

GAP ANALYSIS REPORT

GBV SUB WORKING GROUP

2024-2025 JORDAN



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OVERVIEW

The purpose of this gap analysis is to identify the differences 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 and third GBV gap analysis workshops were successively held in January 2020 and November 2022. In October 2024, a new analysis was launched with a total of 37 persons from 19 organizations (5 UN Agencies, 3 local NGOs, 10 INGOs and 1 embassy). The National GBV SWG in Jordan is currently co-chaired by UNHCR and UNFPA.



SWG co-chair: Diana Suleiman, UNHCR

Participants included both field staff as well as staff with national responsibilities. They were divided in groups covering the following locations:

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

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

- GBV prevention activities
- GBV case management and psycho-social support
- 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 Zaatari, Azraq, Irbid and Mafraq co-facilitated the discussion. Moreover, gap analysis was facilitated in each of the 5 field locations where the GBV WG is existent to ensure participation of field staff and affected population in identifying gaps and way forward.



SWG co-chair: Yara Deir, UNFPA

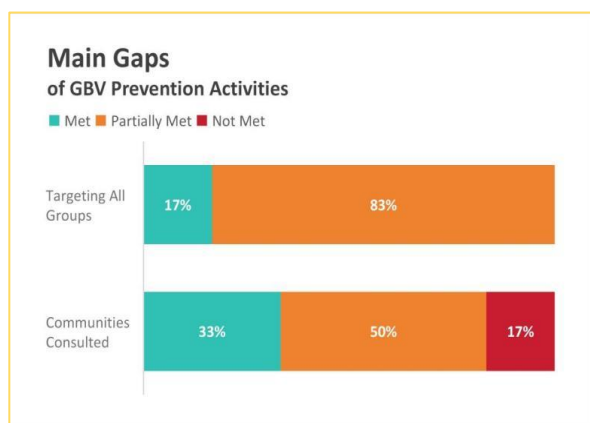
Members of the GBV sub working group were given an opportunity to comment on the draft report and further highlight gaps. Final report and Recommendations were endorsed by the GBV SWG in December 2024. This gap analysis is complemented by the information provided by the GBV IMS annual report.

FINDINGS

1. GBV PREVENTION ACTIVITIES

1.1. Highlighted Gaps

The following gaps/barriers have been highlighted:



- **Only 17% of the locations (Mafraq) highlighted that they fully engaged all gender and age groups in awareness activities.** Gaps widely remain in targeting men, boys, and marginalized groups like the LGBTQI+ and the elderly. Despite some successful male-focused programs in Irbid, limitations in men's participation were highlighted in other locations, which may indicate cultural resistance, lack of interest, and limited resources.

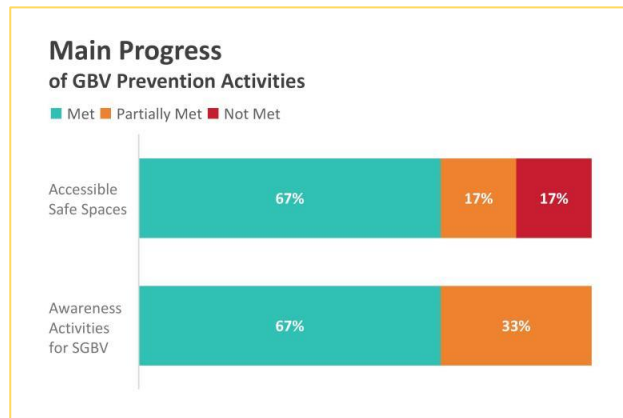
- **67% of the locations reported having gaps in consulting on the design of programs with refugee communities, decreasing from 80% gaps in 2023.** In Amman, feedback loops are not fully utilized, and limited innovative approaches prevent awareness raising. With some locations beginning implementing a community-based approach before designing, marginalized and vulnerable groups may still be left behind, including people with disabilities (PWD), LGBTQI+, and the elderly.
- **In only 33% of the locations, women's empowerment activities are fully available** and accessible, leaving gaps in Zaatari, Irbid, Mafraq and the South. Most locations reported a lack of comprehensive coverage for all ages and districts, while highlighting the need for accessing livelihood opportunities. Barriers include limited funding, weak networking with relevant actors, transportation challenges, and insufficient daycare facilities.
- **Half of the locations have highlighted a gap on not fully adopting a community-based protection approach for awareness activities.** In Azraq, community committees are being developed but are not yet widespread. Amman actors highlighted lack of a coordinated approach among service providers, and the South facing a shortage of activities notably in youth and volunteer engagement.

1.2. Highlighted Progress

The following main progress have been highlighted:

- **33% of the locations highlighted gaps in accessible safe spaces, nearly half decrease from 60% gaps in 2023.** The South actors reported facing challenges in limited safe space for women and girls in general. Both Amman and Azraq mentioned the need for appropriate infrastructure for PWD, especially in transportation.

- In 67% of the locations, awareness activities addressing various forms of GBV are delivered, a significant increase from 40% last year. For the locations that are working towards this goal, Amman actors highlighted limited culturally adapted mechanisms in some areas, and in the South, certain types of GBV (such as sexual assault and rape) are not adequately covered, showing needs for broader awareness efforts.

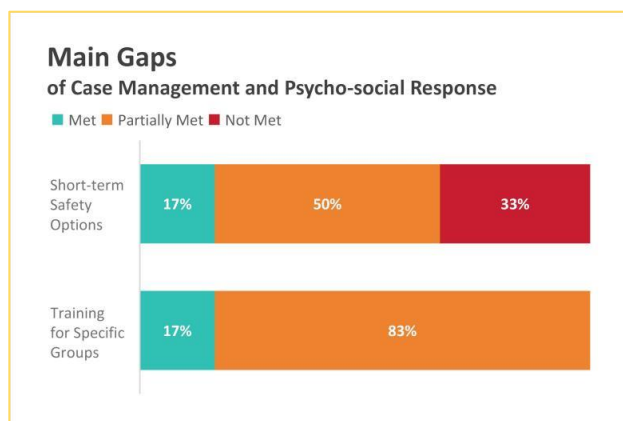


- **Refugee communities face challenges accessing services and information across 50% of the locations, a step forward from 60% gaps in 2023.** In Irbid, Amman, and the South, some marginalized groups are especially left behind. Issues include inaccessible communication with PWD, limited outreach with the LGBTQI+ community, as well as cultural and time barriers for men and boys, especially working hours of men making them missing sessions happening during the day.
- **Humanitarian workers have indicated signing a code of conduct with zero tolerance for SEA with reporting mechanisms in 50% of the locations, improving from 40% in 2023.** Some gaps remain in Mafraq, Amman, and the South. While there is a barrier between local practice and international standards, further training and community outreach are needed to strengthen this aspect.

2. RESPONSE ACTIVITIES: CASE MANAGEMENT AND PSYCHO-SOCIAL RESPONSE

2.1. Highlighted Gaps

The following gaps/barriers have been highlighted:



- **Only 17% of the locations (Azraq) have highlighted that short-term safety options are available, despite an improvement from none in 2023, remaining as a significant gap.** Actors in Zaatari Camp and Mafraq reported that the refugee community is providing short-term accommodation and problem-solving support for GBV survivors to address gaps in services. However, these community-driven

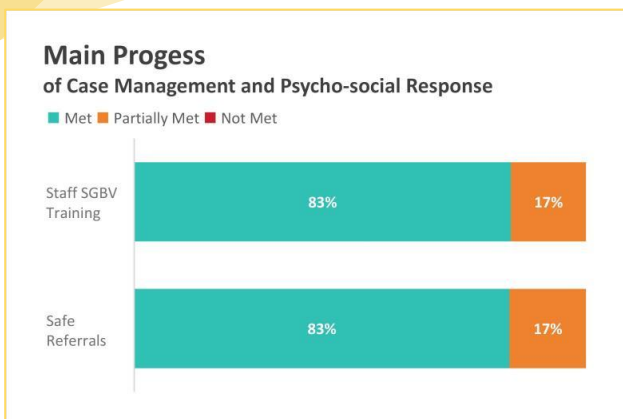
actions have limited capacity and are insufficient to fully meet the needs of survivors." Thus, safe shelters outside of the camp are needed. Irbid, Amman, and the South encounter shortcomings in both community-driven measures and safe shelters.

- **In 83% of locations, staff reported not being fully trained on working with PWD and LGBTQI+, a fall back from 60% gaps in 2023.** Specialized training for inclusive communication skills, such as sign language for those with hearing and speech impairments, is needed in most areas.
- **67% of the locations have reported challenges in basic needs resources, a modest improvement from 100% gaps last year.** Limited resources are disproportionately affecting every location: Amman and South facing inadequate funding, leaving huge gaps; in Azraq, winterization assistance and food vouchers are in shortage, compounded by issues with the E-wallet system that exacerbate the need for alternative resources; Zaatari has limitations in provision of cash assistance integrated in GBV case management for survivors and those at risk of GBV;; and in Mafraq where the resources are somehow available, there is a long waiting list to receive services.
- **Transportation assistance to reach services is reported to be available only in 33% of the locations, improving from 0% in 2023.** However, major gaps remain in Irbid, Mafraq, Amman and the South. Limited budget prevents all service providers from covering transportation fees, posing barriers for PWD and survivors living in remote areas to receive essential support.
- **A lack of diversity in the case management workforce remains in 67% of locations,** driven by a shortage of male case managers and insufficient representation of PWD among staff.
- **Confidentiality and survivor-centered approaches are adopted in 67% of the locations, with notable progress in Irbid.** Amman and the South experienced a perceived decline compared to last year, highlighting challenges related to inconsistent training and the implications of mandatory reporting. Meanwhile, gaps in Psychological First Aid (PFA) training remain in these two locations, with new and non-specialized staff requiring regular and sufficient training.
- **67% of the locations have reported having available and accessible counseling rooms friendly for all survivors.** However, due to insufficient budget allocation, gaps remain in Amman and the South, with limited facilities and safe space for PWD, children, and women.
- **Group activities to empower survivors are reported to be available in 67% of the locations, with a wide need to enhance this effort.** Amman and the South are especially underserved, with limited resilience-building sessions and economic empowerment programs.

2.2. Highlighted Progress

The following main progress have been highlighted:

- **83% of the locations highlighted that staff are trained in SGBV case management.** The gap remains in the South, due to a lack of coaching sessions and structured technical supervision. With gaps narrowing in other locations, a new challenge is posted in keeping the training sustainable and updated.



- **Staff can provide information and conduct safe referrals to survivors in 83% of the locations, stepping forward from 60% in 2023.** Prevented by a lack of trained staff and resources to ensure safe referrals, the South is still working towards narrowing the gap.

- **Short-Term Safe Accommodations are reported to be available in 50% of the locations, a notable improvement**

from 0% in 2023. Zaatari bridged the gap by liaising with FPJD for safe referrals, while in Irbid, SOS is providing admission for children to accompany their mother in safe shelters. However, challenges remain widespread, including a lack of shelters, restrictive admission criteria excluding male and boy survivors over 12 years old, insufficient information dissemination, and absence of authorities, leaving gaps in Mafraq, Amman, and the South.

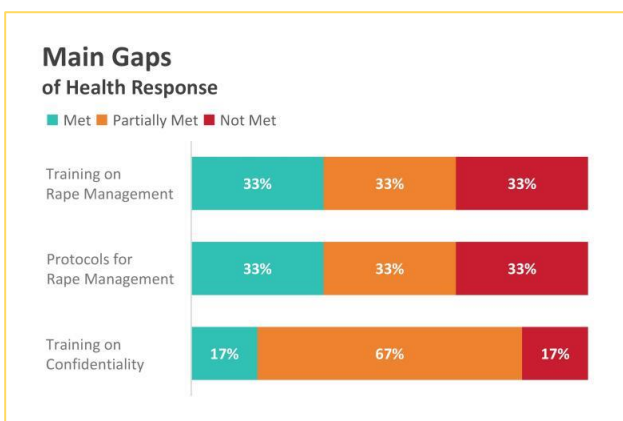
- **GBV case management services are reported to be unavailable for everyone in only 33% of the locations, marking a significant improvement from the 60% gap in 2023.** Notable gaps remain in Amman and South, with limited services for men, boys, the elderly, PWD, and LGBTQI+. In other locations, with the localization of case management increasing workforce capacity, effective monitoring tools are deemed to ensure quality work by partners.

3. HEALTH SERVICES

3.1. Highlighted Gaps

The following gaps/barriers have been highlighted:

- Despite the fact that mental health services remain a significant gap in Jordan, 87% of locations report fully meeting the criteria. This is due to a misunderstanding, as widely available basic psychosocial support is mistaken for mental health services. **This highlights a lack of familiarity among service providers with the concept of mental health** and underscores the urgent need to address barrier in mental health services.



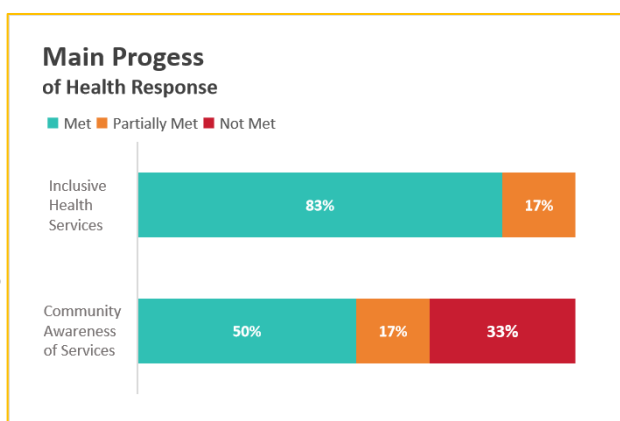
- Actors have highlighted that **doctors and nurses in 67% of locations did not receive full training on Clinical Management of Rape (CMR), not consistently following standardized protocols.** While camp settings like Zaatari and Azraq provide consistent services, urban areas face substantial challenges. Key barriers include limited staff training, and poor information sharing among partners.

- **Only 17% of locations reported that health workers are trained on confidentiality, reflecting a perceived decline compared to 40% in 2023.** Gaps are reported in Azraq, Irbid, Mafraq, Amman, and the South. Despite some efforts, high staff turnover and limited training opportunities hinder sustainable progress. Mandatory reporting requirements and insufficient hospital facilities further compromise health workers' ability to maintain confidentiality for survivors.
- **According to actors, healthcare is accessible without police involvement in only 33% of locations, a slight improvement from 20% in 2023.** Mandatory reporting obligates reports of cases to police in some cases regardless of the survivors' consent, leaving gaps except in Zaatari and Azraq. This undermines the implementation of a survivor-centered approach across all locations. Government entities and health workers require further training to address these challenges effectively.
- **In 67% of locations, actors highlighted that survivor face challenges accessing healthcare due to financial or documentation requirements, gaps expand from 60% in 2023.** Survivors are often required to pay for medical treatment unless referred by the FPJD. Limited budgets for NGO partners further exacerbate gaps. In Amman, the lack of documentation and UNHCR registration poses additional obstacles for survivors seeking care.
- **Healthcare workers in 67% of locations are inadequately trained in providing safe referrals and psychological first aid, although marking a slight improvement from 80% in 2023, as highlighted by actors.** While camps maintain stronger systems, confusion and lack of knowledge around referral pathways persist in Irbid, Mafraq, Amman and the South.
- **Only 33% of the locations reported having interpretation services available, a notable decline from 2023.** Gaps persist particularly in the South and Amman, where budget constraints hinder implementation. In Irbid, while the service is available at the NGO level, the public sector often fails to meet this need.
- **50% of the locations can offer safe and private spaces for survivors during medical examinations and treatment, up from 40% in 2023.** With progress made, overcrowded public clinics and underfunding leave critical gaps in Irbid, Amman, and the South.
- **Appropriate equipment and supplies are reported as unavailable in half of the locations, services remain under-resourced in Zaatari, Amman, and the South, primarily due to funding shortages.** However, with more locations working towards the goal, the gap of not met was reduced to 0% from 40% last year.

3.2. Highlighted Progress

The following main progress have been highlighted:

- **80% of the location highlighted that health care services are available to all, improving from 60% in 2023, with gap remaining in the South.** Despite the progress,



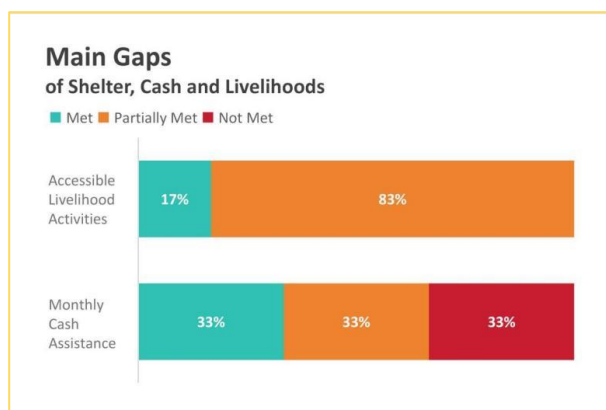
cultural stigma continues to limit disclosure and access to services for LGBTQI+ individuals, requiring further training and awareness campaigns.

- **50% of locations highlighted that the community is aware of available services, a substantial improvement from 20% in 2023.** Gaps remain in Irbid, Amman, and the South, where limited outreach efforts and cultural barriers restrict access to information.
- **83% of locations reported that medical examination and treatment are provided by trained staff with gender diversity.** Most of the locations secured this progress from 2023, but gaps persist in the South.

4. SHELTER, CASH, AND LIVELIHOODS

4.1. Highlighted Gaps

The following gaps/barriers have been highlighted:



- **Access to general livelihood activities remains a notable gap, with only one location (Irbid) reported as fully met, a slight improvement from none in 2023.** Camp settings (Zaatari and Azraq) face structural and logistical barriers to implementing effective livelihood programs. This underscores the need for innovative approaches to integrate the Incentive-Based

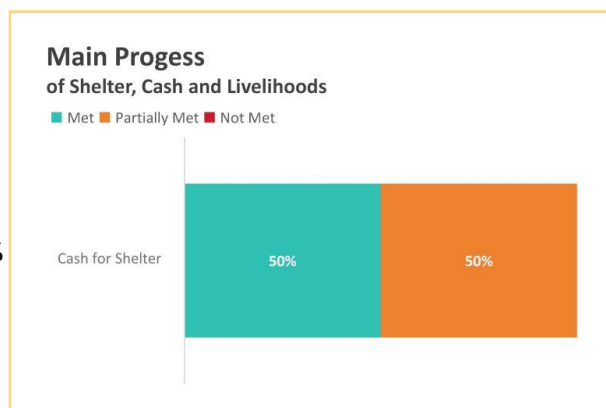
Volunteering Scheme (IBV) and life skills training. Urban areas (Amman and Mafraq) have challenges due to strict selection criteria and limited funding, which prevent broader participation in livelihood programs.

- **66% of the locations have highlighted limitations in monthly cash assistance, primarily due to funding constraints,** preventing secure stable financial support and comprehensive coverage for all survivors. The reliance on Urgent Cash Assistance (UCA) and IBV opportunities in Zaatari, as well as resource-dependent services in Azraq demonstrates inconsistent models for providing predictable monthly support.

4.2. Highlighted Progress

The following main progress have been highlighted:

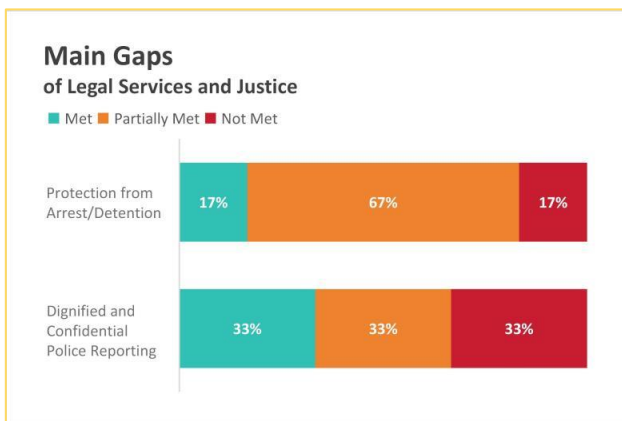
- **50% of the locations highlighted cash for shelter available, raising from 20% in 2023.** The lack of funding is a recurring issue across most regions, leaving gaps in Zaatari and Amman.



5. LEGAL SERVICES AND JUSTICE

5.1. Highlighted Gaps

The following gaps/barriers have been highlighted:



- **In over 80% of locations, actors have reported that survivors without legal status or registration remain at risk of detention upon reporting incidents.** This systemic issue deters survivors from seeking police assistance, particularly in urban areas, where fears and perceptions of relocation to camps are prevalent. Yet, with improvements in Irbid, Mafraq, and the South, the proportion of unmet standards has

declined to 17% from 80% in 2023.

- **Only 33% of locations highlighted having police procedures that promote the dignity and confidentiality of survivors, although this marks a modest improvement from 17% in 2023.** Limited capacity-building for adopting a survivor-centered approach, coupled with male-dominated environments within law enforcement, hinder safe reporting mechanisms in Azraq, Irbid, Mafraq, and Amman. This disproportionately affect women and marginalized groups, who face judgmental attitudes and a lack of understanding from untrained officers.
- **Legal representation is reported to be available and accessible in only 33% of locations.** Azraq, Mafraq, and Amman face limitations due to funding shortages and limited capacity of partners, resulting in insufficiency and long waiting periods, while the South is entirely underserved.
- **67% of the locations highlighted that police lack adequate capacity to respond to GBV cases.** While FPJD demonstrates higher capability and efficiency, police stations often experience inadequate training and a lack of referral pathways. Common issues include lack of privacy, poor due process, and mistrust towards survivors.
- **While gaps in GBV training to the criminal justice system have decreased from 100% in 2023 to 67% in 2024, challenges persist.** In Azraq, training is limited to FPJD and SRAD, resulting in insufficient outreach to broader law enforcement. Amman and the South reported lack of structured training programs. Although the police and the government staff are trained in Irbid, practical barriers are challenging to adopting a survivor-centered approach.

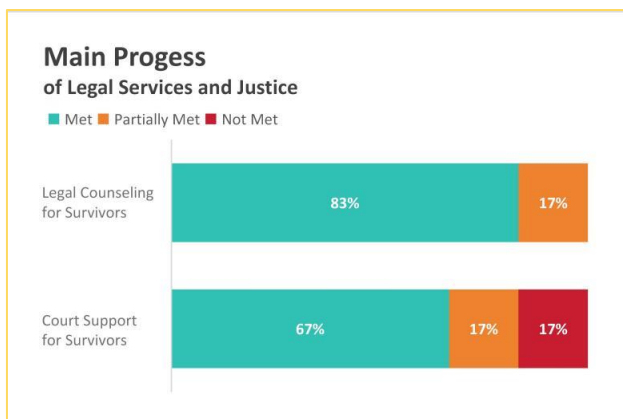
5.2. Highlighted Progress

The following main progress have been highlighted:

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- **Actors have reported that 83% of locations have legal counseling available to advise survivors of their legal rights, while conducting through a survivor-centered approach.**

Gaps persist in the South where legal services remain underfunded and inaccessible to survivors.



- **Adequate support for survivors to attend court is reported to be available in 67% of locations, an improvement from 40% in 2023.** Nevertheless, the South region continues to lack such services entirely. Additionally, in areas where support services have improved, limited capacity can sometimes prevent assistance for all.

- **It is highlighted that police procedures consider survivor safety in 50% of locations, significantly improving from 0% in 2023.** Although the gaps are met, in Irbid, undertakings signed by perpetrators are sometimes considered insufficient to ensure survivors' safety. Meanwhile, in Mafraq, Amman, and the South lack training and support by laws leaving survivors in a vulnerable state.
- **50% of locations highlighted that the court mechanisms and procedures accessible and sensitive to the needs of survivors, up from 20% in 2023.** Azraq's implementation remains inconsistent, with sensitivity left to individual judges' discretion. In Amman, survivors face systemic barriers, including gender discrimination, inadequate sensitivity to survivors' needs, and weak support for the law.

RECOMMENDATIONS TO ADDRESS GAPS

More than 13 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 significant impact on the well-being of GBV survivors and persons at risk of GBV – women and girls being disproportionately affected by violence.



Round Table to highlight recommendation on SWG Gaps

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:

1. ADVOCATE FOR FUNDING AND RESOURCE ALLOCATION

Strengthen partnerships with key stakeholders to secure resources, particularly in the South of Jordan, where the major gaps remain. The advocate for funding can target key areas of improvement, including:



- Develop livelihood programs and ensure comprehensive coverage, especially in camp settings. Provide services (e.g., transportation, and information sharing) to improve accessibility for those in the urban area.
- Expand cash assistance and short-term accommodation options, in particular, to cover rent and provide safe spaces for survivors and their children.
- Recruit and train more male case workers to ensure tailored support for all survivors including men and boys.

2. STRENGTHEN CONFIDENTIALITY AND SURVIVOR-CENTERED APPROACHES

Expand and strengthen capacity-building with national actors, including police, legal sector, and healthcare, to ensure confidentiality and a survivor-centered approach is adopted consistently, this includes:

- Liaison with key partners (e.g., NCFA) in developing structured, sustainable and consistent training programs for government staff and frontline workers, who are mandatory to rotate from their positions, to reduce the effect of high turnover rate and improve service delivery.
- Advocate for the legal registration and regularization of refugees' status to reduce fears of relocation and improve access to justice and police assistance.
- Provide comprehensive training for health workers on CMR, ensuring protocols are standardized and followed, especially in the urban area.

3. ENHANCE SUPPORT FOR MARGINALIZED GROUPS

Continue the focus on increasing targeted services and outreach for those who are left furthest behind, including persons with disabilities (PWD), LGBTQI+ individuals, and the elderly. For example, implement specialized training programs for service providers (e.g., sign language training) to promote inclusive communication and better support for diverse groups.

4. INCREASING COMMUNITY OUTREACH

Adopt mechanisms to receive consistent feedback from the community, to ensure that services remain relevant and responsive, thus enhancing the implementation of a community-based protection approach. By consulting with the community, awareness activities can be better designed based on the existing needs, such as engaging men, boys and the youth.

ACTION PLAN FOR ADDRESSING CRITICAL GAPS

Type	Recommendation (with priority scale High ▲, Medium ▲, or Low ▲)	Implementers	Timeframe
GBV Prevention	▲ Increase awareness sessions targeting men and male youth, to engage them more actively in reporting and preventing GBV.	Protection agencies GBV service providers.	1 year
	▲ Joint prevention activities to cover the remote areas.	All	Continues
	▲ Establish communication channels and feedback mechanisms between service providers and the community. Expand community committees and ensure a unified approach for communication.	Protection agencies, community representatives, community committees	1 year
	▲ Initiatives from the community to the community	All	Continues
	▲ More community engagement through focus groups, interviews, surveys, for need assessment, FGD and feedback during the implementation.	Key actors (MOSD, Mol, NGOs, CBOs)	Continues
GBV Response	▲ Enhance training on GBV safe referral, case management, survivor centered approach, EMAP and PFA training to all GBV staff.	All	Continues
	▲ Ensure diverse reporting mechanisms like hotline, mobile applications, and self-referrals.	Services providers	Continues
	▲ Reach out to NGOs who work with PWD to enhance outreach and provide training for case managers and counsellors on dealing with specific types of disabilities such as speech impairments.	NGOs and UNHCR	1 year
	▲ Developing and improving the accessibility for PWD, including reallocating funds to cover transportation.	INGOs, NGOs, Donors as well the GOV	1 year
	▲ Reallocate budget for playing areas for children of beneficiaries accessing services	Donors and service providers	Continues
	▲ Advocate with medical service providers to increase the availability of medications especially for mental health	health program	1 year
Health	▲ Advocate with donors to increase funding for GBV and Health services through national systems. Gradual shift from the emergency phase to the developmental work.	INGOs and NNGOs	1 year
	▲ Coordinate with the Ministry of Health and UNFPA to reinstate the CMR service and identify	Ministry of Health, UNFPA and	1 year

	suitable implementation plan.	hospitals	
	▲ Facilitate GBV safe referral training sessions for health workers.	UNHCR, health agencies.	1 year
	▲ Expand training programs for the public and private health care providers on how to deal with all cases of GBV	MoH and NGOs	Continues
	▲ Coordinate with the government, UN agencies and INGOs, to identify their capacity building needs and to set the training plan accordingly.	organizations, such as UNFPA, UNHCR and other INGOs government sectors	1 year
	▲ Budget for hiring interpreters specialized with the common refugee languages and for sign language	Donors and service providers	1 year
	▲ Establish special safe shelter away from the reception area.	protection service providers	1 year
Shelter/cash/livelihood	▲ Advocate for funding to establish additional shelter options,	Donors, government, and service providers	Continues
	▲ Working closely with MOSD and FPJD regarding referrals to safe shelter for GBV cases in urban areas.	MOSD	1 year
	▲ Increase the cash assistance integrated in GBV case management for survivors by specialized GBV service providers	GBV programs	1 year
	▲ Work on empowering the survivors on life skills activities instead of being dependent on assurances and IBV opportunities	Protection and livelihood agencies	1 year
	▲ Develop more integrated livelihood activities with GBV Programs, to cover the gap of limitation services under livelihood activities	livelihood service providers, GBV programs	1-2 years
	▲ Mapping the livelihood opportunities in urban, particularly those targeting women, in coordination with the Livelihood Working Group (WG). Additionally, aim to establish a comprehensive plan to effectively engage women and link them with available job opportunities.	Livelihood WG members.	1 year
Legal, justice and law enforcement	▲ Continue training for the police and court staff on awareness of Survivor-Centered orientation during interviews.	Specialized trainer, NCFA, Mol, and the government	Continues
	▲ Advocate for more funding to secure free legal consultation services.	NGOs and NNGOs	1 year
	▲ Discuss with legal service providers on consequences of reporting to the authorities due to illegal status in country of asylum.	legal service providers	3-6 months