SGBV SUB WORKING GROUP

GAP ANALYSIS 2020-2021

OVERVIEW

The purpose of this gap analysis is quite straightforward: attempt to identity a difference between the actual state and the minimum standards for GBV in emergencies. Once identified gaps then the organization agreed on corrective action that needs to be taken. The first gap analysis was conducted in 2018 and then updated in 2019. A new analysis was launched in 2020: total of 51 persons representing 28 organizations (5 UN Agencies, 7 local NGOs, 2 donors and 14 INGOs) participated in a SGBV planning and gap analysis workshop held in January 2020. Participants included both field staff as well as staff with national responsibilities.

They were divided in groups covering the following locations:

- Amman/Balqa/Zarqa/South
- Irbid
- Mafraq
- Zatari camp
- Azraq camp

Each group reviewed a list of minimum standards in the following fields:

- SGBV case management and psycho-social support
- SGBV prevention activities
- Health services for SGBV survivors
- Shelter/ Cash/ Livelihoods for SGBV survivors
- Legal, justice and law enforcement

For each standard, the group determined whether it was met or not and for those unmet standards, the groups identified if it was due to a barrier faced by survivors in accessing this specific type of service or to a gap in service provision. In addition, each group looked at how barriers or gaps could differently affect certain groups (male/female, children/adults, persons with disabilities and marginalized groups). The SGBV WG coordinators at sub national level including Zatari, Azraq, Irbid and Mafraq co-facilitated the discussion. Moreover, the gap analysis was facilitated in each on the 4 field locations were the SGBV WG is existent to ensure participation of field staff and affected population in identifying gaps and way forward.

Members of the SGBV sub working group were given an opportunity to comment on the draft report and further highlight gaps. Final report and Recommendations were endorsed by the SGBV SWG in August 2020. This gap analysis is complemented by the information provided by the GBV IMS annual report and trend analysis released during COVID 19 pandemic.

COVID 19 and GBV Response in Jordan

In Jordan, the first case of coronavirus was identified on 2 March 2020 and in two weeks, the number increased rapidly. To prevent the spread of the epidemic, the Hashemite Kingdom of Jordan announced Defence Ordinance number 1 on 18 March and proceeded with a lockdown on 20 March which suspended all private sector activities and government services except for some health and security services. Accordingly, SGBV service providers shifted many of their activities from direct to remote implementation including remote case management, helplines, legal aid and psychosocial support (PSS) while keeping in operation some in person lifesaving services like safe shelter and clinical management of rape (CMR) services.

The SGBV WG met biweekly to discuss coordination and gap in services during the crisis and established a biweekly information sharing newsletter. Moreover, we updated the Amaali App, a user-friendly tool established and supported by the SGBV Working Group open to beneficiaries and both

specialized and non-specialized GBV service providers; the aim of the app is to raise awareness and make self-referral and updated referral pathways accessible in a screen touch. Since change on modality of service delivery the SGBV WG added a COVID 19 section to the app containing all the hotlines available during quarantine. The SGBV WG in Jordan developed a Guidance note on GBV service provision during COVID 19 that includes a section on GBV messages that was designed on the basis of regional resources and in consultation with members of the group and tested with beneficiaries. The messages have been used by different members of the WG including local women organizations for dissemination through WhatsApp groups and social media as well as along distribution of dignity kits.

To improve the quality of remote GBV case management and support partners in the new service delivery modality the GBV IMS taskforce, chaired by UNFPA and UNHCR, organized three webinars for the six organizations members of the taskforce. The webinars focused on the following topics based on request of member organizations: adapting GBV case management; Safety plan during COVID 19; supervision and taking a crisis call.

FINDINGS

GAPS/BARRIERS: SGBV PREVENTION ACTIVITIES

The following gaps/barriers have been highlighted:

- Refugees communities are not always consulted on design of programs in particular marginalized and vulnerable groups are left behind for example LGBTI and PWD. This gap was identified in 80% of locations; Amman, Mafraq, Irbid and Zatari camp; awareness activities are usually designed by SGBV programme staff without consulting the community.
- Awareness activities in 60% of locations are not targeting certain groups and materials are not tailored to the needs of these groups. In Zatari camp although the community is consulted, not all groups are represented and the activities and messages are not tailored to their needs; in particular persons with disabilities, and LGBTI refugees. Although male engagement activities are rolled out in Azraq and partially in Zatari this approach is not consistent in all urban areas leaving specific gaps in the South of Jordan;
- Lack of prevention programs that targets unique SGBV experiences from African origins, particularly Female Genital Mutilation (FGM) as well as awareness raising activities which tackle the impact of this practice and available services for women and girls survivors or at risk;
- Community based protection approach is often built into SGBV programming in all locations, organizations are following Community Based Protection, peer to peer, community volunteers and youth groups approaches;
- Outreach to inform about services available is a gap in 60% of location. Outreach efforts need strengthening in particular for marginalized groups like PWD, elderlies, LGBTI in all locations. In

urban areas in particular gaps are in reaching refugees living in remote villages, Informal tent settlements because of restrictions on service provision and the mobility of the community.

- Women empowerment activities are available in all location but not all of them are gender transformative. In almost all locations activities like knitting, sewing, beauty and small art craft, reinforce gender stereotypes;
- In 60% of locations Safe spaces for women and girls are not always accessible for persons with different kind of disabilities and staff is not consistently trained in all locations on dealing with PWD (specially for mental disabilities);
- Community and staff lack awareness about reporting mechanisms for Protection from sexual abuse and sexual exploitation committed by humanitarian workers (gap in 60% of locations)
- Although there is a nationwide coverage of awareness raising activities there is a gap in behavioural change approaches with a long term gender transformative impact on social norms.

GAPS/BARRIERS: SGBV CASE MANAGEMENT AND PSYCHO-SOCIAL SUPPORT

The following gaps/barriers have been highlighted:

- Case management services for survivors are available in most areas. Gaps are identified in particular in South of Jordan and in Ruwaished as well as some rural areas in the centre and North of the country that could be reached by a mobile approach. , - Case management services are available for male survivors and LGBTI refugees with a gap only in 20% of location. Case management services for LGBTI refugees are available in camps and in some urban areas but this does not guarantee that those in need of specialized support engage with service providers due to difficulties related to information sharing about the availability of confidential and survivor centre approach services, community engagement and lack of specialized trainings on LGBTI for case managers;
- 60% of locations have also reported that the lack of coverage of transportation fees by case management organizations constitutes a barrier for survivors to access services. Meanwhile some organizations provide cash support for transportation there is no a standardized approach and it requires more discussion at WG level;
- All organizations have trained staff on case management and survivor centred approach with rooms that respect privacy and confidentiality standards. The only gap is on guidance for service providers on how to apply mandatory reporting requirements and respect survivor centred approach. During COVID 19 lockdown case management continued remotely, case management agencies adapted internal SOPs to ensure confidential data management system. There is a need to review and collect lessons learnt from this experience to ensure same quality of in person and remote case management and confidentiality;
- In some location Staff has been trained in dealing with PWD and LGBTI refugees but staff turnover remains a challenge to retain capacity, moreover this is not a standardized approach across all organizations. Moreover, for LGBTI refugees, attitudes and beliefs of service providers remain the main barrier in service provision;

- There is diversity within case management workforce with availability of same sex case managers in almost all locations. In the workforce PWD and LGBTI are not represented. Moreover, language remain a barrier with case management provided mainly in Arabic and English but not other languages for refugees and survivors of other nationalities;
- Case management organizations do not always have in house resources to meet urgent basic needs of survivors such as urgent cash, clothes and food. Resources could be available through other service providers but there is a need for integration in SGBV to avoid delays and multiple interviews;
- There are programs to identify safety options within community for survivors at low risks as alternative to shelter for example through cash for rent. The gap in only in camps with limited options available;
- Assistance to reach services for example Transportation is available in some location but not integrated consistently in all programs. This is a main barrier specially for people with disabilities and beneficiaries living in rural areas and in the South of Jordan where the geography of settlements is scattered;
- There is a gap from case management services in reaching adolescent girls and specifically married girls as well as single women and divorced and widows

GAPS/BARRIERS: HEALTH

The following gaps/barriers have been highlighted:

- Clinical management of rape (CMR) services are available in camps; Zatari, Azraq and in following urban areas: Amman, Deir Alla, Karak, Zarqa and Madaba and Mafraq. Gap remains in Aqaba. For the first time 24/7 services are available in 3 government referral hospitals in Amman Irbid and South. CMR training are ongoing on a rolling basis but staff turnover remains a challenge. National protocol for clinical management of rape is available and there is need for sensitizing more providers on existence of the protocol and its implications;
- Not in all situations Health care can be accessed without police involvement because of the mandatory reporting law and lack of understanding and guidance on its application. This hampers access to health services for GBV survivors. Humanitarian healthcare providers abide to a survivor centred approach and prioritize survivor consent, nevertheless they only provide primary health service so when survivors need more specialized health services, they will be referred to public/private hospitals. There is a need to have a common advocacy position against mandatory reporting requirements and involving donors, UN and civil society to work with the Government to find contextual solutions;
- Health care can be accessed by all Survivors without payment or specific documentation if they approach humanitarian health care providers (NGOs) in all locations. For public hospitals Survivors of SGBV are exempted from covering treatment costs if they have been referred to public hospitals by security services (FPD) but might be requested to provide documents.

- Safe and private environment for medical examination and treatment are available, there is room to improve the triage and reception/waiting areas in crowded clinics and peak times to better abide to safety and confidentiality standards;
- Some Health workers working in NGOs are able to adequately explain confidentiality/seek consent from survivors and safely refer to GBV service providers. This is applicable mainly to Sexual and Reproductive Health NGOs but there is a need to ensure that all specializations are familiar with referral pathways and how to refer. In camps, healthcare staff are constantly trained but it was observed that referrals from health service providers are still limited because of high turnover;
- Translation is mostly not available for non-Syrians refugees particularly Somalis, Eritreans;
- Services are available to all survivors regardless of gender, ethnicity and religion background. For Survivors with diverse sexual orientation services are available but there are obstacles in seeking help if they declare their sexual orientation due mainly to attitude and social norms of health providers;
- 60% of locations reported a gap in applying survivor centred approach among healthcare providers, particularly in urban locations as this conflict with the mandatory reporting requirements. Moreover, when health providers are not trained, they show a judgmental and blaming attitude towards survivors (including men and LGBTI survivors).
- In the camps communities are aware of health services available, gaps remain in the South, Irbid and Mafraq especially farther from urban areas. Adolescents have limited knowledge of services offered in urban areas.

GAPS/BARRIERS: SHELTER. CASH AND LIVELIHOOD

The following gaps/barriers have been highlighted:

- Safe shelters are available in Jordan they cover different kind of GBV or trafficking cases and age group both supported by the Government/MOSD and a national NGO with a nationwide coverage. Shelters have the capacity to welcome more survivors therefore the is not a need for the establishment of new shelters but there is room to improve accessibility and quality of the existing ones. In terms of accessibility, there are constraints for male survivors or women with male children above 7 years old as they do not have options for institutionalized shelters. In terms of quality there is a lack of reintegration programmes and social norms of guardianships are reinforced as women need protective pledge from a male family member;
- Cash for shelter is available but options are very limited for non-Syria refugees;
- Monthly cash assistance linked to case management is available but on a small scale in Azraq and Zatari. In urban areas not all locations are covered, and non-Syrian refugees have limited access to this service due to lack of funding and targeting limitation;
- Livelihood activities should be increased especially in Zatari camp and Mafraq. Women empowerment activities are not always linked to income generating opportunities. In addition, in 80% of locations women face barriers in accessing these activities due to lack of available day

care for their children. A specific gap has been identified in opportunities for non-Syrian refugee women. Also, restrictions from the government on obtaining work permits for refugees in addition to fears of exposing to sexual assault within workplace limits survivors' access to those opportunities. The work on this can be linked to decent work agenda.

GAPS/BARRIERS: LEGAL, ACCESS TO JUSTICE AND LAW ENFORCEMENT

The following gaps/barriers have been highlighted:

- Legal counselling is available to advise survivors of their legal rights and legal remedies and support them during proceedings, legal counselling is conducted through a survivor-centred approach (respect for wishes of survivor, non-judgmental/ non-blaming attitude). No major gap reported;
- Legal representation is available in Zatri and Azraq camps and urban areas. Because of funding limitation some legal organization ensure representation only for critical and penal cases but not for cases of alimony or divorce;
- Lack of training of legal staff to provide basic emotional support for survivors to attend court sessions in 60% of locations (Amman, Mafraq and Zatari camp); courts staff, lawyers and legal assistants usually focus on following the legal and formal procedures, while case managers are not always allowed by their agencies to accompany the survivors to courts in order to provide psychological support on the spot;
- Court procedures are not accessible/sensitive to needs of survivors in all location: in particular, the best interest of the child is often not followed by judges in cases of child marriage, survivor-friendly interview techniques are not always used by Judges;
- Lack of survivor centred attitude among law enforcement was reported (100%). Law enforcement officials show limited respect for survivors (non-blaming and respectful attitude) and limited knowledge of confidentiality at all times. In addition, FPD for domestic violence cases often prefers to ask the perpetrator to sign a pledge instead of following up with legal proceedings against the perpetrator. Overall, FPD is more sensitive in its approach to survivors than SRAD in the camps.
- SGBV survivors are at risk of arrest (60% location): procedures of detaining and arresting survivors of SGBV are not clear. In some situations, survivors are kept in detention instead of safe shelters to maintain their safety and security. Additionally, refugee survivors who are registered in camps but live in urban areas face heightened risk of detention and relocation in Azraq camp and they fear deportation orders against them;
- Provincial governors continued to use the Crime Prevention Law to administratively detain women and girls n, often for months and for discriminatory reasons, such as for being "absent from home" without a male guardian's permission, or for having sex outside marriage (Zina), begging or homelessness or sex workers. Women who became pregnant outside marriage faced arbitrary detention and the forcible removal of their new-born child;

- In 40% of locations, police procedures don't take into account the safety of the survivors due to lack of trained staff, caseload and tribal links that might affect the decision about the perpetrator release;
- In 80% of locations there is a limited capacity of police and workers in the justice system to deal with GBV in line with guiding principles. Although there have been a number of training on GBV the rotational system of FPD increase staff turnover and the policies and practices in place do not adhere to a survivor centre approach and end up putting survivor lives at risk.

GENERAL RECOMMENDATIONS TO ADDRESS GAPS/BARRIERS

More than 10 years into the Syrian crisis, GBV response has consolidated in Jordan but numerous gaps and barriers remain that are hindering the quality of the response. This has a dramatic impact on the well-being of SGBV survivors and persons at risk of SGBV – women and girls being disproportionally affected by violence. The SGBV SWG would like to highlight the life-saving nature of SGBV interventions and calls on:

- **Donors** to invest in SGBV programs to address gaps/barriers presented above. The SGBV WG listed below recommendation for programming and funding and invite donors to Consult with coordination group like SGBV WG and GBV IMS taskforce on prioritization. The SGBV WG strive to build national systems and to invest to support women led organization along with Government services. More than 10 years into Syria crisis, SGBV case management services are available with a good geographical coverage but an investment in quality is still needed - building capacity is essential to ensure survivors access compassionate, professional care. Moreover, services are not accessible to all groups leaving out most vulnerable like women and girls with disabilities and LGBTI population and refugees of other nationalities. Strengthening the response in other services- in particular health, legal and access to livelihood- will ensure a multi-sectoral response addressing survivor needs holistically. More detailed recommendations are listed in the table below. The SGBV WG welcome initiative to produce knowledge products on lessons learnt, good practices on what works to combat GBV and increase inclusivity of services;
- **Jordanian government and in particular MOPIC**: to consider approving in priority new SGBV programs which address the gaps/barriers identified above, and to ensure that SGBV prevention and response programs are given due consideration in particular for women led organizations. Jordanian government to roll out the SGBV SOPs and in developing specific guidelines ensuring prevailing of the survivor centred approach. Moreover, the SGBV WG calls for a revision of mandatory reporting clauses, as this is a barrier for survivors accessing care.

- **UN agencies, NGOs and other stakeholders** 10 years into the Syrian response crisis should consider the investment in GBV capacity building that has been done so far in the country and transitioning from single training into building more sustainable strategies for strengthening national systems.

- **Nexus-** Formalise and strengthen context-specific partnerships between humanitarian and development actors to carry out regional, country or area based joint assessment, planning and programming on GBV Humanitarian actors should continue to move towards longer-term and more holistic approaches to GBV in contexts that allow, while actively seeking to build partnerships with development/peacebuilding actors to address aspects of the response that are beyond their mandate or reach.

Type of activities	Recommendation	To whom
SGBV prevention	Consult refugees and host communities (through AGD approach) prior to establishing any program and throughout program cycle	SGBV actors
	More outreach to inform about services available in particular in remote rural location, targeting most vulnerable women and girls including persons with disabilities, elderlies and LGBTI. Promote innovative community-based approaches to disseminate information on availability of compassionate and confidential SGBV case management services and clinical management of rape services.	SGBV actors/ donors
	Awareness activities to be more inclusive and tailored: need to target marginalized groups and in focus of PWD and LGBTI. Awareness activities to be led by refugee themselves or influential members of the community (such as religious leaders).	SGBV actors
	Structured Male engagement activities as available in the camp to be replicated in urban areas remaining accountable to gender equality and informed by women voices	SGBV actors and donors
	Expand women empowerment activities in particular life skills and economic empowerment activities are gender transformative and taking into account specific needs of women (day care for children, safe transportation). Ensure these activities are run by refugees themselves whenever possible and linked with income generating opportunities. Expand targeted empowerment activities for adolescent girls to provide concrete alternatives to child marriage	SGBV and livelihood actors

	(literacy classes, traineeships, peer led support groups etc.). Organize day care to ensure women participation	
	Ensure accessibility to safe spaces for persons with disabilities and increase outreach, increase collaboration with PWD CBOs and referral from other protection actors	SGBV actors
	Enhance programming involving social norms and behavioural changes approaches that are gender transformative, this is contingent to multiyear funding	SGBV actors and donors
	Raise the awareness of community and staff regarding PSEA reporting mechanisms.	PSEA network.
	Pilot best approaches to engage with, report, and provide prevention programming that is tailored to the needs of refugees of African origins and their specific SGBV risks, yet does so in a way that does not create a protection risk	SGBV actors
SGBV case management and psycho-social support	SGBV case management is life saving and continuous donor support should be ensured with a focus on improving quality of services (capacity building, mentorship, supervision). Jordan GBV community received many trainings what is needed is a more systematic coaching approach	Donors
	Consider/prioritize to overall ensure that services and planning involved in programming is prioritized by the vulnerability of the case and not the nationality of a case. That principles of impartiality and non-discrimination are applied by all	SGBV actors
	Strengthen transportation options for survivors to seek help (for example cash for transportation).	Donors and SGBV Case management organizations
	Increase availability of SGBV services in underserved/remote areas (including case management services), increase accessibility for non-Syrian refugees (including through increased outreach and mobile approach for rural areas	SGBV case management organizations and donors
	Ensure accessibility for persons with disabilities to the centres and availability of trained staff.	SGBV case management organizations

	Capacity building for case management on dealing with persons with disabilities.	SGBV case management organizations/SGBV coordinators
	Strengthen collaboration with CBOs and organizations working with specific vulnerable groups as LGBTI, sex workers to increase referral and access to services for support. Train GBV service providers and other CBOs on LGBTI rights.	SGBV actors and donors
	Case management organization to include urgent cash assistance within their programming to respond to urgent needs of survivors.	SGBV case management organizations and donors
	Non-Syrian refugees to be included in all SGBV case management programs. Translation needs to be provided	SGBV case management organizations and donors
	Tailor programming for unmarried adolescent girls and working on stigma. Tailor programming for married adolescent girls on how to cope with family and violence and delay pregnancies.	SGBV actors
Health	Continue to provide training and job coaching for CMR services. Extend the service to Aqaba and Mafraq Strengthen coordination between SGBV SWG and RH WG to ensure mapping of CMR services is disseminated to SGBV actors and information on the national protocol is disseminated across key service providers	RH WG RH WG
	Advocate for improving confidentiality standards in reception and waiting areas in health facilities	RH WG
	Conduct briefing sessions for health staff in urban location and the camps on safe referrals to SGBV case management organizations and the Amaali app	SGBV coordinators/SGBV case

		management organizations
	Improve outreach and information on health services available for survivors of GBV in government and NGO facilities- dissemination of Amaal app	RH/SGBV WG
	Conduct training on working with LGBTI refugees and survivor centred approach.	UNHCR (training on working with LGBTI refugees)
	Improving outreach materials about health services available for SGBV survivors in urban locations and the camp taking into consideration different approaches and methods depending on area's cultural restrictions	RH/ Health coordinators
	Translation to be available in health centres for non-Syrian refugees in areas with higher concentration of non-Arabic speaking communities. Health service providers to ensure translation of leaflets in other languages than Arabic.	RH/Health coordinators
Shelter/cash/livelihood	Increase tailored cash-based interventions for SGBV survivors including interventions which support identification of safe accommodation in urban areas while covering the rent through cash, as alternative to institutionalized shelters (for survivors not facing imminent risks). Increase cash for shelters for non-Syrian refugees	SGBV case management organizations and donors
	Rather than increasing number of shelters in the country is recommended to invest in the quality of the existing ones including re integration programmes	Donors GBV actors, GoJ
	SGBV case management organizations to integrate cash for protection (both urgent and regular cash) into existing programs in urban and camps including non-Syrian refugees	SGBV case management organizations and donors
	Strengthen coordination between SGBV SWG and livelihood WG to ensure mapping of livelihood interventions is disseminated to SGBV actors including for non-Syrian refugees	Livelihood and SGBV WG coordinator

	Strengthen gender approach within livelihood programming aiming at addressing barriers faced by women in accessing services (day care, safe transportation to avoid sexual harassment in public transport or self defense classes, session on rights of employees to avoid abuse by employers, etc). Ensure livelihood activities do not only focus on home-based businesses for women which might be re-enforcing gender roles but also provide support for women to work outside of home. Increase the numbers of livelihood activities to cover all needed people	Livelihood and SGBV actors
	Increase programming dealing with sexual harassment in the workplace and on the way to work/ transportation	SGBV actors
Legal, access to justice and law enforcement	Develop messages to advocate with national authorities for the enhanced respect of the survivor-centred approaches within law enforcement authorities and for lifting legal mandatory reporting requirements or provide more guidance to service providers for adult survivors of SGBV	SGBV actors
	Advocate with FPD for the respect of survivors' wishes in terms of legal proceedings (ensure access to justice in opposition to simply asking perpetrators to sign pledges), capacity building for Family Protection Department, Syrian Refugee Affairs Directorate and police on survivor centred approach in urban and camps	SGBV actors/SGBV coordinators GoJ
	Increase coverage of free legal representation for all GBV cases	Legal actors
	Ensuring security services are survivor centered and always same sex officers are dealing with cases. Moreover review the "pledge" system as is not an effective protection measure for women from IPV.	GoJ and partners
	Reform the Penal Code to remove provisions that criminalise consensual sexual relations and women's reproductive decisions, including zina.	GoJ and partners
	Ensure that women are protected in law, without discrimination based on their marital status, virginity status, or past sexual conduct. Ban virginity testing	GoJ and partners

	End the practice of arresting women who have left their guardian's home without permission and the practice of returning these women to their guardian's home or detaining them. End the practice of administrative detention under the Crime Prevention Law of 1954.	GoJ and partners
	Ensure that systematic action is taken to intervene to protect women where there is a credible risk of so-called "honour" killing or other form of gender-based violence, including by way of investigation and prosecution, and through the imposition and enforcement of protective orders.	GoJ and partners
	Build capacity of different security and legal stakeholders on attitudes beliefs and stigmatization and survivor-centred approach. Regular coaching to staff on basic emotional support that are needed due to high turn-over (including best interest procedure for child marriage, survivor friendly interview techniques).	SGBV actors/ SGBV coordinators donor

For more information, contact SGBV SWG Co-Chairs:

Mays Zatari: zatari@unhcr.org

Pamela Di Camillo: dicamillo@unfpa.org

Or check our page on the portal: https://data2.unhcr.org/en/working-group/72