



Localisation of GBV prevention and response in Jordan

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Query: Please summarise the evidence of good practice in GBV response and prevention service delivery in Jordan, with a specific focus on refugee populations, including how to increase the local capacity of national CSOs and WROs and community engagement. What are some of the challenges within the Jordan context in relation to the localisation of GBV prevention and response?

1. Overview

In Jordan, there are several well-established local organisations, particularly women’s rights organisations (WROs), working on gender-based violence (GBV). Engaging local organisations is core to the localisation agenda, which aims to enhance local capacities and deliver support directly to those most in need. There is a growing evidence base showing that engaging local organisations helps ensure that GBV prevention and response is more effective, timely and tailored to the unique needs of local communities and refugee populations.¹

This query summarises the evidence of good practice in GBV response and prevention in Jordan, with a specific focus on refugee populations. As part of this, it explores how to increase the localisation of GBV work in this context. Good practice in Jordan includes:

- **Women and Girls’ Safe Spaces (WGSS)** that enable refugee and Jordanian populations to build communities to address GBV risks together. Organisations have tailored the activities provided in WGSS to the needs of refugee communities for psychosocial support (PSS) and educational opportunities. Continued support for local organisations to run WGSS can help ensure that they remain a vital space for women and girls.
- **Case management** that incorporates PSS and a survivor-centred approach. Financial and technical support can enable more local organisations to provide clients with the care that they need, and advocate for improved referrals.
- **Use of cash in GBV case management** relies on the quality of the case management process to manage the risks. Ensuring that funding can cover overheads, such as safeguarding staff and processes, can allow local organisations to use cash safely.
- **Integration of GBV and livelihoods/economic empowerment** helps address economic instability for all vulnerable communities in Jordan, and the increased risks of GBV that it brings. This requires a survivor-centred approach to be embedded in other sectors.
- **GBV prevention programming** is beginning to move from awareness activities to evidence-based approaches that focus on community-level behaviour change. Sustained funding can support local organisations, allowing them to take a long-term approach.
- **Coordination** mechanisms engage local and international organisations together. The use of innovations such as the Amaali app can be explored to address the needs of beneficiaries as well as staff.
- **Capacity development** has been ongoing but overall short term. Successful capacity building focuses not only on individuals, but on empowering the local organisations themselves to adapt ways of working to be survivor-centred. Ensuring that local organisations have access to high quality ongoing capacity building on GBV, organisational efficiency and supporting excluded groups will enable them to continue their good practice.

Women’s organisations in Jordan play a vital and innovative role in GBV prevention, mitigation and response for refugee populations. However, the following key challenges remain in the localisation of GBV prevention and response:

- **Partnership and coalition-building:** Partnerships between international NGOs (INGOs) and WROs are often unequal, with WROs frequently subcontracted rather than included in programme design. Donors can support more meaningful partnerships around GBV by ensuring equitable funding, supporting local networks and coalition-building, and prioritising long-term capacity building initiatives around areas such as financial management, monitoring and evaluation, and resource mobilisation.
- **Funding modalities:** Sustainable, long-term funding is scarce for WROs, limiting their ability to build capacity and forcing them to constantly seek new funds. Simplifying funding application processes and addressing bureaucratic restrictions which hinder localisation could help improve local organisations’ ability to lead and participate equally in work to respond to the GBV needs of refugees and host communities in Jordan.
- **Strengthening survivor-centred and inclusive approaches:** Interviewees noted that while some organisations have strong survivor-centred values, others require more support to adhere to GBV guiding principles and minimum standards. Inclusive GBV programming is more likely to be effective in addressing the heightened risks and barriers to service access for those at the highest risk of being targeted by perpetrators, including refugee women and girls, adolescent girls, women and girls with disabilities and people with diverse sexual orientation, gender identity, gender expression and sex characteristics (SOGIESC)
- **Refugee inclusion:** There are unique challenges in Jordan relating to the localisation of GBV work with refugee communities, due to legal restrictions on work permits and participation in training for refugees, limiting their ability to lead and design programmes. More engagement is needed to explore ways to support refugee-led responses, particularly refugee women-led organisations in Jordan, to ensure that the GBV prevention and response is meaningfully localised.
- **Building technical capacity on GBV prevention:** While some WROs in Jordan are innovating in GBV work, most prevention efforts are short-term and lack funding. Less than 5% of donor funding for GBV prevention goes to the MENA region.² How much of this reaches WROs is unclear, however globally less than 1.2% of humanitarian funding in 2022 reached local organisations of any kind.³ Investing in building capacity for prevention through shared and equitable partnerships could help to support the localisation of GBV prevention.

2. Background

2.1 Refugee populations in Jordan

The refugee population in Jordan is diverse, as the country has supported people in multiple crises from surrounding countries. Most refugees have lived in Jordan for more than a decade.⁴ As of 31 May 2024, there are 702,768 refugees and asylum seekers officially registered with UNHCR in Jordan. 89.6% of these are Syrian, followed by 7.7% Iraqi, 1.8% Yemeni and Sudanese, Somali and other nationalities making up less than one percent. 127,869 live in a camp setting (of which more than half are in Zatari). However, more than 80% of refugees live in the host community, predominantly in Amman, Irbid and Al Mafraq governorates. Among all refugees registered with UNHCR, 13.5% have a serious medical condition and 7.9% are reported to have a disability. Around 10,000 women are designated as "at risk", and 27,018 people have specific legal and physical protection needs.⁵ In addition to those people officially registered with UNHCR, Jordan also hosts around 2 million Palestinians registered with UNRWA.⁶ It is difficult to estimate the total number of additional unregistered asylum seekers (who are predominantly Syrian), but this may number in the hundreds of thousands.⁷

This heterogeneity means there is no singular refugee experience in Jordan, and GBV actors working with these diverse populations need to be adaptive and contextualise their programming to the specific needs of different refugee groups.

2.2 GBV and refugees in Jordan

Jordan's National Strategy for Women 2020-2025 includes GBV as a core concern for women living in the country and as a key priority for the strategy.⁸ While the previous strategy focused on Jordanian women, the updated strategy consulted with refugees living in Jordan, and now includes refugee status as a specific vulnerability marker in the monitoring framework.

Norms supporting GBV are widespread across Jordanian society. The 2017⁹ Jordan Family Health Survey showed that there was widespread acceptance for GBV, and that this was more pronounced in youth. The survey found that among men, "attitudes justifying wife beating become more common with increasing education."¹⁰ 46% of married women and 69% of married men aged 15-49 believe that it is acceptable for a husband to beat his wife in at least some circumstances. Around one-quarter of married women aged 15-49 have themselves experienced intimate partner violence. However, only 19% of these survivors reported seeking help.¹¹ Interviewees for this query all confirmed these views as common in refugee communities in Jordan.

The major forms of GBV faced by women and girls in Jordan are emotional violence, physical violence and sexual violence. Sexual harassment is reportedly common, especially for adolescent girls. There are also increasing reports of technology-facilitated GBV, such as girls being pressured to send images, which were then used for blackmail purposes.¹²

Refugees are likely to be at higher risk of experiencing GBV, due to displacement, family separation, lack of legal protection, economic vulnerability, and less social support. Access to services and protection structures may also be curtailed.¹³ GBV, including child, early and forced marriage (CEFM), was identified as a key risk to refugees in the Humanitarian Response Plans (HRPs) for the years from 2015 to 2020.¹⁴ Refugee women and girls have intersecting experiences, especially around GBV, stigmatisation and harassment for being refugees. Economic insecurity is increasing for all vulnerable communities in Jordan, and it is especially challenging for refugees who do not have access to legal work.¹⁵ The overall insecurity of the economic context is likely to increase the risk of GBV, as communities use negative coping mechanisms and perpetrators target female refugees for abuse¹⁶.

The immediate and long-term harm to women and girls as a result of the risks, intersecting discrimination and poverty requires a multi-faceted approach to response, mitigation and prevention.

3. GBV response and prevention service delivery in Jordan

The following section explores the evidence of good practice in GBV response and prevention service delivery in Jordan, with a specific focus on refugee populations, including how to increase the local capacity of national CSOs and WROs and community engagement.

3.1 Women and Girls' Safe Spaces (WGSS)

Women and Girls' Safe Spaces are operational in Jordan, in both camps and urban settings. Many of the urban WGSS serve both host and refugee populations.¹⁷ These are operated by both iNGOs and local organisations both directly and through subgranting, however it is not clear that all "women's spaces" are run using the same guidance as set out in the GBViE Minimum Standards.¹⁸ WGSS in camps were previously run by iNGOs, but this is due to change in the coming months,¹⁹ and there will be opportunities to ensure that national NGOs have the same survivor-centred approach. The WGSS are in and of themselves a promising intervention, offering women a safe single-sex space where they can build community, decreasing isolation and offer one another support. They are also the site for other programming, making activities such as case management possible by providing a safe and private space that can be discreetly accessed to avoid stigma.²⁰

WGSS in Jordan have used the GBV minimum standards and contextualised them so that the materials and approaches are adapted to fit the needs of refugee populations and engage refugee communities in Jordan. Examples shared by interviewees include:

- Arabic literacy classes, English lessons, and maths so that refugee women who have not had access to education can develop skills.²¹
- Development of comic books to engage adolescents and those with lower literacy so they can still understand the messages without feeling patronised.²²
- Theatre and role plays developed in conjunction with the women attending in response to the popularity of acting with Syrian women and girls in the community.²³
- Screening films developed especially for the context.²⁴

Organisations running WGSS have also addressed broader issues to ensure that women and girls can attend safely. In some areas it is not considered safe for adolescent girls to come alone, so schedules are designed so that older relatives can also come with them. Centres also provide activities to entertain children while their mothers attend case management sessions.²⁵

A key driver of GBV for refugee women has been the stigma and discrimination they face as refugees. An interviewee reported that Syrian women and girls may be specifically targeted if they don't have the traditional "male protector" expected in Jordanian society. Perpetrators may also think they can harass and abuse refugee women with relative impunity. An example was given that shopkeepers who are owed money feel that they can demand sex in payment, as the perpetrator is aware that there is less likelihood that they will be reported or punished if their victim is a refugee.

The government's approach to ensuring that funding reaches both refugees and vulnerable Jordanians offers opportunities to enhance social cohesion and reduce this underlying discrimination through joint programming where this is possible. However, there are challenges as the experiences and needs of refugees and the host population can be very different. There can also be logistical challenges, such as Jordanian and refugee children usually attending different "shifts" at school. Skilled facilitators are needed to ensure that this is taken into consideration. WGSS are also highlighted as an opportunity for integrated women's economic empowerment in refugee communities. CARE cites Jordan as a context where this is done successfully, integrating capacity building with PSS interventions, and thematic awareness sessions.²⁶

3.2 Case management and other response services for survivors

Case management is available for refugees in camp and urban settings in Jordan. Strong practices in this area focus on the training and supervision of case managers, and the adherence to the GBV Minimum Standards²⁷ and the Interagency GBV Case Management Guidelines.²⁸ In addition to individual PSS sessions and support, case managers support survivors of GBV to access referrals to other specialised services.

Interviewees mostly referenced case management being carried out by INGOs, though this may be due to a focus on their own activities. One interviewee expressed concern that case management by local organisations was, in some cases, being carried out by people without adequate training, resources or a survivor-centred approach.²⁹ For example, staff members from local organisations implied that before attending training (see the WAGE case study below), their organisations were carrying out case management without privacy for clients, and without proper documentation procedures.³⁰

Strong case management practices rely on highly capable staff being supported with training and ongoing supervision. When local organisations do not have access to sustainable ongoing funding this is difficult to achieve. Repeated short-term contracts mean that they are unable to maintain a trained staff as any gaps between funding will lead to these people needing to find other work.³¹ The GBVIMS report of 2022 reported that funding cuts in the GBV sector have affected organisations' ability to provide case management services. This may mean that staff are not trained properly, and are expected to cover more cases with fewer staff, leading to a lower quality outcome for survivors. The report also points out that there are local organisations that choose to implement GBV case management without being included as a data-gathering organisation (DGO) for the GBVIMS.³² While this is not compulsory, if organisations are doing this because they cannot meet the ethical and technical standards for GBVIMS DGOs this would be a concern, and an area on which to focus for additional capacity building support.

Services and available referrals vary widely for refugees in Jordan. Some services, like safe abortion care, are lacking almost everywhere.³³ Within camps, services such as health are free at the point of access. Within urban areas, refugees may be expected to pay, and quality may also be lower than the dedicated services in the camps.³⁴ Unregistered asylum seekers without documents are often not able to access external services. Case managers themselves will not discriminate based on nationality or status, but some services are only able to serve people with Jordanian nationality or refugee IDs. When they are able to access the services, they may be charged more if they don't have documents, as they are not entitled to subsidised services.³⁵

Where case management organisations have access to additional unrestricted funds, they are able to use this to support the needs of unregistered asylum seekers. However this is more likely to be possible for INGOs than for local organisations. The 'Why Wait' report reflects that the funding models that are accessible to local organisations are often very specific and do not allow for flexibility in funding that would enable such programming.³⁶ As many organisations have to operate from grant to grant, they are unable to build up reserves of their own.

Where services are available, they are not always safe or of sufficient quality. Survivors may face victim-blaming attitudes from health care providers or other individual service providers, which reduces the likelihood of both reporting and access to services.³⁷ Survivors, especially refugees, do not always want to access the shelters which are run by governments, and would prefer alternative options such as staying with extended family.³⁸

The Phone Line for Guidance

The Jordanian Women’s Union opened a phone line in Amman in 1996. It has now expanded to phone lines and centres across the country, receiving on average 1,500 requests for help per year. Although this is not aimed specifically at refugees, in 2019-2021 27% of requests for support were received from non-Jordanian women, predominantly Syrian and Palestinians refugees living in both camps and host communities. The programme takes a survivor-centred approach, where "women are the ones who take various decisions with the help and support of the Union."³⁹

The Union’s work is notable for its longevity – having been operational for more than 20 years – demonstrating that, with the right support, WROs in Jordan can provide ongoing programming that responds to women’s needs. It is also adaptive, having survived through Covid and the closure of other services, and changing its approach and information gathering.

The Jordanian Women’s Union identify ongoing challenges to their GBV work, for example women with disabilities face particular challenges in accessing services. Although the JWU has tried to make their own services accessible, the barriers to reporting violence mean it is difficult for women with disabilities to access justice.⁴⁰ An underlying and intractable problem is the location of women’s security primarily within the family realm: "as long as women’s protection safeguards are related to the family only, and there is nothing legally that can substitute these safeguards in terms of laws and procedures, in addition to economic support, violence committed by the family and the husband, in many cases, will remain silent."⁴¹

Stigma and taboos against reporting or even acknowledging GBV and child protection issues are cited as an issue for all survivors in Jordan.⁴² This was thought to be especially challenging for refugees.⁴³ The National Strategy for Women additionally highlights "laxity in efforts to reintegrate abused women and girls into society, in addition to poor accountability in relation to perpetrators of violent practices."⁴⁴ The GBVIMS report for 2022 agrees that these are factors that undermine survivors, and add that there is a fear of the risk of retaliation from perpetrators, or of "honour killing."⁴⁵

The majority of survivors recorded in the GBVIMS decline referrals to legal assistance and security services⁴⁶ even when they are available. Interviewees said that this was related to Jordan’s laws around mandatory reporting of forms of GBV.⁴⁷ Another also felt that survivors were aware that police and other services did not always follow confidentiality, so it might not be safe.⁴⁸

3.3 Use of Cash and Voucher Assistance (CVA)

Economic transfers through cash and voucher assistance (CVA) have been used as a tool to reduce poverty and protect families from economic shocks in Jordan. While not designed specifically to address GBV, there is some evidence that they may reduce the economic insecurity that contributes to GBV, particularly intimate partner violence.⁴⁹ Their lessons learned have since been documented and incorporated into GBV cash guidance,⁵⁰ available in both English and Arabic.

Cash is successful in addressing GBV when it is linked to a strong ongoing case management programme. This programme needs to be able to assess the risk of cash as well as its benefits, ensure confidentiality, and provide longer-term holistic psychosocial support to complement the cash transfer. The evaluation of the UNFPA cash programming pilot for vulnerable Jordanians, Syrian refugees and refugees of other nationalities found that both one-off cash payments and short-term recurring cash payments were beneficial in reducing risk and increasing wellbeing of GBV survivors.⁵¹ The majority of cash assistance in GBV programming is provided by iNGOs. Since GBV cash assistance needs to be part of case management to be ethical, the preponderance of iNGOs in case management in Jordan may explain this disparity.

Funding and sustainability also affect national organisations' capacity in this area. The ABA-ROLI capacity building programme introduced a "survivor fund" that national organisations were able to use to support their clients. However, the programme was short-term, and organisations were not able to continue to do this after it ended. This not only prevented survivors receiving support, but created a sense of disparity in the community: "After the program has ended, we don't have the financial resources to provide the same services that we used to provide during the program. This has led some cases to feel disappointed and think that we do not provide the same services to everyone".⁵² Cash programming also requires overhead costs that are often excluded from the funds available to local organisations, such as safeguarding infrastructure.⁵³

More generally, cash transfers at the household level have been an important source of income for refugee and vulnerable Jordanian communities, but are being further reduced. It is vital to maintain a distinction between cash in GBV case management which is distributed specifically to meet an immediate need responding to or preventing GBV, and more general cash transfers for other purposes. Cash through GBV case management should not be used to fill in gaps in other sectors' service provision. The sensitive nature of cash transfers and the potential for risks to safety were highlighted in a 2015 IRC report. It found that there were reports of increased targeting of Syrian women to access their funds, and some ill-feeling among male partners.⁵⁴ Current work on cash must continue to monitor these risks.

3.4 Livelihoods and economic empowerment work

Within the broader Jordanian society, women are underrepresented in the workplace at every educational level. For refugees, this is even lower with only 5% of refugee work permits issued to women between 2016 and 2020.⁵⁵ The overall economic insecurity is likely to increase the risk of GBV, as communities use negative coping mechanisms. Over 90% of Syrian refugee families are in debt,⁵⁶ increasing the risk of sexual exploitation of women by their creditors. The CARE needs assessment found that economic instability was the key concern for those they surveyed, including vulnerable Jordanians as well as refugees. Focus group discussions shared that as assistance to households had decreased, negative coping strategies had increased, and almost 75% of respondents named the lack of income as the “biggest stressor to their sense of safety and security”.⁵⁷ Although the economic instability in Jordan is widely acknowledged as an underlying cause of many protection issues, there is a gap in services around this. The CARE needs assessment found a lack of programmes that could support economic opportunities for marginalised groups including women, people with disabilities and refugees.⁵⁸ The International Rescue Committee’s EA\$E programme was mentioned by an interviewee as a potential approach, as it combines economic empowerment with GBV prevention programming for both men and women.⁵⁹

Livelihoods referrals were the largest gap between the services available and services that were identified as a need but refused by survivors, as recorded by the GBVIMS. Interviewees suggested that economic empowerment programmes were a gap in the current approach to GBV in Jordan, and that a key challenge was integrating GBV survivor-centred approaches within other sectors such as livelihoods and economic empowerment. One interviewee said “integration can be challenging as there may be different selection criteria, making it difficult to refer survivors. The other programme might also not be very aware about GBV, so we can’t always trust their confidentiality.”⁶⁰ This is supported by the GBVIMS findings that survivors did not trust the livelihood actors to provide economic support to them in a safe way. They also reported fearing that they would be ineligible for important cash assistance if they took part in livelihoods programming.⁶¹

The ABA-ROLI WAGE project enabled six local organisations to start incorporating economic empowerment into their GBV programming. “Through the program, economic empowerment was offered to some cases. We helped those cases in establishing small projects to support themselves and their families. We help them in becoming economically independent”.⁶² However it is not clear that this was able to continue after the project and its associated funding ended. Any integrated approach on economic empowerment and GBV should follow guidance such as that set out by Oxfam on Intersectional Approaches, which states that while Women’s Economic Empowerment (WEE) practitioners do not need to provide GBV-specific services, they do need proper training to work in partnership, including on GBV core concepts and handling disclosures. They also recommend “women-only spaces that encourage the formation of social

networks and where they can discuss challenges, share advice, and learn about local services.”⁶³ Jordan already has these in the form of the WGSS.

3.5 Behaviour Change Programming for GBV Prevention

The National Strategy for Women highlights programmes with men and boys as a key part of how it intends to work towards the strategic outcome on GBV, “conducting community-based dialogue to reduce domestic violence; designing programmes and disseminating strategies on men’s engagement.”⁶⁴

A recurring challenge mentioned in the interviews was that while the need for programming around GBV prevention was acknowledged by GBV actors in Jordan, in practice the methods used were not effective in addressing the root causes and therefore preventing GBV.⁶⁵ Many local organisations were reported to be focusing on “awareness raising” activities for both refugee and host communities, frequently consisting of one-off or short-term series of information sharing around key topics related to GBV. While many of these used engaging methods to engage with the community, they were short-term and focused around specific topics rather than a broader approach to behaviour change. Interviewees found that while attitudes were reported to adapt after awareness raising, there was little evidence that this embedded actual change that reduced violence or addressed the root causes of GBV.⁶⁶

The limited impact on behaviour change may be linked to challenges around short funding cycles. GBV prevention approaches based on behaviour change typically recommend a commitment of at least three years.⁶⁷ Good practice in prevention programming needs to incorporate materials adaptation, community engagement and ongoing iterative work that is not a one-off or short-term set of meetings.⁶⁸ This takes time, and can be perceived as costly, but has longer-term value for money.⁶⁹

Some iNGOs and local organisations are using evidence-based prevention approaches to address behaviour change in communities. However, these are typically 3-6 month programmes that engage with specific groups within both refugee and Jordanian communities. Examples currently being used in Jordan include Engaging Men through Accountable Practice (EMAP),⁷⁰ Girl Shine for adolescents and caregivers,⁷¹ a programme designed by the Danish Refugee Council (DRC) in Lebanon for Engaging Male Caregivers, and the Champions of Change curriculum by Plan International.⁷² International organisations implement these in partnership with local organisations, typically with the iNGO having technical oversight and subgranting to local organisations to run the programmes and engage with local communities. Interviews and documents did not reveal any prevention curricula being implemented solely by local organisations. This may be because local organisations are more affected by short donor funding cycles and unable to access support that would enable them to create sustainable longer-term programming.

Work with adolescents is a gap that is being addressed by some of these approaches. The JRF report recommended establishing prevention hubs that could address violence in schools more generally, including child marriage.⁷³ The Reproductive Health Strategy highlights the lack of information about SRH and GBV in schools and universities as a key challenge.⁷⁴ The GBV SWG includes a focus on adolescent girls as part of its current strategy and specifically commits to “engaging adolescent girls in projects to collect and amplify their voices through their real stories and experiences.”⁷⁵ It is also important to include married girls as part of work with adolescents.⁷⁶

Interviewees engaged in prevention programming reported that the attitudes, and reported behaviour, of participants did change, but the harmful attitudes are very embedded in the wider community. The next steps will be to reexamine the theory of change driving their approach, and reengage community leaders, especially religious leaders.⁷⁷

Learning lessons in prevention work with Men and Boys

The Danish Refugee Council (DRC) is implementing prevention curricula directly and in partnership with local organisations. These include EMAP (which is also being implemented by IRC and local partners) and Engaging Male Caregivers, focusing on male caregivers with responsibility for adolescents (of any gender). These were chosen because they go beyond only awareness sessions, and integrate information sharing, behaviour change and PSS.

DRC found that there was particular success in their programming when gender equality could be positively linked with cultural and religious norms, such as a woman’s right to inheritance in Islam.⁷⁸ This has also been found to be the case in prevention curricula such as SASA! Faith,⁷⁹ which was developed by Trocaire and Raising Voices specifically to work with religious communities.

To learn more about the changes in behaviour, DRC are trialling results journals, as part of the Interaction GBV Prevention Evaluation Framework (PEF).⁸⁰ While this is still at pilot stage, early analysis of the results journals found positive examples of communities acting together to intervene in violence, and of participants forming their own groups to continue taking their work on gender equality to the wider community.⁸¹

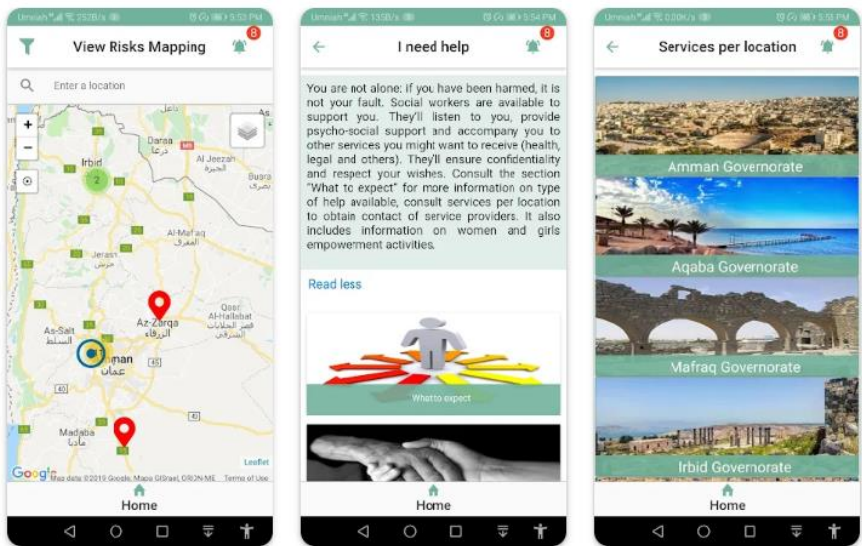
3.6 Coordination

Established in 2014, the GBV Subworking Group (GBV SWG), co-chaired by UNFPA and UNHCR, supports GBV Coordination in Jordan, focusing on non-Palestinian refugees. It operates at a national level, with dedicated subnational coordination mechanisms in Zaatari, Mafraq, Azraq, and Irbid. Over 20 partners are part of the GBV SWG, including UN agencies, INGOs, and local NGOs, government counterparts operating across governorates in Jordan, serving refugee and

Interviewees were enthusiastic about the app and how it could be used to support both staff and service users.⁸⁴ Some felt that at the moment it was more useful for staff than service users, but that it had potential to expand.

The development of the Amaali app was led by the GBV subworking group in Jordan. The app provides a number of functions and services.

- General information about key topics in GBV
- A tool to report an area that is unsafe for women and girls by collectively mapping risks
- A list of service providers in different areas with contact details and information about what they can do to help
- A confidential area for GBV actors to communicate with one another to ease referrals



The GBV SWG operational strategy sets out their plans to review the app regularly, particularly around its potential to engage in remote service delivery, and to coordinate with PSEA actors.⁸⁵

There were mixed views about the efficacy of the current coordination network among interviewees. The GBV SWG had made progress in coordination in the 13 years since the Syria crisis, with a referral pathway, implemented GBVIMS, and information sharing. The last four years have focused on partnership and sustainability. However, others felt that the coordination was poor, and the SWG was not easily accessed unless the organisation was a partner of UNHCR.

The GBV SWG highlights the need for an ongoing coordination of GBV work in the response, in order to promote common standards and build national capacity.⁸⁶ The Jordan National Strategy for Women also views increased coordination of GBV actors, especially CSOs, as strategically important.⁸⁷ Coordination is not limited to the formal humanitarian architecture. Around 100 WROs are members of the Mosawa network in Jordan. Mosawa aims to “[develop] a stronger and more inclusive movement for women’s rights in Jordan.”⁸⁸ As a network they responded to the UN Periodic Review of Human Rights, including both GBV and refugee matters in their recommendations.⁸⁹ WROs in Jordan have coordinated to work together to address issues in the enabling environment, including advocating for the change in law that protected rapists if they married their victim.⁹⁰ This demonstrates that local organisations can effectively coordinate and organise on GBV outside, or in parallel to, the international humanitarian architecture, and may be best placed to engage on the enabling legal environment.

3.7 Capacity development

The ongoing capacity development of all GBV actors, but particularly local organisations, was a recurring theme throughout the literature and interviews. One iNGO staff member highlighted that although iNGO programming was more expensive to run than that of local organisations, a key difference was the ongoing training and coaching programmes provided to iNGO staff.⁹¹ This is possible because of better access to funds and different modalities of funding, which are less available for local organisations. A promising practice for GBV programming in Jordan would be to find a way to leverage this technical training and oversight for local organisations on an ongoing basis. Key needs for capacity development were seen not only in technical capacity, but in systems strengthening and grant management.

GBVIMS recommends providing ongoing coaching to improve the case management skills of local organisations.⁹² It was also noted that it is not only about the capacity of the individual staff members, but about the organisational efficiency and approach to GBV.

Capacity building is also needed to enable organisations to respond more inclusively to GBV. National organisations work with Jordanian and refugee populations. Some of these organisations are refugee-focused and engage with refugees as equal partners. However, interviews suggested that some organisations had set up to work with refugees when grants were available to do so, and there is an opportunity to enhance their efforts by focusing on

reducing discrimination and stigma that some refugees experience..⁹³ The CARE 2023 needs assessment found that 21.1% of female refugees surveyed felt discriminated against in Jordan.⁹⁴ This both increases the risk of GBV and makes refugees less likely to be comfortable accessing services.

Women and Girls Empowered (WAGE)

American Bar Association Rule of Law initiative (ABA-ROLI)’s Women and Girls Empowered (WAGE) programme ran in Jordan in 2021-2022. It included the “Preventing and Responding to Gender Based Violence in Jordan” program, which aimed to enhance the ability of Jordanian CSOs to work on GBV.⁹⁵ It worked with two large national organisations, SIGI (Solidarity is Global International) and FGAC (Family Guidance and Awareness Centre) and their community-based partners. The evaluation of the programme found that one key success was that it did not focus only on the evaluation of individual staff members, but enabled organisations to make structural changes in how they worked. This improved the sustainability of the programme, along with the increased opportunities for collaboration with other organisations through WAGE.

The programme was designed to be collaborative and iterative. One participant said “we were not only recipients of information; we were part of the design and implementation processes. This has enabled us to become more skilled and selective in cases related to gender-based violence.”⁹⁶ This design was also flexible, so it enabled staying longer with a topic when participants needed more time, rather than insisting on sticking to the schedule.

However, a limitation was the short duration of the programme. The participants expressed frustration that it was not possible (owing to funding limitations) to have ongoing coaching and mentoring rather than a shorter number of sessions. They pointed to the detrimental effect this then had on their own programming with survivors.

The GBV SWG found that GBV actors in Jordan have gaps in knowledge of how to provide inclusive services for people with disabilities, people with diverse SOGIESC, and older women.⁹⁷ Women and girls with disabilities face additional violence. The National Strategy for Women gives examples of sterilisation of women with intellectual disabilities, and harassment of girls with visual disabilities.⁹⁸ Jordan’s National Strategy on Reproductive and Sexual Health highlighted the physical obstacles that women with disabilities may face accessing services, as well as the lack of capacity of medical staff to communicate with people with different disabilities.⁹⁹ Even if services are accessible, then people with disabilities may not be able to find transport then can use to reach the service providers, especially if their family members are not supportive.¹⁰⁰

People with diverse SOGIESC were additionally highlighted as being at higher risk of GBV in other sources. One interviewee said that national and international GBV actors in Jordan had

been rolling out information sessions about SOGIESC issues within their own organisations, but showed reluctance to move further to embed these within their programming to support the communities. This may be related to a broader hostile environment for people with diverse SOGIESC. In 2022 Jordan was in the top ten countries from which Rainbow Railroad (an organisation dedicated to supporting refugees with diverse SOGIESC) received requests for assistance. Syrians and Jordanians were among the top nationalities who asked for help.¹⁰¹ Jordan was also a new entry in the list of countries where Rainbow Railroad was least likely to be able to provide Emergency Travel Support because of barriers to movement.¹⁰²

5. Challenges in localisation of GBV response and prevention in Jordan

As is evident throughout this report, local organisations in Jordan are already conducting vital and innovative work in GBV prevention, mitigation and response for refugees. All interviewees felt that women’s organisations in Jordan played an important role, and should be leading on more GBV prevention and response work. However, a number of key challenges exist within the Jordanian context which could form priority areas to ensure the more effective localisation of GBV prevention and response.

Partnership working: Collaboration between iNGOs and local organisations is the norm in Jordan. However, these partnerships are not always – perhaps not often – equal. An ActionAid report found that “iNGOs are still reluctant to share decision-making power regarding project allocation, location, beneficiaries and budget allocation. Local NGOs are considered as implementing partners”.¹⁰³ Local organisations are necessary for iNGOs to deliver their own programming. WROs in particular “can access affected populations more easily and navigate complex local dynamics more readily, thereby providing culturally situated responses.”¹⁰⁴ Within Jordan there are WROs that focus on specific populations and areas, as well as those with national reach, many with decades of experience. One international interviewee acknowledged that the iNGO she worked for could not carry out the work without the support of local organisations.

Despite this, local organisations are often only subcontracted by iNGOs to provide limited services, and not included in programme design. They are rarely able to develop meaningful partnerships, and this and the limited funds available to them reduces the impact of their work. One WRO staff member told a researcher “They ask us to bring community members for their focus groups and don’t share the findings with us.”¹⁰⁵

Studies¹⁰⁶ of localisation of aid in Jordan also recommend building coalitions between royal-affiliated NGOs and local NGOs to facilitate greater collaboration: “While local NGOs have to follow very bureaucratic and lengthy processes to get government approvals to receive foreign funds, royal-affiliated NGOs were in a more privileged position where they were less accountable to the government and therefore, they easily obtained such approvals”.¹⁰⁷ Ensuring

that funding goes to truly collaborative equal partnerships rather than only sub-grants for local organisations could support further strengthening of partnership working in the GBV sector in Jordan.

Sustainable, long-term funding: Access to sustainable funding is a widespread issue for local organisations, particularly WROs. Globally, a very small amount of humanitarian funds (such as those used to support refugees) is spent through WROs.¹⁰⁸ In Jordan, local organisations often only have access to short-term funding, and find that donors are reluctant to fund overheads. This means that they cannot create sustainable organisations, but must constantly change their approach to find new funds. This makes it challenging to build the capacity of the organisation when they can only offer short-term contracts, and always need to train new staff when there is a new project.

Key issues affecting local organisations’ access to funding include onerous and opaque proposal requirements and funding pots that will only fund amounts that are too large for smaller organisations to absorb. Local organisations are rarely part of advisory committees or decision making bodies around funding, so their needs are not considered in the design of funding opportunities.¹⁰⁹ Smaller organisations working with refugee women and girls often find it even harder to access funding due to rigid donor eligibility criteria around organisation size, legal status, and financial accountability.¹¹⁰ The prioritisation of equitable partnerships for local organisations is cited as a key step to improving GBV in global humanitarian response.¹¹¹

Cultural norms and alignment with survivor-centred values: Interviewees observed variance within the sector on how well local organisations aligned with survivor-centred values. One interviewee said “There are some good strong organisations, but it can be hard to find the ones that align with our vision. It is not enough to train the staff, the values must start with the head of the organisation.”¹¹² The value of working with leadership within the organisation was demonstrated in the WAGE case study detailed above. One of the program staff explained, “It means that you should have someone from top management, because the reality of these organisations, if top management wants something done, it’s going to get done. We are very intentional about the profile of the people we need to have in the room”.¹¹³ However, this can be challenging for smaller local organisations. When there are only a few full-time staff, having one of them in an intensive workshop can mean that the entire senior management is then not contactable, and other operations within the organisation have to pause. Innovative and flexible ways of engaging with senior leaders in local organisations would help to strengthen institutional capacity and approaches.

Some local organisations were considered excellent and sector leaders in their approach. However, other organisations did not abide by the GBV guiding principles or minimum standards. Some may not have resources available, such as a private safe space to meet with survivors; some may have staff and management with unaddressed prejudices, leading them to stigmatise survivors. However, it is worth noting that these harmful values are not limited to

local organisations. International organisations can and do undertake programming that is not survivor-centred. The same scrutiny regarding values should be applied to international as well as local organisations.

Furthermore, the current attitude of an organisation does not mean that it cannot adapt. “As microcosms of their communities, women’s organisations in Jordan can sometimes embody the conservative, patriarchal, and traditional values of their communities and may not recognise various forms of violence against women. At the same time, many of these same organisations have the potential to serve as vehicles for broader social change.”¹¹⁴ The areas for capacity building here do not mean that local organisations should be ruled out, but that an approach to localisation needs to prioritise enabling survivor-centred work in all actors – international as well as national – and ensure capacity building and values clarification is consistent and continual. The GBV Minimum Standards provide an excellent basis that can be contextualised for the Jordanian refugee context, setting out what it means to be survivor-centred both as an individual and as an organisation.

Refugee inclusion: Jordan has a specific challenge for localisation for GBV work with refugees. When speaking of localisation in humanitarian action, this does not only mean reducing reliance on international actors and providing the same opportunities to national partners. The UNHCR guidance on localisation highlights specifically that in refugee responses, refugees and refugee-led organisations should be at the forefront.¹¹⁵ This is globally challenging: refugee-led organisations, and especially refugee WROs face challenges as refugees and as WROs.¹¹⁶ “Indeed, one study asserts that “RLOs that succeed in growing and establishing themselves as important providers of social protection and assistance do so in spite of, rather than because of, the formal humanitarian system”.¹¹⁷

In Jordan, restrictions on work permits for refugees mean that Jordanian organisations are rarely able to employ refugees even for work in these specific communities, and refugee-led organisations face significant and sometimes insurmountable challenges to set up.¹¹⁸ This limits the ways in which true localisation – where communities lead the work for themselves in an equal and empowered manner – is possible. iNGOs report using “incentive payments” and cash for work opportunities to include refugees, however these amounts are limited by law, as are the numbers of days that can be worked.¹¹⁹

Refugees are also restricted from taking part in training opportunities. This means that refugees are not able to participate in leading programmes in an equal and empowered manner with their Jordanian counterparts. In addition to the legal restrictions on refugees working, they are often not included in the design of programmes that are ostensibly for them.¹²⁰ More engagement is needed to explore ways to support refugee-led responses, particularly R-WROs in Jordan, to ensure that the GBV response is meaningfully localised.

Technical capacity, especially on GBV prevention: Although several local organisations are developing innovative approaches to address GBV in their communities in Jordan, few are

focused on longer-term prevention. Investment in GBV prevention remains extremely limited, with a recent study finding that less than 5% of donor government funding on GBV prevention went to the Middle East/North Africa (MENA), despite the region demonstrating an urgent need due to a context of conflict, displacement and political instability.¹²¹ An IRC report points out that local organisations in particular are unable to build up human resource and organisational infrastructure that would enable them to deliver effective and sustainable GBV prevention and response work.¹²²

As noted above, most GBV prevention work in Jordan tends to be short-term (3-6 months) programming with limited impact on behaviour change. Although some local organisations are delivering prevention programming, overall this situation has limited the pool of local organisations with the expertise to produce grant proposals that meet funders' expectations about designing and implementing VAWG prevention. More broadly, the lack of donor investment in staff technical capacity was cited by an IRC/VOICE report as inhibiting both the delivery of services and the ability to advocate for GBV focus in humanitarian settings globally.¹²³

Despite these challenges, the localisation of GBV programming provides significant opportunities. Data reviewed for this report frequently advocated for an enhanced nexus approach that incorporates both humanitarian and development focused work. While Jordan needs to be prepared for future emergencies, the current response is seen as a protracted crisis, not an emergency response, and requires an appropriate change in approach.¹²⁴ Attendees at a Wilton Park dialogue described the potential for local WROs to be a "connective tissue that can transcend crisis through both resilience and being prepared to work across all sectors, responding to all needs and groups of people".¹²⁵

Local organisations are ideally placed to connect the development and humanitarian approach in nexus: "With the right capacity, women-led CBOs can serve as drivers of social change at the community level, and lead policy change at the national level, leveraging both humanitarian and development efforts to reduce risk and vulnerability and empower women."¹²⁶

Annex 1: Methodology

This report is based on a desk review, and 5 semi-structured interviews with GBV actors working on Jordan. Documents were received from the British Embassy for review. To supplement these the Jordan section of Reliefweb was reviewed for relevant documentation, and a web search for “gbv+Jordan+refugee” and “gbv+Jordan+evaluation”.

The following limitations were in place:

- Only documents in English were able to be reviewed.
- All interviews were with female staff members of iNGOs. Attempts were made to contact local organisations to include their insights in the report, but none responded to contact. To mitigate this the websites of local organisations engaged in GBV work were searched for relevant reports.

Semi-structured interviews were carried out with the following GBV staff:

1. International who had previously worked as a regional advisor for an iNGO
2. Jordanian working on Jordan-specific programming for an iNGO
3. International working as a regional advisor for an iNGO
4. Jordanian working as a regional advisor for an iNGO
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