documenting them in the Sharia courts, in order to avoid any financial fines or penalties for any marriage contracts conducted outside the court.
Community	Legal	In case the husband uttered any word to his wife in which he fears divorce happened during family disputes, it is necessary to follow up with Fatwa Department to ensure that the divorce occurred.

7. Useful resources:

National resources:

- **SGBV WG**, Amaali Application- COVID-19:
https://play.google.com/store/apps/details?id=jo.dwt.sgbv&hl=en_US
- **GBVIMS Taskforce**, Preliminary analysis of Gender Based Violence Trends During COVID 19: <https://data2.unhcr.org/en/documents/download/75490>
- **UNWOMEN**, COVID-19 and Gender: Immediate Recommendations for Planning and Response in Jordan
<https://jordan.unwomen.org/en/digital-library/publications/covid19-and-gender-in-jordan>
- **UNFPA, Jordan** Brief COVID 19 Sexual and Reproductive Health and Rights in Times of crisis <https://reliefweb.int/report/jordan/covid-19-sexual-and-reproductive-health-and-rights-times-crisis-jordan-brief-april>
- **ARDD**, Impact of the COVID 19 Pandemic on Women's Access to Justice in Jordan
<https://www.ardd-jo.org/Publications/the-impact-of-the-covid-19-pandemic-on-womens-access>

Global resources:

- **UNICEF's *Not Just Hotlines and Mobile Phones*** which is the resource we mentioned a few times on during the session: <https://www.unicef.org/documents/gender-based-violence-service-provision-during-covid-19>. Please note that the document is also attached to this email.
- **GBVIMS Steering Committee's series of short videos and podcasts on remote GBV case management** in the context of the COVID-19 response: <http://www.gbvims.com/covid-19/>.
- **CP AoR's COVID-19 Resource Folder**. We recommend using the [CP AoR's COVID-19 Resource Menu](#) to take you directly to the resources you are looking for in the Resource Folder.
- **CP Alliance webpage on COVID-19**. Here you can find the [Technical Note](#) on protection children during COVID-19, as well as recordings of their COVID-19 webinar series. Please note that **the webinar on CP case management and COVID-19 held last week should be on the CP Alliance website soon**, so please keep an eye out for it.
- **GBV AoR website**. On their [Tools and Resources page](#), you can filter for COVID-



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19 related documents.

GBV AoR CoP's COVID-19 Resource Folder. You can also access the general GBV AoR CoP's resources [here](#).

- UNFPA, Gender Equality and Addressing Gender-based Violence (GBV) and Coronavirus Disease (COVID 19) Prevention, Protection and Response.
<https://www.unfpa.org/resources/gender-equality-and-addressing-gender-based-violence-gbv-and-coronavirus-disease-covid-19>
- WHO, COVID 19 and VAW: What the Health system can do
<https://www.who.int/reproductivehealth/publications/vaw-covid-19/en/>
- Gendered Implications of COVID-19 Outbreaks in Development and Humanitarian Settings – CARE International Policy Briefing
- Prevention and Response to Sexual and Gender-Based Violence in COVID-19 Quarantine Centres
– ICRC
- Series on Preventing Violence Against Women During the COVID-19 Pandemic – Raising Voices
- Social Distancing? Here's How To Prioritize Self-Care – John Hopkins University
- Care and Connection in Crisis: Feminist Strategy to Confront COVID-19. – Madre
- Happiness Manifestx – Frida
- Self-Care Zine – GBV Prevention Net
- Self-Care and Self-Defense Manual for Feminist Activists– CREA
- Self-Care and Collective Wellbeing Webinar – AWID
- Care for your Coronavirus Anxiety – Shine
- UNHCR, Inter-Agency - GBV Case Management Guidance during COVID 19 General Mobilization
<https://reliefweb.int/report/lebanon/lebanon-inter-agency-gbv-case-management-guidance-during-covid-19-general>