



Annex I

Complete Rapid Needs Assessment of SRH and GBV holistic response in Karak, Ma'an and Aqaba

Date(s) of assessment

18-01-2015 to 28-01-2015

Assessment methodology

Rapid Needs Assessment conducted through 3 field visits to Ma'an, Aqaba and Karak to local CBOs (some of them already working on community services programs with the support of UNHCR), INGOs and government officers in charge of refugee issues in the three Governorates, to quickly identify the health needs and priorities of vulnerable Jordanian and refugee women, girls, boys and men (WGBM) in the selected locations, in relation to Sexual and Reproductive Health services and GBV holistic response.

We conducted semi structured interviews with key informants: 10 in Ma'an (1 Government official charged of refugee affairs, 3 members of CBOs and 1 member of IRD, 5 Syrian refugee young women members of a community association); 5 in Aqaba (2 Government officials charged of refugee affairs, 1 member of Noor Al Hussein Foundation, 1 member of Princess Basma Center, 1 member of the Jordan Red Crescent), and 9 in Karak (the Director of the Community Development Center of JOHUD, 2 staff of IRD, and 6 members of the Jordanian-Syrian Community Committee for Refugee issues).

In order to better understand the humanitarian response to this issues we also had meetings in Amman with UN agencies (UNHCR, UNICEF, UNFPA), INGOs (IMC, IRD) and NGOs (JOHUD and IFH). In particular we met with the SGBV sub working group, the Child Protection sub working group and the Early Marriage Task Force (within the national Protection Cluster) and the Protection Office for the South of Jordan, to whom we presented our proposal. They provided positive feedback and insight in relation to the needs in the South and the relevance of the project.

Problems identified:

1. There is a lack of specialized, free and/or permanent Sexual and Reproductive Health services and holistic GBV response provided to vulnerable populations according to minimum international standards. Survivors would have to access the Emergency Room in the public hospitals where they will have to pay a fee and will be treated by the doctors on duty with no consideration of gender. Staff working at the governorates offices in Ma'an and Aqaba confirmed that medical staff at the public hospital did not receive specialized training on GBV response (including the procedures to respect the privacy of the identity of the survivors) and that they most likely do not have skills to engage survivors of GBV confidentially and according to international standards. All the informants stated that no survivor of GBV would access the public hospital for medical care for fear that her case will be reported to her/his family and they will have to face even harder consequences within their communities.

2. The services currently provided do not follow key Gender-Based Violence Guiding Principles¹.
3. The social and cultural context in the southern region is deeply conservative in terms of social relations and enforces practices that have a negative impact on gender equality. Communities tend to impose harder rules and sanctions on women and girls according to social, cultural and religious standards that link the reputation of the family and the honor of its members to the strict respect of gender roles and related acceptable behavior of women and girls. The impacts of a crisis like the Syrian war, the destabilization of social mechanisms, the discrimination, the increased difficulties to ensure the family's wellbeing by the means usually at hand, all have created an environment where women and girls must remain increasingly confined to the private space of the house in order for the male of the family to fulfill their gender role of protector and provider of the family. All locations have reported an increased enforcement of certain practices like the use of hijab and haram or the complete dress for women and girls, increased pressure on women and girls to stay at home and not develop activities in the public space.
4. All locations reported an increase in GBV incidents, but at the same time a low level of survivors trying to access the non-specialized services available and/or denounce. Cases of sexual violence including rape, domestic violence, physical violence, psychological violence and abuse, early marriage and its negative consequences, forced marriage, sexual exploitation, denial of access to medical services, mendacity, etc., were identified by the informants indicating that there are no in situ confidential and free services available for the population to face these situations.
4. Social and economic conditions for refugees are becoming harder due to the lack of humanitarian funding. Key humanitarian programs have had to reduce their contribution to refugees economic stability through cash assistance or vouchers and now refugees have to pay a percentage of education and health services provided by the Jordanian Government. There is a strict prohibition for refugees to work without a permit which implies a long bureaucratic process and has costs. This situation forces refugee men in the region to work illegally to be able to provide for their families as it is culturally and socially expected, most of them in agricultural activities in rural areas in the Governorates. In this context, most refugee women and girls are left alone in the cities, they have no sources of income of their own and depend of their male relatives for it. Their access to public space was already limited by conservative traditions brought from rural Syria and now it is even more restricted by the longer absences of male relatives and the families, including enforcing the use of hijab and even haram (face veil) as we have seen more often in the South of Jordan. Most refugee women have no skills developed to successfully enter the workforce in the urban areas.
5. There is a particularly increased concern among informants on issues as domestic violence, early marriage and negative coping mechanisms. The high negative impacts of economical, social, and psychological instability particularly among refugee families are reported as the main stressors of domestic violence and the main reasons behind a higher rate of early marriages that remain unregistered and therefore increase the dependence and vulnerability of the young wives and their children. The large number of vulnerable female headed households struggling to provide for their

1 These key principles include the following:

- ° The safety and security of the victim is of primary importance;

- ° The wishes, rights, and dignity of the victim must be respected at all times;

- ° All information regarding the victim and her/his family must be kept confidential and will only be shared with those who need to know, with the explicit consent of the victim. Those with whom the information might be shared include:

- Police;

- Hospitals;

- Officers of agencies with a protection mandate (e.g., the UNHCR or UNICEF) or otherwise involved in addressing the needs of victims;

- Agencies working in the area of GBV;

- Ministry of social welfare.

- ° Confidentiality means that information is kept private between consenting individuals. Information can be shared only with others who need to know in order to provide assistance and intervention with the consent of the survivor.

- ° Consent is a mutual agreement. Informed consent means making an informed choice freely and voluntarily by persons in an equal power relationship. Acts of GBV occur without consent. Children (persons under age 18) are deemed unable to give informed consent for acts such as female genital mutilation, marriage, and sexual relations.

- ° GBV is a violation of an individual's basic human rights.

- ° Cultural practices that are harmful to women should be approached and challenged with respect, sensitivity, and care.

<http://www.unhcr.org/4371faad2.pdf>

family's needs are the main pool of cases of negative coping mechanisms including sexual exploitation. Vulnerable women and girls, especially refugees seem particularly disempowered vis a vis GBV issues and unable to access secure and confidential help, including medical care. Social consequences for women and girls in case it is known they sought external support are highly negative, seriously impacting their human rights and their ability to face the situation from an empowered perspective. Survivors are most likely willing to hide the issue and stay at home, even without informing their families.

6. Early marriage is a subject of concern for the organizations interviewed. The legal age to marry in Jordan is 18 years old and in some special cases the Sharia Court can grant a permission for people as young as 16 years old to marry, but it is not usual. Therefore, all the marriages of younger people and/or conducted without permission are illegal and imply a substantial fine for the groom, the bride and the witnesses. On this basis, early marriages are kept in secret by the families and are difficult to identify and place the young wife and her children in a very vulnerable situation of economical and social dependence of the husband where she is more likely unable to defend herself. These girls are likely to drop out of school and will not access medical care in case of pregnancy despite the high risks for the mother's and the baby's health, that include death, pregnancy and delivery medical complications and including severe malformations and sequels for the baby and the young mother.

Needs identified:

In Ma'an:

Informants: Ma'an Orphan Association, community committee of Jordanian and refugee volunteers, IRD, Saudi International Relief, UNHCR and the Office in Charge of Refugee Affairs at the Governorate. They identified:

- There are not so many cases of second or more marriages but there is a very high rate of divorce among Jordanian vulnerable families, preceded by domestic violence, psychological problems, drug abuse, etc. This produces a number of new female headed households who struggle to cope with their financial crisis and request emergency assistance.
- CBOs have identified 150 Syrian refugee women head of household who are in an extremely vulnerable situation and have a manifested need of psychosocial and economical support. They lack a source of income and no means to respond to their family needs, which makes them an extremely vulnerable group to exploitation, abuse, violence and resort to negative coping mechanisms for survival.
- Early marriage is a subject of concern for the organizations interviewed. CBOs have already identified 30 cases of early marriage among men around 30-35 years old and girls as young as 12 years old. These girls are likely to drop out of school and will not access medical care in case of pregnancy.
- There are no specialized GBV services provided currently in Ma'an's public hospital in a permanent way. Any survivor seeking medical assistance would have to go to the ER at the public hospital where the staff have no specialized medical training nor sensitization (she would be seen by an intern). Considering the social consequences for a survivor if her family becomes aware of the incident or that she came forward asking for help, the risk that confidentiality will not be respected or that the Police Department for Family (PDF) will be involved (and open a case which implies questioning the perpetrator who could be a family member) is too high and would have extremely negative consequences for the survivor so they prefer not to access the system available and deal with the incidents by themselves. There are no specialized GBV services for adolescent girls that take in consideration cultural and social sensitivities. The informants indicated the strong need for GBV services delivered through a stable structure that will allow to develop trust and strong relationships with the community in order for the survivors to develop trust on the respect of confidentiality, feel safe to come forward and access medical or psychosocial assistance. They indicate the need for a safe center for women

and girls within the vulnerable community where they can come for a variety of training and capacity development activities and also to request GBV specialized services in a discrete manner.

- An ad hoc and not permanent referral system is in place funded by USAID (but the informants were unable to indicate who is the implementing organization) operated based on 8 volunteers who conduct home visits to identify potential cases among vulnerable Jordanian and refugee families. The informant's indicated that in order to report an assault the survivor must know any of the volunteers to be able to contact them since there is no advertisement of services and no office to go to. If a GBV case requiring medical intervention is identified through an interview, they will refer the survivor to a doctor subscribed to the project (of whom they are unable to indicate if has been trained specifically to treat survivors of GBV) but no other systems of support are in place for them.
- The Governorate indicated that Ma'an Hospital staff does not have specialized staff trained on GBV response standards and lack sensitization to deal with SGBV cases according to international standards. Therefore, as also indicated by the CBO informants, they most likely do not place the interest of the survivor at the center of their response, but the accomplishment of legal procedures (filing a report, questioning the survivor, denouncing, opening an investigation, etc.). The Governorate indicated that the public hospital staff will be more than interested in receiving specialized training on GBV holistic response. In the same sense, the Family Police Department (PDF) in charge of the investigation and legal aspects of sexual offences would also be interested and benefit from specialized medical and psychosocial trainings, and on international standards for GBV response.
- The Governorate is not aware of statistics on GBV (sexual violence, domestic violence, etc.) because they do not receive public denunciations and the informant indicates the police is not likely to intervene unless called by the family of the survivor (which will make it a very public issue and even more difficult to handle within the community), therefore these matters are mostly solved by the individuals themselves. This indicates an extreme vulnerability for survivors who want to seek treatment and/or denounce despite the refusal of their families but also the risk of higher violence against them by their family and the family of the perpetrator.
- The informants highlight the increased economic vulnerability of refugees who have to pay high sums for rent (now it is the double amount than just 2 years ago), and now are also expected to pay a percentage of medical services and education provided by public institutions. All public services in the Governorate are stretched.

In Aqaba:

informants: Office in Charge of Refugee Affairs at the Governorate, the Noor Al Hussein Foundation, the Jordan Red Crescent. They indicated:

- There are no free medical services available for women's health (except for delivery and C-section). Princess Haya Bint Al-Hussein Military Hospital founded in 1977 is the only public hospital in the district of Aqaba and informants say they would treat GBV survivors through the ER since there is no specialized staff nor a specialized unit. The staff is not dedicated, they rotate and there is no guaranty that the information is kept confidential. There are Health Centers in some of the villages around Aqaba for the rural population but they are basic and have no specialized training for GBV cases. They estimate 60% to 80% of families to have at least once incident of domestic violence and state there are cases of early marriage that are also kept in secret due to the reasons stated above.
- They have identified the need for a safe space for women and handicap people within the community, where they can access psychosocial, protection and social services.
- The Governorate is a partner of UNHCR and together with IRD they support a community

committee of Jordanian and refugee volunteers who conduct community strengthening activities (entertainment and education workshops) for the most vulnerable Jordanian and refugee population, 80% of their beneficiaries are women and children. They support refugees in formal procedures at the Governorate offices, provide technical and skills training (IT, personal care and beauty, languages, homework support, medical emergencies, nutrition). They have no services focused on survivors of GBV.

- Through their work local CBOs have identified cases of GBV but have no system to support them therefore they do not intervene. They have also identified cases of early marriage but are unable to respond due to secrecy within the family and risk of domestic violence and also due to lack of a support system to offer to the women and girls in need.
- A government organization called Center for Saving the Family offers family health services but according to the informant, they are not specific for GBV survivors. Also, local organizations indicate that it would be unlikely for survivors of GBV to request services in a governmental institution out of fear of the possible consequences.
- The Governorate states that women committees have received different workshops to develop soft skills for vulnerable women in the Governorate but there is no continuity since the trainers then leave and there is no follow up.
- They strongly indicate the need for a safe center for survivors of GBV that is well integrated in the community where women and girls can come for a variety of stimulating activities but where also they have available all GBV related services in a discrete way. Specially the possibility to access psychosocial services from permanent staff in the community with whom they might develop confidence in time. All these activities must be conducted discretely to avoid rejection from the community, specially in rural areas where traditions are much more conservative, i.e. local organizations have identified an increasing number of refugee women who start to wear the haram (face cover) because of the pressure from their families as per what they say.
- CBOs have identified an increasing number of vulnerable Syrian women begging in the streets of Aqaba with their children. They claim to be Syrian refugees and have no access to humanitarian aid. They have also identified

In Karak:

informants: Jordan Hashemite Fund for Human Development, IRD, UNHCR, community committee of Jordanian and refugee volunteers. They indicated:

- The Prince Ali Bin Al-Hussein Military Hospital, the Karak Hospital and the Ghor Al Safi Hospitals do not have specialized units to provide medical care to survivors of GBV according to international standards. They would treat the survivors through their Emergency Rooms and refugees would have to pay a fee as of 2015. They do not have psychological staff trained to deal with survivors of violence despite the high rate of refugees currently living in Karak Governorate (more than 4,000 families in urban and rural areas according to JOHUD). UNHCR in partnership with Jordan Health Aid (JHAS) has referred some GBV cases to medical care but it is an ad hoc system that requires mainly that the survivor contacts the UNHCR Help Line by phone and it seems not likely for a survivor under strict control of his/her family.
- Local organizations have identified within the vulnerable population an increase in cases of domestic violence, sexual violence and sexual harassment in schools and at the University, more frequent cases of early marriage among Syrian refugees. They have also noticed more cases of drug abuse. In rural areas of the Jordan Valley, they have documented an alarmingly increasing number of 300 cases of sexual violence against women working as agricultural workers who are assaulted while in the fields. As in some cases the alleged perpetrators are foreign migrant workers, the victims seemed to be more willing to denounce the cases to the police. However, the seasonal migrant nature of the agricultural workers makes it very difficult to achieve clear

legal results.

- Issues related to GBV will be difficult to work with in the vulnerable communities, considering the sensibility of the issue but also the possible impact in the delicate balance of tribal relations in the Governorate.
- The community committee of Jordanian and refugee volunteers has identified cases of child labor in rural areas in agricultural and building activities, specially for the boys who are sent to work without the protection of any adult and are very vulnerable to different forms of violence.
- Due to the fact that the main economic activities in the governorate are agriculture, most refugee men and boys migrate during the year leaving the women, girls and younger children at home in urban areas. These “seasonal” female headed households face the same risks as described before, with limited economic security and probably no sources of income for the women in the family, lack of resources to access health and education for the children, very vulnerable to negative coping mechanisms and exploitation.
- The four main issues of concern for local organizations are: formalization of their documents (asylum certificate and bail out), emergency assistance (NFIs, coupons, etc), access to health, and early marriage cases.
- There is also a lack of adapted services for handicap refugees.
- The relations between the local vulnerable communities and the refugees are tense due to the lack of support perceived by Jordanians to their needs while refugees get most of the humanitarian aid.

In general, the following public hospitals require specialized training to treat refugee and vulnerable Jordanian GBV survivors within international standards:

Name of Hospitals

Royal Medical Services

Princess Haya Al-Hussein Military Hospital - Aqaba

Prince Ali Bin Al Hussein Military Hospital - Karak

Ministry of Health

Karak Hospital - Karak

Ghor Safi Hospital - Ghor Safi/Karak

Maan Hospital - Ma'an

Queen Rania Al-Abdullah II Children's Hospital - Ma'an

Risks identified:

- Lack of understanding/misscommunication of the objectives of the project
- Cultural/religious resistance in a conservative context
- Disengagement of the local partners
- Extreme vulnerability of Syrian women head of household that exposes them to negative coping mechanisms.
- High sensibility to criticism of accepted practices as early marriage and domestic violence
- Increased difficulties for men and boys survivors of GBV to access care due to highly conservative and male predominant society.
- Lack of safe spaces for women and girls
- Increased economic vulnerability for refugees.

- Tribal disputes
- Unrest in the region