

GAP ANALYSIS REPORT

GBV SUB WORKING GROUP



2022-2023

Jordan



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OVERVIEW

The purpose of this gap analysis is quite straightforward: attempt to identify the difference between the actual state and the minimum standards for GBV in emergencies. Once gaps are identified; organizations have agreed on corrective actions that need to be taken. The first gap analysis was conducted in 2018 and then updated in 2019. The second GBV gap analysis workshop was held in January 2020. In November 2022 a new analysis was launched with a total of 30 persons from 18 organizations (3 UN Agencies, 2 local NGOs and 13 INGOs). 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:

- GBV case management and psycho-social support
- GBV prevention activities
- Health services for GBV survivors
- Shelter/ Cash/ Livelihoods for GBV 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 GBV WG coordinators at sub national level including Zatari, Azraq, Irbid and Mafraq co-facilitated the discussion. Moreover, the gap analysis was facilitated in each of the 4 field locations where the GBV WG is existent to ensure participation of field staff and affected population in identifying gaps and way forward.

Members of the GBV 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 GBV SWG in June 2023. This gap analysis is complemented by the information provided by the GBV IMS annual report.

FINDINGS

1. Gaps and barriers: GBV prevention activities

The following gaps/barriers have been highlighted:



- Refugee communities are not always consulted on the design of programs particularly marginalized and vulnerable groups are left behind for example LGBTQI+, PWD and elderly. This gap was identified in 80% of the locations; Amman, South, Mafraq, Irbid and Zaatari camp;
- Awareness activities in 60% of locations are not fully inclusive and materials are not tailored to the needs of all groups. In Zaatari camp, although the community is consulted, not all groups are represented and the activities and messages are not tailored to their needs; specifically, persons with disabilities, and LGBTQI+ refugees.
- Engagement of men and boys as major agents of change was identified as a gap in prevention activities. This was mainly identified by organizations working in the South of Jordan;
- Community based protection approach is often built into GBV programming in all locations, organizations are following Community Based Protection, peer to peer, community volunteers and youth groups approaches;
- Inclusive outreach activities on services availability is a gap in 60% of location (specifically in Zaatari Camp). Outreach efforts need strengthening particularly for marginalized groups like PWD, elderly, LGBTQI+ in all locations. More efforts are needed to ensure LGBTQI+ communities are reached with information on available services and support.
- Enhance coordination between service providers to ensure a larger targeting scope and ensure effective service provision to marginalized groups;
- More efforts are needed to ensure production of GBV information material in accessible format to ensure outreach to PWD;
- 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), specifically in the South;
- Community and staff lack awareness regarding reporting mechanisms for Protection from sexual abuse and sexual exploitation committed by humanitarian workers (gap in 60% of locations)

2. Gaps and barriers: Response activities; Case management and psycho-social minimum standard

The following gaps/barriers have been highlighted:

- Case management and psychosocial support services for survivors are available in most areas. Case management services are available for male survivors and LGBTQI+ refugees with a gap only in 40% of locations particularly in (South region and Azraq). Case management services for LGBTQI+ refugees' availability 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 centered approach services, community engagement and lack of specialized training for case managers.



- Staff have been trained on basics for dealing with PWD and LGBTQI+ in 60% of the locations, while in Zaatari camp and South region; staff require further training and knowledge sharing. More specialized training is recommended.
- “Coaching and mentoring” approach is yet demanded to assess the development of the GBV services and to be targeting the supervisors on “GBV case management” supervisors.
- All organizations have trained staff on case management and survivor centered approach with rooms that respect privacy and confidentiality standards. Yet a gap is identified in Mafraq governmental sectors who need further coaching regarding implementation of survivor centered approach and GBV SoPs.
- Case management organizations do not always have in house resources to meet urgent basic needs of survivors especially the cash for protection. Limitation in resources is notable particularly in the south of Jordan.
- Lack of short-term accommodation shelters for the GBV survivors in South of Jordan and Zaatari camp which demand more programs to identify safety options within communities for survivors at low risks as alternatives to shelter for example through cash for rent.
- Shelters’ coverage needs to be expanded to serve all GBV survivors including “children accompanied with their mothers”.
- Not all sectors are sensitized on “The Survivor Centered Approach”. Work in 2023 towards increasing the number of trainings targeting different sectors including health care, police, security in with more focus on the South and Mafraq.
- To ensure a wider geographical coverage and benefit for the survivors, a set of activities for GBV survivors to promote peer support, foster resilience and economic empowerment is recommended.

3. Gaps and barriers: Health services

The following gaps/barriers have been highlighted:

- Clinical management of rape (CMR) services are available in camps; Zatari and Azraq and in the following urban areas: Irbid, Madaba, Zarqa, Karak, Amman (Sweileh, Jabal AlHussein, Qweismeh, AlAshrafyeh - MoH AlBashir Hospital). Gap remains in Mafraq. Clinical management of rape (CMR) services are no longer available in Mafraq following the closure of IRC clinic. Thus, UNFPA in Zaatari camp has implemented an internal coordination system to facilitate the access of survivors for this service covering both locations (Mafraq and Zaatari Camp).
- The mandatory reporting law and lack of understanding and guidance on its application hampers access to health services for GBV survivors. Some of the Humanitarian healthcare providers abide by a survivor centered approach and prioritize survivor consent. 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



GBV 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.

- 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. However; referrals are still limited and more efforts are needed to be invested specifically in safe referrals training due to high turnover.
- 40% of locations reported a gap in applying survivor centered approach among healthcare providers, particularly in urban locations as this conflict with the mandatory reporting requirements. Moreover, some health providers might be showing a judgmental and blaming attitude towards survivors (including men and LGBTQI+ survivors).

4. Gaps and barriers: Shelter, cash and livelihoods

The following gaps/barriers have been highlighted:

- Safe shelters are available in Jordan targeting various forms of GBV /trafficking cases and age groups both supported by the Government/MOSD and a national NGO with nationwide coverage. Shelters have the capacity to welcome more survivors; therefore there 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 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 programs 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 in most areas but on a small scale in Zaatari camp. Refugees face limited access to this service due to lack of funding and targeting limitations especially with funding constraints.
- Livelihood activities should be increased in all locations. Women empowerment activities are not always linked to income generating opportunities. In addition, in 50% of locations women face barriers in accessing these activities.

5. Gaps and barriers: Legal Services and Justice

The following gaps/barriers have been highlighted:

- Legal counseling is available to advise survivors of their legal rights and legal remedies and support them during proceedings, legal counseling is often conducted following a survivor-centered approach (respect for wishes of survivor, non-judgmental/ non-blaming attitude).
- Legal representation is available in 80% of the locations yet Mafraq lacks legal representation of GBV survivors .



- Lack of training of legal staff to provide basic emotional support for survivors to attend court sessions in 60% of locations (Zaatari, Mafraq, Irbid); 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 to provide psychological support on the spot.
- Court procedures are not accessible/sensitive to needs of survivors in all locations: in particular, in Mafraq, Zaatari and Irbid.
- Lack of survivor centered attitude among law enforcement was reported (50%) including limited knowledge of confidentiality and some blaming behaviors/attitudes.
- GBV survivors are at risk of detention (70% of locations : Zaatari, Mafraq, irbid and partially Azraq): procedures of detaining and arresting survivors of GBV 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.
- In 60% of locations, police procedures don't consider the safety of the survivors due to lack of trained staff, the survivors are subjected to bad experiences and negative feedback.
- In 60% of locations there is limited capacity of police and workers in the justice system to deal with GBV survivors in line with guiding principles. Although there have been several trainings on GBV the rotational system increases staff turnover and increases the need for more training.

RECOMMENDATIONS TO ADDRESS GAPS AND BARRIERS

More than 12 years into the Syrian crisis, the GBV response has consolidated in Jordan but some gaps and barriers remain that are hindering the quality of the response. This has a dramatic impact on the well-being of GBV survivors and persons at risk of GBV – women and girls being disproportionately affected by violence.

The GBV SWG would like to highlight the following recommendations based on analyzed gaps across Jordan and building on previous years' concerted efforts among all involved stakeholders, including UN agencies, NGOs, national institutions and donor community:











- Ensure more tailored targeting and outreach of **furthest behind groups**, in particular persons with disabilities, LGBTQI+ individuals and elderly to provide comprehensive support. This includes strengthening awareness of GBV and of available services, including through dedicated accessible materials and spaces, the provision of safe and confidential GBV case management with improved geographical coverage especially in camps and in the South of the country.
- Strengthen prevention activities **engaging communities**, in particular involving men and boys as agents of change in transforming harmful social norms, behaviors and gender stereotypes that perpetuate discrimination and inequality underpinning GBV.
- Work towards women empowerment through comprehensive **livelihood** programs targeting GBV survivors that ensure sustainability rather than short term assistance while increasing **cash assistance**



options, including in camps, in particular to cover costs of rent thus ensuring alternative sheltering options for survivors and their children.

- Continue to invest in **capacity building** opportunities **for frontline GBV service providers** targeting maximum geographical coverage, in particular through ongoing and practical training on PSEA, safe referrals, responding to specific needs of persons with disabilities, LGBTQI individuals and the elderly.
- Expand and strengthen **capacity building** options **for national actors** from the healthcare, police, security and legal sector, in particular on survivor centered approach applied to their field of work, and of safe referrals, with attention to the sections on basic emotional support and safety of survivors

ACTION PLAN FOR ADDRESSING CRITICAL GAPS

| Type of Activity | Recommendation (with priority scale High  , Medium  , or Low ) | Implementers |
|------------------|--|----------------------------------|
| GBV Prevention |  More structured male engagement in prevention interventions (Awareness raising sessions, men groups, campaigning, and initiatives). | Interested GBV service providers |
| |  Ensure more frequent community consultations in programme designs through FGD, and surveys to inform service provision. | All |
| |  Have targeted tailored prevention interventions for vulnerable groups, and increase community consultation in designing campaigns and messages inclusive of the elderly, LGBTQI, persons with reduced mobility. | GBV SWGs |
| |  Provide training to Sharia court judges on GBV (for example Child marriage cases, taking the BI of the child in consideration). | UNICEF |
| GBV Response |  Ensure service providers are trained on working with specific groups of survivors (LGBTQI, PwD). | All |
| |  Ensure GBV Case management for male survivors. | GBV service providers |
| |  Improve AAP mechanism through information provision and set official complaint mechanisms. | All |

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| Health | <ul style="list-style-type: none"> — Continue capacity building efforts targeting health care providers as a main entry point for GBV survivors. This would include training and mentorship to ensure appropriate survivors centered approach when dealing with GBV survivors. | Specialized GBV service providers |
| | <ul style="list-style-type: none"> — Ensure health workers are trained on confidentiality and can explain confidentiality to survivors (including limits to confidentiality such as mandatory reporting). | UNFPA, IMC, IRC |
| | <ul style="list-style-type: none"> — Ensure health care providers are trained on clinical management of rape (including for children) and Post rape kits are available - taking into account the high turn over rate. | UNFPA, IMC, IRC |
| | <ul style="list-style-type: none"> ↑ Advocate within UNHCR to increase the medication coverage inside the camps, including for mental health. | UNHCR and GBV SWGs |
| Shelter/cash/livelihood | <ul style="list-style-type: none"> ↑ Circulate recently endorsed cash in GBV case management guidelines and advocate for more funding from donors. | Interested GBV service providers |
| | <ul style="list-style-type: none"> ↓ Ensure short term safety options are available within the community, particularly in Azraq camp with no availability of safe shelter inside the camp with families because of risk of exposure. | GBV service providers |
| | <ul style="list-style-type: none"> ↑ Coordinate with service providers to activate their economic empowerment interventions whenever GBV cash assistance is available for survivors to ensure that resources are available to meet immediate basic needs (cash, clothes, food) | All |
| | <ul style="list-style-type: none"> ↑ Increase integrated livelihood activities with GBV services and give more focus more to the vocational training programs. | Zaatari GBV SWG |
| | <ul style="list-style-type: none"> ↑ Advocate for more empowerment activities in the South. | GBV SWG |
| | <ul style="list-style-type: none"> — Continue to ensure that GBV cash assistance is available also in camps depending on the vulnerability of the case and to focus on economic empowerment programs for GBV survivors. | UNHCR, IMC, IRC, IFH, UNFPA |
| Legal, access to justice and law enforcement | <ul style="list-style-type: none"> — Advocate with UNHCR and ARDD to increase the support for survivors legal representation and train the staff on dealing with survivors. | UNHCR, ARDD |
| | <ul style="list-style-type: none"> — Increase the training targeting the court staff on GBV safe referral and protection standards and principles. | UNHCR |

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| | <ul style="list-style-type: none"> Gain deeper understanding on police detention procedures as survivors are likely to be subject to arrest or detention based on legal status or any other characteristic upon reporting to the police. | UNHCR, SRAD |
| | <ul style="list-style-type: none"> Increase training targeting the police on GBV safe referral and protection standards and principles, as well as principles of PFA and communication and interview techniques, to ensure investigative techniques promote dignity of survivors. | UNHCR, SRAD, FPJD, MoSD and NGOs |
| | <ul style="list-style-type: none"> To strengthen coordination between community police and NGO service providers in Zaatari Camp. | Zaatari GBV SWG |
| Process and structures | <ul style="list-style-type: none"> Encourage NGOs to recruit or consider more diverse candidates within the workforce (availability of both male and female staff, persons with disability, other persons with diverse backgrounds). | UNHCR, NGOs |
| | <ul style="list-style-type: none"> NGOs to maintain CM and PSS services virtual and in-person to ensure improved access to services. | GBV Service providers |
| | <ul style="list-style-type: none"> Refurbish reception areas of service providers locations to ensure that they are friendly for persons with reduced mobility. | GBV Service providers |