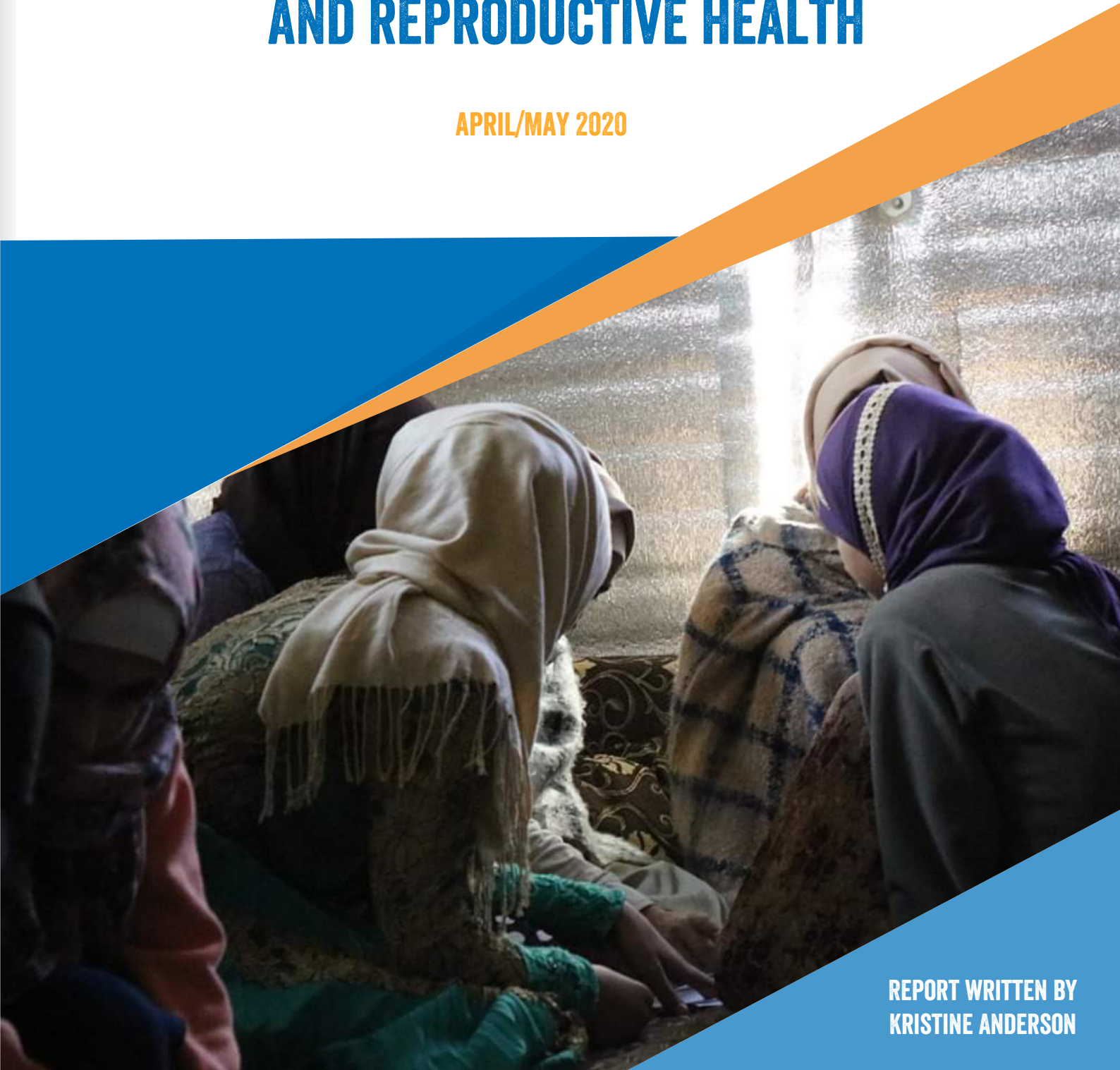


DARING TO ASK, LISTEN, AND ACT: A SNAPSHOT OF THE IMPACTS OF COVID-19 ON WOMEN AND GIRLS' RIGHTS AND SEXUAL AND REPRODUCTIVE HEALTH

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ACRONYMS

CMR	Clinical Management of Rape
FGD	Focus Group Discussion
GBV	Gender-based Violence
GBV IMS	Gender Based Violence Information Management System
IFH	Institute for Family Health
IGA	Income-generating activities
IPV	Intimate partner Violence
KII	Key information Interview
MoH	Ministry of Health
PSS	Psychosocial support
PwD	Person with a disability
SRH	Sexual and Reproductive Health
STI	Sexually transmitted infection
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
WGSS	Women and girls' safe space
WHO	World Health Organization

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EXECUTIVE SUMMARY

The unprecedented COVID-19 pandemic is drastically changing the way that millions of women, men, girls and boys around the world lead their lives. Jordan, a country hosting more than 700 000 refugees in a troubled region, has like most other countries in the world been deeply affected by the shock of COVID-19 to its economy and social system. Previous infectious disease outbreaks have shown us that pandemics can bring about or worsen humanitarian emergencies and amplify the risks that women and girls will face gender-based violence (GBV) and circumscribe sexual and reproductive health (SRH) rights and services.

In April 2020, the UNFPA Jordan country program in coordination with Plan International and the Institute for Family Health (IFH)/Noor Al Hussein Foundation commissioned a rapid assessment of the COVID-19 situation in Jordan. The overall purpose of this rapid assessment is to measure the impact of COVID-19 on gender-based violence and sexual and reproductive health and rights among adolescent girls (defined as girls ages(10-17) and young women aged (18-24) in Jordan, including persons with disabilities (PwD).

THESE FINDINGS FROM THIS STUDY ARE DERIVED FROM A COMBINATION OF QUANTITATIVE AND QUALITATIVE METHODS WITH ABOUT 400 RESPONDENTS INCLUDING:

1. 360 remote and telephone surveys targeting adolescent and adult men and women in Irbid, Karak, Amman governorates and Azraq and Za'atari refugee camps;
2. 28 key informant interviews (KII) with GBV and SRH service providers, youth educators, and members of the government; and
3. Two focus group discussions (FGD) with women and girls from the refugee and Jordanian population;

A review of literature on the gendered dimensions of infectious disease outbreaks, with a particular focus on the impacts of pandemics on gender-based violence and sexual and reproductive health, was conducted to inform the analysis and contextualize the findings of this assessment.

THE MOST IMPORTANT KEY FINDINGS OF THIS ASSESSMENT ARE:

- **Women, girls, men, and boys across all age groups are feeling greater stress and anxiety due to the pandemic:** Women, girls, men, and boys in the survey are experiencing more worry and stress due to the pandemic and the measures taken by the government to limit the spread of the virus. 71 per cent of all respondents experience worry related to the pandemic, while adult women in particular reported high levels of worry at 78 per cent. Syrians generally reported higher levels of worry than Jordanians by around 10 per cent, while the refugees of other nationalities (Sudanese, Egyptian, and Gazan) reported very high levels of stress. Palestinians reported the lowest level of concern about the pandemic. Respondents are most concerned about the prospect of a family member being infected with the virus and their own risk of infection.
- **Women, girls, men, and boys are worried about the economic consequences and have limited access to income-generating activities and material assistance:** 86 percent of all respondents believe that the pandemic will threaten economic security and potentially lead to more poverty, and only 55 per cent of women and 58 per cent of men reported that they are able to meet their family's basic needs during the curfew. Women and girls are far less likely to be able to access IGA and material assistance across the age groups than men and boys, reporting 50 percent or less

Access than male counterparts. For example, only seven per cent of adolescent girls reported accessing IGA or material assistance in comparison to 24 percent of boys of the same age. Women and girls' inhibited access to this vital assistance in comparison to men and boys renders them especially vulnerable to dependency on their family, partners, and/or aid agencies, in turn intensifying the risk they will experience exploitation or denial of resources. Given the high level of anxiety reported by respondents on the economic impacts of the pandemic, it is important to ensure assistance for all groups, but to be especially conscious of the current inequalities experienced by women and girls in relation to this risk of sexual exploitation.

- **Adolescent girls and boys fear their education is compromised by the pandemic:** 88 percent of adolescent girls and boys shared that they are pursuing a form of remote learning; Jordanian boys and girls report higher levels of remote learning than Syrians, while the small number of refugees from other nationalities reported high levels of access, while Palestinians came in at 50 per cent. Boys and girls are contending with the frustrations and challenges, including non-optimal network and Internet connection and difficulties adapting to the new mode of learning. Adolescent girls in the FGD reported stress related to their inability to go to school as this is a positive experience and expressed concern that these educational changes will negatively impact their futures.
- **Adolescent girls bear higher household burdens and have fewer positive outlets:** 55 percent of adolescent girls reported that they and their peers are doing more household chores with the pandemic and the lockdown measures. Girls are also disproportionately taking on care of younger children in the household and helping them with their studies, leaving less time for themselves. Girls also lamented their inability to go out and meet their friends and attend school and express distress over the uncertainty of the future. When asked where they can go to express their concerns about COVID-19 and ask for information and assistance, nearly half of girls named their family or their spouses, suggesting that many girls lack such an outlet in which they have a high level of trust outside of the family setting.
- **Gender-based Violence—particularly domestic violence— has increased since the pandemic:** A majority 69 percent of all survey respondents as well as key informants and women and girls in FGDs agree that GBV has increased since the beginning of the pandemic. Emotional and physical abuse—often perpetrated by an intimate partner or member of the family—were named as the most common types of GBV. This bears out the large number of anecdotal reports of increased violence against women and girls, despite the fact that the number of cases registered in the GBVIMS has gone down during the same period. This points to the idea that help-seeking behaviors have gone down at the same time that GBV has increased. Shame, stigmatization of victims, and social pressure continue to be hard barriers to reporting violence, and the restrictions on movement are an additional obstacle.
- **Accessing GBV and SRH services has become more difficult since the pandemic:** Women and girls agree that obtaining GBV and SRH services prior to the pandemic was less difficult than during the lockdown. Some women and girls also report having used virtual SRH and GBV services, though there are age differences as a greater percentage adolescent girls from 10-17(48 percent) had accessed a virtual service than young women from 18 to 24 (38 percent) and adult women from (25 to 23) 49 percent), suggesting that virtual services are more accessible to adolescent girls. Women and girls who had taken part in virtual services generally received these well and said the service made them feel better, though KIIs with service providers stated that virtual services are not a true replacement for in-person services.

- **Access to SRH services has been hindered:** Women and girl survey respondents reported having less information on how they can access SRH services during the lockdown than prior by at least 10 percent across the age groups surveyed. Common contraception methods in Jordan such as pills and condoms continue to be available in pharmacies, though the survey data shows that access to family planning counselling has been negatively impacted, with an increase of 10-20 per cent in the number of women who are not at all able to access family planning.
- **Service providers working with women, girls, and youth are feeling the stress but showing adaptability:** Service providers working in GBV response, SRH, and programs for youth have made valiant efforts to transition their services following this shock, and many organizations feel that they have adapted well. Service providers themselves are coping with a high level of stress and pressure and are also affected by the uncertainty of the pandemic.

The COVID -19 pandemic and the restrictions have led to greater uncertainty, stress, and health and psychological risks for women and girls, many of whom already faced the challenges of entrenched gender inequality and discrimination. For women and girls who have endured displacement and other stresses in the past, the pandemic has brought with it a further loss of control: adolescent girls are worried about their future ambitions as their mobility, ability to go to school, and social connections have been turned upside down in a short period of time., and they. This loss of mobility and personal power places them at risk to fall under the greater control of men and boys and others who make decisions for them. As SRH services and products are curtailed, women and girls also risk losing control over their bodies, a reality that is not only very scary for girls and young people, but which in turn equates a loss of control and agency over their lives and futures. In short, the rights of women, girls, and young people are profoundly threatened by the pandemic, and there is a need for concerted, assertive action on the part of the UN, civil society, the government, and donors to ensure the protection and empowerment of women and girls in Jordan.

INTRODUCTION AND JUSTIFICATION

The unprecedented COVID-19 pandemic is drastically changing the way that millions of women, men, girls and boys around the world lead their lives. Previous infectious disease outbreaks have shown us that pandemics can incite humanitarian emergencies and further entrench inequalities between women and men, thus amplifying the risks that women and girls will face gender-based violence (GBV). COVID-19 is no different, and numerous anecdotal reports have emerged from countries around the world including facing lockdown of women and girls contending with intimate partner violence and sexual violence.¹ This trend has been alarming in the Middle East, where women's groups have documented worrisome increases in violence against women and children.² Additionally, during pandemics essential sexual and reproductive health (SRH) services are circumscribed or interrupted due to movement restrictions, and existing quality and access concerns are often exacerbated.³

The COVID-19 pandemic is likewise a harsh test for global economic, political, and social systems, particularly in countries already grappling with conflict or instability. The Hashemite Kingdom of Jordan has weathered successive stresses in a troubled region, hosting the second largest number of refugees per capita globally.⁴ A deeply patriarchal society, violence against women and girls is endemic in Jordan, with over 25 percent of married Jordanian women between 15 and 49 have experienced a form of violence perpetrated by their partners: problematically, nearly one half of women and more than two thirds of men consider domestic violence to be justified in certain circumstances.⁵ Refugee women and girls face the additional risks brought on by the hardships of displacement. Added to an environment in which gender-based violence is widespread and normalized, the shock of the COVID-19 crisis and the ensuing economic, political, and social fallout may thus have a potentially devastating impact on the health and well-being of many women and girls in Jordan.

In April 2020, the UNFPA Jordan in coordination with Plan International and the Institute for Family Health (IFH)/Noor Al Hussein Foundation commissioned a rapid assessment of the COVID-19 situation in Jordan. The overall purpose of this rapid assessment is to measure the impact of COVID-19 on gender-based violence and sexual and reproductive health and rights among adolescent girls (defined as girls ages 10-17) and young women (aged 24-18) in Jordan, including people with disabilities (PwDs). The main objectives of the assessment are:



¹ See, for example, "Domestic violence has increased during coronavirus lockdowns," The Economist, 22 April 2020, <https://www.economist.com/graphic-detail/22/04/2020/domestic-violence-has-increased-during-coronavirus-lockdowns>.

² In Turkey, 14 women were murdered in their homes during a three-week period in March, while in Lebanon there has been an increase of 110 percent in calls to a domestic violence hotline run by the Internal Security Forces. See Ragip Soyly, "Coronavirus: Fourteen women murdered in Turkish homes since lockdown," Middle East Eye, 2 April 2020, <https://www.middleeasteye.net/news/coronavirus-women-murder-turkey-increase-domestic>; "Women, children face increased risk of abuse during Mideast lockdowns," Al-Monitor, 24 April 2020, <https://www.al-monitor.com/pulse/originals/04/2020/women-children-iran-imprisoned-lockdown-covid19-coronavirus.ac.html>.

³ UNFPA COVID-19 Sexual and Reproductive Health and Rights I Time of Crisis, Jordan brief, April 2020, <https://reliefweb.int/sites/reliefweb.int/files/resources/75776.pdf>.

⁴ UNHCR Jordan Factsheet, June 2019, <https://reliefweb.int/report/jordan/unhcr-jordan-factsheet-june-2019>.

⁵ Review of Health, Justice and Police, and Social Essential Services for Women and Girls victims/survivors of Violence in the Arab States: Jordan, UNFPA Arab States Regional Office, December 2018, page 5.

1. Assess the extent to which the COVID-19 outbreak affects adolescent girls and young women, both Jordanians, Syrians and other refugees, in refugee camps and host communities;
2. Identify main obstacles for young women and girls to seek help and provide a snapshot of available SRH and GBV services during the COVID-19 crisis;
3. Identify areas of potential collaboration on GBV and SRHR interventions with organizations responding to the rapidly escalating COVID-19 pandemic;
4. Draw on lessons learned and experiences from the COVID-19 current response to provide recommendations for decision-making at the programmatic level including the identification of appropriate channels of communication and preferred modality of virtual tools, as well as the advocacy level.

This study consulted with women, men, girls, and boys of different age groups and status using an intersectionality approach to research. Nevertheless it places a strategic focus on adolescent girls and young women for several reasons: 40 per cent of the population of Jordan is under 18, half of whom are girls.⁶ Just as importantly, adolescent girls face differential risks related to GBV and access to SRH compared to other sub-groups of the population, risks that are compounded during crises.⁷

This assessment report begins with a description of the methodology used for the assessment. We then move onto a review of literature on the gendered dimensions of infectious disease outbreaks, with a particular focus on the impact of pandemics on the experience of gender-based violence and sexual and reproductive health rights of women and girls. We then present the findings related to how women and girls are experiencing gender-based violence and accessing sexual and reproductive health services as a result of the pandemic. The report then considers the experiences and perspectives of GBV and SRH providers, including how they have adapted services in line with COVID-19-related restrictions, the challenges they face, and how they are coping with the stresses of being on the front line of this crisis in Jordan. The report closes with policy and programmatic recommendations.

METHODOLOGY

These findings from this assessment are derived from a combination of quantitative and qualitative tools including phone surveys targeting adolescent and adult men and women, key informant interviews (KII) with service providers, and focus group discussions (FGD) with women and girls. UNFPA, Plan and IFH elected to use mixed methods in an effort to obtain a snapshot of GBV and SRH experiences across regions, age groups, and nationality and disability status through the survey, while adding texture, contextualization, and nuance with the qualitative data. Data collection sought to reach people living and working in the towns of Irbid, Karak, Amman, and the two refugee camps of Za'atari (in Mafraq Governorate) and Azraq (in Zarqa Governorate). The research involved 397 participants in total (40 % male, 60% female); age and sex disaggregation of the survey participants is available in Table 2.



⁶ Jordan GBV IMS Task Force Annual Report 2019, Protection Cluster of Jordan, UNFPA and UNHCR, 1 March 2020, <https://reliefweb.int/report/jordan/jordan-gbv-ims-task-force-annual-report-2019>. Demographic numbers from page 9.

⁷ Sarah Martin and Kristine Anderson, "Listen, Engage, and Empower: A strategy to address the needs of adolescent girls in the Whole of Syria," UNFPA 2017, https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/wos_adolescentgirlstrategy.pdf.

Table 1 below summarizes the different tools, participant types, and the number of interviews carried out.

TABLE 1: DESCRIPTION OF DATA SOURCES

Data Collection Tool	Target Participant/s	Total Number Carried Out
Survey	Closed survey conducted either via phone by trained enumerators, or by participants themselves through a link sent to their smartphone. Participants were chosen through purposive sampling, based on a list of beneficiaries provided by the data collecting organizations, and distributed geographically across the five locations.	360 <ul style="list-style-type: none"> • 85 girls from 10-17 • 123 women from 18 to 49 • 55 boys from 10-17 • 97 men from 18 to 49
KII	SRH service providers, including program managers, doctors, nurses, midwives, and community health workers	14
	GBV service providers, including those at managerial and at community/case manager level and members of the national women’s machinery in Jordan.	10
	Youth Educators working at community level	4
FGD	<ul style="list-style-type: none"> • Four adult women: Two Syrian, one Jordanian, and one Sudanese, aged 25-40. • Five adolescent girls: Two Jordanian, two Syrian, and one Iraqi residing in Amman, aged 15-19, 	9 people in 2 FGDs

Through the survey, the participating organizations sought a distribution of age and gender groups across the five locations for data location. Table 2 below presents the precise distribution and demographic profile of the survey respondents.

TABLE 2: SURVEY RESPONDENTS BY GOVERNORATE AND GENDER

Governorate	Irbid	Karak	Amman	Azraq Camp	Za'atari Camp	Total
Number of Female Respondents	35	35	49	43	46	208
10-13	5	5	6	5	6	27
14-17	12	5	13	14	14	58
18-24	13	20	22	21	20	96
25-49	5	5	8	3	6	27
Number of Male Respondents	19	32	34	37	30	152
10-13	2	10	3	14	2	31
14-17	3	4	7	3	7	24
18-24	6	13	19	15	15	68
25-49	8	5	5	5	6	29
Total	54	67	83	80	76	360

TABLE 3: SURVEY RESPONDENTS BY NATIONALITY AND GENDER

Nationalities	Female	Male	Grand Total
Other	5	4	9
Jordanian	88	56	144
Syrian	109	88	197
Palestinian	6	4	10
Grand Total	208	152	360

The other nationalities interviewed included four Egyptians, three Iraqis, one Sudanese, and one person describing themselves as from Gaza.

The data collection was carried out by technical staff from UNFPA Jordan in collaboration with Plan International Jordan and the Institute for Family Health (IFH)/ Noor Al Hussein Foundation. A team of male and female enumerators was trained virtually on the survey collection methods, how to obtain informed consent, and how to explain questions that may be difficult for participants to understand; all FGD and surveys on girls and women were conducted by female enumerators, while men and boys were primarily interviewed by men, with some female enumerators. The Kobo application was used to collect survey data, while FGDs were recorded through WhatsApp or Skype and then summarized in written documents for coding. All data was collected during the final two weeks of April 2020; during the majority of the data collection, a strict curfew was in place and clinics and women and girls' safe spaces (WGSS) were closed. Starting from 26 April restrictions were gradually lifted making way for the reopening of service centers, albeit following strict hygiene protocols.

Following data collection, the raw survey results were downloaded from Kobo into an Excel file for quantitative analysis, looking at variables according to gender and age lines, and whenever possible paying attention to the diversity markers of disability and marital status among adolescent girl participants. Qualitative data (FGD and KII) was recorded and summarized in written form to identify common themes and codes that help to contextualize and provide more nuance to the findings from the surveys.

CHALLENGES AND LIMITATIONS

Due to movement restrictions related to COVID-19, all data had to be collected remotely and was therefore dependent on respondents having access to Internet, telephones, or other devices enabling remote communication. Unreliable Internet and network connections were in some instances problematic. Focus group discussions with women and girls are the preferred method for rapid assessments on the very sensitive subject matter of GBV and SRH, and the inability to hold a number of in-person FGD in a safe and private location proved a challenge. Additionally, the data collection period coincided with school examinations during which many youth and parents would be occupied with their studies, as well as with the beginning of the Islamic month of Ramadan during which participants are often fasting during the day and working hours are shortened.

Survey and FGD participants were chosen through purposive sampling, which can potentially bias the results as women and girls who are already in some way known by or in touch with NGOs are more likely to report awareness of services and help-seeking behaviors than persons selected through probability sampling who may not necessarily have an affiliation to an NGO. Importantly, SRH and GBV are sensitive topics in any culture and while the questions were worded carefully in Arabic to avoid references to personal experiences of violence, shyness is expected, and some participants preferred not to speak openly on these topics. It is likewise important to acknowledge that data collection carried out virtually or over the phone brings with it the risk of potentially compromising the confidentiality of respondents who do not have full privacy to speak freely within their homes due to the presence of other family members. It potentially creates trust issues between data collectors who are not known to the respondents, particularly when there is not the option of face-to-face meetings. For the refugees living in camps and sharing same caravan with family members raises privacy issues for respondents, moreover women in the camps often do not own a private mobile and use the one of the husband. To mitigate risks to participants, data collectors utilized a clear consent protocol that explained to participants their rights, how the information would be used, and clearly asked for their permission to continue, and participants were reminded of their right to skip questions.

REVIEW OF LITERATURE

It is important to contextualize the findings of this study in a review of literature on the gendered impacts and dimensions of infectious disease outbreaks, including epidemics that became regional crisis such as Ebola and Zika, as well as designated global pandemics such as HIV/AIDs initial findings from the ongoing COVID-19. Pandemics are defined by the World Health Organization (WHO) as “an epidemic occurring worldwide, or over a very wide area, crossing international boundaries and usually affecting a large number of people.”⁸ Pandemics can bring about humanitarian needs when health and social infrastructure are ill-prepared to respond, and can result in complex humanitarian emergencies in fragile contexts that are already impacted by conflict and/or natural disasters.⁹



⁸Heath Kelly, “The classical definition of a pandemic is not elusive,” Bulletin of the World Health Organization, <http://www9.who.int/bulletin/volumes/11/7/89-088815/en/>.

⁹ Amber Peterman, Alina Potts, Megan O’Donnell, Kelly Thompson, Niyati Shah, Sabine Oertelt-Prigione, and Nicole van Gelder, “Pandemics and Violence Against Women and Children,” Center for Global Development,

Research conducted on infectious disease outbreaks has in recent years been more conscious of the need for a gender lens in examining the differential consequences on women, girls, men, and boys. The Ebola crisis centered in the West African countries of Liberia, Sierra Leone, and Guinea from 2013 to 2016 and the ongoing Ebola crisis in the Democratic Republic of the Congo has informed much of what we know on the gendered impacts of pandemics that result in complex humanitarian crises. This review of literature will start with a snapshot of the gendered impacts that infectious disease outbreaks can exert upon women and girls, with a particular focus on their experiences of gender-based violence and how their sexual and reproductive health rights and access to GBV and SRH services are affected. We will also pause on findings from research on the experiences of adolescent girls in pandemics, as this assessment places a strategic focus on adolescent girls as deserving of special attention due to differential needs.

A SNAPSHOT OF THE GENDERED IMPACTS OF PANDEMICS

Pandemics and wide-spread outbreaks of infectious diseases exert comprehensive and potentially devastating impacts on all aspects of social and economic life and often affect all members of society. However, persons holding less power or marginalized pre-pandemic are likely to feel the negative primary and secondary consequences more acutely. As women and girls overwhelmingly stand on the wrong side of structural inequalities, and they consequently bear the greater burden; women and girls of diverse or marginalized groups such as women and girls with disabilities, female heads of household, and women and girls of color face even greater challenges.¹⁰ This is not an exhaustive breakdown of the gendered impacts of pandemics, which is outside the scope of this particular project, but an overview of the most prominent impacts that are linked with SRH and GBV risks.

Major pandemics have the potential for profound economic consequences across whole economies and regions, exerting short-term shocks with significant macroeconomic after-effects potentially lasting for multiple decades.¹¹ Outbreaks and the measures put in place to control the infection's spread cause short-to medium-term unemployment, particularly impacting persons working in low-wage, hourly, or informal work.¹² In most global contexts, women are more likely to be self-employed or employed in informal roles such as in childcare and food preparation and are consequently among the first impacted.¹³ Globally,



Working Paper 528, April 2020, page 3. On pages 11-12, this review quotes the Inter-Agency Standing Committee, saying « Infectious disease events may occur in areas already experiencing humanitarian crises, or may be designated an emergency in and of themselves (IASC, 2016).”

¹⁰For example, in the early 2000's, women of color in the United States accounted for 86 per cent of HIV cases, which was linked to high levels of discrimination that limited educational and social economic achievement and changes family and partnership patterns. “HIV's Alarming Impact on Women of Color,” AMFAR, 23 January 2006, <https://www.amfar.org/articles/on-the-hill/older/hiv%E99%80%2s-alarming-impact-on-women-of-color/>.

¹¹Oscar Jordà, Sanjay R. Singh, Alan M. Taylor, “Longer-run economic consequences of pandemics,” Federal Reserve Bank of San Francisco Working Paper Series, March 2020, <https://www.frbsf.org/economic-research/files/wp2020-09.pdf>.

¹²Martha Ross and Nicole Bateman, “COVID-19 puts America's low-wage workforce in an even worse position,” Brookings Institution, 19 March 2020, <https://www.brookings.edu/blog/the-avenue/2020/19/03/covid-19-puts-americas-low-wage-workforce-in-an-even-worse-position/>.

¹³Alexandra Villarreal, “Coronavirus pandemic exacerbates inequalities for women, UN warns,” The Guardian, 11 April 2020, <https://www.theguardian.com/world/2020/apr/11/un-coronavirus-pandemic-gender-inequalities-women>.

women are also more likely to face an increase in unpaid care of children and other family members and household labor in the home during lockdowns.¹⁴In the Middle East region, the UN Women Regional Director estimates that women perform five times as much unpaid caregiving work as men, placing them at a heightened risk of exposure to the virus while caring for the sick at home.¹⁵

Researchers have also looked into how men and women's health may be impacted differently by pandemics, including factors that make one sex more vulnerable to infection or death due to a pandemic. During the Ebola crisis in West Africa and now in the DRC, evidence suggested that women and girls were potentially more vulnerable to transmission due to their caregiving roles;¹⁶O'Brien and Tolosa, for example, estimated that 75 percent of deaths during the Ebola crisis in West Africa were female.¹⁷Onyango et. al. note that girls and women were often confined in homes caring for the homes and therefore less able to attend community meetings where essential information was disseminated, further disadvantaging them.¹⁸

GENDER BASED VIOLENCE AND PANDEMICS

Gender-based violence is the result of fundamental inequality between women and men; in all societies, women and girls enjoy fewer rights than men and boys in the social, economic, political, and economic spheres under non-emergency conditions, and these inequalities are reproduced and magnified following systemic shocks,¹⁹including pandemics. As in crisis situations caused by conflict or natural disasters, pandemics can result in humanitarian crises that exacerbate GBV risks and erode traditional support networks that women and girls look to for support. In a comprehensive review of literature on pandemics and violence against women and children, Peterman et. al. identify nine main pathways to violence associated with pandemics: *"(1) economic insecurity and poverty-related stress, (2) quarantines and social isolation, (3) disaster and conflict-related unrest and instability, (4) exposure to exploitative relationships due to changing demographics, (5) reduced health service availability and access to first responders, (6) inability of women to temporarily escape abuse partners, (7) virus-specific sources of violence, (8) exposure to violence and coercion in response efforts, and (9) violence perpetrated against health care workers."*^{20,21}



¹⁴Peterman et. al., page 9.

¹⁵Courtney Phelps, "Regional Rapid Gender Analysis for MENA," CARE International, April 2020, page 6.

¹⁶Korkoyah and Wreh, 1.

¹⁷Melanie O'Brien and Maria Ximena Tolosa, "The effect of the 2014 West Africa Ebola virus disease epidemic on multi-level violence against women," International Journal of Human Rights in Healthcare, Volume 9 Number 3, 2016, pp. 151-160.

https://www.researchgate.net/publication/306902936_The_effect_of_the_2014_West_Africa_Ebola_virus_disease_epidemic_on_multi-level_violence_against_women/link/5c6ad72a299bf1e3a5b24b44/download.

¹⁸Monica Adhiambo Onyango, Kirsten Resnick, Alexandra Davis, and Rupal Ramesh Shah, "Gender-based Violence Among Adolescent Girls and Young Women: A Neglected Consequence of the West African Ebola Outbreak," in D.A. Schwartz et al. (eds.), *Pregnant in the Time of Ebola*, Global Maternal and Child Health.

¹⁹Abigail Erikson and Sonia Rastogi, "Private Violence, Public Concern: Intimate Partner Violence in Humanitarian Settings," International Rescue Committee Practice Brief, January 2015, <https://www.rescue.org/report/private-violence-public-concern-intimate-partner-violence-humanitarian-settings>, page 2.

²⁰Peterman et. al., 5.

²¹Peterman et al., 19-23.

Outbreaks of infectious diseases are prominently linked with increases in intimate partner violence, as documented by multiple studies.²²Economic stressors can increase tensions within intimate relationships and disrupt gender roles; for example, men who fail to fill their gender role as providers are more likely to resort to violence after a job loss than women, in what is termed “male backlash” due to feelings of emasculation and failure.²³Restrictions on movement enacted to control the pandemic spread (including curfews, stay-at-home orders, and work closure) mean that women and girls may spend time in close quarters with abusers, hindering their options for safety planning and benefitting from support networks provided by family, friends, workplaces, school, and social services. On this point, Peterson et al. point to similarities between contexts of forced displacement and pandemics “in many senses, forced quarantines and social isolation measures are analogous to settings where forcibly displaced persons are relocated (e.g. camps or temporary centers), increasing exposure to perpetrators, living in containment with decreased freedom and privacy, under circumstances of physical and psychological stress.”²⁴This is a poignant observation given that an estimated one third of the world’s population was living under COVID-19 related restrictions in mid-April 2020.²⁵

Women and girls of minority or marginalized groups are at a greater risk. Women and girls with disabilities often face a layer-cake of economic, social, and gendered risks due to the primary and secondary impacts of pandemics: writing on the Zika crisis, Peterson et. al. note that “children affected by birth defects induced by Zika have been shown to be those in the lower socio-economic status, thus reinforcing existing vulnerabilities and inequalities (UNDP, 2017). Children and families affected with disabilities and health impairments are likely to experience increases in multiple types of violence over the medium- and longer-term.”²⁶

To further complicate matters, during outbreaks GBV and social service modalities may drastically shift: services may be more difficult to access due to lockdowns, quarantines, and the repurposing of frontline workers, and governments may not recognize GBV services as essential.²⁷ Psychosocial support activities that rely on group gatherings and women’s centers are longer be possible under such conditions, including in-person case management for GBV survivors. Even when services can be shifted to remote modalities through mobile phones and Internet, women may not be able to participate due to limited access to technology, or lack of a private space to speak within their homes in proximity to abusers, particularly for women who reside with their perpetrators.²⁸ Globally, women are also less likely than men to have private access to their own mobile phone.²⁹ Services over the phone are seldom well-adapted to women and girls with visual or auditory disabilities and may incur prohibitively high costs that women and girls are not able to put forward. While emphasizing the continued relevance of offering services through Internet, phone, and SMS, UNICEF cautions against over-reliance on these services: “Alternative solutions must be found

²² Peterman et. al: page 11.

²³ Schneider et al. 2016, quoted in Peterson et al. page 8.

²⁴ Peterman et al, page 10.

²⁵ Juliana Kaplan, Lauren Frias, and Morgan McFall-Johnsen, “A third of the global population is on coronavirus lockdown—here’s our constantly updated list of countries locking down and opening up,” Business Insider, 24 April 2020, <https://www.businessinsider.com/countries-on-lockdown-coronavirus-italy-2020-3?r=DE&IR=T>.

²⁶ Peterman et. al., 15.

²⁷ Dorcas Erskine, « Not just hotlines and mobile phones: GBV Service provision during COVID-19,” UNICEF, April 2020, <https://www.unicef.org/media/68086/file/GBV20%Service20%Provision20%During20%COVID-19.pdf>.

²⁸ Ibid..

²⁹ For example, UNICEF notes that an estimated 443 million women globally are “unconnected.” See Erskine 2020.

to safely complement hotline/remote services and to expand provision to survivors who, for whatever reason, cannot access services delivered...GBV service providers are considered as providing an essential and life-saving service that must continue throughout the course of the pandemic. Providers must be given the necessary protective equipment, integration support, and resources needed in order to deliver such services wherever possible.”³⁰

Pandemics can additionally amplify the existing challenges that prevent the legal and justice systems from adequately responding to the needs of IPV survivors: police may be less likely to arrest perpetrators for fear of placing them in over-crowded quarters, and find it easier to fall back on the justification that IPV is a private matter that does not merit police intervention.³¹ Women and girls may also be deterred from seeking medical care due to their fears of contracting the virus.³² In humanitarian settings, with the service infrastructure undergoing heavy shocks, the risk for sexual exploitation and abuse (SEA) increases sharply, and protective strategies employed under non-pandemic circumstances such as moving in groups of women or ensuring aid workers are accompanied are difficult to put in place.³³

SEXUAL AND REPRODUCTIVE HEALTH AND PANDEMICS

Research conducted on health crises and pandemics shows how when health systems are stressed or overwhelmed during pandemics, sexual and reproductive health services are degraded, in turn leading to negative outcomes for women and girls. Scholars have identified serious negative impacts on pregnancy and childbearing during infectious disease outbreaks. Fertility rates tend to increase during pandemics, including unhealthy early transitions into sexual behavior.³⁴ Existing deficits in health system capacity and will to offer maternal and other vital services are exacerbated.³⁵ Women may also be deterred from seeking maternal and post-natal services due to fear of contracting the infection while at health facilities or clinics and passing it to their families.³⁶ Funds normally earmarked to support SRH services may be diverted towards COVID-19 response, a reality that will disproportionately affect patients who face economic hardship and stand in need of subsidized care, medication, and contraceptives.³⁷

Obtaining modern, affordable contraception during pandemics can become problematic, particularly in low-resource settings. Supply chains providing menstrual hygiene products and modern contraception can be interrupted during pandemics, making them less available in pharmacies or facilities.



³⁰ Erskine, 1-2.

³¹ Peterman et. al., 16.

³² Ibid., 14.

³³ Ibid., 17.

³⁴ Ibid., 12.

³⁵ In a pertinent example, writing on the Ebola crisis, O’Brien and Tolosa noted how the Ebola epidemic exacerbated existing deficits in the health systems that led to extremely high levels of maternal mortality in the most affected countries, which was estimated to have climbed to 15 per cent during the epidemic. O’Brien and Tolosa, 151-152.

³⁶ Peterman et al.

³⁷ Zara Ahmed and Adam Sonfield, “The COVID-19 Outbreak: Potential Fallout for Sexual and Reproductive Health and Rights,” Guttmacher Institute, 11 March 2020, <https://www.guttmacher.org/article/03/2020/covid-19-outbreak-potential-fallout-sexual-and-reproductive-health-and-rights#>.

³⁸ Facilities may also deprioritize family planning services and to focus on responding to the epidemic. Bietch et. al notes that during the Ebola crisis in Liberia and Sierra Leone, there was a marked decrease in usage of modern contraceptives, which the authors attribute to failures in the health system such as loss of health care staff to Ebola, understaffing, overwhelmed, disruptions of supplies, as well as potential stigma and fear of healthcare providers that hindered access to services. Levels of usage largely recovered to pre-crisis usage rates following the end of the Ebola crisis, noting that when there is investment in SRH services they can show resilience.³⁹ During outbreaks, health workers and facilities may be obligated to reorder priorities when working with limited resources and staff, and SRH services may be deprioritized in favor of other services that are deemed more urgent or “essential”. Problematically, essential services are not always well-defined, and women and girls may not be consulted in decisions on what is and is not essential to them.

Structural inequalities inevitably find their way into the health system, and the subsequent problems in fragile contexts where there are already fundamental shortcomings in health services. Discriminatory norms around women and girls’ bodies and rights are especially salient in creating barriers to SRH services, and emergencies such as pandemics can compound problematic attitudes and practices that prevent women and girls from enjoying full reproductive rights.⁴⁰ Sophie Harman argues how the Ebola crisis exposed the “conspicuous invisibility of women and gender in global health governance,” pointing out the paradox that women and girls provide free labor upon which global health of societies rests, yet they are effectively invisible in strategic decisions and policy on health, further entrenching gender inequality within the health system that will outlast the pandemic.⁴¹

ADOLESCENT GIRLS AND PANDEMICS

A body of literature demonstrates how adolescent girls have a high level of vulnerability during non-crisis periods,⁴² while humanitarian emergencies (including pandemics) compound these risks. The recent Ebola outbreaks in West Africa in 2013-2016- and the ongoing outbreak in the Democratic Republic of the Congo have highlighted the painful impacts suffered by adolescent girls. Economic hardships and the break-up of families during pandemics mean that girls are acutely vulnerable to GBV, particularly to exploitative relationships and early forced marriage. During the Ebola outbreak in Liberia, boys and girls were sent to live with other caregivers, increasing risk for exploitation and girls were often forced to resort to transactional sex to meet basic needs,⁴³ while during cholera outbreaks in the complex emergencies in Syria and Yemen, early forced marriage increased.⁴⁴ School closures, quarantines, and curfews enacted to curb the spread of Ebola also magnify the risk of GBV against adolescent girls. For example, there was an observed increase in teenage pregnancy in Liberia and Sierra Leone during the Ebola outbreak, attributed

³⁸ Coronavirus Disease (COVID-19) Preparedness and Response UNFPA Interim Technical Brief, 23 March 2020, https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_Preparedness_and_Response_-_UNFPA_Interim_Technical_Briefs_Contraceptives_and_Medical_Supplies_23_March.pdf

³⁹ Kristin Bietsch, Jessica Williamson, and Margaret Reeves, “Family Planning During and After the West African Ebola Crisis,” *Studies in Family Planning* 51 (1), March 2020.

⁴⁰ Onyango et al., 128.

⁴¹ Sophie Harman, “Ebola, gender and conspicuously invisible women in global health governance,” *Third World Quarterly*, Volume 37, 2016, Issue 3, pages 524-541, 10 March 2016. <https://www.tandfonline.com/doi/full/10.1080/01436597.2015.1108827?scroll=top&needAccess=true>.

⁴² See, for example, Martin and Anderson 2017; Omar J. Robles, “I’m Here: Adolescent Girls in Emergencies,” *Women’s Refugee Commission*, 2014, <https://reliefweb.int/sites/reliefweb.int/files/resources/I-m-Here-report-FINAL.pdf>.

⁴³ Korkoyah and Wreh, 34.

⁴⁴ Emergency Responses to Public Health Outbreaks, UNICEF Help Desk Gender-based Violence in Emergencies, <http://www.sddirect.org.uk/media/1617/health-responses-and-gbv-short-query-v2.pdf>.

in part to girls resorting to transactional sex as families, schools, and other support systems fell apart.⁴⁵ Increased GBV perpetrated against adolescent girls also can lead to transmission of sexually transmitted infections (STI), unplanned pregnancies and the accompanying risks of pregnancy complications and giving birth in a low-resource setting, and unsafe abortions.⁴⁶ Girls also face menstrual hygiene management challenges during emergencies, a situation that may apply to pandemics as well.

Additionally, adolescents' formal educational opportunities risk disruption during a pandemic, and as girls bear greater household burdens and may have less time and energy for e-learning. Adolescent girls also affected by closures of non-formal education opportunities such as In WGSS and youth programs, depriving them of social engagement with their peers and educators.⁴⁷ Prolonged periods of closures and movement restrictions may lead to anxiety, depression, and other mood disturbances.

Scholars and practitioners have pointed out that adolescent girls are often invisible to people who are making decisions about their lives and safety, and this discrimination is exacerbated during humanitarian emergencies, which applies to the COVID-19 pandemic.⁴⁸ All these factors taken together, COVID-19 pandemic may thus further implicate girls in a cycle of deprivation of rights and violence.

JORDAN AND COVID-19

As we have acknowledged above, the unprecedented COVID-19 pandemic is unrolling in a world that is largely beset with structural inequalities that disadvantage women, girls, and marginalized groups in the economic, social, educational, and political realms. Jordan is not an exception: in 2018 it stood at 138 out of 149 countries on the global gender gap in 2018,⁴⁹ despite a nominally progressive policy architecture around gender and foreign investment in development, concrete gains in gender equality and gender justice have been slow for women and girls.⁵⁰ Jordan has also weathered continuous political, social, and economic stresses in a troubled region, taking in waves of refugees from Palestine, Iraq, and from the ongoing conflict in Syria. While it has been praised for its stability in the eye of the storm in the region, the surrounding turbulence has also held back the country from advancing in gender equality goals.



⁴⁵Onyango et. al. page 125.

⁴⁶“Adolescent Sexual and Reproductive Health Needs in Emergencies,” Inter-Agency Working Group on Reproductive Health in Crises, October 2019, <https://cdn.iawg.rhgn.io/documents/ASRH-factsheet-v6.pdf?mtime=20200206235425&focal=none>. This document also notes that “Pregnancy and childbirth is particularly risky for adolescents in low-income settings due to a combination of inadequate nutrition, limited access to healthcare, and bodies that have not fully matured. Consequently, complications from pregnancy and childbirth are the leading cause of death for 15-19-year-old girls globally.”

⁴⁷Coronavirus Disease (COVID-19) Preparedness and Response – UNFPA Technical Briefs V March 2020 24, https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_Preparedness_and_Response_-_UNFPA_Interim_Technical_Briefs_Adolescents_and_Young_People_23_March_2020.pdf.

⁴⁸See Robles 2014.

⁴⁹World Economic Forum, Jordan Global Gender Gap Report 2018, available at <http://reports.weforum.org/global-gender-gap-report-2018/data-explorer/#economy=JOR>.

⁵⁰See, for example, “Why is Jordan Backsliding on Gender equality?” Freedom House, 14 September 2016, <https://freedomhouse.org/article/why-jordan-backsliding-gender-equality>.

Jordan hosts more than 700 000 refugees, Syrians accounting for the majority followed by Iraqis, Yemenis, Sudanese, and 52 other nationalities.⁵¹ More than 80 per cent of refugees in Jordan live outside of camps and often, and regardless of their area of residence tend to live in crowded conditions with more than three people per room in which social distancing is effectively impossible.⁵² Persons holding formal refugee status in Jordan have the right to access private or public hospitals provided they hold an active UNHCR identification. Though Syrian refugees are eligible for subsidies, assessments have found that many struggle to meet basic expenses and medical care and are involved in precarious or unstable employment.⁵³

Even prior to the COVID-19 crisis, Jordan displayed some worrisome trends in women's rights, GBV, and SRH rights. Patriarchal norms run deep in Jordanian society, and intimate partner violence is widespread and largely accepted. One analysis states that an alarming 26 percent of Jordanian women have experienced violence at the hands of their intimate partner,⁵⁴ while an overwhelming 88 per cent of cases documented in the Jordan GBVIMS in 2019 were carried out by intimate partners.⁵⁵ These numbers are particularly troubling with the knowledge that these numbers reflect only those cases that sought and received services; many GBV incidents go unreported due to stigma, shame, and lack of access to confidential services and thus the exact number—while not known— is likely much greater.⁵⁶

Initial reports show that women and girls are experiencing heightened emotional and physical abuse with the lockdown, and online sexual harassment and cyber-bullying.⁵⁷ Pre-crisis, Jordan also showed room for improvement in the accessibility and quality of comprehensive SRH services for both Jordanians and displaced populations, particularly in regards to adolescents and youth: a qualitative study showed that youth had poor knowledge about SRH and they found that SRH services were often unpleasant or



⁵¹UNHCR notes that as of the end of 2019, Jordan hosts 795 744 persons of concern, including 000 655 Syrians, 67 000 Iraqis, 000 15 Yemenis, 000 6 Sudanese, and 2500 refugees of 52 other nationalities. "UNHCR continues to support refugees in Jordan throughout 2019," UNHCR Jordan, 31 December 2019, <https://www.unhcr.org/jo/12449-unhcr-continues-to-support-refugees-in-jordan-throughout-2019.html>.

⁵²Reva Dhingra, « Refugees at risk in Jordan's Response to COVID-19," MERIP, 8 April 2020, <https://merip.org/04/2020/refugees-at-risk-in-jordans-response-to-covid-19/>.

⁵³Ibid.

⁵⁴Review of Health, Justice and Police, and Social Essential Services for Women and Girls victims/survivors of Violence in the Arab States, Jordan, December 2018.

⁵⁵GBVIMS Jordan Annual Report 2019.

⁵⁶Jordan is also known for placing women under administrative detention for violating gender-discriminatory rules around male guardianship, meaning that women who attempt to take independent decisions from their families on marriage, their living conditions, sexual relations, and pregnancy may be subject to detention if their male guardians make accusations of unauthorized absence from the home or for sex outside of marriage. Women who attempt to leave an abusive husband or partner can also be reported to the authorities under these laws. These practices represent another barrier to reporting GBV. See "Imprisoned Women, Stolen Children: Policing Sex, Marriage, and Pregnancy in Jordan," Amnesty International, October 2019, <https://www.amnesty.org/download/Documents/MDE1608312019ENGLISH.PDF>.

⁵⁷UNFPA COVID-19 SRH Brief.

inhospitable.⁵⁸ While most modern contraception methods are available Jordan still displays an unmet need for modern contraception,⁵⁹ and the country restricts the distribution of Plan B in pharmacies⁶⁰ and abortion is strictly forbidden, except if necessary to preserve the life of the mother.⁶¹

The government of Jordan has for many years been a strong partner in working to improve its women's rights and health outcomes, and benefits from international funds in this regard; however, as in many other countries, it is inevitable that the COVID-19 crisis will compromise progress if GBV and women's rights do not remain a strong priority.

The government of Jordan was proactive in putting in place measures to stop the spread of COVID-19, enacting a nationwide lockdown on 18 March with a strict curfew, closure of its borders, and social distancing and quarantine for suspected cases of infection.⁶² The strict lockdown created anxiety and unrest, particularly in lower-income areas. In late April, the government announced steps to gradually ease restrictions, but as in other contexts progress remains slow and normality is a long way off, and Jordanians and refugees will continue to face significant economic hardships and restrictions on movement. A CARE survey conducted in April found the greatest impact to be the limited supply of essential goods and services for food, health, and NFIs, particularly as most respondents do not have sufficient funds to stock up on goods for the curfew.⁶³ Additionally, as schools have closed and transitioned to distance learning, respondents with children in school report challenges in accessing education platforms due to problems with strong internet connection, lack of equipment, and difficulty focusing.⁶⁴



⁵⁸ Dr. Inaam Khalaf, Fathieh Abu Moghli, and Erika Sivarajan Froelicher, "Youth-friendly reproductive health services in Jordan from the perspective of the youth: a descriptive qualitative study," 13 May 2010, <https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1471-6712.2009.00723.x>.

⁵⁹ Makiko Komasa et al., "Demand for family planning satisfied with modern methods and its associated factors among married women of reproductive age in rural Jordan: A cross-sectional study," PLOS One, 2020, <https://journals.plos.org/plosone/article/file?id=10.1371/journal.pone.0230421&type=printable>.

⁶⁰ Clinical Management of Rape kits in Jordan do not contain the brand-name Plan B but a combination of hormones that produce a similar effect.

⁶¹ Women on Waves, Jordan, <https://www.womenonwaves.org/en/page/4840/abortion-law-jordan>.

⁶² Osama Al Sharif, "Jordan eases lockdown, focuses on opening the economy," Al Monitor, 21 April 2020, <https://www.al-monitor.com/pulse/originals/04/2020/jordan-coronavirus-ease-lockdown-economy-aqaba.html>.

⁶³ Rapid Needs Assessment : Impact of COVID-19 on Vulnerable Populations in Jordan, Urban Areas and Azraq Camp, 1 April 2020, CARE International, page 3.

⁶⁴ CARE COVID Assessment Jordan, page 5.

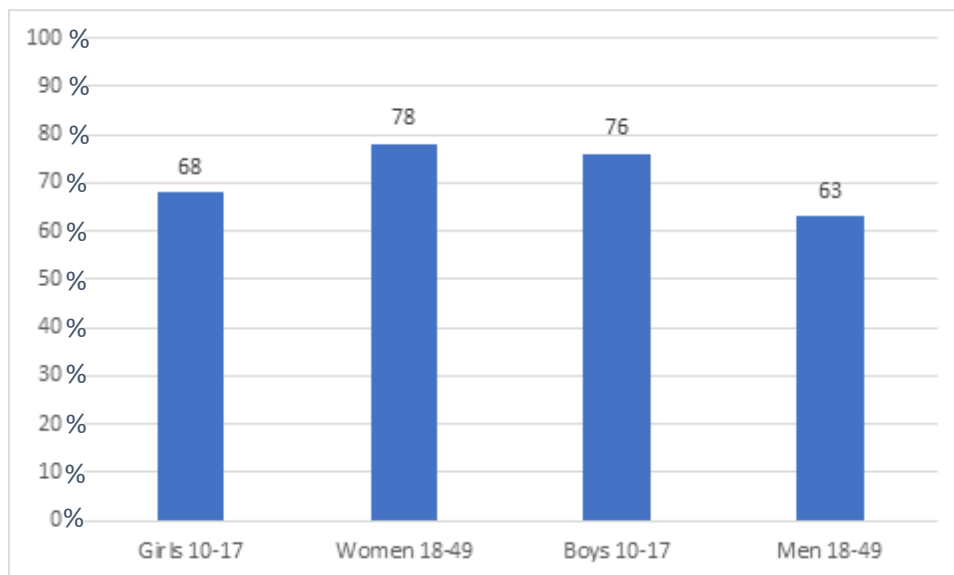
ASSESSMENT FINDINGS

PART 1: HIGH ANXIETIES: GENERAL EXPERIENCES DURING THE COVID-19 PANDEMIC

Generalized Stress and Anxiety are High

The COVID-19 phenomenon is unprecedented, and a high level of overall stress is certainly understandable. Quantitative and qualitative data affirms there is a high level of anxiety and stress about the pandemic and the measures enacted by the government. As visible in Figure 1 below, a majority of survey participants (71 percent) regardless of age or gender report being concerned about the pandemic, though there are important differences according to age group and gender. Adult women report the highest level of concern about the pandemic at 78 per cent, followed by adolescent boys at 76 per cent and adolescent girls at 68 per cent. Qualitative data suggests that this anxiety may be due in part to the caregiving role that adult women play, since in an FGD adult women express high levels of concern about the safety of their children and parents during the pandemic; for example, one woman in an FGD in Amman explained that she cannot leave her young daughter in the house when she goes out and thus the little girl must come with her to the market where she may be potentially exposed to the virus. Though men report lower levels of anxiety about the pandemic response at just 63 per cent reporting being worried, but as we will see below, they are highly concerned about the economic impacts and their ability to provide for families.

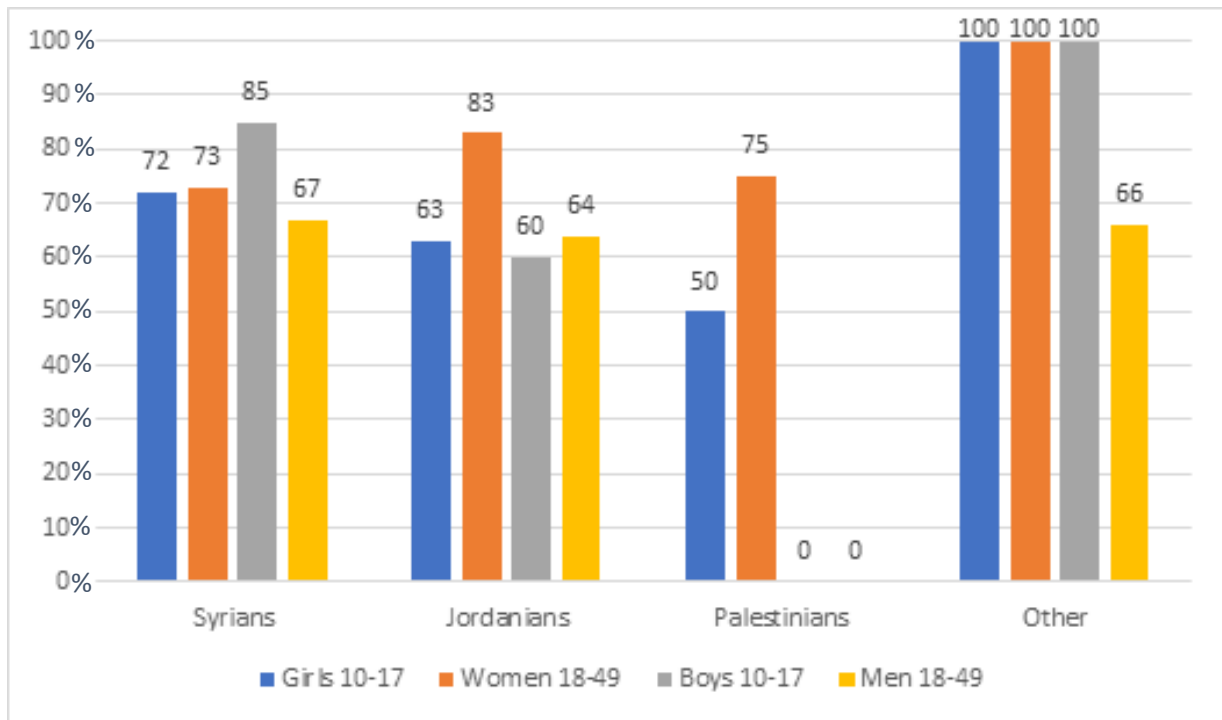
FIGURE 1: PERCENTAGE OF RESPONDENTS EXPRESSING WORRY ABOUT THE PANDEMIC



Breaking down responses by nationality in Figure 2, we find a high level of anxiety among the small number of respondents of “other” status, which may be linked to the anxieties involved in being a minority group outside of their own country during a pandemic which may render their situation even more precarious and uncertain. On average, 10 per cent more of Syrian adolescent girls expressed concern than Jordanian adolescent girls, and 20 per cent more than Palestinian girls, while adolescent Syrian boys at 85 per cent were markedly more concerned about the pandemic than their Jordanian counterparts at 60 per

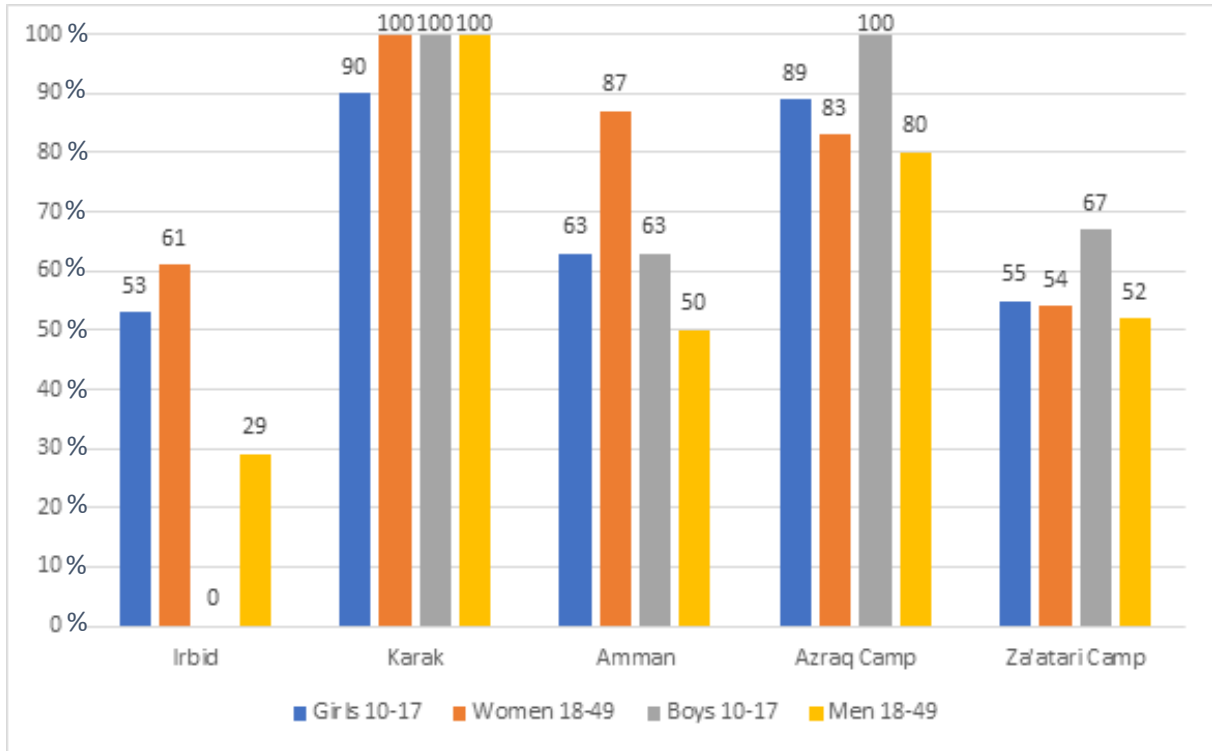
cent, and adolescent boys of “other” categories expressed the most concern at 100 per cent. It is not entirely clear why boys should report such high levels of anxiety, especially higher levels of worry than reported by adolescent girls, though it is possible that due to the rather small sample size of adolescent boys (55 individuals) and the fact that the sample was generated through NGO lists lends some bias to boys who are more willing to express their anxieties.

FIGURE 2: PERCENTAGE OF RESPONDENTS EXPRESSING WORRY ABOUT THE PANDEMIC, BY NATIONALITY



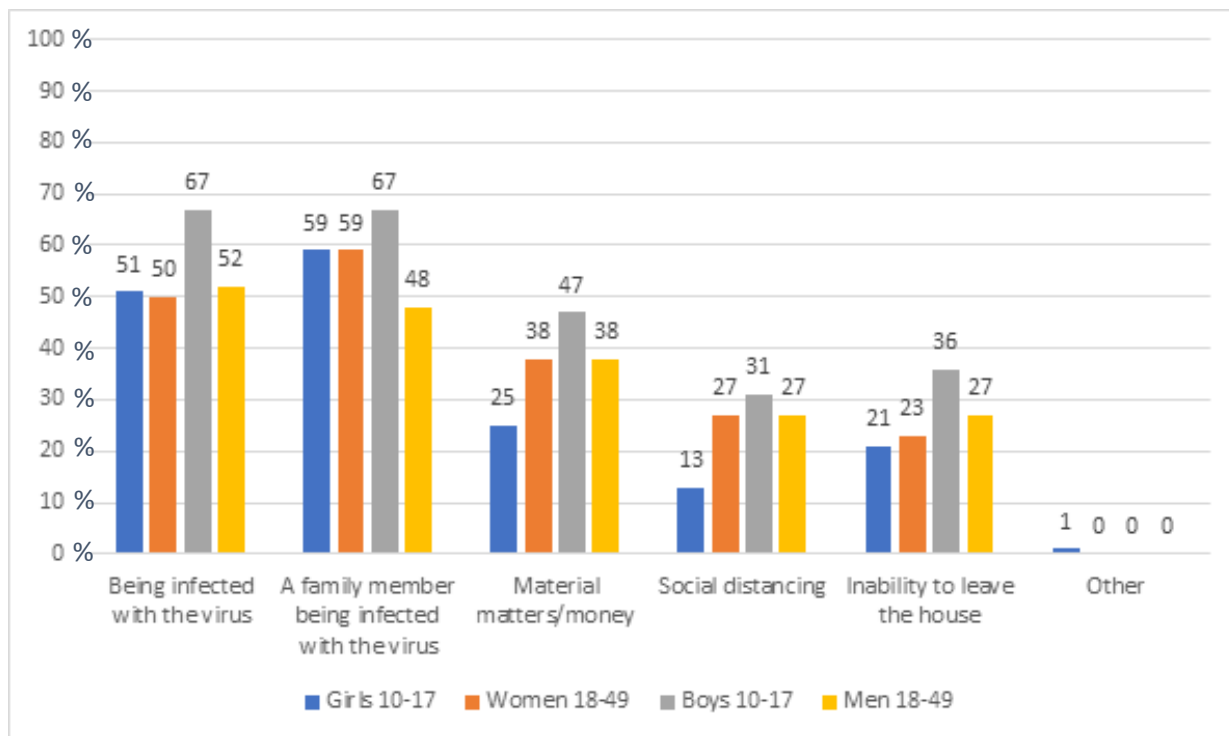
We also note some differences in reported anxieties according to region in Figure 3, as levels of anxiety among all respondents are high in Karak, with 90 percent of adolescent girls and 100 per cent of adult women, adolescent boys, and men expressing concern. Interestingly, anxiety levels are lower in both Irbid and in Za’atari camp.

FIGURE 3: PERCENTAGE OF RESPONDENTS EXPRESSING WORRY ABOUT THE PANDEMIC, BY REGION



Qualitative and quantitative data also depicts anxiety related to the measures put in place to control the virus' spread. As demonstrated by Figure 4, the greatest concerns for adolescent girls, women, and adolescent boys relates to a family member contracting the virus. Interestingly, 38 per cent of adult women and men mentioned material matters as well as a matter of serious concern.

FIGURE 4: SPECIFIC CONCERNS RELATED TO THE MEASURES (CHECK ALL THAT APPLY) BY PERCENTAGE

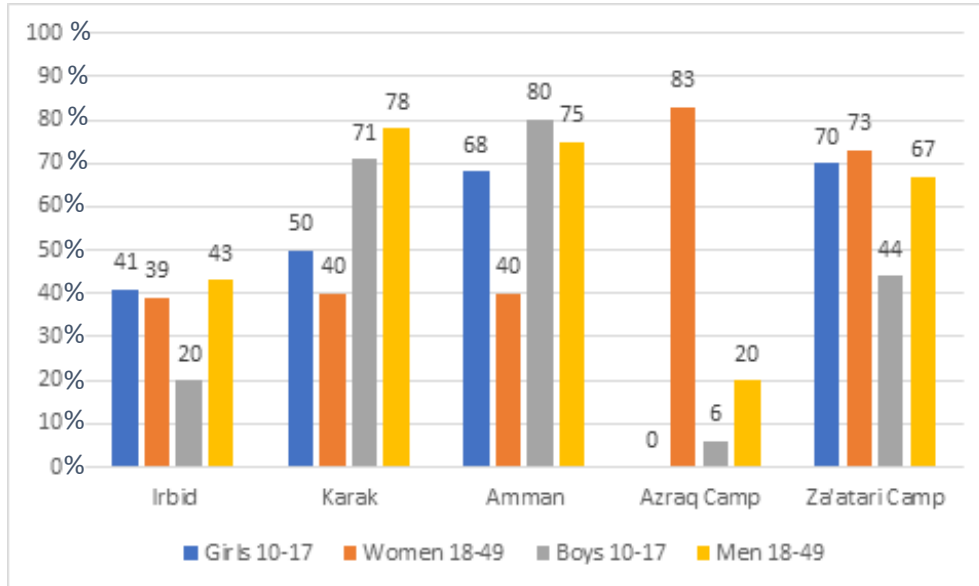


For those reporting “other” concerns not listed among the options, women and girls in the survey and in the FGDs reported anxiety over the lack of a treatment for COVID-19, and how this increased anxiety about their family members contracting the virus.

GENDER DISPARITIES IN ACCESS TO ECONOMIC RESOURCES

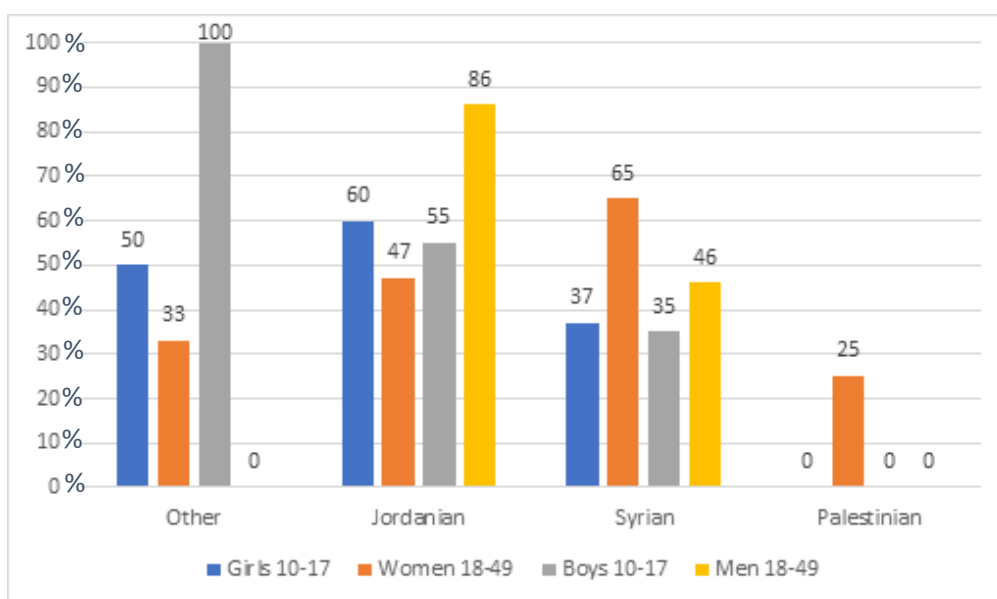
There is a broad consensus among the study participants that the economic fallout from the coronavirus is causing—and will continue to cause—major stress that impacts all demographic groups. Of the adult women and men surveyed, 55 per cent and 58 per cent respectively reported that they are able to meet their family’s basic needs during the curfew, exposing an alarming number of adults who report that cannot meet basic needs. There are geographical, age, and gender differences in the reported ability to meet basic needs as seen below in Figure 5 Women and girls in Za’atari report the most ability at 70 and 73 per cent respectively, though in Azraq camp 83 per cent of adult women report an ability to meet basic needs, however other age groups in Azraq do not.

FIGURE 5: PERCENTAGE OF RESPONDENTS REPORTING THAT THEY ARE ABLE TO MEET BASIC NEEDS DURING PANDEMIC, BY GENDER, AGE, AND LOCATION



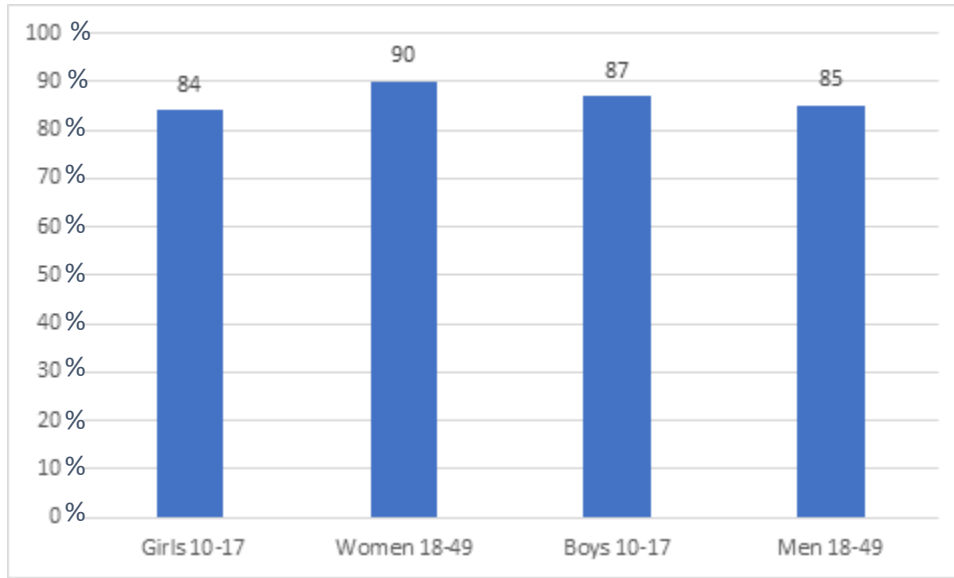
Examining responses by nationality, we find interesting differences between age and gender cohorts in different nationalities, with more Syrian women (65 percent) reporting they are able to meet family needs than Jordanian adult women (47 per cent), while more Jordanian men (85 per cent) than Syrian men (46 per cent) are able to meet basic needs. Out of the nationalities surveyed, Palestinians reported the lowest ability to meet basic needs during the pandemic, with adult women reporting the most at 25 per cent.

FIGURE 6: PERCENTAGE OF RESPONDENTS REPORTING THEY ARE ABLE TO MEET THEIR FAMILY'S BASIC NEEDS, BY NATIONALITY



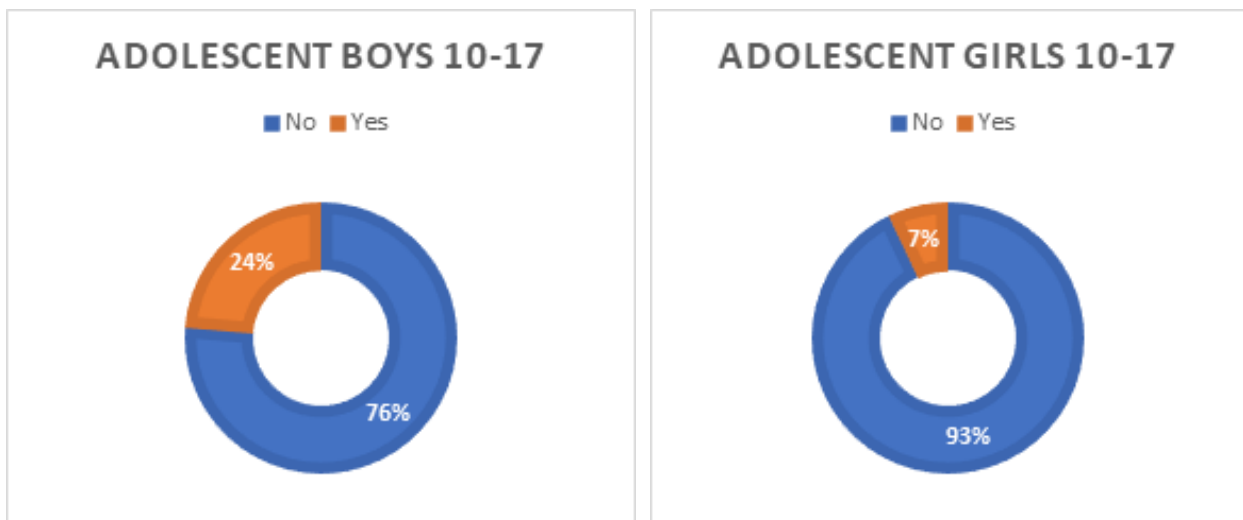
The economic situation has, needless to say, resulted in considerable stress among all respondents regarding the uncertainty of the future: as seen in Figure 7 below, a majority (86 percent) of all gender and age groups stated that the pandemic will negatively impact economic insecurity and potentially lead people further into poverty.

FIGURE 7: PERCENTAGE OF RESPONDENTS SAYING THE PANDEMIC WILL CREATE MORE POVERTY



In an equally concerning trend, survey respondents show major gender differences in their ability to access income-generating activities (IGA) or material assistance. Ninety per cent of all women and girls and 74 per cent of men and boys report not having access to IGA or material assistance during the pandemic. These disparities widen in examining age groups, as seen by the three sets of figures below.

FIGURE 8: PERCENTAGE OF ADOLESCENTS ACCESSING IGA AND MATERIAL ASSISTANCE, BY SEX



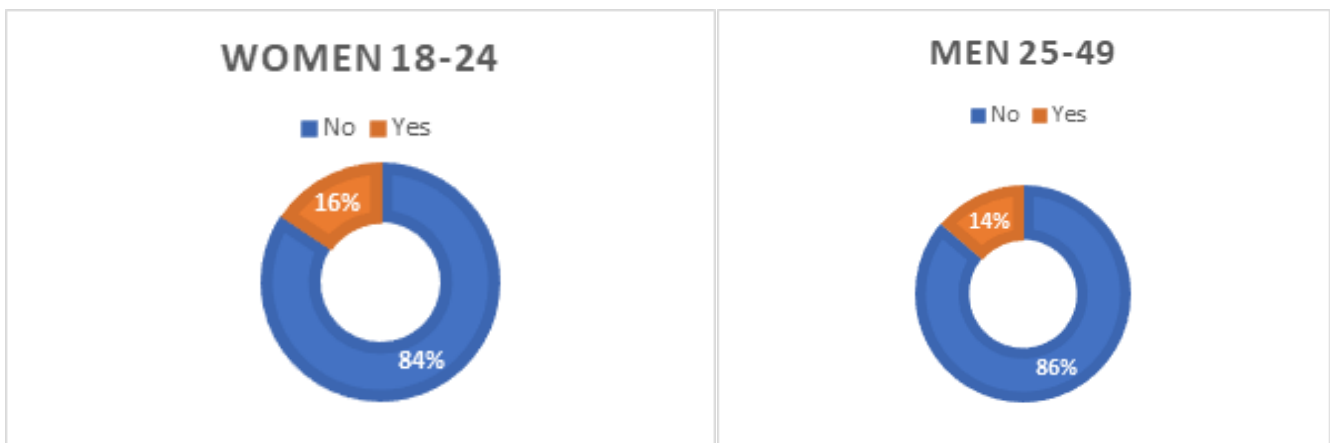
Looking at Figure 8 above, only seven per cent of adolescent girls reported accessing IGA or material assistance in comparison to 24 per cent of boys of the same age. This points to gender barriers in access to economic opportunities that were already present previous to the pandemic and is particularly worrisome considering that lack of IGA or assistance increases the risk of exploitation, including sexual exploitation of girls by persons wielding power over them.

FIGURE 9: PERCENTAGE OF YOUNG PEOPLE ACCESSING IGA AND MATERIAL ASSISTANCE, BY SEX



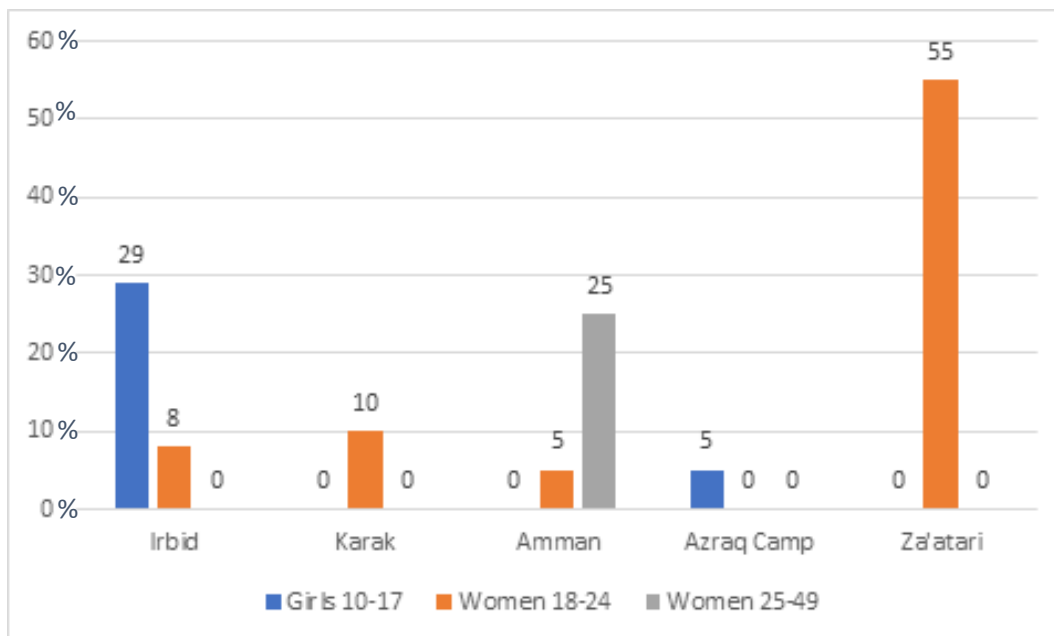
These gender disparities are evident in the youth adult age group, with twice as many young men (32 per cent- accessing IGA or material assistance as young women (16 per cent). For adults, we again see in Figure 9 that twice as many men (14 percent- than women (7 per cent) have access to IGA or material assistance.

FIGURE 10: PERCENTAGE OF ADULTS ACCESSING IGA AND MATERIAL ASSISTANCE, BY SEX



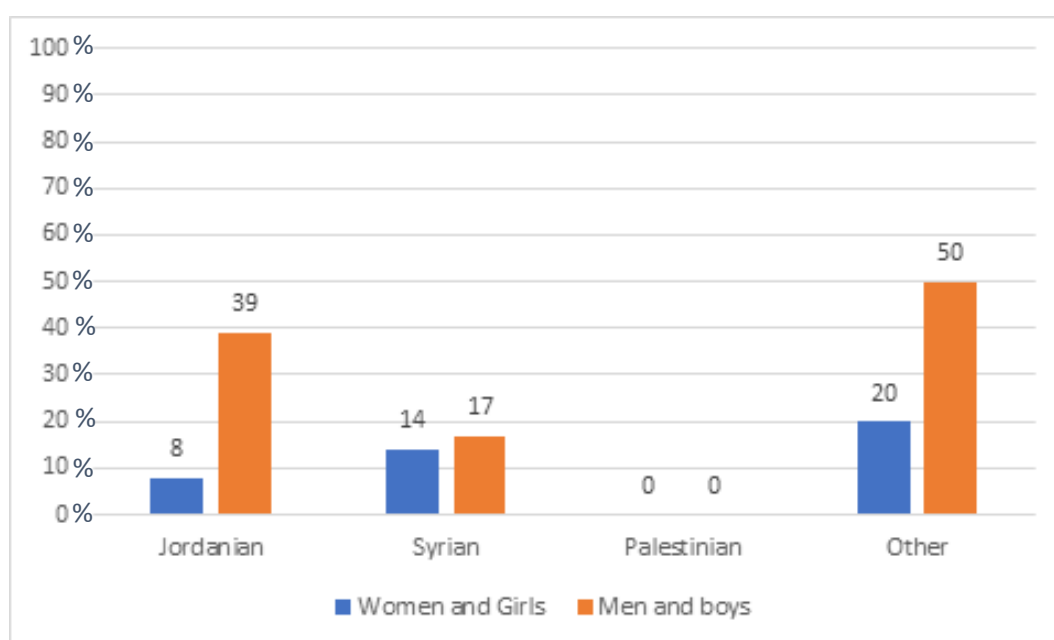
Comparing reported access to IGA/material assistance by region in Figure 11 below, adolescent girls in Irbid reported the greatest access to IGA/material assistance at 29 per cent, while in Karak, Amman, and Za’atari 0 per cent of girls had access. Young adult women from 18-24, conversely, report the highest level of access in Za’atari camp, while for adult women from 25-49, Amman had the highest percentage at 25 per cent, while none of the females in this age group in other locations had accessed assistance.

FIGURE 11: PERCENTAGE OF FEMALE RESPONDENTS REPORTING ACCESS TO IGA, BY LOCATION



Examining differences in access to IGA/material assistance nationality, Syrian women were more likely than Jordanians or other respondents to have reported receiving IGA or material assistance, with 14 per cent of Syrian women and girl respondents reporting access to IGA and material assistance, while for men and boys, Jordanians came in first with 39 per cent of men having reported access. Notably, no male and female Palestinians reported receiving this type of assistance.

FIGURE 12: PERCENTAGE OF MALE AND FEMALE RESPONDENTS ACCESSING IGA/MATERIAL ASSISTANCE, BY NATIONALITY

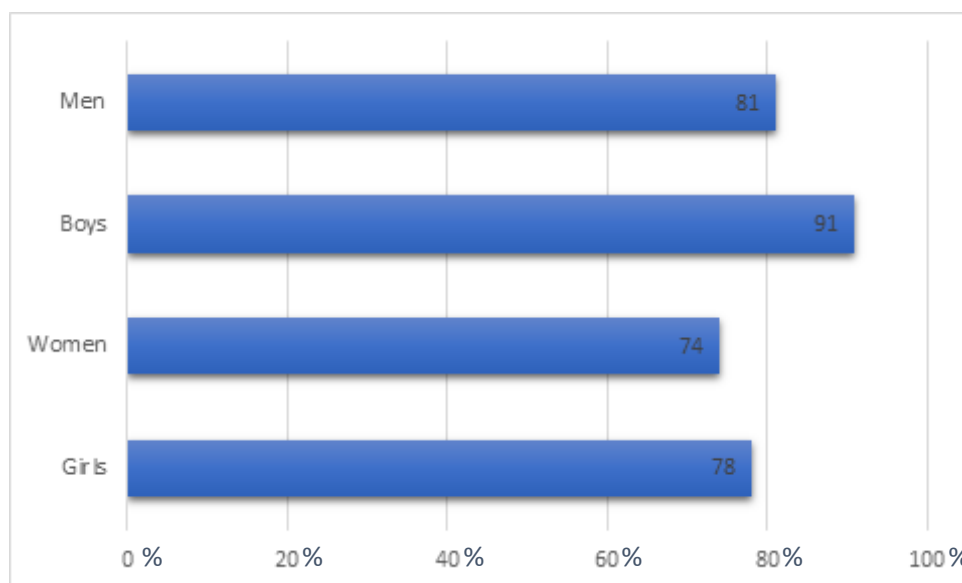


Examining these results around economic assistance, it is clear that women and girls suffer from inhibited access in comparison to men and boys, rendering them especially vulnerable to dependency on their family, partners, or aid agencies, and thus at risk of exploitation or denial of resources. Given the high level of anxiety reported by respondents on the economic impacts of the pandemic, it is important to ensure assistance for all groups, but to be especially conscious of the current inequalities experienced by women and girls.

CHANGES TO DAILY LIFE

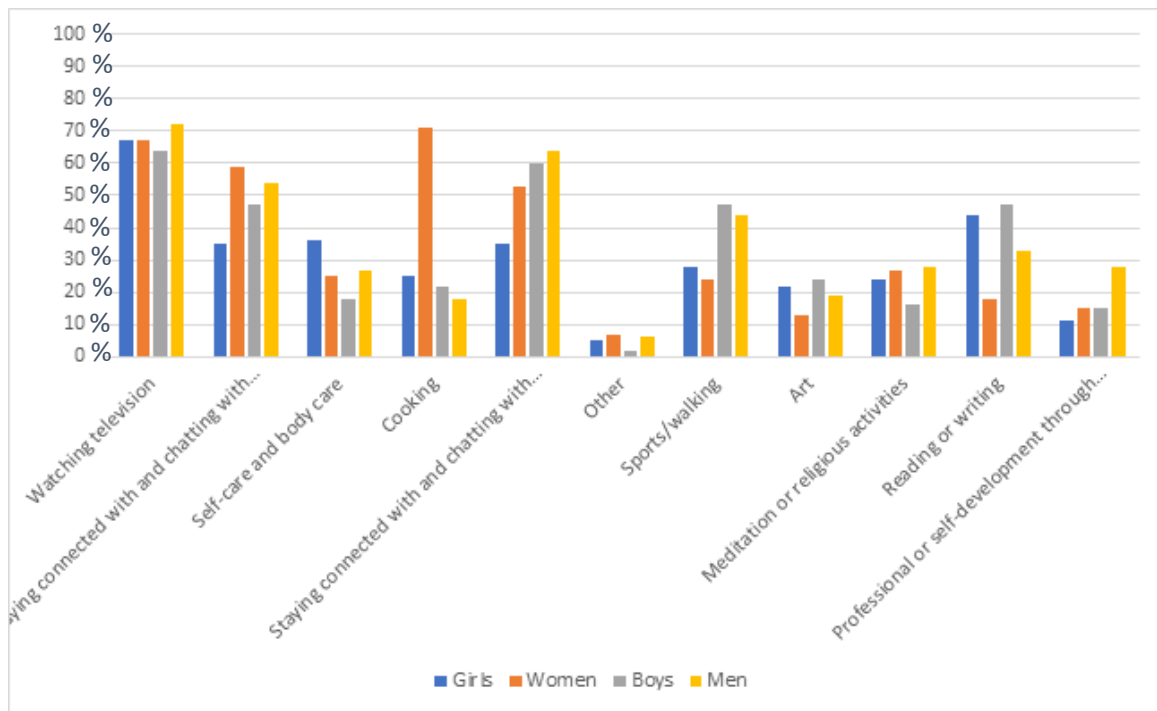
In keeping with the restrictions put in place by the government, respondents unsurprisingly reported significant changes in their daily lives. A majority of girls, women, men, and boys responding to the survey reported their lives to have changed at least somewhat to considerably, per the graph below. Interestingly, boys from 10 to 17 were most likely to report that their daily lives had changed since the pandemic at 91 per cent, followed by adult men at 81. This may be due to the higher likelihood of men working outside of the home and now being confined.

FIGURE 13: PERCENTAGE OF PARTICIPANTS REPORTING CHANGES IN THEIR DAILY LIFE DUE TO THE PANDEMIC



When asked how they are passing the time, respondents across age and gender groups show that they are watching television and staying connected and chatting with family and friends, as seen in Figure 14 below. Watching television is popular among all groups, while girls are more likely to spend time reading or writing than other groups, and men and boys report more involvement in sports or walking. Interestingly, only 35 per cent of adolescent girls reported staying connected with and chatting with friends as a common pastime in comparison to 47 per cent of boys, which may be linked to adolescent girls being less likely to have their own unique access to a phone. The time spent watching television is not surprising, given that adolescent girls in the FGD held in Amman estimated that 70 to 100 per cent of families own television and it is a source of information and entertainment by all family members. Adolescent girls participating in FGDs also reported spending time in personal development such as through studying (including studying for final high school exams), as well as studying languages.

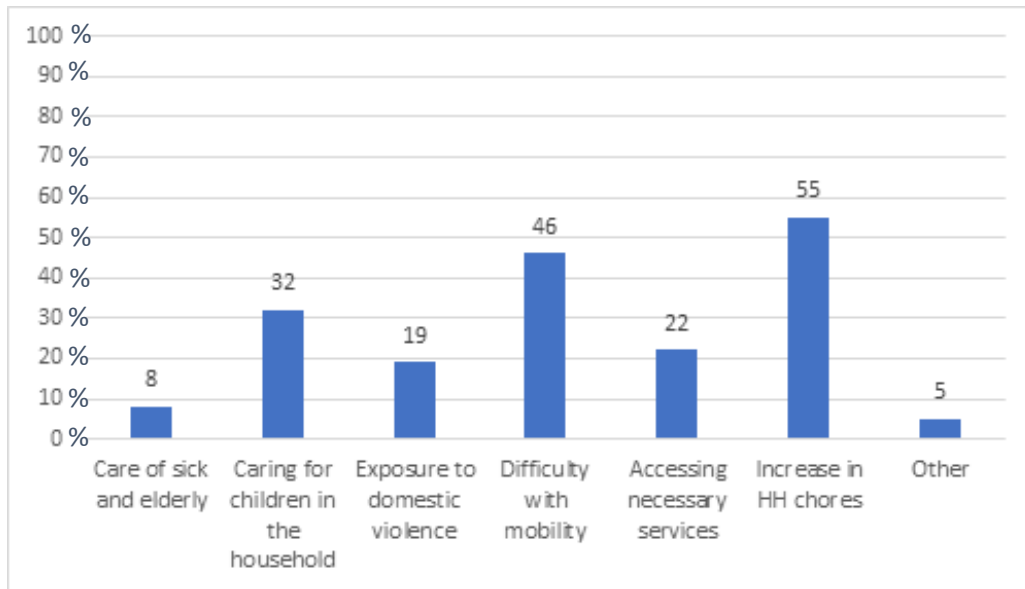
FIGURE 14 REPORTED MEANS OF PASSING THE TIME/SELF - CARE DURING THE PANDEMIC, BY PERCENTAGE



IMPACTS ON ADOLESCENT GIRLS

When asked to select the ways that young girls are affected by the lockdown, 55 per cent of adolescent girls participating in the survey shared that their cohort is highly impacted by an increase in household tasks as illustrated in Figure 15 below, including doing chores and looking after younger children in the household. The girls who took part in the FGD revealed that this burden is highly gendered, and that they need to take on these tasks “because they are girls, and since men work it is their right to go out and come home to a clean house and food on the table.” 46 per cent of girls also pointed to hindered mobility as a major impact on their well-being.

FIGURE 15: SPECIFIC WAYS IN WHICH GIRLS ARE AFFECTED BY THE PANDEMIC, BY PERCENTAGE

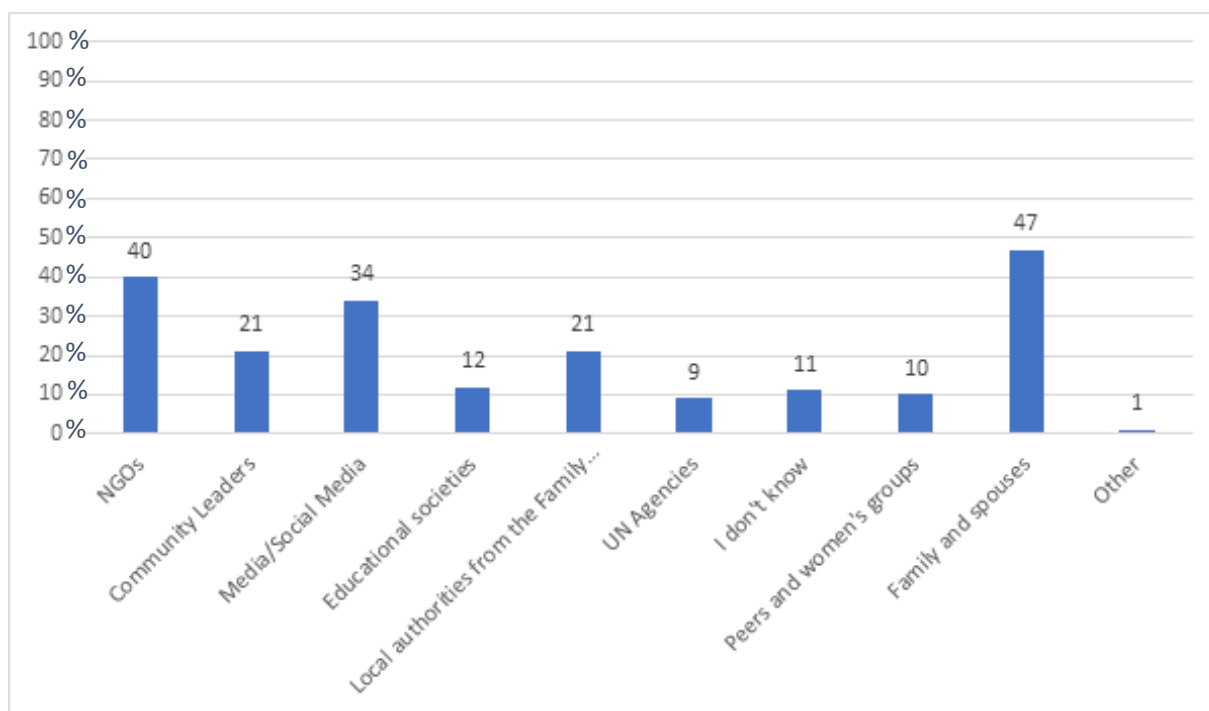


Also in the FGD with girls, the participants explained that having the men in the house all day created more responsibilities for the girls, since men have many demands, in addition to being expected to help their younger siblings with their studies. A participant in a KII also pointed out that mothers may delegate helping young children with their lessons to their daughters, which takes away time for girls to focus on their own studies or self-care. An opinion survey of Jordanians focusing on the impact of COVID-19 on Jordanian families conducted by the Center for Strategic Studies also found that 85 per cent of respondents agreed that the lockdown has led to an increase in household burdens for Jordanian women and girls.⁶⁵ The girls also reported emotional stress for being unable to go out to meet their friends and to go to school, two meaningful activities to the girls that are now circumscribed by the crisis. Girls also must cope with the uncertainty of the future, and the uncertainty of what will happen causes additional stress.



⁶⁵Corona and family violence in Jordan: Findings and Indicators,” Center for Strategic Studies, released 27 April 2020, page 13.

FIGURE 16: OUTLETS FOR GIRLS TO SHARE THEIR CONCERNS AND VIEWPOINTS, BY PERCENTAGE

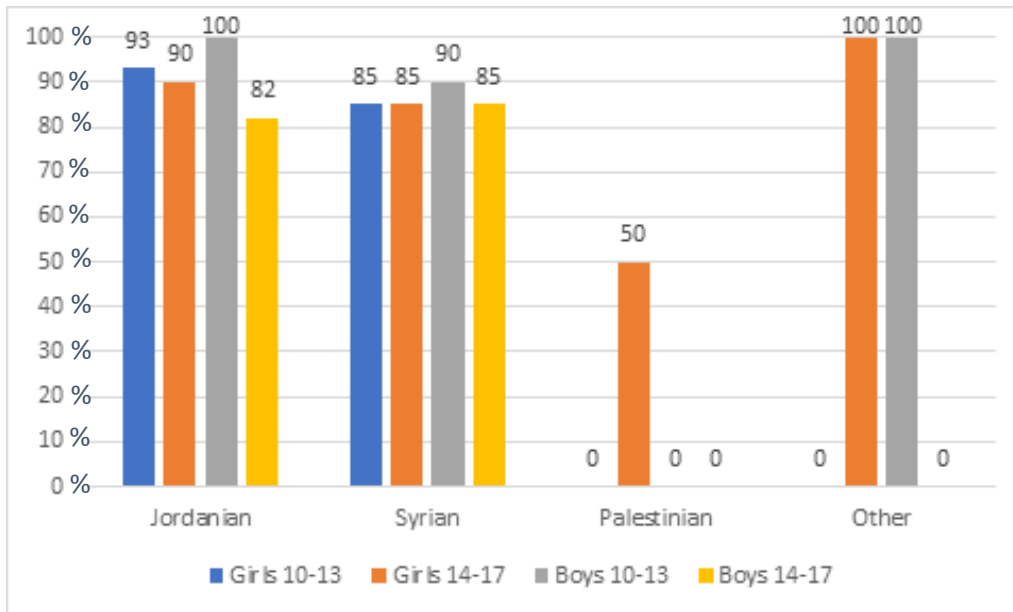


When asked to share where they can lodge concerns and fears related to COVID-19 and ask for support, the most common source named was family members or spouses, with 47 per cent of girls choosing this option. 40 per cent of girls named NGOs, while 34 per cent chose media or social media. It is telling that none of the options earned a vote of confidence of more than half of the girls, suggesting that many girls lack an outlet in which they have a high level of trust, particularly outside the family setting.

WORRIES OVER EDUCATION FOR BOYS AND GIRLS

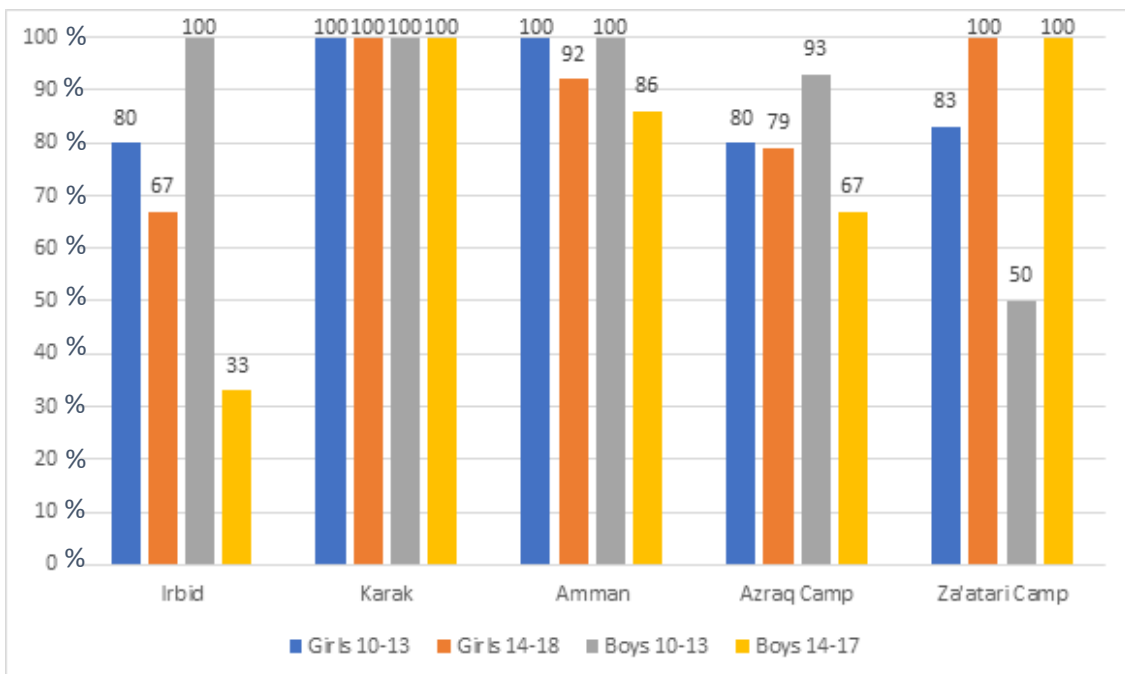
Both girls and boys expressed frustrations over the interruption in their education as schools have been closed. A majority of girls (88 per cent) surveyed report that they are pursuing online education while likewise 88 per cent of boys are reporting pursuing remote learning. Breaking down the findings on remote learning by nationality, according to Figure 17 below, we find that over 90 per cent of Jordanian girls are pursuing remote learning, while 85 per cent of Syrian girls are pursuing remote learning, and 100 per cent of the other category (though this comprises only three children under 18).

FIGURE 17: PERCENTAGE OF GIRLS AND BOYS ACCESSING REMOTE LEARNING, BY AGE AND NATIONALITY



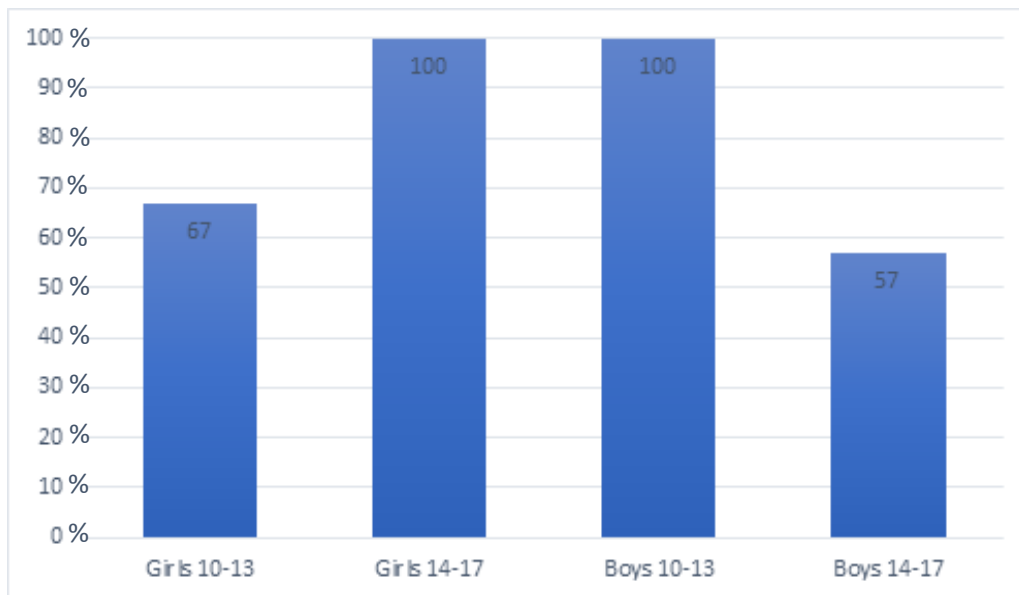
Looking at the same variable by region, we see that participants in Karak report the highest level of use of remote learning. Camp populations do not appear to have greater access to remote learning than urban populations though camps such as Za’atari are often better serviced than urban populations.

FIGURE 18: PERCENTAGE OF GIRLS AND BOYS ACCESSING REMOTE LEARNING, BY AGE AND LOCATION



Examining the use of distance learning along diversity markers, as noted in Figure 19, the majority of children with disabilities are pursuing remote learning, though we note that only 67 per cent of girls 10-13 and 57 per cent of boys 14-17 are following remote learning.

FIGURE 19: PERCENTAGE OF CHILDREN WITH DISABILITIES PURSUING REMOTE LEARNING DURING THE PANDEMIC



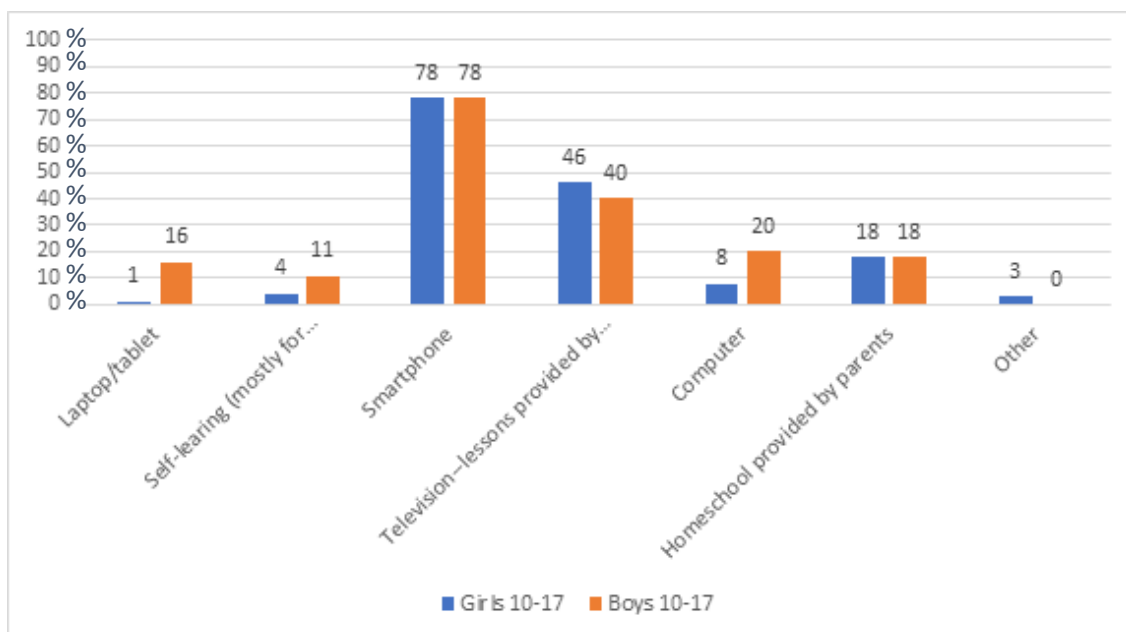
While the survey did not have a large sampling of married or ever-married girls, there is a significant difference in reported use of distance learning between unmarried girls and girls who are married/divorced/widowed: while 90 per cent of unmarried girls report access to distance learning, one of the two married girls is following remote learning, while the widowed and divorced girls reported they are not following distance learning. This echoes findings from previous research that ever-married adolescent girls experience a disruption in their education.⁶⁶

Looking into the question of how girls and boys are accessing remote learning, for both sexes, the smartphone is the most used means of accessing distance education with 78 per cent of both boys and girls, followed by lessons on television provided by the Ministry of Education at 46 percent and 40 percent for girls and boys respectively. These are the two most common methods across all of the geographical regions.



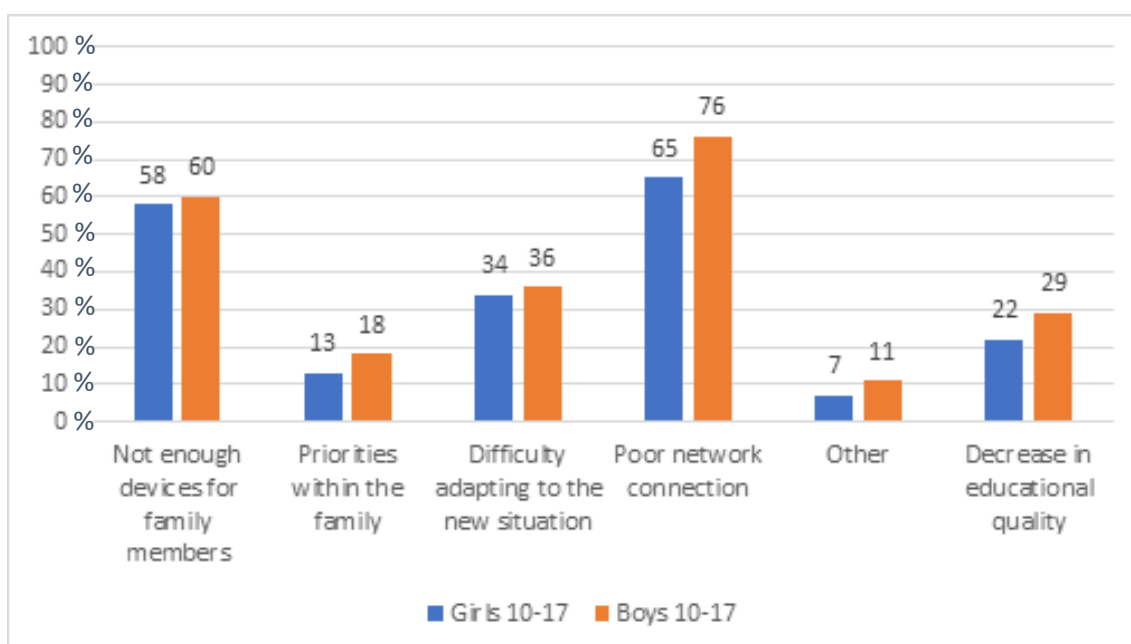
⁶⁶See, for example, Quentin Wodon, “Child marriage and education: impacts, costs, and benefits,” Global Partnership for Education 29 June 2017, <https://www.globalpartnership.org/blog/child-marriage-and-education-impacts-costs-and-benefits>.

FIGURE 20: DEVICES USED BY BOYS AND GIRLS FOR REMOTE LEARNING, BY PERCENTAGE



Both girls and boys report difficulties in utilizing online educational tools. Network connections were mentioned as the biggest challenge in all locations except Karak, where it came in a close second to the challenges of not enough devices to go around in the family and the difficulty adapting to the new situation of having to learn at home. In all locations except Karak, inadequate number of devices in the family was the second most common challenge. Given that smartphones are a preferred device across all major locations, it is not surprising that poor network connection and an insufficient number of devices to go around the family were reported by girls and boys as barriers to education.

FIGURE 21: CHALLENGES TO REMOTE LEARNING BY PERCENTAGE



The concern regarding a decrease in the quality of the education in the transition to remote learning was borne out by adolescent girls in the FGD, who were preparing for high school exams and were highly preoccupied with the future of their education. The girls complain that remote learning is not as effective as in-person class and that they do not grasp the lesson content as well as they would in an in-person class. It is clear that young girls make the connection between education and personal agency: the girls described education as “weapon for her to help her husband in the future economically,” as well as a powerful protective factor for if a woman gets divorced, she will be able to secure her future. While it is encouraging that girls demonstrate enthusiasm for their education, the ambitions of economic opportunities it brings is still highly linked to notions marriage and divorce, which emanate from patriarchal attitudes in society. The girls in the FGD also pointed to the disproportionate influence a male relative such as a brother or uncle has on whether a girl pursues her education, showing that denial of educational opportunities is a very imminent risk for many girls and that family support is a crucial factor for a girl to advance.

PART 2: WOMEN AND GIRLS' EXPERIENCES OF GBV⁶⁷

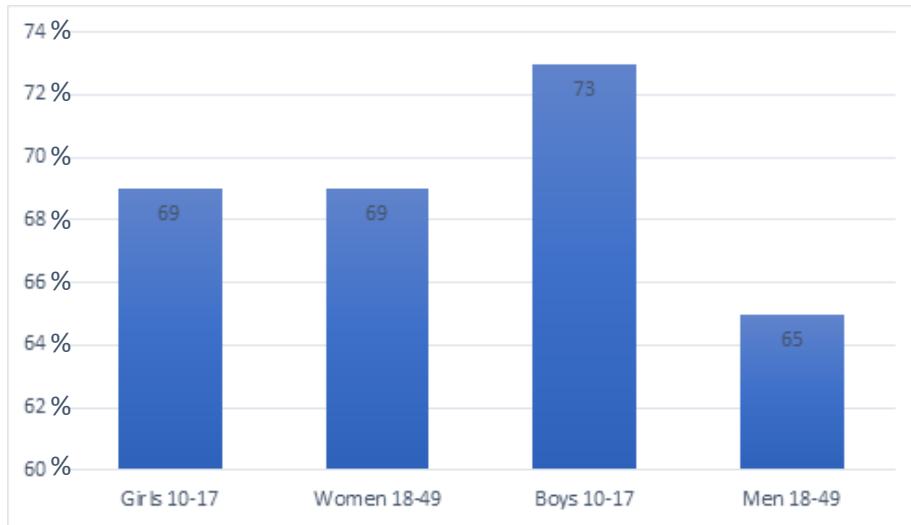
COVID and GBV Trends: Certain Types of GBV are Elevated

The survey and the qualitative data bear out the anecdotal reports around Jordan of increased rates of GBV among women and girls, particularly domestic violence. A majority of women, men, boy, and girls survey respondents (%69) stated they strongly agree with or somewhat agree with the statement that since the lockdown GBV against girls and young women has increased. A larger percentage of women and girls note an increase than adult men. Figure 22 below breaks down the percentages of men, women, girls, and boys agreeing or strongly agreeing with the statement that GBV has increased since the onset of the pandemic. It is telling that girls and boys from 10 to 17 are most likely to estimate that those in their age group are susceptible to increased violence as a result of the pandemic. It is likewise unexpected that boys in the 10-17 age group are the most likely to perceive an increase in GBV against women and girls, and as the study did not carry out FGDs with adolescent boys we are unable to determine why this may be.



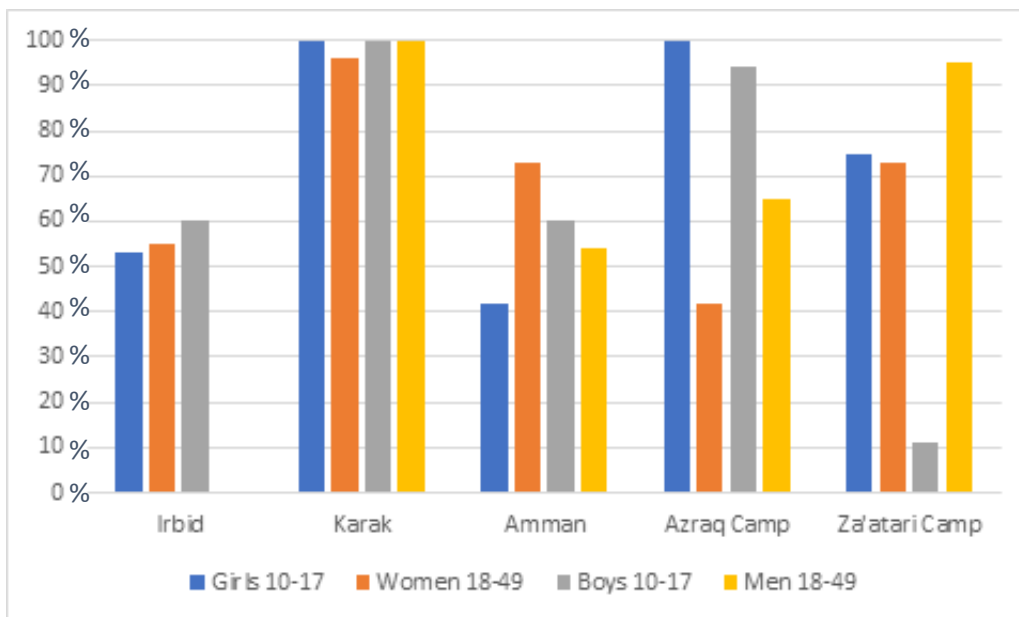
⁶⁷This section focuses highly on women and girls as the strategic focus of this paper and thus makes more use of survey and FGD findings with women and girls.

FIGURE 22: PERCENTAGE OF OVERALL RESPONDENTS AGREEING THAT GBV HAS INCREASED SINCE THE PANDEMIC.



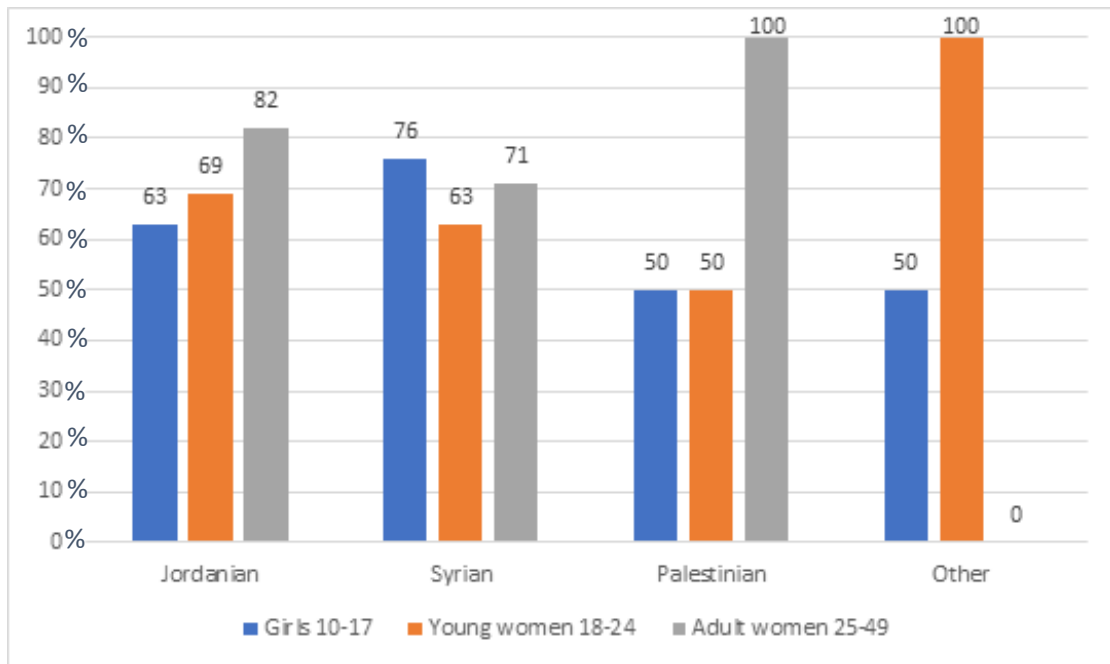
Additionally, breaking down the responses by region, we find that in Karak there is a higher percentage of men and women who perceive that GBV has increased since the pandemic.

FIGURE 23: PERCENTAGE OF PARTICIPANTS AGREEING THAT GBV HAS INCREASED SINCE THE PANDEMIC, BY LOCATION



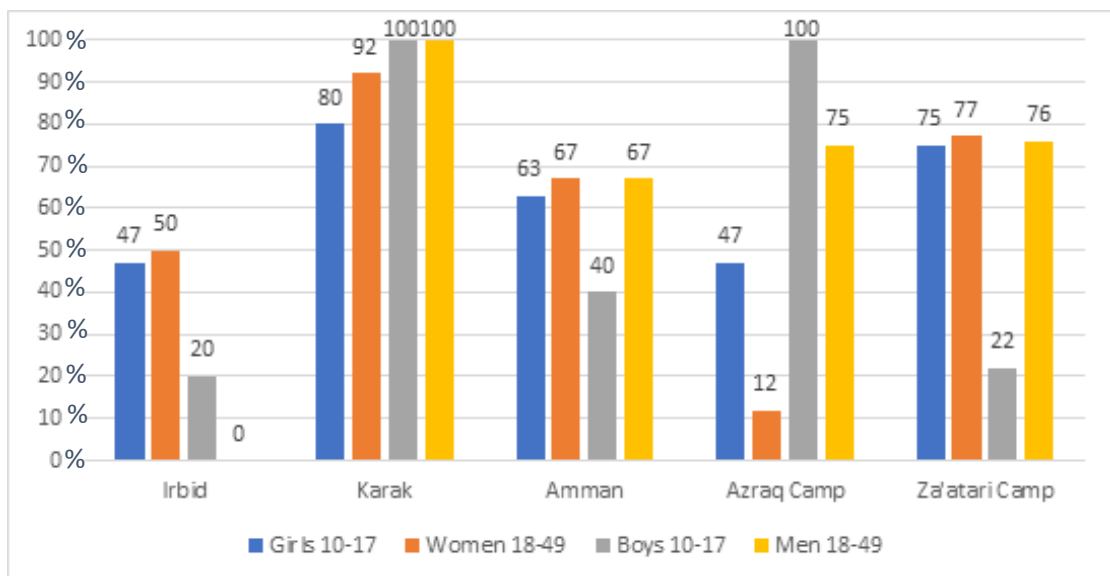
Breaking down perceptions of GBV increases by nationality of survey respondents, we see that Syrian adolescent girls were more than 10 percent likely to say GBV has increased than Jordanian (76 percent versus 63 per cent), though interestingly young Jordanian women (69 per cent) are more likely than Syrian women in their age cohort (63 per cent) to say that GBV has increased. It is important to note that there are no respondents of the “other” nationality category in the 25-39 age group of women.

FIGURE 24: PERCENTAGE OF WOMEN AND GIRLS AGREEING THAT GBV HAS INCREASED, BY NATIONALITY



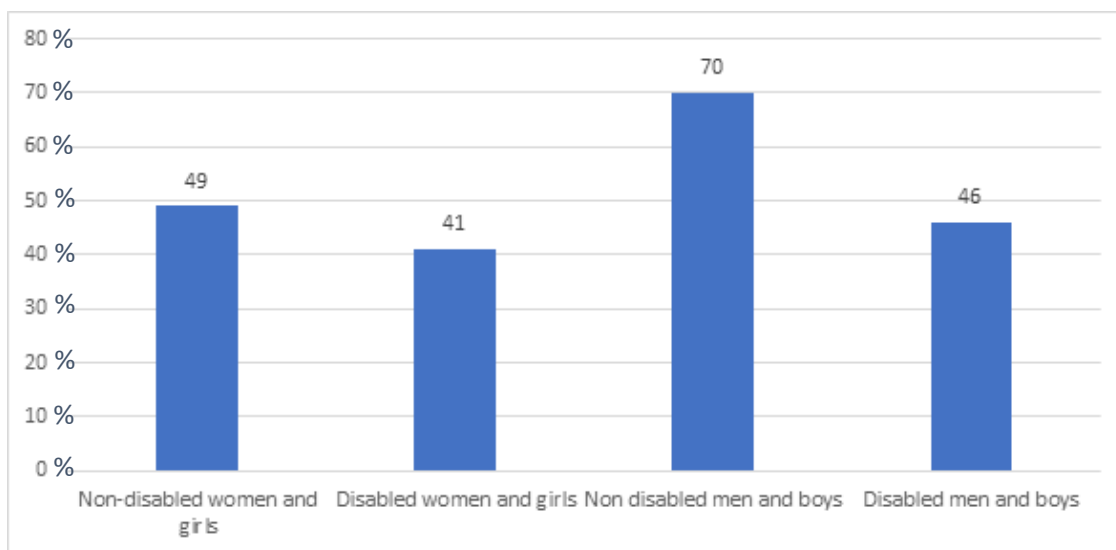
When questioned on COVID-19’s impact on intimate partner violence specifically, survey respondents showed similar results in reporting on increases in IPV due to the lockdown, with a modest majority of women, men, girls, and boys agreeing that rates of IPV accelerated due to the lockdown. The qualitative data strongly bears this out, as women and girls participating in FGDs pointed to violence within the family as an evident consequence of the COVID-19 crisis and the lockdown. There were some interesting variations in reported increases by geography, as the largest number of respondents in Karak reported that IPV had increased, followed by Za’atari, as seen in Figure 25 below.

FIGURE 25: PERCENTAGE OF PARTICIPANTS REPORTING IPV HAS INCREASED SINCE THE PANDEMIC, BY SEX AND LOCATION



When responding to a question on the vulnerability of disabled girls and women to GBV, in an unexpected result, respondents were not as convinced that disabled women and girls are more vulnerable to GBV as a result of the pandemic: for example, disabled women and girls did not rate PwDs as more vulnerable during the curfew, and men and boys overall agree in higher numbers that PwD are vulnerable. Interestingly, participants in a survey conducted on violence within the family among Jordanians during COVID by the Center for Strategic Studies in April 2020 also largely did not agree with the statement that the lockdown had increased violence against PwD, with just 9 per cent agreeing that it had increased.⁶⁸

FIGURE 26: PERCENTAGE OF RESPONDENTS AGREEING THAT PWD ARE MORE VULNERABLE TO GBV



Taking into account that disabled girls and women participating in the survey were not more likely than non-disabled respondents to describe disabled women and girls as more vulnerable to GBV due to the crisis and the lockdown than persons who are not disabled, it is possible that because disabled persons may already experience greater limitations to their freedom and mobility that the lockdown has not necessarily changed their situation drastically in that way.

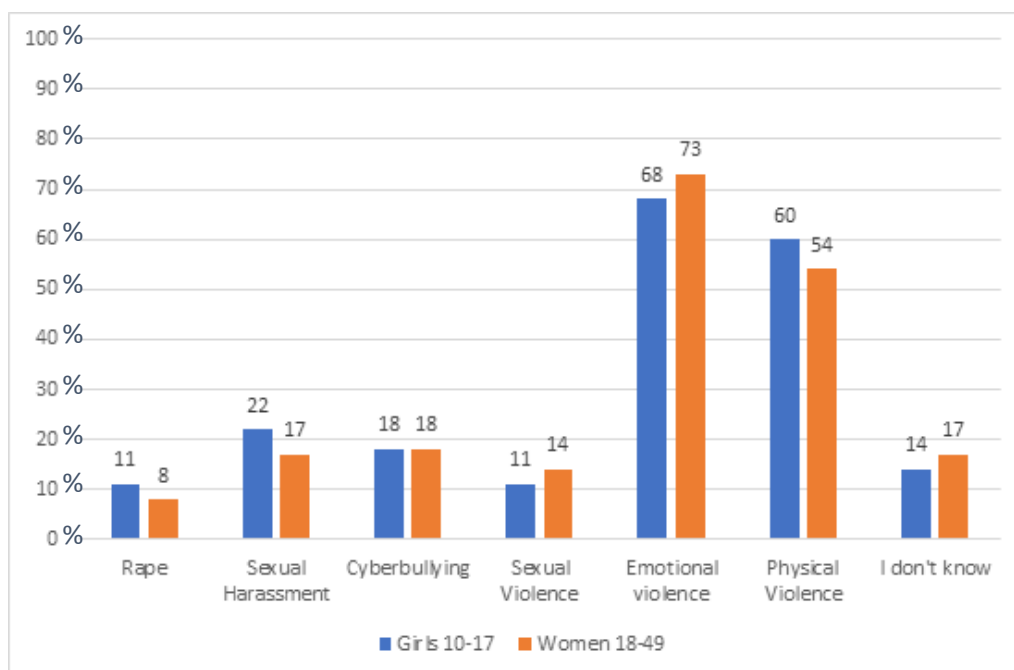
Regarding the types of GBV experienced, as shown in Figure 27 below, women and girl survey participants point to physical violence (mentioned by 60 per cent of adolescents and 54 per cent of adult women) and emotional violence (mentioned by 68 percent of adolescent girls and 73 percent of adult women) as the most prevalent types of GBV that are occurring during the lockdown, which are incidentally the types of violence often linked with intimate partners. These were mentioned as the first and second most prevalent forms of GBV across all geographical regions; interestingly, 51 percent of respondents in Karak pointed to sexual harassment and sexual violence as the next most prevalent forms after emotional and physical violence.



⁶⁸“Corona and family violence in Jordan: Findings and Indicators,” Center for Strategic Studies, released 27 April 2020 in Arabic, reference to PwD and violence on page 13. It is important to mention here that this study does not understand domestic violence in exactly the same way as this assessment.

Cyber-harassment and bullying were mentioned by women and girls in the FGDs and by a number of key informants as having been on the rise. A small number of women and girl survey respondents noted rape as the most common type of GBV women and girls are exposed to; the GBVIMS figures from 2019 show that rape is the least reported type of GBV to GBVIMS data collecting organizations: only 1.3 per cent of total cases documented by the GBVIMS for Jordan in 2019 were rape,⁶⁹ thus it is not surprising that rape is not the most prevalent form singled out by women and girls. It does bear mentioning that the survey did not distinguish between rape committed by a non-intimate partner and marital rape, which many respondents may not consider as rape due to patriarchal bias within the culture and in Jordanian law, which does not specifically recognize it as a crime.⁷⁰

FIGURE 27: MOST PREVALENT FORMS OF GBV REPORTED BY WOMEN AND GIRLS, BY PERCENTAGE



Interestingly, some of the qualitative data from FGDs and KIIs suggests that certain forms of GBV that are associated with moving in public spaces may have been curtailed somewhat by the restrictive stay-at-home measures, particularly sexual harassment and bullying. However, given the level of stigmatization around GBV, respondents may be in denial of GBV or may be hesitant to state openly that has increased. The concurrent intensification of domestic violence and softening of other types of GBV may also explain why some of the survey participants did not wholeheartedly agree to the idea that there has been an increase in GBV during the pandemic.



⁶⁹ Jordan GBVIMS 2019 Annual Report, page 6.

⁷⁰ Marital rape is not recognized as a crime, though an article that exonerated rapists who married their victim was removed from the Penal Code in 2017. See “Jordan: Gender Justice and the Law,” United Nations Development Programme, 2018, <https://www.undp.org/content/dam/rbas/doc/Gender20%Justice/English/Full20%reports/Jordan20%Country20%Assessment20%-20%English.pdf>.

When asked about the factors that may be increasing violence, the economic situation is by far the greatest concern, while lack of privacy, the inability to go out, and crowding at home came in with even responses. Economic worries are especially palpable when considering the low number of respondents across all categories benefitting from IGA or material support mentioned above. A preliminary GBVIMS analysis during the first two weeks COVID-19 pandemic lockdown in Jordan notes a 68 per cent decrease of cases from before the crisis, but states that anecdotal reports show the opposite is true.⁷¹ Importantly, the findings from this assessment refute the idea of reduced violence, showing that there has been a reduction not in violence but in help-seeking and reporting due to restrictive measures.

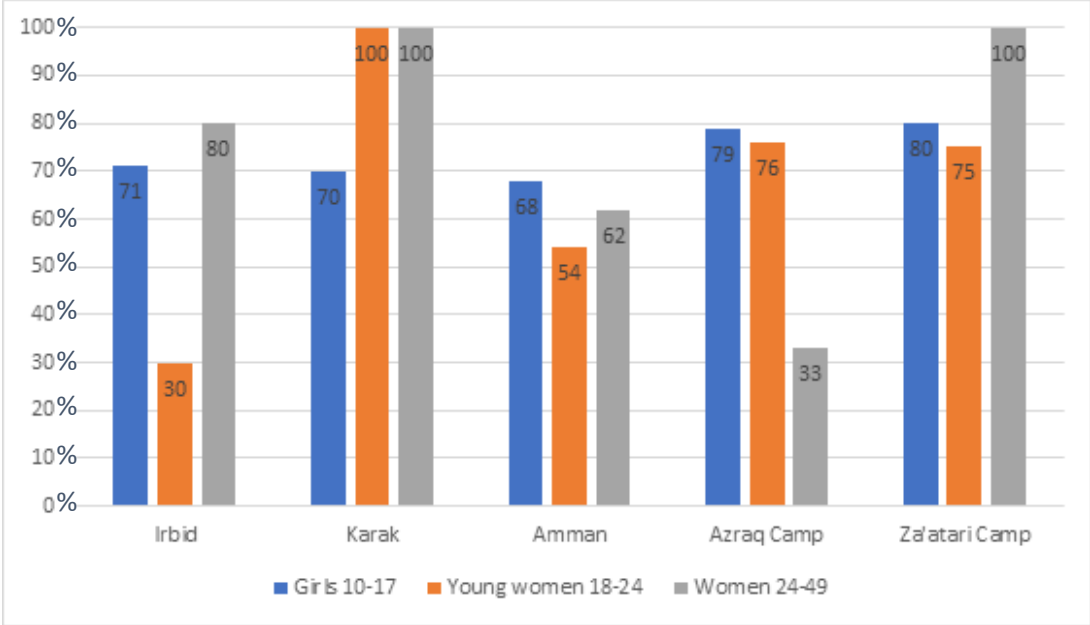
IMPACTS OF COVID- 19 ON GBV HELP - SEEKING BEHAVIORS AND PSYCHOSOCIAL SUPPORT

UNFPA and partner organizations intervening in GBV in Jordan have made many efforts to inform beneficiaries of their services and their rights to obtain help. When asked if they know where to go to obtain help or to refer someone in the case of exposure to domestic violence during the pandemic, the majority (72 per cent) of all female survey respondents agreed, though there were interesting discrepancies according to age and location. As seen in Figure 28 below, in three of the research locations of Irbid, Amman, and Za’atari, adult women aged 25 to 49 showed the highest level of knowledge of where they might obtain help, though in Azraq camp there is a notable gap in knowledge among women from 25 to 49.. For adolescent girls, the survey data suggests that around 10 per cent more girls residing in a camp setting know where they might obtain support than those in an urban setting: for example, in Za’atari camp, 80 per cent of girls know where to go as opposed to 70 per cent of girls in Karak town. As mentioned in the methodology section, it bears mentioning that the sampling method may have a minor bias towards women and girls being aware of services given that they are on the lists of NGOs.



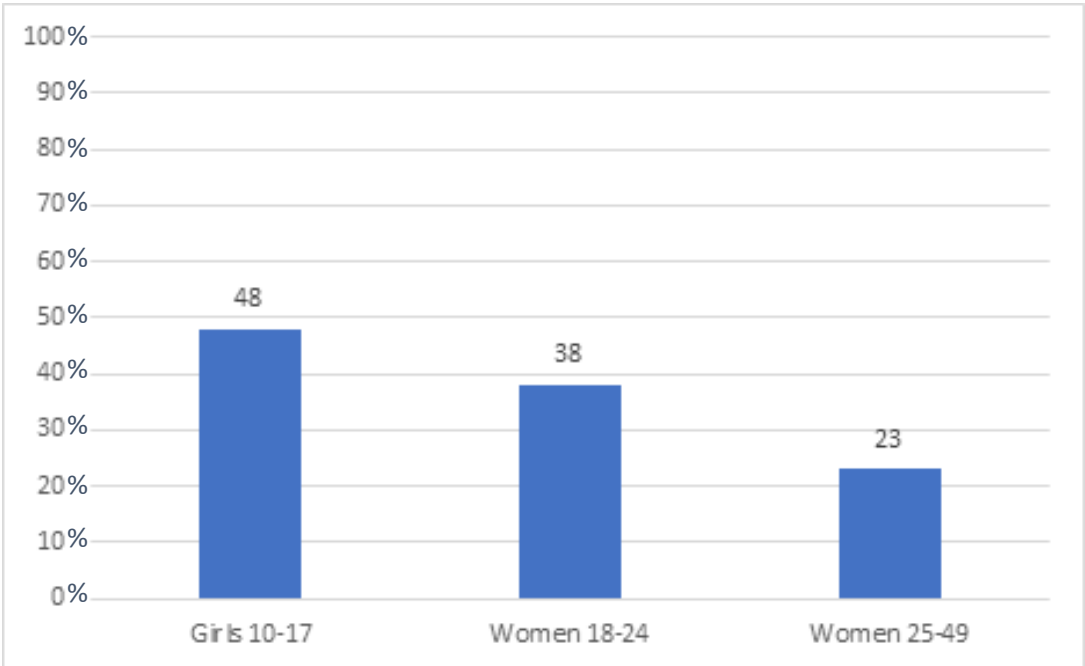
⁷¹Preliminary Analysis of Gender-based Violence trends during COVID-19, GBVIMS Taskforce Jordan, 14 April 2020.

FIGURE 28: PERCENTAGE OF WOMEN AND GIRLS WHO KNOW WHERE TO GO FOR HELP OR TO REFER SOMEONE IN THE EVENT OF VIOLENCE, BY REGION



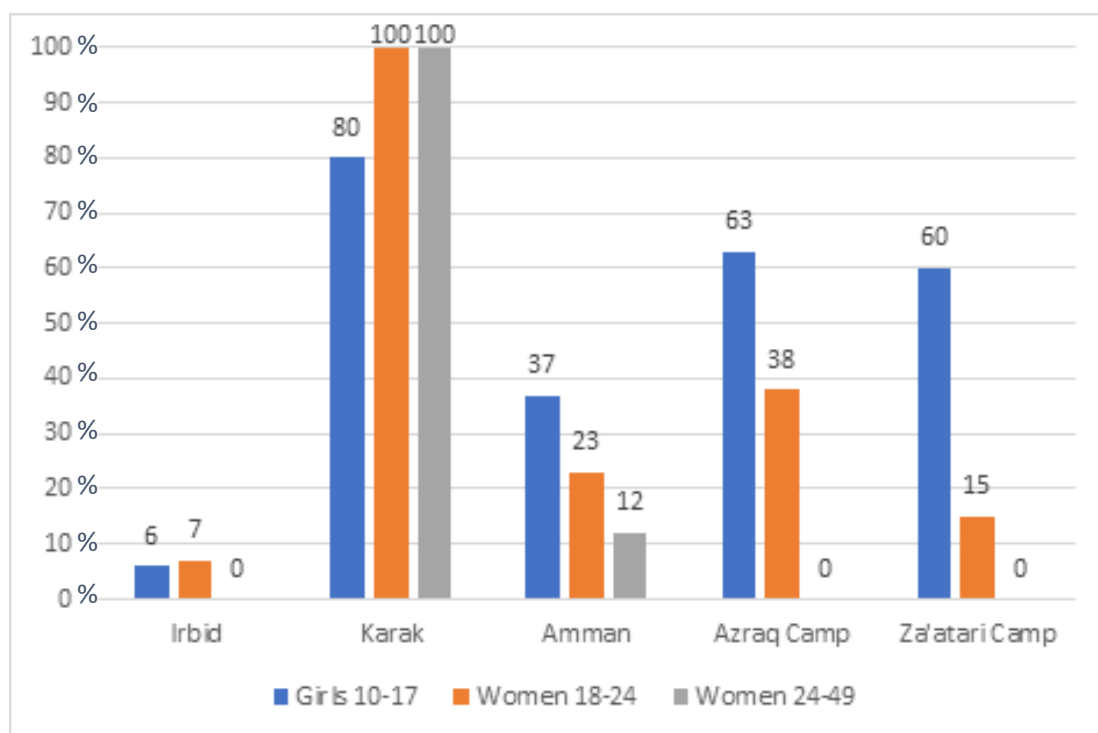
Regarding changes in GBV levels since the beginning of the pandemic, the large majority of women and girls surveyed (73 percent of girls 10-17, 17 percent of women 18-24, and 77 percent of women 25-49) verified that it was easier to obtain support for domestic violence prior to the beginning of the lockdown. Still yet, women and girls surveyed also showed a moderate level of awareness of remote services currently offered by GBV service providers and youth service providers, and as shown in Figure 29 below, many have also managed to access a remote GBV or SRH service since the beginning of the movement restrictions in Jordan.

FIGURE 29: PERCENTAGE OF WOMEN AND GIRLS WHO HAVE TAKEN PART IN VIRTUAL GBV OR SRH SERVICE SINCE THE BEGINNING OF THE LOCKDOWN



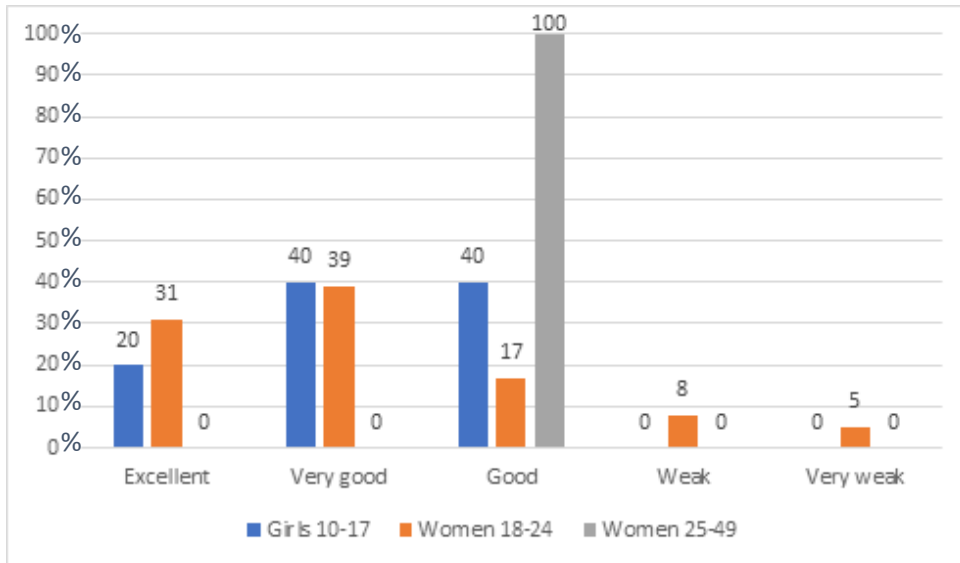
Notably, adolescent girls reported being most active in virtual sessions with nearly half of adolescent girls surveyed reporting that they had accessed a service, while older women were less active. It is possible that adult women may be less comfortable using technology for virtual sessions, and/or may have less time than younger girls in the sample to take part in activities. On this same question of accessing virtual services, there are some discrepancies by region as well as age as seen below in Figure 30. There is a high level of participation among women and girls in Karak, with 80 per cent of girls from 10-17 and 100 percent of women from 18-49 having taken part in activities there. This may be due to the presence of many active community-based organizations there.

FIGURE 30: PERCENTAGE OF WOMEN AND GIRLS WHO HAVE TAKEN PART IN VIRTUAL GBV OR SRH SERVICES BY LOCATION



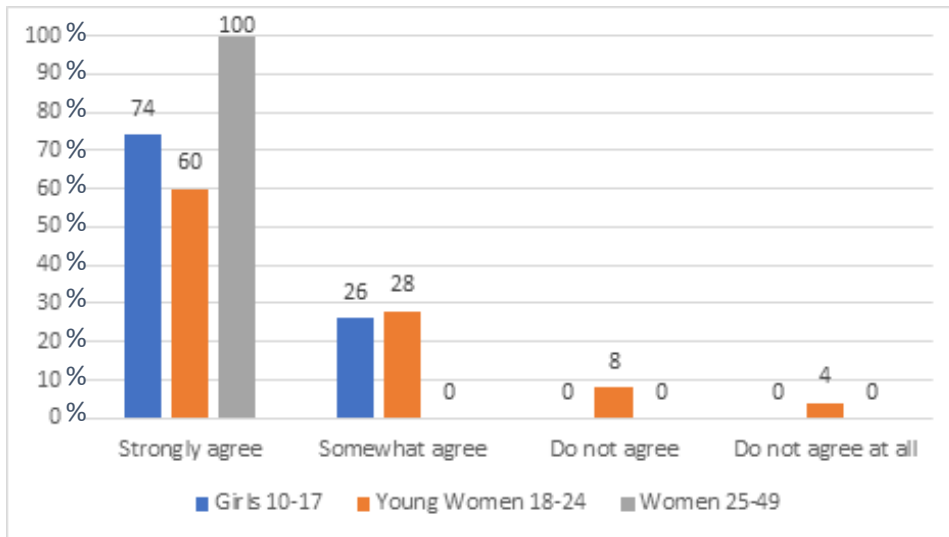
Of the girls and women who reported having taken part in virtual sessions, most said it was medium to easy to participate in the sessions: 60 per cent of girls 10-17, 17 per cent of women 18-24, and 50 per cent of women 25 to 49 stated that it was “easy” or “very easy” to take part. and the majority rated the quality of the activity highly as can be seen below in Figure 31. Again, we find that girls and younger women tended to rate the quality higher than their older cohorts, suggesting that virtual activities are more accessible and tailored to younger women and girls at this particular time.

FIGURE 31: EVALUATION OF THE QUALITY OF THE ACTIVITY, BY PERCENTAGE



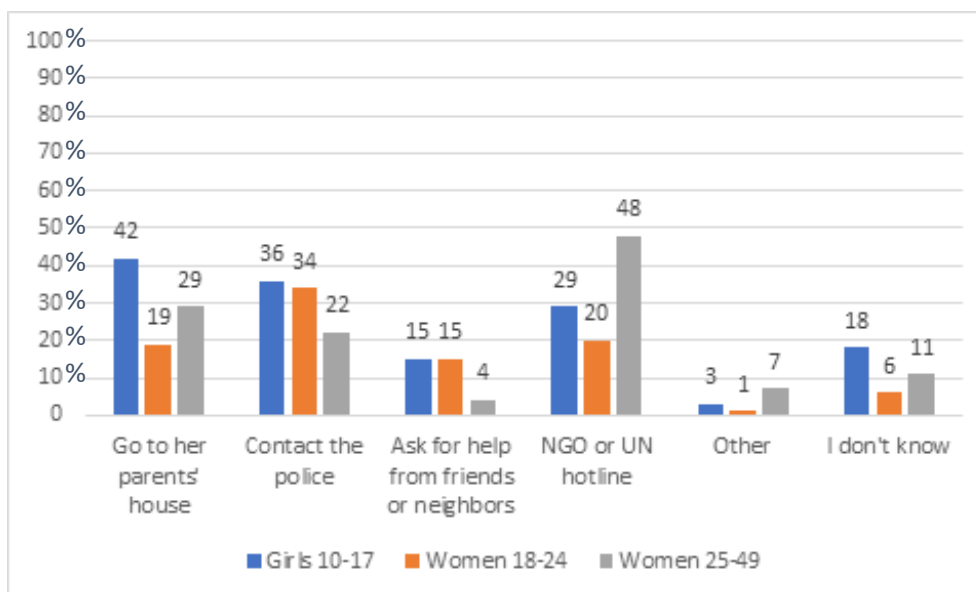
Of the women and girls who have participated in virtual activities, the majority strongly agreed that the activity had led to more positive feelings, and the majority of participants would be willing to participate again in virtual activities in the future.

FIGURE 32: PERCENTAGE OF WOMEN AND GIRLS REPORTING THAT THE ACTIVITIES LED TO A MORE POSITIVE FEELING



As such, the assessment data strongly suggests that virtual support activities are being utilized and are generally well-received, even if they are not a replacement per se for social interaction offered by actual WGSS, clinics, or youth-friendly spaces. Importantly, we are unable to validate the remote case management activities that are taking place as this is a confidential activity and we did not ask beneficiaries to share their personal experiences with violence or case management.

FIGURE 33: REPLIES TO WHAT WOMEN SHOULD DO IF THEY ARE EXPOSED TO VIOLENCE, BY PERCENTAGE



When asked what a young girl or woman who is exposed to domestic violence during the lockdown can do to obtain help, the majority of adolescent girls and women cited the police as a resource to turn to; however, the majority of adult women over 25 cited NGOs or UN agencies as a source of help to turn to. Resorting to family or friends came behind, which hints at the idea that family or friends may uphold social pressures for women and girls to stay with their abusers. There were interesting variations in the way women and girls answered this question according to region: for example, in Karak NGO/UN hot lines tied with the police as the most mentioned option and in Za’atari camp NGO/UN hotlines were the most mentioned, indicating a high level of trust in NGOs to respond to the needs of women. In Azraq camp, women and girls are more likely to turn to family or friends than to the police, since going to the parents’ house and asking for help from friends and neighbors were the first and second most selected options.

Furthermore, it bears mentioning that many sources have raised reservations over the involvement of police in domestic violence matters given policies around mandatory reporting and the protective administrative detention of survivors under Jordanian law. Police have been known to treat victims of domestic violence with skepticism or pressing women to mediation and perpetrators to sign a pledge to not use violence again, seeing the issue as a family matter that should be resolved informally.⁷²

Indeed, the considerable social and structural barriers to help-seeking prior to the crisis continue to be prominent or have even intensified. Women and girl survey respondents overwhelmingly point to social pressures—in the form of fear of the opinions of her community and of the consequences (averaging out the three age groups, 55 percent of women and girls chose this option)—as the greatest barriers per the graph below, though husbands’ control over wives’ behaviors ((averaging out the three age groups, 34 percent of women and girls mentioned this)) and the presence of children and lack of privacy are also important. The women and girls in FGDs and the service providers interviewed agree that the sustained presence of husbands and other family members can prevent a woman from seeking help if she is being abused. According to the qualitative data, a significant number of women and girls lack unique private

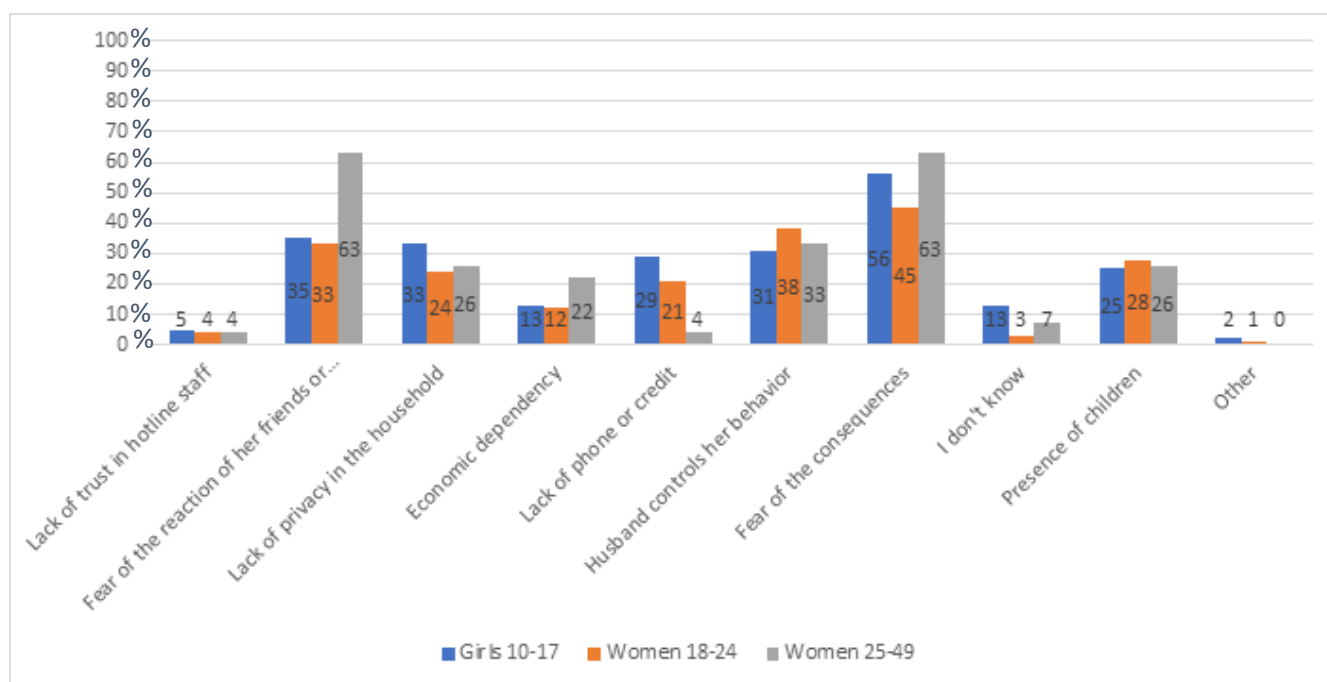


⁷²Jordan Review of Health, Justice and Police, and Social Essential Services for Women and Girls victims/survivors of Violence in the Arab States, page 10.

access to a phone that has credit for calling a hotline: adolescent FGD participants estimated that 50 to 70 per cent of their peers have a phone, while women FGD participants put the number of women with phones at around 85 per cent. This still leaves a gaping number of women and girls without private access to a phone with which they can call for help.

It is positive that only a small number of respondents referred to a lack of trust in help hotline staff, indicating that poor perceptions of services are a barrier for women and girls in Jordan.

FIGURE 34: FACTORS PREVENTING WOMEN FROM SEEKING HELP, BY PERCENTAGE



For many women and girls suffering from domestic violence, fear of the reactions of those around them may be even more pronounced with the restrictive measures put in place for COVID-19, as it is now easier for neighbors and family members to hear and see the comings and goings from their neighbors' homes when everyone is confined in the house. Also linked to the fear of negative social consequences, mandatory reporting requirements for rape and other forms of GBV may deter women and girls from seeking help. Though mandatory reporting requirements were not listed as an option for barriers on this survey, according to the GBVIMS 2019 report, survivors declined referrals to health services due to mandatory reporting requirements to the police under Jordanian law, which is strict for Jordanian medical service providers versus other service providers.⁷³

According to several of the key informants interviewed, the government, NGOs, and other bodies responsible for protection are preoccupied with the COVID-19 crisis, and women and girls' protection may risk being pushed aside for what is deemed more "urgent.". Similarly, with the courts currently closed,

⁷³Jordan GBVIMS Annual Report, page 7.

<https://data2.unhcr.org/en/documents/details/75705>

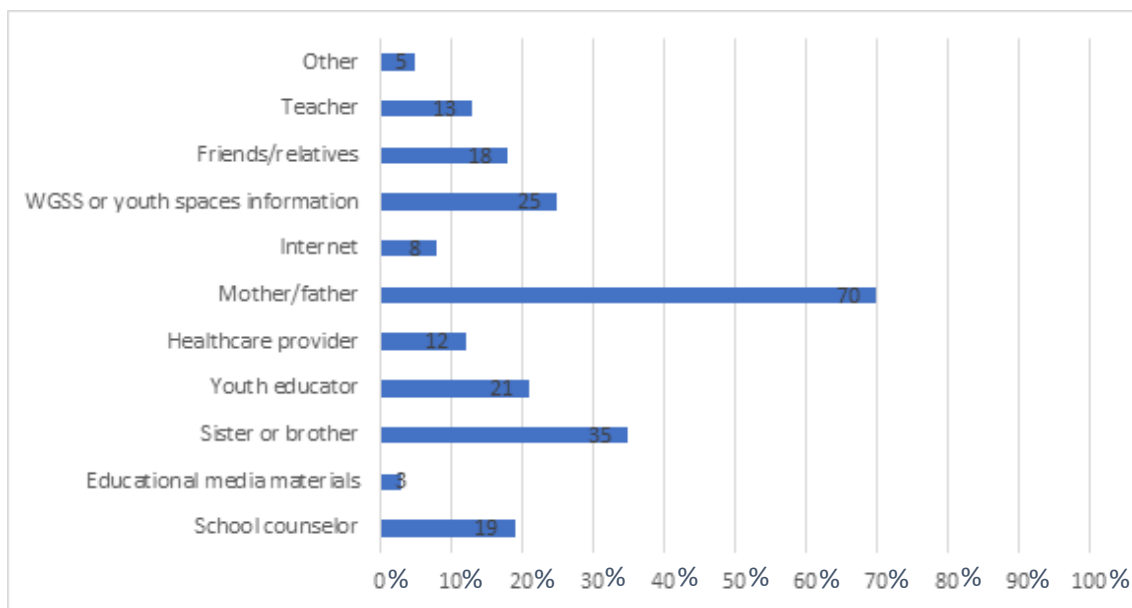
cases related to domestic violence, denial of resources, and other forms of GBV are delayed, depriving women and girls of the essential legal protection rights under Jordanian law.

PART 3: HOW WOMEN AND GIRLS ARE MANAGING SRH NEEDS AND RIGHTS DURING THE PANDEMIC

SRH Information-seeking Patterns

According to the survey results, women and girls look to diverse sources of information to answer questions on their bodies and their sexual and reproductive health. For young girls aged 10-17, the majority turn towards a trusted close person, specifically a parent (usually a mother), or to a sibling for information on the physical and psychological changes that occur with puberty. It is important to retain that girls look to multiple sources of information for their questions, which emphasizes the importance of providing different options for them in case they are too shy to ask for the information they need.

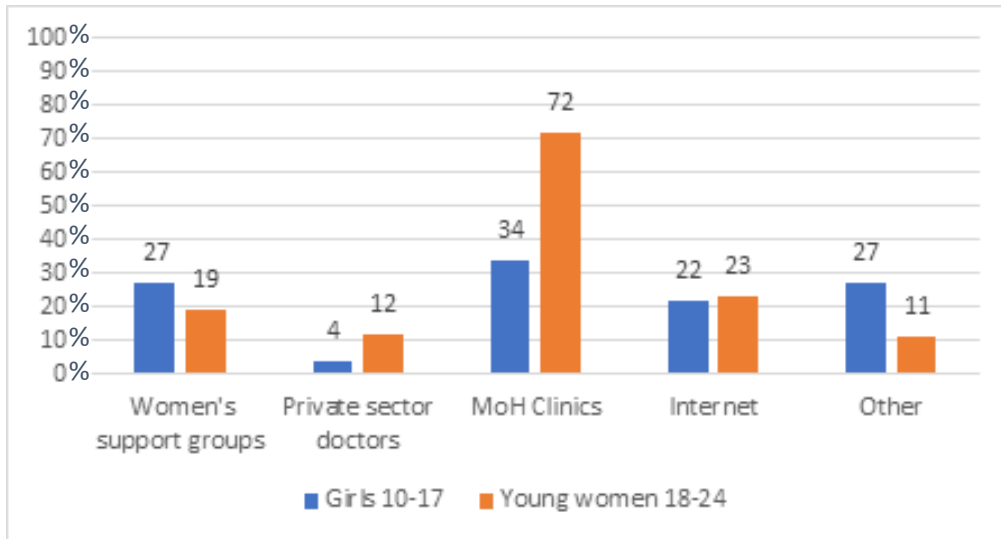
FIGURE 35: SOURCES OF INFORMATION ON SRH FOR GIRLS, BY PERCENTAGE



Sources of information on contraception and sexually transmitted infections (STI) proved slightly more controversial. Ministry of Health clinics were reported to be an important source for information on these topics. It is important to mention that there is no data for this question from women survey respondents from 25 to 49, and there was a high incidence of girls and women mentioning other sources of information not in the survey, including the Noor Al Hussein Foundation and clinics run by NGOs. Several respondents noted that they had never sought out information on the topic of contraception or STIs, or were not interested in learning more. One of the married adolescent girls stated that she obtains this information from her mother-in-law, which is problematic given that adolescent girls who are likely to be sexually active should have guaranteed access to unbiased information on topics related to sexual health, and are not guaranteed to receive this from a person who has power over them such as their mother-in-law.

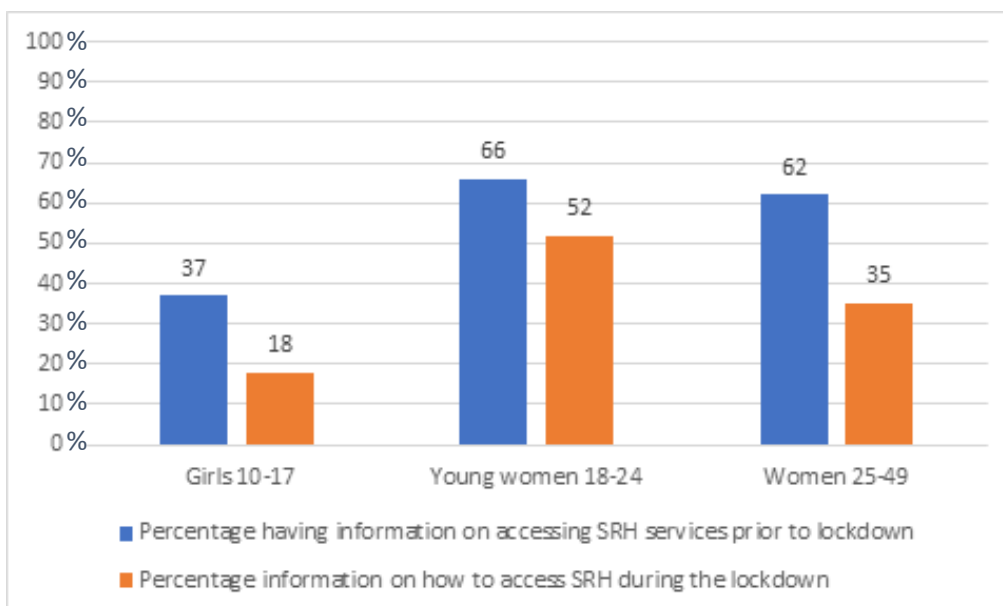
When asked about challenges to accessing information on SRH during the pandemic, we again see differences in different age groups: women 25 and over were more likely to report that they were not experiencing issues accessing information, while the two younger age groups reported in larger numbers that their information is hindered by limited access to healthcare facilities and health workers as well as stress in the home that create an inhospitable atmosphere for discussions on such sensitive subjects.

FIGURE 36: SOURCES OF INFORMATION ON FAMILY PLANNING, STIS, AND SEXUAL HEALTH, BY PERCENTAGE



In a worrisome finding, women and girl survey respondents reported having less information on how they can access SRH services during the lockdown than prior. The table below presents the percentage of women and girls in each major demographic group surveyed who report having access prior to and during the lockdown and shows that not only was knowledge about accessing SRH services somewhat disappointing prior to the lockdown, it has reduced for each age cohort since the closure.

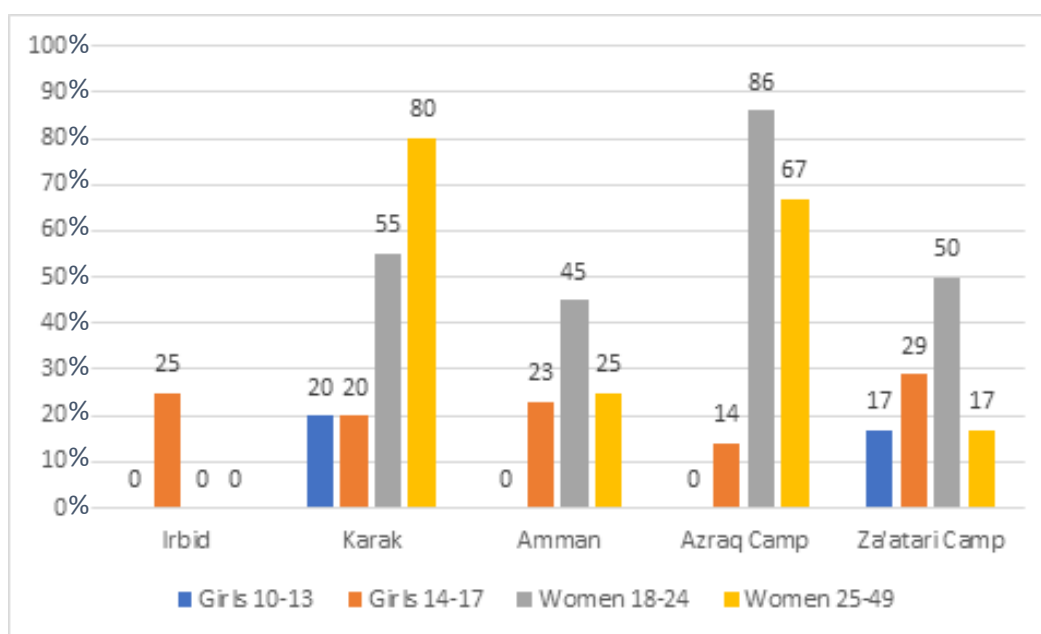
FIGURE 37: CHANGES IN ACCESS TO INFORMATION ON SRH SERVICES BEFORE AND DURING THE LOCKDOWN



For those that do have information on where to obtain SRH services, the Noor Al Hussein hotline and the Internet are mentioned as a source of information, as well as information passed through WhatsApp chats. Of the four girls under 18 surveyed who have been or are currently married, three reported not having information on how to access SRH service prior to or during the lockdown. Since young girls who have been or are currently married have a specific need for information on accessing SRH services, this points to a need for continued targeting of married girls and their families to inform them of available services.

Taking a closer look at differences in women and girls' knowledge on SRH services after the pandemic by region, we see that levels of information in Irbid especially low, particularly for young girls and adult women who all did not know where to go to obtain information following the pandemic. The data makes clear that girls are in need of more information on SRH services during the pandemic across all locations.

FIGURE 38: PERCENTAGE OF WOMEN AND GIRLS WHO HAVE INFORMATION ON ACCESSING SRH SERVICES DURING PANDEMIC, BY LOCATION

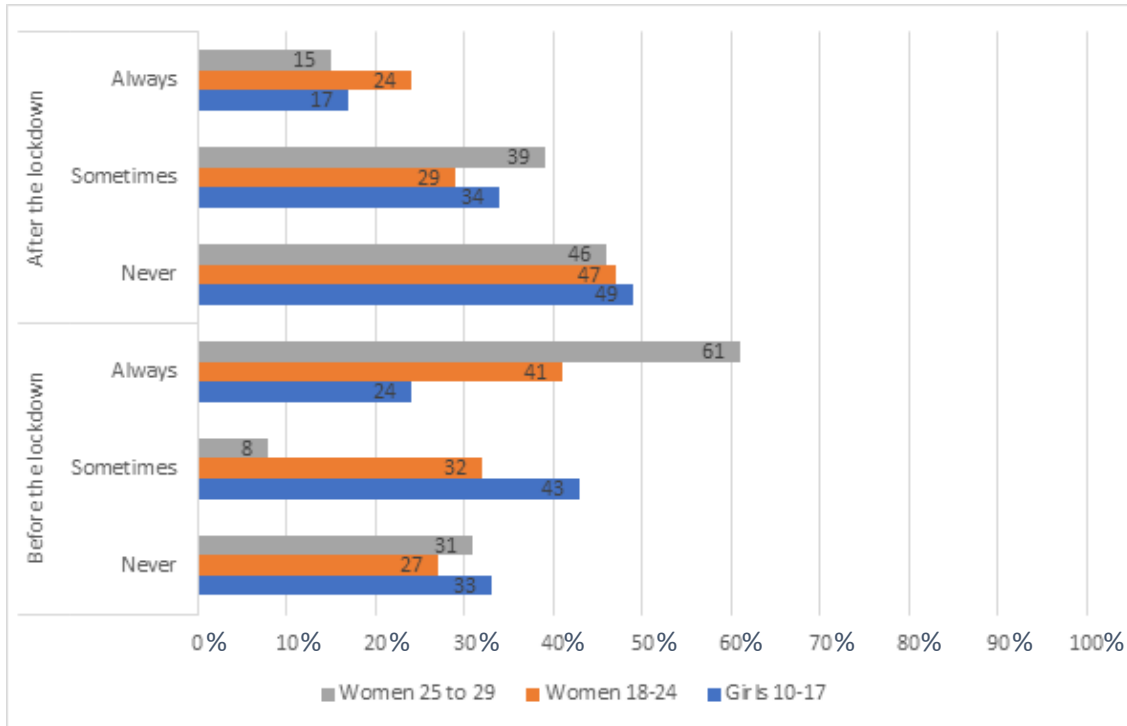


CHANGES IN ACCESS TO SRH SUPPLIES AND SERVICES

Given that information on SRH services has reduced following the lockdown, it comes as no surprise that access to SRH services has been negatively impacted in some important variables. With regards to family planning, the survey data shows that access to family planning counselling has been negatively impacted in the three age categories, with an increase of 10-20 per cent in the number of women who are not at all able to access family planning, per the table below. This decrease aligns with predictions made by the Guttmacher Institute on the pandemic's potential to reduce access to SRH services in low- and middle-income countries., which predicts, among other things, a 10 percent decline in the use of short- and long-

acting reversible contraceptives and a 10 percent decline in service coverage of essential pregnancy-related and newborn care.⁷⁴

FIGURE 39: ACCESS TO COUNSELLING AND FAMILY PLANNING PRE - AND POST - LOCKDOWN, BY PERCENTAGE

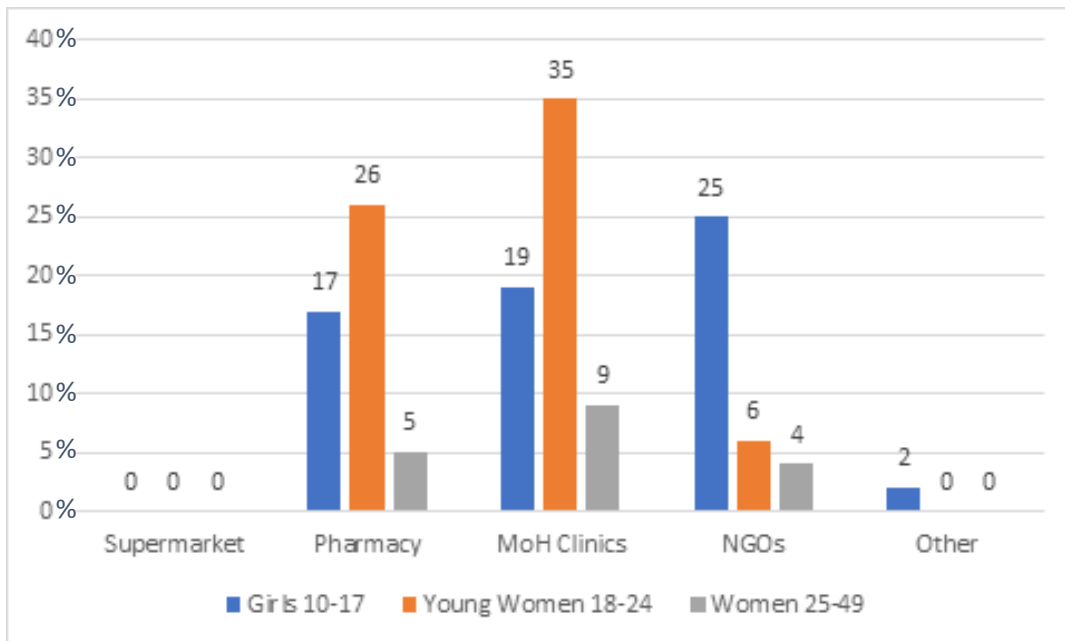


Still yet, some women and girls are able to access family planning, and the MoH clinics are a preferred source, followed by pharmacies. A doctor from the MoH noted that in Jordan, the effects of the closure will be less severe on users who already have a long-term method such as the IUD, and highest on persons using condoms and pills, which another medical key informant mentioned may be unaffordable in pharmacies, though they are often available. It is important to emphasize that prospective new users of long-term methods will be affected by the closure of clinics where they might obtain counselling on methods and insertion. According to the survey data, adolescent girls are more likely to seek out family planning from NGOs, and while the reason is not entirely clear it is possible that it is less stigmatizing for them to seek out this sensitive service from an NGO where there may be less of a risk of stigmatization.



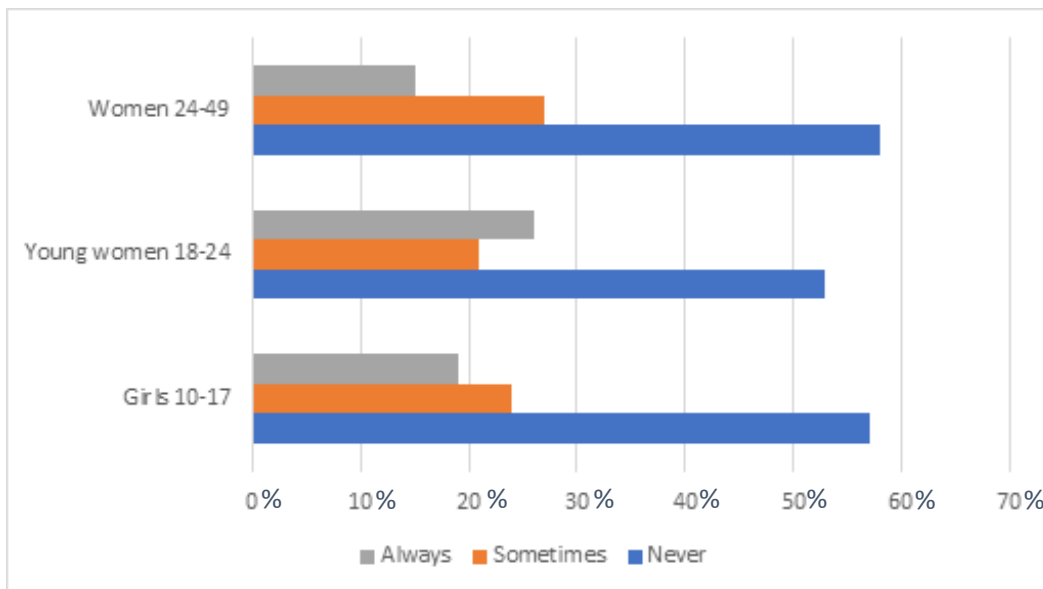
⁷⁴Taylor Riley, Elizabeth Sully, Zara Ahmed, Ann Biddlecom, “Estimates of the Potential Impact of the COVID-19 Pandemic on Sexual and Reproductive Health in Low- and Middle-Income Countries,” Volume 46, pages 73-76, <https://www.guttmacher.org/journals/ipsrh/04/2020/estimates-potential-impact-covid-19-pandemic-sexual-and-reproductive-health>.

FIGURE 40 : SOURCES OF FAMILY PLANNING DURING THE LOCKDOWN



When asked about safe maternity options, women and girls also reported limitations to accessing these services following the lockdown, per the graph below. Across the age groups, a modest majority reporting having no access to these services.

FIGURE 41 : PERCENTAGE OF WOMEN ACCESSING SAFE MATERNITY SERVICES DURING THE LOCKDOWN



Though services are curtailed, women and girls do continue to access some crucial maternal services, specifying that there is still access to post-birth, post-pregnancy, delivery, and pre-natal services.

The qualitative data bears out the survey findings: in the FGD with adult women, participants noted that medical services are still available but non-essential procedures have been delayed. The respondents lamented that the curtailing of services and difficulty accessing them may lead to more unplanned pregnancies or problematic births after this period. For their part, adolescent girls in FGDs were embarrassed to speak openly about access to SRH services and pointed to the Noor Al Hussein Foundation as enabling access to information on this topic. This suggests that NGOs providing targeted SRH information sessions for adolescent girls may be a preferred way for girls to obtain information about a subject that they link with shame or embarrassment.

PART 4: EXPERIENCES OF GBV, SRH, AND YOUTH SERVICE PROVIDERS

This study also engaged service providers in SRH, GBV, youth, as well as a handful of other key informants belonging to the state bodies of the Ministry of Health and the chair of the National Team for the Protection of the Family. The KIIs performed provide insight on how services have been impacted from the perspective of both frontline and managerial-level providers. GBV service providers describe an initial push to provide information to beneficiaries on COVID-19 and the measures they should take. This has largely taken the form of remote awareness-raising sessions, WhatsApp and other social media group messages, and flyers.

Service providers have made efforts to transition service packages to Internet or phone platforms. For GBV services and targeted support services for youth, this includes hotlines, awareness-sessions on Zoom or other platforms, WhatsApp groups, and Facebook groups.

- For the **GBV service providers**, the transition to remote platforms appears to have resulted in a further blurring of boundaries in some cases as well as the loss of the depth of a service due to the inability to meet face-to-face. For example, a respondent from a Jordanian women's organization reported that GBV cases contact her personal Facebook account and she follows up personally, and though this is difficult she feels that they benefit from the personalized support, even though it may not be sustainable for service providers to maintain this level of contact for providers in the long-term. It is important to mention that such a situation occurred prior to the onset of the COVID-19 pandemic and is a common challenge. This does, however, press upon the importance of a personal connection and trust for survivors to come forward and then consent to receiving services and referrals; in this sense, the loss of face-to-face interaction due to the pandemic is a significant barrier for both the survivor and the service provider. GBV service providers echoed the findings about increased difficulty for survivors to come forward during the pandemic as we have seen in the survey and in the FGDs: the constant presence of husbands and other potential abusers in the household with women and girls prevents them from calling into hotlines or leaving the house to obtain help. GBV service providers also lamented that often adolescent girls and some women do not have private access to their own mobile phone, particularly in camps. Women and girls using their own phones may find that their partners or families regard them with suspicion, especially if the phone is password-protected.
- **For SRH services**, providers continue to provide services over the phone to the extent possible, and those that are able conduct home visits. However, the restriction on movements hinders the ability of SRH service providers to provide comprehensive services; for example, a service provider

in Azraq camp was unable to go to the camp to give services for three days as they were waiting for permission from the Jordanian government. A doctor shared that it is not possible to write prescriptions now if she cannot see patients in person, most contraceptive products (pills and condoms) are available in pharmacies, though beneficiaries may not have adequate funds to cover the costs. As such, one provider mentioned giving three-month supplies of medication to cover them during the lockdown period. A respondent from the MoH mentioned that they continue to carry out GBV screenings only at hospitals as they would under normal circumstances and the procedures have not changed, though they are seeing fewer patients.

ADAPTING AND OVERCOMING OBSTACLES TO SERVICE PROVISION

The shift to remote services has been an adjustment, yet most organizations interviewed report that their staff are adapting well considering the limiting circumstances. For example, most direct service provision organizations interviewed self-rated their staff's capacity to adapt highly, which would indicate that they perceive their organization to be rising to the challenge of helping people under what are still very new and unusual circumstances.

Despite this ability to adapt to remote services, some participants working in GBV, with youth, and SRH acknowledge that in the transition from in-person to remote some personal elements are lost, since the warmth and compassion of an in-person meeting are not always well-conveyed over the phone or via email. Several service providers for youth and GBV acknowledged that virtual PSS sessions are something that they can offer but should not be considered a true alternative for in-person activities. With medical service providers, it is more difficult to evaluate and reassure patients in-person. For example, a midwife working with an INGO in Azraq camp stated that "When someone is sick, I want to see them. You are more at ease if it is one-on-one." Some services simply cannot be offered remotely: according to an organization offering legal assistance, it is impossible to go to court to defend cases during this time due to the closure of courts. Working from home can be taxing for all staff, but especially frontline workers who may not have their own laptop and a stable internet connection. While working from home, staff will be juggling domestic responsibilities and childcare with working, and there is a greater risk of work-life balance being blurred. To this end, one organization offered more flexible working hours to their staff in light of the challenges of this period.

The organizations interviewed also reported taking measures to protect their staff from the risk of infection through distributing personal protective equipment. This included enforcing social distancing and providing PPE, though several organizations reported that there was an initial shortage of PPE. Several organizations also said that they held meetings informing staff of the need to follow hygiene procedures, making sure that patients maintain social distancing in the waiting room. Several organizations also reported having a psychologist for their staff to call if they need support.

Providing help to others during times of crisis can create feelings of self-efficacy and service providers deserve to be proud of the work that they are doing to maintain services to the extent possible. However, it is essential to recognize that service providers are themselves coping with the stress of the pandemic and the uncertainty and chaos it has brought to their lives. For several organizations, the pandemic has thrown employee jobs into uncertainty as donors have cancelled or altered projects due to the unexpected change. Having to worry about job security and the safety of their own family and health while attempting to support people in distress no doubt will have a toll on the well-being of service providers in the long-term. Service providers are also working longer hours in many cases from home, and many staff—especially front-line ones—do not have their own laptops and/or a stable Internet connection

to use. Service providers who come into regular contact with people suspected to be infected may also face discrimination; one of the doctors mentioned that neighbors in her residence had asked her not to use the elevator for fear that she would pass the virus in common areas. As service providers are already prone to burnout, the stress from the pandemic places them at a risk of mental health symptoms such as depression or insomnia.⁷⁵

On the subject of coordination among service providers in providing assistance following the onset of COVID-19, following the onset of the COVID-19 crisis, some participants had differing perspectives. Coordination among frontline responders at local levels is well-perceived. With regards to higher-level coordination, a key informant from a high-profile coordination body rated coordination well, explaining that because of the Syrian crisis the structures and platforms were already in place and thus it was a matter of changing the agendas to cover COVID-19 issues when the time came. However, a key informant from a government ministry rated the coordination as weak as many NGOs stopped their activities rather suddenly with the lockdown. Furthermore, there was mixed awareness and usage of the Amaali app that is used to assist with the GBV referral pathways: frontline youth educators were not familiar with this app, several respondents are aware of the app but do not use it, while a respondent working for an international NGO reported using it frequently.

CONCLUDING THOUGHTS AND PROGRAMMATIC AND POLICY IMPLICATIONS

The COVID-19 pandemic has delivered a major shock to women, men, girls, and boys living in Jordan, and drastically changed the way many people lead their daily life, their feeling of personal safety and well-being, and their fears and hopes for the future. While Jordan has at the end of April 2020 relaxed some restrictions that have enabled the reopening of WGSS and clinics, it is clear that the country like most others has entered a period where restrictions and social distancing in various forms will likely remain a part of life for the foreseeable future, meaning in turn that many of the restrictions discussed by this assessment are to remain in place in some form for the coming months of 2020.

As we have seen, the pandemic and the restrictions have led to greater uncertainty, stress, and health and psychological risks for women and girls, many of whom already faced the challenges of entrenched gender inequality and discrimination. The pandemic has led to a rise in GBV and a concurrent drop in help-seeking behaviors as women and girls are confined to their homes. For women and girls who have endured displacement and other stresses in the past, the pandemic has brought with it a further loss of control: adolescent girls are worried about their future ambitions as their mobility, ability to go to school, and social connections have been turned upside down in a short period of time. This loss of mobility and personal power places them at risk to fall under the greater control of men and boys and others who make decisions for them. As SRH services and products are curtailed, women and girls also risk losing control over their bodies, a reality that is not only very scary for girls and young people, but which in turn equates a loss of control and agency over their lives and futures. In short, the rights of women, girls, and young people are profoundly threatened by the pandemic, and there is a need for concerted, assertive action on the part of the UN, civil society, the government, and donors to ensure the protection and empowerment of women and girls in Jordan.



⁷⁵For example, a study of doctors and nurses in China during the COVID-19 crisis found large percentages of depression, anxiety, and insomnia. See William Wan, « The coronavirus pandemic is pushing America into a mental-health crisis, » Washington Post, 4 May 2020, <https://www.washingtonpost.com/health/04/05/2020/mental-health-coronavirus/>.

UNFPA, NGOs, state actors, donors, are thus urged to take the following actions to support women, girls, and other affected persons to maintain their well-being and agency during a time of unprecedented challenges:

POLICY AND ADVOCACY:

- **GBV response and prevention must be considered an essential service during pandemics:** Comprehensive GBV response must be considered as an essential, life-saving service by the government and all other relevant bodies. GBV service providers should be seen as essential as hospital and emergency room employees and should be granted permits by the government to move about to carry out their work without delay, and should have access to personal protective equipment. Women and girls' safe spaces should remain open during periods of movement restriction but follow hygiene protocols with personal protective equipment so that women and girls in need of a confidential GBV service such as case management may access these services in-person, even if the full package of WGSS activities may not be possible during lockdowns.
- **SRH services and rights are essential:** Similarly, the comprehensive package of SRH services (including family planning, sexual health education, and maternal services) should be considered as essential services and should remain open during times of restriction provided they follow hygiene protocols.
- **Expanding SRH Rights for Women and Girls in Jordan:** As part of upholding SRH rights, it is recommended for the United Nations, medical, and civil society actors to advocate for emergency contraception (Plan B) to be made available in pharmacies so that women and girls may access this following sexual assault or rape, in the case that they are unable to or choose not to access clinical management of rape services due to access issues or fears surrounding mandatory reporting requirements.
- **Continue to address gaps in the policy architecture:** Strict requirements for medical service providers in Jordan to report rape and other forms of GBV expose women and girls to the risk of stigma, shame, and social pressure—all major barriers for coming services. This deprives GBV survivors of their right of seeking confidential, life-saving medical services following sexual assault. While the intentions of the government are positive, it is important to continue a joint UN and civil society advocacy to change the mandatory reporting policy. As the pandemic has increased GBV while making it more difficult to receive support, it is a critical time to address these problematic aspects of the policy architecture.
- **Ensure that women and girls' participation and empowerment remain on the list of the top priorities for the government of Jordan.** The COVID-19 crisis will have lasting comprehensive impacts on all aspects of life, and it is expected to be a major concern of the government for the foreseeable future, risking that other important social issues will be placed aside. Women's and girls' rights need to stay on the agenda, and the government must understand the clear linkages between full reproductive rights, freedom from GBV, and long-term empowerment. The government should focus not just on GBV response in partnership with UNFPA, but also women and girls' participation in decision-making and health policy governance. Donors should also ensure that funding for integrated GBV, SRH, and women's empowerment interventions continues, recognizing that GBV and unmet sexual and reproductive rights will obstruct long-term empowerment and must go hand in hand.

- **Conduct research on quality of remote case management:** As case management and other response services have transitioned to remote forms, it is important to understand beneficiary feedback on the remote services and use this to improve long-term services.
- **Donors should provide more flexible funding sources:** Some organizations have lost or face the prospect of losing funding due to the unexpected changes brought about by COVID, and thus may have to reduce staff and services. This is particularly acute for national and local organizations who may not have long-term institutional funding and are dependent on project-based funds.

PROGRAMMATIC:

- **Continue virtual psychosocial support services through WGSS and youth spaces and programs:** According to this assessment, virtual psychosocial support activities are largely well-received and appreciated by women and girls, even if they do not always offer equal benefits to in-person PSS activities that foster social connection and well-being. UNFPA and technical partners in GBV and youth engagement should invest time and resources in adapting and testing some of the WGSS and youth safe space criteria to virtual formats. It remains preferable, however, to ensure that in-person activities are able to resume when sanitary conditions and government regulations allow.
- **Diversify outreach activities to ensure marginalized women and girls understand their rights and where they can obtain support:** GBV response service providers should work to ensure that there are diverse outreach strategies in order to reach women and girls who face particular boundaries to obtaining services, such as controlling partners or family members. Specific outreach should be conducted for women and girls of other nationalities
- **Offer alternatives to phone calls for case management:** Many women and girls cannot access case management over the phone due to lack of a private space to speak and/or no access to their own phone. It is thus crucial to explore, in consultation with women and girls, safe alternative solutions to case management over the phone to create entry points and systems survivors can access or can signal a need for support. **–Take steps to improve access to remote learning:** Both girls and boys expressed frustrations around remote learning such as inadequate number of devices to go around in the family and poor network connection. When possible, the UN and NGOs should work to distribute Internet credits specifically for educational purposes, or by establishing well-equipped educational labs in camp and urban settings. UNFPA should continue its close collaboration with the Child Protection Working Group and Education Working Groups to address the deficits in formal and informal education created by COVID-19, keeping in mind that the restrictions on schools may be of a longer duration than expected, or that stay-at-home orders may be repeated at periods in the future.
- **Continue and, where possible, upscale economic and material support to women and girls:** This study has found that economic concerns weigh heavily on men and women, but that women and girls are less likely to have access to IGA or material assistance during the pandemic than men. This disparity is worrisome as our research, like other research on GBV, makes clear linkages between increased economic stress in the household as a contributing factor for domestic violence. As men and women in Jordan both have real fears that they cannot meet family needs and men cannot fulfill their traditional roles as providers, the risk of IPV has undeniably increased. Women and girls are more likely to be

affected by losses of informal work and opportunities and are in need of assistance more than ever.

- **Ensure a continued emphasis on the needs of persons with disabilities:** People with disabilities are at higher risk during crises, including the COVID-19 pandemic. UNFPA and partners should continue their work to ensure that community is aware of the increased risks of GBV for women and girls with disabilities essential protection policies and mechanisms should be in place to reach disabled women, girls, and youth and ensure that remote/virtual activities are accessible to persons with visual and auditory disabilities. Further research on how to reach PwD with virtual activities is recommended so that they are not unintentionally marginalized from GBV, SRH, and youth remote services.
- **Well-being for service providers:** Service providers are also affected by the pressure and uncertainty of the COVID-19 pandemic; many of them are trying to balance family priorities while finding creative ways to still support beneficiaries. They should be commended for their efforts and should have access to well-being and work-life balance opportunities to cope with the stress. Providing flexible hours to staff juggling work and home life and having formalized support options to staff such as the option to call a psychologist are good practices. Donors are urged to provide a funding line in projects for staff well-being and care, while organizations are urged to continue or upscale current efforts to support their staff cope with the stress and uncertainty of the epidemic.
- **Continue strong GBV-SRH Collaboration:** The need for strong collaboration between GBV and SRH service providers is more important than ever as the risk of GBV has proliferated following the onset of COVID-19. UNFPA is thus urged to continue the strong coordination between the GBV and SRH Working Groups.

