

Availability of Sexual and Reproductive Health
services and GBV holistic response for vulnerable
Jordanian and refugee women, girls, boys and men
in the Governorates of Karak, Ma'an and Aqaba
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RAPID NEEDS ASSESSMENT

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Concept Note

Purpose:

APS aimed to gather qualitative information and confirm quantitative information as required for the development of a humanitarian program proposal focused on SRH and GBV specialized response in southern Jordan.

Target Population:

Sirian refugees and jordanian members of local committees, CBOs working with refugees, humanitarian professionals (including youth workers and health professionals), community leaders, informal network contacts, government officials, etc.

Methodology:

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

Problems identified

- 1. Lack of specialized, free and/or permanent Sexual and Reproductive Health services and holistic GBV response provided to vulnerable populations according to minimum international standards.** According to the informants, public hospital staff have not had specialized GBV medical response training (concerns for the respect of the privacy and anonymity of the survivors, for re-victimization as a result of procedures, for the rejection and stigmatization of survivors by medical staff, etc.). It is highly unlikely that a survivor of GBV would access the public hospital for medical care for fear that her case will be reported to her/his family/FPD and they will have to face even harder consequences.
- 2. The services currently provided do not follow key Gender-Based Violence Guiding Principles.**
- 3. The social, cultural and religious context in the southern region is deeply conservative and enforces practices that have a negative impact on gender equality and access to rights.** Communities tend to impose harder rules and sanctions on women and girls according to social, cultural and religious standards that link the reputation of the family and the honour of its members to the strict respect of gender roles and related acceptable behaviour by women and girls. A series of social factors increase instability (protracted crisis, destabilization of coping mechanisms, discrimination, prohibition to work, etc), all have created an environment where women and girls are demanded to remain increasingly confined to the private space of the house “in order for the male of the family to fulfil their gender role of **protector** and provider of the family”.

Problems identified

4. Informants in all locations reported an increase in GBV incidents, but at the same time a low level of survivors trying to access the non-specialized services available and/or denounce.

Cases of sexual violence including rape, domestic violence, physical violence, psychological violence and abuse, early marriage and its negative consequences, forced marriage, sexual exploitation, denial of access to medical services, mendicity, etc., were identified by the informants indicating that there are no in situ, confidential and free services available for local and refugee population to seek for assistance.

5. Social and economic conditions for refugees are becoming harder due to the lack of humanitarian funding. Reduction of cash assistance and vouchers, payment of a percentage of education and health services in public institutions, protracted crisis and prohibition to work, force refugees (mainly men and boys) to work illegally in construction, restaurants/coffee shops, and seasonal agricultural activities in rural areas in these Governorates. In this context, most refugee women and girls are left alone in the cities, they have no sources of income of their own and depend of their male relatives for it. Their access to public space was already limited by conservative traditions brought from rural Syria and now it is even more restricted by the longer absences of male relatives and the families, including enforcing the use of hijab and even hiram (face veil). Beyond the issue of work permits in Jordan, most refugee women refugees from rural areas in Syria have no skills developed to successfully enter the workforce in the urban areas.

Problems identified

6. **Increased concern on SGBV issues as domestic violence, early marriage and negative coping mechanisms.** The highcontext described before is reported to increase domestic violence and push families to negative coping mechanisms as early marriage that have increased in numbers compared to previous years. The large number of vulnerable “seasonal” female headed households are the main pool of cases of negative coping mechanisms including sexual exploitation. Vulnerable women and girls, especially refugees, seem particularly disempowered vis a vis GBV issues and unable to access safe and confidential services. Social consequences in case it is known they seeked external support are highly negative, seriously impacting their human rights. Survivors of GBV are most likely willing to hide the issue and stay at home, even without informing their families.

7. **Early marriage is a subject of particular concern.** Early marriages in this region are kept in secret and most remain unregistered, therefore are difficult to identify and place the young wife and her children in an extremely vulnerable situation of economical and social dependance of the husband, where she is more likely unable to access services, defend herself and seek for help. These girls are likely to drop out of school (CBOs indicated this is the sign of alert to identify cases of EM) and will not access medical care in case of pregnancy despite the high risks for the mother's and the baby's health, that include death, pregnancy and delivery medical complications including severe malformations and sequels for the baby and the young mother (fistula).

Needs identified: Ma'an

- Among Jordanian vulnerable families the informants have identified an increasing number of cases of domestic violence, psychological problems, drug abuse, etc., and an increased number of divorces. This produces a number of new female headed households who struggle to cope with their financial crisis.
- An ad hoc and not permanent referral system for medical services for survivors of GBV is in place funded by USAID (but the informants were unable to indicate who is the implementing organization): 8 volunteers conducting home visits and referring the survivor to a private doctor affiliated to the project (of whom they are unable to indicate if has been trained specifically to treat survivors of GBV) but no other systems of support are in place for them. Services are not advertised and the entry point is not clear.
- The Governorate is not aware of statistics on GBV (sexual violence, domestic violence, etc.) because they do not receive public denunciations and the informant indicates the police is not likely to intervene unless called by the family of the survivor (which will make it a very public issue and even more difficult to handle within the community), therefore these matters are mostly solved by the individuals themselves. This indicates an extreme vulnerability for survivors who want to seek treatment and/or denounce despite the refusal of their families but also the risk of higher violence against them by their family (including honor killings) and the family of the perpetrator.

Needs identified: Ma'an

- CBOs have identified 150+ Syrian refugee women head of household who are in an extremely vulnerable situation and have a manifested need of psychosocial and economical support. They lack a source of income and no means to respond to their family needs, which makes them an extremely vulnerable group to exploitation, abuse, violence and resort to negative coping mechanisms for survival.
- Early marriage is a subject of high concern. CBOs have already identified 30 cases of early marriage between men around 30-35 years old and girls as young as 12 years old. These girls are likely to drop out of school and will not access medical care in case of pregnancy.
- Staff at the public hospital ER don't have specialized medical training nor sensitization for GBV cases according to international standards. They will focus on the accomplishment of legal procedures (filing a report, questioning the survivor, denouncing, opening an investigation, etc.). The risk that confidentiality will not be respected or that FPD will be involved (to open an investigation implies questioning the perpetrator who could be a family member) is too high and would have extremely negative consequences for the survivor (admin.det.), so they prefer to hide the incidents. The informants indicated the strong need for GBV services delivered through a stable structure that will allow to develop trust with the community and offer confidential access to medical or psychosocial services (safe center for women and girls within the vulnerable community).

Needs identified: Aqaba

- No free medical services available for women's health (except for delivery and C-section) in the only public hospital in the district of Aqaba and informants say if GBV survivors arrive they would be seen at the ER. The ER staff is not dedicated, they rotate and there is no guaranty that the information is kept confidential. There are Health Centers in some of the villages around Aqaba for the rural population but they are basic and have no specialized training for GBV cases. They estimate 60% to 80% of families to have at least once incident of domestic violence and state there are cases of early marriage that are also kept in secret due to the reasons stated previously.
- They have identified the need for a safe space for women and handicap people within the community, where they can access psychosocial, protection and social services confidentially.
- A Jordanian-Syrian community committee (supported by the Governorate, UNHCR and IRD) conducts community strengthening activities (recreation and educations workshops) for the most vulnerable Jordanian and refugee population, 80% of their beneficiaries are women and children. They also suport refugees in formal procedures at the Governorate offices. But they don't have training to identify and refer survivors of GBV and are not familiar with free services available in the Governorate for them.

Needs identified: Aqaba

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

Needs identified: Karak

- Local public hospitals do not have specialized units to provide medical care to survivors of GBV according to international standards. They would treat the survivors through the ER and refugees would have to pay a fee as of 2015. They do not have psychological staff trained to deal with survivors of violence despite the high rate of refugees currently living in Karak Governorate (more than 4.000 families in urban and rural areas according to JOHUD). UNHCR in partnership with Jordan Health Aid (JHAS) has referred some GBV cases to medical care but it is an ad hoc system that requires mainly that the survivor contacts the UNHCR Help Line by phone and it seems not likely for a survivor under strict control of her family.
- Local organizations have identified within the vulnerable population an increase in cases of domestic violence, sexual violence and sexual harassment in schools and at the University, and more frequent cases of early marriage among Syrian refugees. In rural areas of the Jordan Valley, they have documented an alarming and increasing number of 300 cases of sexual violence against *migrant* women working as agricultural workers who were assaulted while in the fields. As in some cases the alleged perpetrator and the survivor are foreign migrant workers, the survivor seemed to be more willing to denounce the cases to the police. However, the seasonal migrant nature of the agricultural workers makes it very difficult for follow up and to achieve clear legal results.
- Issues related to GBV will be difficult to work with in the vulnerable communities, considering the sensibility of the issue but also the possible negative impact of humanitarian assistance provided without respecting the delicate balance of tribal relations in the Governorate.

Needs identified: Karak

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

Conclusions

- The informants have identified a lack of appropriate services for SGBV survivors according to international standards in the three Governorates. In particular, there are no specialized medical services for SGBV survivors including access to psychosocial and legal support. Informants stress the need to open spaces to talk about these issues within the communities, in a cultural sensible way.
- Stigmatization and rejection of SGBV survivors and lack of confidentiality in public medical facilities increases the vulnerability of survivors who prefer not to expose themselves to a wide and grave variety of further negative impacts and try to hide the attacks even from their families. CBOs are willing to help but do not have the information of services available to avoid putting the survivor in more danger.
- SGBV against men and boys is not even mentioned by the informants who focus on women and girls.
- Besides sexual violence, early marriage and domestic violence are the top types of GBV requiring urgent intervention. There is will among local CBOs interviewed to engage in this work if supported by INGOs / UN.
- The informants stress the social / cultural / logistical difficulties for survivors to access protection services as currently offered.
- Except the IRD staff, no informant interviewed, particularly the CBOs and Governorate staff, was aware of the possibility to access services for SGBV survivors through UNHCR HelpLine.