



The impact of COVID-19 on GBV for refugees and host communities in Jordan

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Background

The unprecedented COVID-19 pandemic has drastically changed the life of millions of people and has affected “*women, men, girls, and boys unequally*”¹. Despite the rather limited number of confirmed cases in Jordan – as of 30 August, only 1966 people were diagnosed with the new virus in a population of nearly 10 million people – strict measures have been adopted since the very beginning of the outbreak. To curb the spread of the virus, a national state of emergency was declared on 20 March 2020 for an indefinite period of time. As a total lockdown was implemented, Jordan’s COVID-19 regime was described as “*one of the most stringent anti-corona regimes in the world*”².

Jordan hosted several waves of refugees and displaced people following the conflicts in Syria, Iraq, and Yemen, leading to increased pressure on natural resources and increased poverty and unemployment. Since 5 April 2020, the UNHCR recorded 656,213 Syrian refugees in Jordan, a number that has remained constant for the past three years due to increasing restrictions on entry into the Kingdom. Among the Syrian refugee population, 25,8% are women, and 24,3% are girls³. In addition to this, Jordan hosts 90,305 refugees from other nationalities.

Gender-based violence (GBV) is a phenomenon deeply entrenched in gender inequality and continues to be one of the most significant human rights violations within all societies. The

¹ “The impact of COVID-19 on gender equality in the Arab region”, *UN Women*, E/ESCWA/2020/Policy Brief.4, <https://www2.unwomen.org/-/media/field%20office%20arab%20states/attachments/publications/2020/04/impact%20of%20covid%20on%20gender%20equality%20-%20policy%20brief.pdf?la=en&vs=4414>

² Michael Safi, “Home deliveries and Humvees: life under Jordan’s harsh virus lockdown” *The Guardian*, 24/03/20, <https://www.theguardian.com/world/2020/mar/24/home-deliveries-humvees-life-under-jordan-harsh-coronavirus-lockdown> (last accessed: 24/07/20)

³ “Guidance note on GBV service provision during COVID-19 in Jordan and a forward look to safe resume of services”, *SGBV WG Jordan*, April 2020, <file:///C:/Users/Lenovo/Downloads/SGBV%20SWG%20Jordan-Guidance%20Note%20on%20GBV%20Service%20Provision%20during%20COVID-19%20-final.pdf>



Council of Europe Convention on preventing and combating violence against women and domestic violence, better known as the Istanbul Convention, frames gender-based violence and violence against women as a gendered act which is “*a violation of human rights and a form of discrimination against women*”.

Prior to the COVID-19 pandemic, GBV has been a serious issue in Jordan where almost 26% of married women between 15-49 years old reported experiencing physical, sexual, and emotional violence from their intimate partners⁴. The country displayed some worrisome trends in women’s rights and GBV due to patriarchal norms, “*harmful traditional practices, and unequal education opportunities*” according to SGBV sub-working group. Despite these alarming numbers, Jordan lacks certain laws to prevent GBV. The Protection against Domestic Violence Law, adopted in 2008, includes violence between relatives and members of the same household but it does not tackle the gender issue associated with GBV and sexual violence. Also, while Jordan ratified the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) in 1991 and 1992, it has not ratified the optional protocol that relates to individual complaints.

In an environment where GBV is widespread and normalized, the shock of the COVID-19 crisis and the economic, political, and social fallout have a dreadful impact on the health of many women and girls in Jordan⁵. The virus exacerbated existing gendered inequalities, particularly regarding vulnerable communities such as refugees, displaced people, persons with disabilities, youth, and elderly. Quarantines and homes lockdowns unavoidably increase the risk of GBV against women and adolescent girls, mainly with regard to domestic and family violence⁶. How has the COVID-19 pandemic increased gender-based violence and gender

⁴ “ Jordan population and family health survey, 2017-2018”, *Department of Statistics*, Amman, Jordan, March 2019, <https://dhsprogram.com/pubs/pdf/FR346/FR346.pdf>

⁵ Kristine Anderson, “Daring to ask, listen and act: a snapshot of the impacts of COVID-19 on women and girl’s rights and sexual and reproductive health”, *UNFPA*, April and May 2020, https://reliefweb.int/sites/reliefweb.int/files/resources/20200511_Daring%20to%20ask%20Rapid%20Assessment%20Report_FINAL.pdf

⁶ “COVID-19 sexual and reproductive health and rights in times of crisis”, Jordan Brief, *UNFPA*, April 2020, <https://jordan.unfpa.org/sites/default/files/resource-pdf/COVID-19%20SRHR%20Jordan%20Brief%20-April2020.pdf>



inequalities? How to know survivors need help, including those in imminent danger? How to get support to survivors when GBV services are disrupted due to the lockdown?

Escalation of GBV amid COVID-19 in Jordan

Promiscuity with their abusers

The COVID-19 pandemic has exacerbated all forms of violence against women. Lockdown and isolation have increased GBV where women were forced to live with their abusers and were denied from having any social interaction with family and friends, including online interactions. According to the Family Protection Department, domestic violence cases reported in the first month of the lockdown increased by 33%⁷. The curfew has led an increase in the frequency of quarrel and violence among 16% of Jordanians and where 12% reported being harassed during the period of lockdown by family member and only 5% who were abused asked for help⁸. Additionally, as the refugee crisis continues in Jordan amid the spread of the virus and economic collapse, displaced women are facing a heightened risk of GBV and domestic violence. For instance, refugee women living in camps are at greater risk of GBV because they share the same caravan or tent with limited space, exacerbating violence issues. During the quarantine days, Jordan has witnessed a number of disturbing cases related to GBV. On 4 April, a 30-year-old woman was killed by gunshot in Ma'an governorate and on the same day, a wife was wounded by a bullet fired by her husband after an argument in Marj Al-Hamam, near Amman⁹. On 6 May, a young man stabbed his 14-year-old sister inside their home in Amman leading to her death¹⁰.

⁷ "COVID-19 crisis in the MENA region: impact on gender equality and policy responses, *OECD*, June 2020, https://read.oecd-ilibrary.org/view/?ref=134_134470-w95kmv8khl&title=COVID-19-crisis-in-the-MENA-region-impact-on-gender-equality-and-policy-responses

⁸ Guidance note on GBV service provision during COVID-19 in Jordan and a forward look to safe resume of services", *SGBV WG Jordan*

⁹ "Impact of COVID-19 on women and girls in Jordan", *Arab Women Organization of Jordan*, June 2020, <file:///C:/Users/Lenovo/Downloads/Impact%20of%20COVID-19%20on%20Women%20and%20Girls%20in%20Jordan-English.pdf>

¹⁰ Ibid.



Economic settings

In the specific case of COVID-19, GBV has increased due to economic stress and food insecurity, especially for vulnerable women in Jordan. Indeed, food insecurity represents an “important layer of complexity to violence”¹¹. Among 847 respondents located across Azraq and Za’atari refugee camps and in communities across five governorates, 62% of women indicated they feel at increased risk of suffering physical or psychological violence as a result of food insecurity. Moreover, 54% of women who reported an increased risk of violence also reported having to borrow food or money from neighbors, family, or other households. Financial challenges, during the strict lockdown, has amplified tensions within intimate relationships and disrupted gender roles. For instance, men who lost their jobs during the quarantine have failed to “fill their gender roles as providers” and are therefore more likely to resort to violence against their wives¹². In addition, “the potential low or loss of household income may have a long-term economic impacts on women and may increase the risk of exploitation and sexual violence”¹³. The most likely to be exposed to sexual exploitation are rural women, refugees, domestic workers, and women in conflict-affected areas due to their weaker financial status. Women who are heads of household and responsible for the family in the absence of a male figure are more likely to be exploited and abused by their landlord due to inability to pay rent. Child, early and forced marriage may also increase as a secondary economic consequence of the COVID-19 pandemic due to the inability to adolescent girls to return to school after the lockdown.

Barriers for reporting

In the first two weeks of the quarantine in Jordan, GBV case management agencies reported a 68% decrease of cases compared to before the crisis. However, the decline in reported

¹¹ “Rapid assessment of the impact of COVID-19 on vulnerable women in Jordan”, *UN Women*, April 2020, <https://www2.unwomen.org/-/media/field%20office%20jordan/images/publications/2020/unwjcorapidimpactassessmentcovid19v8.pdf?la=en&vs=3456>

¹² Kristine Anderson, “Daring to ask, listen and act: a snapshot of the impacts of COVID-19 on women and girl’s rights and sexual and reproductive health”, *UNFPA*

¹³ “COVID-19 sexual and reproductive health and rights in times of crisis”, Jordan Brief, *UNFPA*



cases does not mean there are fewer incidents of GBV but on the contrary, women who are facing increased risk of violence, also facing barriers to seeking help. During the lockdown, services were only available online and vulnerable women were not able to call them because of the promiscuity with their abusers¹⁴. Furthermore, refugee women living in the camps often do not own a mobile phone and they usually “*use their husband’s phone*”¹⁵. Since the beginning of the lockdown, “*legal aid stopped, and livelihood activities have been suspended*”. Three clinics from Jordanian Women’s Union, who help GBV survivors across the country, have also been closed and staff at women’s shelter has been reduced by 70%¹⁶. According to SGBV sub-working group, 54% of Jordanians do not know how to reach service providers in cases of domestic violence or other forms of violence during the lockdown. Women and girls agree that obtaining GBV services during the pandemic was more difficult than before the crisis. Likewise, only 6,5% of adolescent girls aged 12 to 17 sought help when exposed to GBV as the majority of them do not have access to personal mobile phone and have additional family restrictions on freedom of movement¹⁷. In June 2020, the number of GBV survivors seeking help rose quickly as lockdown was eased but “*shame, stigma and social pressure continue to be barriers to reporting GBV*”¹⁸.

Legal challenges

As the COVID-19 pandemic continues to unfold and affect all aspects of life throughout the world, GBV does not appear to be seen as a priority by the Jordanian health system as women are facing legal challenges to report it. Indeed, women struggled to access justice during the lockdown, as administrative courts in Jordan were closed. Hence, women have not been

¹⁴ Guidance note on GBV service provision during COVID-19 in Jordan and a forward look to safe resume of services”, *SGBV WG Jordan*

¹⁵ “Preliminary analysis of gender-based violence trends during COVID-19”, *GBV IMS Taskforce*, Jordan, 14th of April 2020, <https://reliefweb.int/sites/reliefweb.int/files/resources/75490.pdf>

¹⁶ “COVID-19 crisis in the MENA region: impact on gender equality and policy responses, *OECD*

¹⁷ “GBVIMS TF midyear report”, *UNFPA and UNHCR*, August 2020, [file:///C:/Users/Lenovo/Downloads/External%20GBVIMS%20Dashboard%20\(Jan-Jun\)2020%20Final%20\(1\).pdf](file:///C:/Users/Lenovo/Downloads/External%20GBVIMS%20Dashboard%20(Jan-Jun)2020%20Final%20(1).pdf)

¹⁸ “Jordan sees increase in domestic violence, poor access to family planning”, *Plan International*, May 2020, <https://plan-international.org/news/2020-05-20-covid-19-jordan-domestic-violence-poor-access-family-planning>



unable to claim their rights under the Personal Status Law regarding allowances, children custody, visitation, labor rights and other financial claims which have added more financial burdens on them and increased their risk to GBV¹⁹. Justice and police systems fail to focus on GBV during the pandemic, leading to impunity. For instance, police may be less likely to arrest abusers for fear of placing them in overcrowded detention facilities and regard GBV and domestic violence as a private matter that does not deserve police intervention²⁰. This is particularly relevant in Jordan where the country does not fully criminalize domestic violence or marital rape and not provide optimal protection for GBV survivors.

Safety planning for GBV survivors

GBV service providers

Despite the obstacles to reporting GBV incidents, a number of solutions have emerged for GBV victims to seek help during lockdown and post-lockdown. NGOs and international organizations have listed a number of alternative options through which women can safely seek help without their abusers knowing it and without having the ability to own a phone. For example, UNICEF has designed phone booths in authorized areas such as pharmacies, markets, grocery, and pump stations where survivors can seek assistance²¹. Others GBV groups have strengthened their efforts to implement virtual services through hotlines, awareness-sessions on Zoom as well as WhatsApp and Facebook groups. For instance, a mobile application has been developed by SGBV SWG in Jordan called *Amaali* which aims to assist survivors of sexual and gender-based violence by providing them information on services. A chat box and emergency button option will soon be added to the app so that survivors can ask for advice or alert when

¹⁹ “The impact of the COVID-19 pandemic on women’s access to justice in Jordan”, *Arab Renaissance for Democracy and Development*, Legal aid unit, April 2020, <https://firebasestorage.googleapis.com/v0/b/ardd-94d08.appspot.com/o/publications%20Ftnxnu9lsgdj.pdf?alt=media&token=fee835d8-bcf6-4615-9b78-0afeb3494083>

²⁰ Kristine Anderson, “Daring to ask, listen and act: a snapshot of the impacts of COVID-19 on women and girl’s rights and sexual and reproductive health”, *UNFPA*

²¹ Dorcas Erskine, “Not just hotlines and mobile phones: GBV service provision during COVID-19”, *UNICEF*, March 2020, <https://www.unicef.org/media/68086/file/GBV%20Service%20Provision%20During%20COVID-19.pdf>



in danger²². In addition to virtual services, UNFPA continued to support GBV victims during the lockdown by keeping clinics open. Regarding refugee camps, GBV services have been strengthened and extended due to the increased risk of sexual and gender-based violence caused by lack of privacy and resources. Following the closure of UNHCR community centers and suspension of their activities, UNHCR has adapted its programs modalities to continue providing protection and support to women refugee victims of GBV²³. In Azraq camp, SGBV SWG and Danish Refugee Council have conducted a joint meeting to map areas where refugee women did not feel safe. In Zaatari camp, SGBV group has provided case management in addition to hotlines operating 24/7 whereas Jordan Health Aid Society (JHAS) clinics has received more than 100 cases per day since the end of the lockdown. Institute for Family Health (IFH) has also distributed mobile phone to beneficiaries so that they could easily access GBV services²⁴.

Increased of psychosocial support

The consequences of COVID-19 have strongly impacted the mental health of women and girls. Victims of sexual abuse and violence are affected by stress and psychological issues. To help GBV survivors, Arab Women Organization of Jordan (AWO) has opened four centers in order to receive approximately 20 to 30 cases of violence weekly. The NGO has organized individual counselling and follow-up sessions in the regions of Irbid, Mafraq and Rusifeh, as the number of women and girls in need of psychosocial support has increased dramatically since the lockdown ended. According to the numbers, 337 Syrian refugees and 184 Jordanians received individual counselling and follow-ups sessions while 735 Syrian refugees and 394 Jordanians participated to awareness sessions on GBV²⁵. In refugee camps, many NGOs and associations continued to monitor GBV victims by providing them with psychosocial support training. Ms. Amin, a humanitarian aid worker spent eleven years giving psychosocial care to survivors of GBV, from refugees fleeing horrors of war to women and girls escaping sexual

²² “SGBV SWG, agenda “, *SGBV sub-working group*, June 2020

²³ “COVID-19 crisis in the MENA region: impact on gender equality and policy responses, *OECD*, June 2020

²⁴ *Ibid.*

²⁵ “Impact of COVID-19 on women and girls in Jordan”, *Arab Women Organization of Jordan*



abuse and exploitation. She is currently working in Azraq camp by assisting and advising GBV survivors through phone and text message on WhatsApp. “One of the women texted me on the dedicated WhatsApp number, and when I responded to her, she said : I am fine now, as I know that you are there for me in case I need you”²⁶.

Policy responses on GBV in Jordan

Recommendations for GBV service providers

In July 2020, the Jordanian government has gradually eased the containment and distancing restrictions. As a result, GBV services started to partially resume support and assistance activities to sexual and gender-based violence survivors. Urgent recommendations have been presented by UN agencies and NGOs to support GBV survivors during a time of unprecedented challenges. GBV response and prevention must be considered as an essential service during pandemics. For that, GBV service providers must design outreach services for survivors²⁷ and safe spaces for women and girls who should remain open during times of restricted movement²⁸. To curb the spread of the virus, special consideration for case management must be implementing such as maintaining “*distance with the survivor during the session, allow[ing] time between appointments to clean the space and arrang[ing] waiting area with social distancing measures*”²⁹. Since schools are closed, women may be accompanied by children, childcare should be considered to prevent the spread of COVID-19. In addition, GBV service providers should create a virtual national campaign to raise awareness of risks of GBV and provide information on the services available during and after the lockdown. Vulnerable women, such as refugees living in camps, rural women, and women with disabilities, who are more exposed to GBV, should be closely followed-up. Cash assistance should be provided to vulnerable women that are not able to cover their basic needs such as food and rent in order to reduce the risks of GBV. Lastly, GBV service providers have to “*distribute dignity kits to*

²⁶ “Pandemic threatens communities ravaged by war and crisis, global support needed”, *UNPA News*, 16/04/20, <https://www.unfpa.org/news/pandemic-threatens-communities-ravaged-war-and-crisis-global-support-needed>

²⁷ “The impact of COVID-19 on gender equality in the Arab region”, *UN Women*, E/ESCWA/2020/Policy Brief.4

²⁸ Kristine Anderson, “Daring to ask, listen and act: a snapshot of the impacts of COVID-19 on women and girl’s rights and sexual and reproductive health”, *UNFPA*

²⁹ “SGBV SWG, agenda “, *SGBV sub-working group*, June 2020



women and girls at risk”, from sanitary pads to soap, because their distribution can be seen as an intervention to communicate essential information on GBV and sexual and reproductive health³⁰.

Recommendations for the Jordanian government

The COVID-19 crisis will have a long-term impact on all aspects of life, and it is expected to be a major concern for the government for the foreseeable future. As a matter of fact, “women’s and girl’s rights need to stay on the agenda” where the Jordanian government must focus on GBV response and prioritize the “participation in decision-making and health policy governance” of women³¹. Women inclusion on the front lines can have a huge impact on GBV service providers as they can fund actions such as providing or strengthening social protection coverage, opening shelters, or empowering vulnerable women. The Jordanian National Committee for Women, in collaboration with UN Women, has issued a guidance note with recommendations for integrating gender concerns into the policy response³². Furthermore, movement permits and licenses to all GBV services providers should be supplied by the government to allow women to report GBV incidents and have access to clinics. Nationally, the Jordanian government should reinforce coordination and partnership with UN agencies and NGOs in order to guarantee that vulnerable women, especially displaced, refugees and migrant women, “have access to affordable, quality and equitable health services”³³. All of these actors must systematically collect and ensure an in-depth analysis data by sex, age, and disability to target policy responses on COVID-19. Government agencies should seek appropriate methods to ensure the maintenance of the livelihoods of informal sector workers such as cash transfers and compensatory payments³⁴. However, some efforts have already been made by the Jordanian government. Indeed, Jordan has allocated JOD 27 million (USD 38 million) to the national aid

³⁰ Ibid.

³¹ Kristine Anderson, “Daring to ask, listen and act: a snapshot of the impacts of COVID-19 on women and girl’s rights and sexual and reproductive health”, *UNFPA*

³² “COVID-19 crisis in the MENA region: impact on gender equality and policy responses, *OECD*, June 2020

³³ “The impact of COVID-19 on gender equality in the Arab region”, *UN Women*, E/ESCWA/2020/Policy Brief.4

³⁴ Courtney Phelps, “Rapid gender analysis MENA”, *Care*, April 2020, http://careevaluations.org/wp-content/uploads/Regional-Rapid-Gender-Analysis_MENA_10-April-2020_FINAL.pdf



fund to implement a temporary cash assistance program for daily wage workers. More than 200,000 families have benefited from this initiative which will significantly reduce the risks of GBV³⁵.

Conclusion

The COVID-19 pandemic has heightened pre-existing inequalities, revealing vulnerabilities in social and economic systems. This has caused a major shock to women and girls living in Jordan and significantly changed their feeling of personal safety and well-being. This current health crisis has exacerbated gender inequalities with women exposed to precarious conditions, an increase of unwanted pregnancies and a sharp rise of domestic violence. Vulnerable women, such as refugees, migrants, and disabled women, bear this heavy economic burden, reinforced by the consequences of the virus, and are therefore more prone to GBV or other forms of violence. As for adolescent girls, they are more at risk of child, early and forced marriage, and are more likely not to return to school.

Nonetheless, the damage caused by the virus in Jordanian society, whether in refugee camps or in rural or urban areas, has made the country aware of the need to protect women, prevent GBV, prioritize it within the political agenda as well as to provide assistance services at any times, and in particular during a pandemic. Recommendations and policy responses have been presented by the government as well as UN agencies, NGOs, and civil society in order to curb GBV and to empower vulnerable women. Therefore, despite economic, politic, and social challenges, the pathways to progress are promising in Jordan.

³⁵ “COVID-19 crisis in the MENA region: impact on gender equality and policy responses, *OECD*, June 2020



Relevant resources

“The impact of COVID-19 on gender equality in the Arab region”, *UN Women*, E/ESCWA/2020/Policy Brief.4,

<https://www2.unwomen.org/->

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