



اللجنة الوطنية الأردنية
لشؤون المرأة
The Jordanian National
Commission for Women



المملكة الأردنية الهاشمية

National Strategy for Women in Jordan 2020-2025

Addendum to the National Strategy
for Women (NSW):
Impact of the COVID-19 Crisis on
the NSW



Justice & Equality for Inclusive Development

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Introduction

Jordan's response to the epidemic began in late January when an Epidemics Committee consisting of healthcare professionals and government officials was mobilized. Starting on March 17, 2020, when the Jordan National Defense Law (NDL) was enforced, closing airspace and land-border crossings to all commercial passenger travel, the government has taken concerted measures, including issuing a number of defense orders to prevent the spread of COVID-19 and mitigate the socio-economic impact on people and the Jordanian economy.

These measures have included closing all ministries and official/public authorities, schools, universities and non-essential businesses, around the clock lockdowns and only allowing transport and purchase of essential food supplies. Thousands of repatriated Jordanians were quarantined for a period of 14 days at hotels near the Dead Sea area and in Amman.¹ Significant attention was also given to preparing Jordan's healthcare system and in the process, developing protocols designed to strengthen its ability to deal with COVID-19 and other future medical emergencies. Jordan conducted a relatively large number of tests to ensure a tally as close as possible to the actual number of infections.² The government also put in place a set of economic measures and labour sector interventions to offset the negative impact of the shutdowns of supply chains, travel, tourism and the private sector.

The lifting of movement restrictions and curfews and re-opening the economy started on April 30th. Almost immediately, the government undertook measures to counteract the negative economic outcomes of the COVID-19 epidemic, expanding cash- and in-kind transfers and social security networks for the most vulnerable households and supporting businesses while mandating, through a number of Defense Orders, the protection of private sector employment, including those who are informally employed and the self-employed.³ On May 5th, the government introduced an additional Defense Order fining anyone failing to abide by safety regulations and failing to wear masks on public transportation and in business and government institutions. At the end of June, and in an effort to boost the economy, the Jordanian government injected over \$700 million into the country's private sector.

The government had announced the end to most restrictions (while maintaining precautionary measures) by July, but re-imposed some restrictions by the end of August, including curfews, social distancing measures, and temporarily closing schools, as more governorates reported new cases.⁴ Infections have quadrupled in the past month.

As of early October, Jordan has had a total of 11,825 confirmed COVID-19 cases with 61 confirmed deaths.⁵ The pandemic is now classified as 'high risk,' with the highest number of COVID-19 cases recently reported in a single day (1,776).⁶ While the government has not yet re-imposed a nation-wide lockdown⁷ with the rising number of cases, this remains a distinct possibility. On October 1st, multiple villages and refugee camps home to large outbreaks were quarantined, as officials warned that a surge in cases could have dire consequences for the health system. Areas currently undergoing a 7 day quarantine include the Baqaa Palestinian refugee

1 Younes, A. (2020). How Jordan is flattening its COVID-19 curve. Aljazeera, April 22, 2020. <https://perma.cc/98836-KD8>; Sadek, G. (2020). Jordan: Government Takes Steps Aimed at Curbing COVID-19 Outbreak. Global Legal Monitor, April 28, 2020. <https://www.loc.gov/law/foreign-news/article/jordan-government-takes-steps-aimed-at-curbing-covid-19-outbreak/>

2 Zaineldine, A. (2020). The Case of Jordan: A COVID-19 Response From Next Door. Egyptian Streets, May 21, 2020. <https://egyptianstreets.com/2020/05/the-case-of-jordan-a-covid-19-response-from-next-door/>

3 UN Women. (2020). Covid-19 and Women's Economic Empowerment: Policy Recommendations for Strengthening Jordan's Recovery. Policy Brief. May 2020. <https://jordan.unwomen.org/en/digital-library/publications/covid-19-and-wee-policy-recommendations>

4 UNHCR. (2020). UNHCR Jordan COVID-19 response and preparedness (September 2020). <https://reliefweb.int/report/jordan/unhcr-jordan-covid-19-response-and-preparedness-september-2020>; OSAC. (2020). Health Alert: Jordan, Comprehensive Curfew and Daily Evening Curfew Hours. August 27, 2020. <https://www.osac.gov/Country/Jordan/Content/Detail/Report/b1beca98-b6f8432-d-8a2b-19845c70e73f>

5 WHO. (2020). Countries: Jordan. Retrieved Oct. 1 2020 from: <https://www.who.int/countries/jor/>

6 <https://wwwnc.cdc.gov/travel/notices/warning/coronavirus-jordan>; <https://www.who.int/countries/jor/>

7 "Epidemics Committee" (2020). Roya News. Sept 23, 2020. <https://en.royanews.tv/news/2248723-09-2020/>

camp near Amman, a quarter of the northern city of Zarqa, and the village of Qasr near Karak in the south.⁸

Since the onset of the pandemic, numerous assessments have been undertaken in Jordan, all consistently showing that COVID-19 is amplifying inequities for many vulnerable groups⁹. Worldwide, COVID-19 threatens to roll back the limited gains that have been made in gender equality in past decades.¹⁰ In Jordan, surveys on the impact of the lockdown and curfew measures in response to COVID-19, showed differential impact on women vs. men such as: decreased mobility, job-related lockdown implications, reduced access to essential healthcare services, technology, and COVID-19 information, greater impacts on psychological wellbeing, increased household and care responsibilities, compounding demands of working remotely, higher reports of gender based violence, and lack of representation in COVID-19 responses.¹¹

A growing body of evidence shows that the COVID-19 pandemic has exacerbated existing inequalities in Jordan, especially for women and girls experiencing intersecting multiple forms of inequality related to gender, ethnicity, disability, socioeconomic status, age, migrant status, geographic location, etc. For example, certain at-risk groups of women (GBV survivors in shelters, Jordanian women married to foreigners, female owners of home-based businesses) have been further affected by exclusion from social welfare benefits.¹² Analysis of the situation in Jordan has also highlighted that particular groups of women and girls, such as those with disabilities, refugees, and older women, face challenges in terms of access to basic needs, services, and care.¹³

The impact of COVID-19 brings new concerns to the fore about how the Government of Jordan can best address this pandemic while working to promote gender equality. Responses to the crisis should carefully, consciously and *systematically* incorporate gender and intersectionality dimensions as a central component of assessing needs, analysing trends, and responding effectively.¹⁴ This includes the implementation of the National Strategy for Women (NSW) and priority interventions related to gender equality through its action plans.

Accordingly, this addendum summarizes the differential impacts of COVID-19 on women and girls of diverse backgrounds in relation to the four key, interlinked, outcome priorities of the NSW:

- Women and girls are able to exercise their economic, political and human rights and freely lead and participate in society;
- Women and girls enjoy a life free of all forms of violence;
- Positive gender norms, roles and attitudes support gender equality and women empowerment; and
- Institutions are executing and sustaining, policies, structures and services that support GEWE in alignment with Jordan's national and international commitments

The addendum also proposes recommendations of how to address the gender and intersectionality-related impacts of the pandemic through NSW interventions to ensure effective socio-economic recovery for women and girls of diverse backgrounds.

8 Luck, T. (2020, Oct 1). Surge in Covid cases pushes Jordan's health system into 'danger zone'. The National. <https://www.thenational.ae/world/mena/surge-in-covid-cases-pushes-jordan-s-health-system-into-danger-zone-1.1086816>

9 See: Geographic Multi-Dimensional Vulnerability Analysis (UNICEF, 2020); COVID-19 and Gender: Immediate Recommendations for Planning and Response in Jordan (UN Women and Jordan National Commission for Women, March 2020); Impact of COVID-19 on Households in Jordan (UNDP, May 2020), Impact of the COVID-19 Pandemic on Enterprises in Jordan (ILO, UNDP and Fafo, June 2020), Facing Double Crisis (ILO-Fafo, May 2020).

10 e.g., UN. (2020). Policy Brief: The Impact of COVID-19 on Women. April 2020. <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/policy-brief-the-impact-of-covid-19-on-women-en.pdf?la=en&vs=1406>; UNDP (2020). <http://www.hdr.undp.org/en/content/gender-inequality-and-covid-19-crisis-human-development-perspective>

11 Centre for Strategic Studies [CSS]. (2020). Gender Equality in Jordan: Impact Analysis of COVID-19. May 2020. Amman, Jordan: CSS, University of Jordan; UN Women. (2020). Covid-19 and Women's Economic Empowerment: Policy Recommendations for Strengthening Jordan's Recovery. Policy Brief. May 2020.

12 UN. (2020). Socioeconomic Framework for COVID-19 Response in Jordan. https://reliefweb.int/sites/reliefweb.int/files/resources/JOR_Socioeconomic-Response-Plan_2020.pdf

13 Arab Renaissance for Democracy and Development [ARDD]. (2020). The Impact of the COVID-19 Pandemic on Women's Access to Justice in Jordan. April 2020. Amman, Jordan: ARDD.

14 ARDD. (2020); CSS. (2020).

New interventions are required for an inclusive recovery that can effectively address to the differential impacts of COVID-19, challenge pre-existing gender inequalities, stereotypes and GBV, which ultimately undermine women's rights and potential.

According to UN Women Jordan¹⁵, the value added of a gender and intersectionality is two-fold:

- Attention to gender uncovers the importance of biological sex differences in rates of COVID-19 infection and severity. A gender lens also sheds light on gendered norms and differential gendered impacts of mitigation measures such as increased care burdens and rates of gender-based violence. It raises awareness of unequal access to prevention information and preventative resources, essential basic needs, health services (e.g. sexual and reproductive health), and social and economic support measures.
- Intersectionality directs attention to the fact that sex and gender never operate in isolation. They interact with not only age and disability but also factors such as nationality, ethnicity, underlying health conditions, geography, socio-economic status, and migration or refugee status. An intersectional lens emphasizes that intersecting factors experienced at individual and group levels are shaped by processes and structures of power such as economic and financial systems, patriarchy, racism, ageism, nationalism, xenophobia, and in a broader context of shocks and disruptions (e.g. climate change, conflict/war, health emergencies such as COVID-19, and economic recessions) - to create an interplay of vulnerabilities, advantages and capacities (e.g. social and physical resources, attitudes and beliefs) that influence coping abilities and well-being

Effective gender and intersectionality informed COVID-responsive outputs can advance transformative, sustainable change crucial for realizing the overall NSW goal in the current context: a society free of all forms of gender based violence and discrimination in which women and girls realize their full human rights and have equal opportunities to achieve inclusive and sustainable development.

15 UN Women Jordan (2020) Conducting COVID-19 Rapid Assessments in Jordan: Integrating Gender and Intersectionality <https://www2.unwomen.org/-/media/field%20office%20jordan/images/publications/2020/september/gender%20%20intersectionality%20in%20rapid%20assessmentsunw.pdf?la=en&vs=2014>.

Impact of COVID-19 across NSW Priority Outcomes

OUTCOME 1: Women and girls are able to exercise their economic, political and human rights and freely lead and participate in society free of gender based discrimination

COVID-19 has led to a socio-economic crisis that has had distinct and disproportionate gendered effects.

For women and girls in Jordan of all backgrounds, government responses including curfews and lockdown orders, shifts in public spending and reduction of essential services, and introduction of various economic and protection measures have directly impacted the three outputs prioritized by Outcome 1:

Output 1.1: More women and girls have equal opportunities to participate and lead in public life and the labour market and have economic autonomy

The COVID-19 crisis in Jordan has illuminated gender gaps that exist in public life around the world; namely, the absence of women's voices in the national COVID-19 response team (led by Prime Minister's Office and National Centre for Crisis Management) and key decision making bodies/positions vis a vis COVID-19. For example, Jordan's private sector-led committee set up by the government to manage the fund linked to the COVID-19 response - "himmet watan" - was initially comprised only of men, despite the fact that seven female Jordanian entrepreneurs had been included in the 100 most powerful women in the MENA list for 2020 (it was later reestablished with female membership). Similarly, all other response committees to date, have not included women as official representatives of the Jordanian National Commission for Women (JNCW) or any other major women's organization. Further, despite the fact that women constitute half of Jordan's health sector workforce, health workers have been largely excluded from decision-making bodies responding to COVID 19.¹⁶ As has been reported elsewhere, women's absence from these positions of influence and power during the COVID-19 crisis follows the trend of women's limited role in high-level decision making, which stands in contrast to the extremely active women's grassroots organizations that have been the very first responders in local communities.¹⁷

Pandemic and mitigation measures have also significantly affected women's participation in the labour market. Though unemployment, underemployment, and poor work conditions were already issues before the outbreak, they have since worsened. For instance, a survey conducted in Jordan in May 2020, found that for private sector employees, the ratio of female: male respondents who have been laid off of work due to the coronavirus crisis was 9:1 and the difference between who had been asked to work for longer was 17:11 (female: male).¹⁸ Among female beneficiaries of UN Women Oasis centers in camp and non-camp settings that were employed in the informal sector prior to the start of the crisis, 99% reported losing their job.¹⁹

The large-scale impact of the pandemic and lockdown measures on employment and livelihoods have particularly effected informal workers in vulnerable employment – the majority of whom are women who do not have access to unemployment benefits and who are reliant on daily wages. To illustrate, measures to limit economic hardship (e.g., Defense Order Nr. 6, April 8th, which obliged employers to keep their Jordanian employees and provide them with a certain amount of wages), did not apply to a large proportion of the population, including all non-Jordanians and Jordanians employed in the informal sector (an estimated half of the Jordanian workforce).²⁰ The amendment on May 31 allows companies in 24 sectors affected by COVID-19 to reduce salaries by 30% and in the case of workers who are not performing any work – 60% (but not falling below minimum wage). The exclusion of non-Jordanians from job protection mechanisms and dismissal complaints continues. Further, as an example, the inclusion of the education sector where women are concentrated allows employers to decrease wages up to 60%. Many female teachers in private schools,

16 Jazzar, S. (2020). Towards 'Decentralizing Government and Centralizing Gender in Jordanian Municipalities. Women empowered for leadership. Aug 10, 2020. <https://womeninleadership.hivos.org/story/towards-decentralizing-government-and-centralizing-gender-in-jordanian-municipalities/>

17 SparkBlue (2020). How can we ensure women are engaged in decision-making in the response to COVID-19?. April 30, 2020. <https://www.sparkblue.org/group/25/home/discussion/how-can-we-ensure-women-are-engaged-decision-making-response-covid-19>.

18 CSS. (2020).

19 UN Women Jordan. (2020) RAPID ASSESSMENT OF THE IMPACT OF COVID-19 ON VULNERABLE WOMEN IN JORDAN. April 2020. <https://www2.unwomen.org/-/media/field%20office%20jordan/images/publications/2020/unwjcrapidimpactassessmentcovid19v8.pdf?la=en&vs=3456>.

20 PRIO. (2020). Jordan and COVID-19: Effective Response at a High Cost. Mideast Policy Brief. March 2020. <https://mideast.prio.org/utility/DownloadFile.ashx?id=35&type=publicationfile>.

have been pressured to continue to provide lessons, under threats of dismissal.²¹ In the case of 30% wage cuts in other sectors and it has been reported that employers have coerced employees to agree to such a cut regardless of whether their business has been affected by COVID 19, negatively affecting women who have less negotiating power.

Women's ability to maintain small and medium sized businesses has also been hit hard.²² For example, a recent survey shows that half of all respondents who had taken loans could not benefit from any measures taken by the government regarding this matter during the pandemic, and more females than males (59:51) reported greater accumulation of instalments/debts.²³ This has resulted in many female heads of households and women owned businesses being unable to run their business, support their employees, pay their loans or generate income for their families.

Women's overall participation in Jordan's labour market is skewed to the health and education sectors. Women make up 50 percent of the health workforce in Jordan²⁴ and are more likely to be front-line health workers, including nurses, midwives and community health workers. This, combined with the increased demand on women to care for family members and children, places them at increased risk of becoming infected.²⁵

The overall burden of both paid and unpaid work for women has been exacerbated since the outbreak. For women who have kept their employment, a high proportion of females have been asked to perform 100% of their normal work tasks while working from home (36% compared to males at 27%); whereas a much higher percentage of males are doing less than 25% of their tasks (42% compared to females at 21%).²⁶ It has also been reported that some companies still operating, including in the manufacturing, food, and pharmaceutical industries, have started to cut women employees' wages and/or benefits.

For women who have lost their jobs, increased care responsibilities impede their ability to find alternative income streams and employment, and this has created particular hardships for female-headed households.²⁷

Overall, the burden of unpaid care has increased more than 22% compared to men - independent of socioeconomic or employment status.²⁸ For instance, homeschooling and the supervision of the learning of children due to school closures, as well as child and elder care, have predominately fallen on the shoulders of women. For women health care workers, the weekly paid and unpaid workload during the initial week of the crisis was estimated at over 90 hours.²⁹

Unsurprisingly, women and girls from diverse backgrounds have reported significantly more time constraints and pressures than males which in turn are negatively affecting their ability to work from home. Also affecting their ability is a lack of electronic devices required to work. A high percentage of females, including those with higher than secondary education and residing in the centre and south of Jordan, reported not having such devices.³⁰ Even when gradual reopening of economic activities started in May, day care centres remained closed which forced many women to not work, but stay home to take care of their children.³¹

21 ARDD. (2020); Jazzar, S. (2020).

22 UN. (2020). Socioeconomic Framework for COVID-19 Response in Jordan. https://reliefweb.int/sites/reliefweb.int/files/resources/JOR_Socioeconomic-Response-Plan_2020.pdf

23 CSS. (2020).

24 HRH 2030. (2018). HRH2030 Shares New Research Findings on Women's Leadership in Jordan's Health Sector. July 19, 2018. <https://hrh2030program.org/new-research-findings-on-womens-leadership-in-jordans-health-sector/>

25 UN. (2020). Socioeconomic Framework for COVID-19 Response in Jordan. https://reliefweb.int/sites/reliefweb.int/files/resources/JOR_Socioeconomic-Response-Plan_2020.pdf

26 CCS. (2020).

27 OECD. (2020). COVID-19 crisis in the MENA region: impact on gender equality and policy responses. June 10, 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

28 UN Women. (2020). COVID-19 and Women's Economic Empowerment: Policy Recommendations for Strengthening Jordan's Recovery.. In Brief. May 2020.

29 UN. (2020). Socioeconomic Framework for COVID-19 Response in Jordan. https://reliefweb.int/sites/reliefweb.int/files/resources/JOR_Socioeconomic-Response-Plan_2020.pdf

30 CSS. (2020).

31 OECD. (2020).

Output 1.2: More women and girls are able to access services and infrastructure that are responsive to their needs, including humanitarian and recovery services, enjoy security and contribute towards it.

The pandemic and mitigation measures have had gendered and intersectional health consequences. In terms of self-reported health, a higher percentages of females experienced sadness, chest tightness and hopelessness almost every day compared to males (20%; 14% respectively), lack of interest/ enjoyment in activities more than half of the days (21%; 16% respectively), and anger and anxiety more than half of the days (22%; 15% respectively).³² A survey conducted by UNFPA and Plan International reported that adult women in particular reported high levels of worry about COVID-19 at 78 per cent; that Syrians generally reported higher levels of worry than Jordanians by around 10 per cent, and refugees of other nationalities (Sudanese, Egyptian, and Gazan) reported very high levels of stress.³³

Further COVID-19 has impacted the quantity and quality of health and specifically sexual and reproductive health services, crucial to the wellbeing of women and girls and for accessing health and family planning services. For instance, essential women's health services were either suspended or substantially curtailed across the country during the first weeks of lockdown. Sexual and reproductive health services which were only available remotely.³⁴ To illustrate, a CSS survey reported more than half (51%) of pregnant women stated they faced barriers in access to gynecological medical treatment/ pregnancy consultation.³⁵ 71% of women beneficiaries of UN Women Oasis centers in camp and non-camp settings age 18-35 interviewed reported being worried about an unplanned or unwanted pregnancy as a result of the crisis and their reduced ability to access contraceptives and reduced decision-making power due to household tensions.³⁶

Further, with 80 per cent of refugees living in urban settings in Jordan, the suspension of primary health centers in these areas had a significant impact on access to vaccinations, sexual and reproductive health, care and medication for chronic diseases and mental health services.³⁷ When considering women require these services and are usually the interface between their families and the health system, this is concerning.

Another issue which has hindered access to participating in daily activities, including remote education, remote working, and accessing important health and social information, is inadequate internet infrastructure.³⁸ Though some areas of Jordan already faced challenges in connectivity, the increased demand for internet usage in some governorates and urban areas during the pandemic made many people unable to efficiently connect.³⁹ These barriers are linked to gender and intersecting factors. For example, a recent working paper found that one's ability to connect to the internet in Jordan increases female labor force participation, with no effect on male labor force participation. However, it found that only older and skilled women experience this increase.⁴⁰ However, a rapid needs assessment (UNHCR, UNICEF, WFP, 2020) conducted by UN agencies in Jordan revealed that, while 23% of respondents did not have access to Internet at home, this figure reached 35% among female-headed households. More specifically, only 41% of female-headed households reported that their children had access to Darsak, the website launched by the Ministry of Education to support continuity of learning, compared to 56% of male-headed households.⁴¹ Other research has shown that gaps

32 CSS. (2020).

33 Plan international & UNFPA. (2020). Daring to Ask, Listen, and Act: A Snapshot of the Impacts of COVID-19 on Women and Girls' rights and sexual and reproductive health. April/May 2020. <https://reliefweb.int/report/jordan/daring-ask-listen-and-act-snapshot-impacts-covid-19-women-and-girls-rights-and-sexual>

34 WHO. (2020). Gender and COVID-19. Advocacy Brief. 14 May 2020 [https://apps.who.int/iris/handle/10665332080/-;UNFPA-\(2020\)-COVID-19--SEXUAL-AND-REPRODUCTIVE-HEALTH-AND-RIGHTS-IN-TIMES-OF-CRISIS-Jordan-Brief](https://apps.who.int/iris/handle/10665332080/-;UNFPA-(2020)-COVID-19--SEXUAL-AND-REPRODUCTIVE-HEALTH-AND-RIGHTS-IN-TIMES-OF-CRISIS-Jordan-Brief). <https://reliefweb.int/sites/reliefweb.int/files/resources/75776.pdf> https://reliefweb.int/sites/reliefweb.int/files/resources/JOR_Socioeconomic-Response-Plan_2020.pdf

35 CSS. (2020).

36 UN Women Jordan (April 2020) RAPID ASSESSMENT OF THE IMPACT OF COVID-19 ON VULNERABLE WOMEN IN JORDAN <https://www2.unwomen.org/-/media/field%20office%20jordan/images/publications/2020/unwjcrapidimpactassessmentcovid19v8.pdf?la=en&vs=3456>.

37 UN. (2020). Socioeconomic Framework for COVID-19 Response in Jordan. https://reliefweb.int/sites/reliefweb.int/files/resources/JOR_Socioeconomic-Response-Plan_2020.pdf

38 <https://reliefweb.int/report/jordan/desk-review-internet-access-challenges-are-leaving-people-behind>

39 <http://www.careevaluations.org/wp-content/uploads/CARE-Jordan-Covid-19-Rapid-Needs-Assessment.pdf>

40 <https://openknowledge.worldbank.org/handle/1098633443/>

41 UNHCR, UNICEF, WFP (2020), Multi-Sectoral Rapid Needs Assessment: COVID-19 -Jordan, <https://reliefweb.int/sites/reliefweb.int/files/resources/Multi-Sector%20Rapid%20Needs%20Assessment%20Findings%20-%20UNHCR%20WFP%20UNICEF%20May%202020.pdf>.

are disproportionate in low-income households: only about 50% of students from the lowest economic groups can access the internet.⁴²

The outbreak has also highlighted the need for strengthened health care infrastructure across Jordan, particularly in urban areas and across all governorates. Refugee camps and poor urban settings for example, where refugees are predominantly situated, are often crowded, with poor infrastructure and hygiene, placing them at risk for COVID-19 outbreaks. With 80 per cent of refugees living in urban settings in Jordan, the suspension of primary health centers in these areas significantly impacted access to vaccinations, sexual and reproductive health, care and medication for chronic diseases and mental health services. Of particular concern, are vulnerable refugees and poor communities living in Informal Tented Settlements (ITS), who often face barriers to adequate water and sanitation facilities, health care, and safe spaces for women and children.⁴³

Moreover, there have been reported challenges under 1325 JONAP implementation related to secure essential and humanitarian services during lockdown including reaching camps. In September 2020 for example, UN High Commissioner for Refugees Flippo Grandi, announced that UNHCR will ramp up measures to prevent the spread of COVID-19 among Jordan's refugee population and is seeking to mobilize additional resources for the country's overall pandemic response, especially in light of confirmed cases among Syrians living in the two main refugee camps, Za'atari and Azraq.⁴⁴

Lastly while there are numerous national and international bodies and organizations simultaneously involved in response and humanitarian efforts in Jordan, coordination, knowledge exchange including of rapid assessment methods, data collection, approaches to gender and intersectionality-informed analyses as well as lessons learned to date are not consistently or adequately shared. This can lead to duplication and efforts that work at cross-purpose.

Output 1.3: More women and girls are able to access justice that achieves equality and equity within the society and family and empower the most vulnerable females to access basic social services

Even prior to the COVID-19 crisis, Jordan displayed some worrisome trends in women's rights and access to justice and social protection measures. Emergency laws enacted by the Jordanian government namely restrictions under the National Defense Law designed to control COVID-19 and safeguard public health risk have placed significant constraints on citizens' to access the judicial system and to pursue their legal rights, which negatively impacted already vulnerable and marginalized communities⁴⁵

The Jordan National Defence Law No. 13 of 1992, which granted the Prime Minister wide powers to undertake all necessary measures to combat the COVID-19 outbreak, has impacted rights and equality for diverse populations including reduced access to and disruptions within the judicial system.⁴⁶ For example, after the lockdown was introduced, Shari'a and administrative courts in Jordan were closed and women were unable to claim their rights under the personal status law in regards to allowance, dowry and children custody and visitation or labor rights and other financial claims.⁴⁷

Though the full gendered and intersectionality impacts of all enacted Defense Orders are not fully known, effects on women's rights and equality are emerging. For instance, as mentioned above, a new order pursuant to Defense Order Nr.6 has had particularly impacts on the rights of groups already experiencing economic precarity, including women informal workers who experience multiple forms of marginalization. For instance, almost all employed Syrians (99%) and a half of Jordanians work in the informal sector⁴⁸ – groups that are not protected by Defense Order 6. and whose work often involves a lack of contracts, insurance and social protections, as well as weakly protected labour rights.⁴⁹ Non-Jordanian women (e.g., expatriate worker,

42 <https://blogs.worldbank.org/arabvoices/covid-19-and-digital-learning-preparedness-jordan>

43 https://unsdg.un.org/sites/default/files/202008-/JOR_Socioeconomic-Response-Plan_2020.pdf

44 <https://www.unhcr.org/news/press/20205/9/f60a7524/un-refugee-chief-concludes-jordan-visit-call-solidarity-amid-covid-crisis.html>

45 UN. (2020). Socioeconomic Framework for COVID-19 Response in Jordan.

46 UN Women & JCNW. (2020).

47 <https://reliefweb.int/sites/reliefweb.int/files/resources/76087.pdf>

48 Stave, S.E. and Hillesund, S. (2015), Impact of Syrian Refugees on the Jordanian Labour Market, ILO, Geneva

49 ILO. (2020). Facing Double Crises: Rapid assessment of the impact of COVID -19 on vulnerable workers in Jordan. https://www.ilo.org/wcmsp5/groups/public/---arabstates/---ro-beirut/documents/publication/wcms_743391.pdf <https://euromedmonitor.org/en/article/3582/Jordan:-Government-decisions-encourage-violating-workers%27-rights-under-the-pretext-of-Coronavirus-crisis> <https://www.idlo.int/news/notes-from-the-field/rule-law-time-covid-19-jordan>

refugee, or asylum seeker) working in the informal sector (e.g., domestic workers) are also often especially susceptible to being obliged by employers to work long hours, or to be forced to work despite the curfew and without obtaining a mobility permit.⁵⁰

Access to basic needs has also been compromised in many different ways. For example, in a survey conducted by CARE, it was reported that the greatest impact of COVID-19 was the limited supply of essential goods and services for food and health.⁵¹ Among female beneficiaries of UN Women Oasis centers in camp and non-camp settings 52% of women respondents reported not having enough money to buy enough food to maintain a supply of more than 2 days for their household.⁵²

In addition, obstacles to accessing care for vulnerable family members has been reported. CSS survey results showed that only 41% of Jordanian survey respondents who are disabled or have family member(s) with disability were able to access necessary medical treatment(s), doctor(s) and medication(s) during the crisis, and male respondents reported higher access compared to females (53%; 34% respectively).⁵³

And while government measures expanded social assistance and protection measures to vulnerable groups, the household level targeting criteria (which put support largely into the hands of male heads of households)⁵⁴ and the repurposing of the Maternity Insurance Fund left gaps for at-risk women. Specifically, the Ministry of Social Development (MoSD) National Aid Fund (NAF) used home-delivered cash and e-wallets to target 200,000 households hit by COVID-19-related cuts in the informal sector, and Social Security Corporation (SSC) selection criteria was expanded to include non-Jordanians with Jordanian mothers and people originating from Gaza (“ex-Gazans”). However, MoSD eligibility criteria remained unchanged, preventing female owners of home-based businesses and women in shelters from accessing NAF assistance. In addition, with Maternity Insurance Fund (MIF) 2020 revenues reallocated to cover expansion of other social assistance, continued wage support for maternity leave was threatened, reintroducing the potential for discriminatory recruitment and promotion practices that would negatively affect women.⁵⁵

50 ARDD. (2020).

51 Care International (2020). Rapid Needs Assessment : Impact of COVID-19 on Vulnerable Populations in Jordan, Urban Areas and Azraq Camp, 1 April 2020.

52 UN Women Jordan. (2020) RAPID ASSESSMENT OF THE IMPACT OF COVID-19 ON VULNERABLE WOMEN IN JORDAN. April 2020. <https://www2.unwomen.org/-/media/field%20office%20jordan/images/publications/2020/unwjcrapidimpactassessmentcovid19v8.pdf?la=en&vs=3456>.

53 CSS. (2020).

54 OECD. (2020). COVID-19 crisis in the MENA region: impact on gender equality and policy responses. June 10, 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.

55 UN. (2020). Socioeconomic Framework for COVID-19 Response in Jordan.

OUTCOME 2: Women and girls enjoy a life free of all forms of violence

Output 2.1: Effective mechanisms for the prevention, protection and response to gender-based violence in private, public and digital spaces

As in most jurisdictions, COVID-19 lockdown measures and declining economic situation have reduced mobility, increased tensions and resulted in an increase of gender-based violence (GBV) – and specifically domestic violence. There has also been a reduction of essential and responsive services to prevent and respond to GBV in all spaces.⁵⁶ For example:

- The Family Protection Department announced a 33% increase in reported domestic violence cases during the first month of the lockdown.⁵⁷ 16 family murders against women and girls were reported during the first 8 months of 2020.⁵⁸ The total number of physical violence cases reported is 1685 (out of which 932 cases are on women and 753 cases on children).
- In a CSS representative survey of the Jordanian community, 35% of Jordanians reported being subject to at least one form of domestic abuse during the mandatory curfews; 58% of which have been the victim of abuse by a male family member (25% father, 16.5% husband, 16.5% brother), 33% by a female family member (25% mother, 8% sister) and 9% by others. The most prevalent forms of domestic violence reported during quarantine were verbal violence (48%), psychological violence (26%), neglect (17%) and physical abuse (9%). Also, a higher percentage of respondents with secondary education or less reported to have experienced all types of mentioned abuses during the coronavirus crisis, compared to those with higher than secondary education. Almost 60% of those women who indicated an increased risk of violence living in a household of 5 or more people. Additionally, the reported increased risk of violence was lowest in the camps and highest in Maan governorate and East Amman.
- In a rapid assessment to measure the COVID-19 impact on gender-based violence among adolescent girls (10-17) and young women aged (18-24), 69% of all survey respondents as well as key informants agreed that GBV increased since the beginning of the pandemic with emotional and physical abuse perpetrated by a family member named as the most common type.⁵⁹
- A UN Women survey of beneficiaries of UN Women Oasis centers in camp and non-camp settings reported that 62% of women felt at increased risk of suffering physical or psychological violence as a result of either/or increased tensions in the household and increased food insecurity caused by the COVID-19 crisis.⁶⁰

While remote, online/mobile counselling, helplines, and referral mechanisms (e.g. legal aid and psychological supports) were introduced, and the Family Protection Department continued to ensure safety and security services in camps and urban areas in coordination with case management agencies, critical NGO shelter capacity, transportation services for GBV services were suspended during the curfew. According to the Jordanian Women's Union (JWU), the three clinics JWU uses to help violence survivors across the country were closed, and staff at women's shelters reduced by 70%.⁶¹ The Ministry of Social Development provided shelters to 104 women and children of domestic violence cases. The closing of Women and Girls Safe Spaces (WGSS) also meant the loss of vital social support and related networks essential for coping with violence.⁶² Only three MoSD-operated shelters and one CSO-operated shelter for GBV victims had permission to operate during the country's lockdown (UNFPA April/May 2020).

56 Plan international & UNFPA. (2020). Daring to Ask, Listen, and Act: A Snapshot of the Impacts of COVID-19 on Women and Girls' rights and sexual and reproductive health. April/May 2020.

57 Cited in OECD. (2020).

58 2020 ' Domestic crimes in Jordan', Khaberni. Available at: <https://www.khaberni.com/news/%D981%D98%A-%D8%A7%D984%D8%A7%D8%B1%D8%AF%D9-86%16-%D8%AC%D8%B1%D98%A%D985%D8%A9-%D982%D8%AA%D984-%D8%A3%D8%B3%D8%B1%D98%A%D8%A9-%D981%D98%A-2020367515->

59 Plan international & UNFPA. (2020). Daring to Ask, Listen, and Act: A Snapshot of the Impacts of COVID-19 on Women and Girls' rights and sexual and reproductive health. April/May 2020.

60 UN Women Jordan (April 2020) RAPID ASSESSMENT OF THE IMPACT OF COVID-19 ON VULNERABLE WOMEN IN JORDAN. .

61 Oxfam. (2020). Life under lockdown: part I. <https://oxfaminjordan.exposure.co/life-under-lockdown-part-i?source=share-oxfaminjordan>

62 UNFPA. (2020). COVID-19 - SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN TIMES OF CRISIS. Jordan Brief. <https://reliefweb.int/sites/reliefweb.int/files/resources/75776.pdf>

Help seeking patterns also changed, including reporting of cases because of COVID-19 movement restrictions and communication challenges.⁶³ According to the CSS survey (2020), more than half of Jordanians (54%) did not know how to contact the institutions involved in providing services in the event of domestic violence during the curfew and only 5% of those who experienced violence reported seeking help⁶⁴. The Jordan Women's Solidarity Institute has reported that only 19% of married women who were physically or sexually abused by their husbands have asked for help and 3% have filed complaints. At the same time, JNCW and other civil society organizations noted they received significantly more calls on the hotline provided for people affected by GBV⁶⁵. And yet, many at risk individuals who lacked mobile phones, communication devices or privacy were hindered in contacting support service providers.⁶⁶

In general, a full understanding of the GBV situation in Jordan during the COVID-19 crisis is hampered by the fact that data are incomplete and do not give accurate and comprehensive figures, statistics and indicators of the prevalence of violence against women and girls. Furthermore, It has been determined that refugees' communities are not always consulted on design of prevention programs including for example PWD. This gap has been identified in 80% of locations; Amman, Mafraq, Irbid and Zatari camp.⁶⁷ This has significant implications on whether responses during COVID-19 can actually reach the most vulnerable and excluded groups of women who experience or are at risk for GBV.

OUTCOME 3: Positive gender norms, roles and attitudes support gender equality and women empowerment

Output 3.1: Positive gender norms and roles are embedded within formal and informal learning, the media, religious discourse and communities

While less is known on actual content and whether anything changed in terms of educational curriculum and informal learning content, COVID-19 has affected basic accessibility of education. Despite attempts to ensure learning continuity through distance learning including televised lessons and establishment of digital platforms by the Ministry of Education known as Darsak and Noor Space⁶⁸, inequities have been reported based on gender, socio-economic status, and disability factors, especially among children living in temporary settings⁶⁹.

A UN Women rapid assessment reviewing the impact of COVID-19 on beneficiaries of UN Women Oasis centers in camp and non-camp settings in April 2020 found that 85% of camp respondents reporting boys and girls as spending equal time learning, while only 57% in communities report the same.

A rapid needs assessment (UNHCR, UNICEF, WFP, 2020)⁷⁰ conducted by UN agencies in Jordan in early April 2020 revealed that, while 23% of respondents did not have access to Internet at home, this figure reached 35% among female-headed households. More specifically, only 41% of female-headed households reported that their children had access to Darsak, the website launched by the Ministry of Education to support continuity of learning, compared to 56% of male-headed households.

Many female teachers in private schools, have been pressured to continue to provide lessons, without proper tools and training, under threats of dismissal.⁷¹ The shift to on-line learning has also had significant gendered effects on mothers of children being schooled at home. Generally mothers are responsible for supporting the

63 ARDD. (2020).

64 CSS. (2020b). The Pulse of the Jordanian Street. Coronavirus and domestic violence in Jordan. 272020/4/. p. 3

65 Rohof, E. (2020). Covid-19 exposes Jordan's gender-related flaws. An Interview with Salma Al Nims, Secretary-General of the Jordanian National Committee for Women. May 27, 2020. Women Empowered For Leadership. <https://womeninleadership.hivos.org/covid-19-exposes-jordans-gender-related-flaws/>.

66 Plan international & UNFPA. (2020).

67 UNHCR (2020) SGBV WG Gap analysis of refugee women in Jordan, UNHCR, 2020 (English) <https://data2.unhcr.org/en/documents/details/78683>.

68 According to an April 2020 MOE report, nationally, 70 per cent of students in Jordan reported in early April that they had used the MOE online platforms.

69 <https://reliefweb.int/sites/reliefweb.int/files/resources/76399.pdf>; https://www.un.org/development/desa/dspd/wp-content/uploads/sites/2208/2020/sg_policy_brief_covid-19_and_education_august_2020.pdf

70 UNHCR, UNICEF, WFP (2020), Multi-Sectoral Rapid Needs Assessment: COVID-19 - Jordan, <https://reliefweb.int/sites/reliefweb.int/files/resources/Multi-Sector%20Rapid%20Needs%20Assessment%20Findings%20-%20UNHCR%20WFP%20UNICEF%20May%202020.pdf>

71 ARDD. (2020); Jazzar, S. (2020).

education of children in (51%) of the Jordanian households surveyed.⁷² For example, in the UN Women rapid assessment, 77% of respondents noted that mothers spend more time supporting their children's distance learning compared to fathers. Respondents did, however, report that fathers in camps are nearly three times as likely to support their children's learning compared to those in non-camps (35% in camps, 12% in non-camp).⁷³ Girls are also disproportionately taking on care of younger children in the household and helping them with their studies, leaving less time for themselves.⁷⁴

In the mainstream and social media, women's contributions to the COVID crisis have not been properly acknowledged. For example, in a social media advertisement paying tribute to six male political figures titled the "Jordanian Heroes" excluding two key female ministerial cabinet members whose decision-making during the early days of the crisis was critical to the success of Jordan's response: Minister of Energy and Natural Resources H.E. Hala Zawati, and Minister of Social Development H.E. Basma Ishaqat. Neither minister has received public recognition remotely equivalent to their male counterparts.⁷⁵ And despite their role in two important ministries for mitigating the impact of COVID 19, they are not represented in the management crisis Committee that has a vital role in developing the pandemic response.

Further, there has been inadequate acknowledgement of the contributions of all the women who are the front line emergency responders in health, social, teaching and care sectors so critical in emergency pandemic conditions.⁷⁶ Nor has the work of women-led NGOs who have mobilized to help vulnerable groups across Jordan deal with the crises been properly recognized nor have their insights been drawn on to inform any policy or actions related to COVID-19.⁷⁷

Concurrently, the pandemic and its aftermath have also reified women's traditional roles without recognizing how essential and valuable women's unpaid care work is not only to the COVID response but ultimately to sustaining the Jordanian society and economy. It has intensified the perception that men's jobs (as head of household) should take priority over women's jobs in times of crisis. For instance, when initial government measures were announced to close schools and child cares and restrict movements in both public and private sectors, employers sent home women employees first to complete their domestic care duties (UN Women, 2020).⁷⁸ Gender and intersectional inequalities are exacerbated by the reported shame, stigma, and discriminatory practices in COVID-19 responses⁷⁹ in relation to being a refugee in a host population, and stigma in relation to reporting GBV, exacerbating gender inequalities.⁸⁰

Combined, these COVID-related developments negatively influence women's empowerment and political, economic and social aspirations during the socio-economic recovery process. As a result, what women have achieved in the past years regarding the gender stereotypes is rolling to a pushback because of the COVID crisis. In some instances women have reported that during COVID that their husband's perceptions on the importance of women work have changed to realize that women's contributions really do matter. This change in some men can be considered as step forward for gender equality as men started to acknowledge women's roles.⁸¹

72 CSS. (2020), p 37

73 UN Women Jordan (2020) Rapid Assessment of the Impact of COVID-19 on Vulnerable Women in Jordan <https://www2.unwomen.org/-/media/field%20office%20jordan/images/publications/2020/unwjcrapidimpactassessmentcovid19v8.pdf?la=en&vs=3456>.

74 Plan International and UNFPA (2020) Daring to Ask, Listen and Act: A Snapshot of the Impacts of COVID-19 on Women and Girls' rights and sexual and reproductive health April/May 2020 (<https://reliefweb.int/report/jordan/daring-ask-listen-and-act-snapshot-impacts-covid-19-women-and-girls-rights-and-sexual>).

75 <https://www.brookings.edu/blog/education-plus-development/2020/04/recognizing-womens-important-role-in-jordans-covid-19-response/>.

76 UN Women. (2020). COVID-19 and Women's Economic Empowerment: Policy Recommendations for Strengthening Jordan's Recovery. Policy Brief. May 2020.

77 OECD. (2020). COVID-19 crisis in the MENA region: impact on gender equality and policy responses. June 10, 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

78 UN Women (2020). COVID-19 and gender: immediate recommendations for planning and response in Jordan, <https://www2.unwomen.org/-/media/field%20office%20jordan/images/publications/2020/covid1920%and%20gender%20in%20jordan%20eng.pdf?la=en&vs=128>.

79 WHO. (2020). Gender and COVID-19. Advocacy Brief. 14 May 2020. <https://apps.who.int/iris/handle/10665332080/>.

80 Plan International (2020) Jordan sees an increase in domestic violence: poor access to family planning <https://plan-international.org/news/2020-05-covid-19-jordan-domestic-violence-poor-access-family-planning>.

81 M. A. Taleband R Sabbah (2020) Rapid Assessment of COVID-19 on Mosawa Network Organisations Jordan May 2020 <https://cdn.agilitycms.com/who-makes-the-news/Images/Blog/AWO%20Rapid%20Assesment%20of%20of%20COVID-1920on%20Mosawa%20Network%20Organisations.....pdf>

OUTCOME 4: Institutions are executing and sustaining policies, structures, and services that support GEWE in alignment with Jordan’s national and international commitments.

Output 4.1: Formal Institutions have effective accountability frameworks & capacity to develop and implement policies, legislation, and services and to allocate budgets that support GEWE.

The outbreak of COVID-19 has magnified the lack of a strong and coordinated institutionalized system in Jordan to mainstream gender and intersectionality in national priorities, laws, policies, plans, regulations and services. This is compounded by the lack of gender and diversity representation within major decision-making bodies at all levels of government and specifically in relation to COVID-19.

To illustrate: the Jordanian Department of Statistics established a Gender Division in 2005 aimed at fulfilling Jordan’s international commitments for establishing a national mechanism for the advancement of women, promotion of their status in economic, social and political participation, preservation of their gains and also defending their rights in order to achieve a greater level of social justice and equal opportunities. However, there is a lack of disaggregated data at the national level by not only sex but other important factors including age, disability, nationality, race/ethnicity, language spoken, socio-economic status, health status, migration and refugee status and geographic location.⁸² Such factors and diversity considerations are increasingly called for and acknowledged ⁸³Comprehensive data collection is not only essential for a thorough and inclusive understanding of inequities and multiple disadvantages required to ensure no one will be left behind and for monitoring the achievement of gender equality and women’s empowerment within the public sector.

Even though Jordan has a national gender mainstreaming (GM) strategy, the absence of any systemic gender and intersectionality analysis, of national policy responses, including the numerous Defense Orders that have been enacted, has resulted in largely gender and intersectionality-blind strategies which fail to recognize the full disadvantaging implications of COVID-19. Accountability mechanisms to ensure implementation of GM are largely absent. Also worth noting is that no gender and intersectionality budget analysis of spending priorities and/or distribution of resources since the outbreak of COVID-19 has been undertaken. Very little coordination exists across different government ministries to coordinate GM efforts and or the advancement of gender equality.

Moreover, government responses have not involved the input or leadership of national or regional groups working to advance gender equality or equity (e.g., the JNCW or the Inter-Ministerial Committee for Women’s Empowerment).⁸⁴ Key organizations have been excluded from sharing critical information about the experiences and needs of those most affected by COVID-19. For instance, JNCW, in collaboration with UN Women issued a policy brief with recommendations regarding the integration of gender-related concerns in the response to the pandemic.⁸⁵ However, these recommendations have not been integrated in the government’s COVID-19 strategy. In general, lack of direct engagement by the government’s key decision making bodies with different women and women’s organizations (as well as other civil society groups representing marginalized populations) have increasingly been highlighted as adversely impacting community resilience during the COVID-19 crisis in Jordan.

The pandemic has affected the ability of a range of women’s organizations and groups – who are essential to the advancement of gender equality in Jordan - to function. For example, more than 75% of respondents of the 106 women-led organizations from local communities led by the Arab Women Organization and affiliated with the Mosawa Network in Jordan mentioned that 90% of their activities were suspended during the curfew. And while the majority continued to work remotely, 66 % reported challenges with technology including accessing social media platforms.⁸⁶

82 UN. (2020). Socioeconomic Framework for COVID-19 Response in Jordan. https://reliefweb.int/sites/reliefweb.int/files/resources/JOR_Socioeconomic-Response-Plan_2020.pdf

83 UN Women Jordan (2020) Conducting COVID-19 Rapid Assessments in Jordan: Integrating Gender and Intersectionality <https://www2.unwomen.org/-/media/field%20office%20jordan/images/publications/2020/september/gender%20and%20intersectionality%20in%20rapid%20assessmentsunw.pdf?la=en&vs=2014>.

84 UN Women & JCNW. (2020).

85 UN Women & JCNW. (2020).

86 M. A. Taleband R Sabbah (2020) Rapid Assessment of COVID-19 on Mosawa Network Organisations Jordan. <https://cdn.agilitycms.com/who-makes-the-news/Images/Blog/AWO%20Rapid%20Assesment%20of%20of%20COVID-19%20on%20Mosawa%20Network%20Organisations....pdf>

Finally, there is little cooperation, collaboration or knowledge exchange between public, private and civil society sectors in relation to COVID-19 and policy responses and decisions that could be aimed towards protecting and promoting the human rights of women and girls from diverse backgrounds in Jordan. Indeed, there is little evidence that the private sector has undertaken any gender and/or intersectionality analysis of its response to COVID-19⁸⁷.

NSW Strategic Outcomes, Outputs in the era of COVID

Analysis of the impact of the COVID-19 crisis has highlighted key contextual issues and medium-long-term priorities to be considered with respect to working towards implementing the NSW. These considerations, outlined in the table below, will need to be integrated into the NSW Strategic Objectives, and their corresponding outputs. Please refer to Annex 1 for the NSW Framework.

NSW OUTPUTS

| Outputs | Inputs/Interventions | Key Contextual Changes | Intervention Priorities in the COVID-19 Context |
|--|--|--|--|
| Outcome 1: Women and girls are able to exercise their economic, political and human rights and freely lead and participate in society free of gender based discrimination | | | |
| OUTPUT 1.1: More women and girls have equal opportunities to participate and lead in public life and the labor market and have economic autonomy | <ul style="list-style-type: none"> • Increase employment & decent work opportunities for women in public, private, civil society & security sectors free of gender-based discrimination • Promote entrepreneurship among women & their ability to access assets & own businesses • Increase leadership opportunities for women in public, private, civil society & security sectors and political life without discrimination | <ul style="list-style-type: none"> • COVID-19 has exacerbated economic gender and intersectionality gaps in Jordan and increased various forms of care work and related household responsibilities for women and girls • The COVID-19 pandemic has added pressure to Jordan's already floundering economy, increasing gendered barriers to labour market participation • Defense orders have been exclusionary for some groups of women, and made some more at risk of workers' rights violations and worsened economic status. For example, Defense Order 6 and its amendment related to unemployment rates and wages is gender blind and does not consider implications on women's employment rates and trends. • Women have been largely absent from public decision making bodies and key response processes in relation to COVID-19 and socio-economic recovery in Jordan | <ul style="list-style-type: none"> • Create opportunities and supports to engage women's networks, organizations and groups into spaces of influence to shape the decisions that affect their lives during the COVID-19. Ensure the leadership of the Jordanian National Committee for Women and other CSOs in the development and ongoing accountability of COVID-19 strategies, rather than only referred for input as external actors after a strategy has been developed.¹ • Ensure gender parity in all major COVID-19 leadership and decision making bodies to facilitate gender-sensitive, inclusive and sustainable COVID-19 response and recovery in accordance with the principles of dignity, equality, non-discrimination, accountability and transparency. Attract and engage young women leaders from a diversity of backgrounds. • Monitor Defense orders 6 and 9 and their amendments to ensure they will not be exploited by the private sector with female employees from diverse backgrounds bearing the brunt of the negative impact. • Monitor and evaluate mechanisms for flexible work under the Jordanian Labour Law and build family friendly, gender sensitive, and non-discriminatory work environments with appropriate employment protection mechanisms. Ensure that COVID-related labour/employment support strategies align with the unique needs of diverse populations of women so that they can easily and safely access appropriate and responsive forms of support. • Ensure measures for reduction and redistribution of unpaid work through gender egalitarian work-life balance practices both in public and private workplaces including providing childcare arrangements. • Call on the private sector to incorporate a gender and intersectionality inclusive perspective into their COVID 19 recovery plans The Women's Empowerment Principles (WEPs) developed by UN Global Compact and UN Women provide a valuable framework to support businesses in adopting proactive policies to support women's economic empowerment. |

¹ Rohof, E. (2020). Covid-19 exposes Jordan's gender-related flaws. An Interview with Salma Al Nims, Secretary-General of the Jordanian National Committee for Women. May 27, 2020. Women Empowered For Leadership. <https://womeninleadership.hivos.org/covid-19-exposes-jordans-gender-related-flaws/>.

| Outputs | Inputs/Interventions | Key Contextual Changes | Intervention Priorities in the COVID-19 Context |
|---|--|--|--|
| | | | <ul style="list-style-type: none"> • Support women owned businesses and their employees affected by COVID-19 with daycare, facilitating access to government loans (widening information and awareness to MSMEs of available supports through community based organizations and civil society) and providing assistance for those who have defaulted on previous loans establishing loan deferments. • Support vocational training and job development strategies that focus on the diversity of women’s actual needs in relation to COVID-19 adjustments and post-pandemic recovery, including entry into non-traditional sectors and creation of female-led businesses (but not only focusing on livelihood activities that might re-inforce traditional gender roles). • Provide training for MSMEs to pivot to e-commerce and online business platforms to build resilience in COVID-19 environment. • Increase collaboration between policy makers, researchers, women’s organization leaders and international organizations to unify efforts, form a shared vision and identify priorities and leadership opportunities for women on how to advance gender equality in public life and the labour market under COVID-19 conditions. • Ensure that macro-economic prioritize public investments in the social care service sector which are of critical importance in the COVID-19 context to women’s time constraints and constricted ability to participate and lead in all aspects of public life. |
| <p>OUTPUT 1.2: More women and girls are able to access services and infrastructure that are responsive to their needs, including humanitarian and recovery services, enjoy peace and contribute towards it</p> | <ul style="list-style-type: none"> • Address women and girls physical & psychological needs especially sexual & reproductive health and enable them to better access health and family planning services • Provide adequate, affordable & gender-sensitive infrastructure to | <ul style="list-style-type: none"> • Responses to COVI-19 have affected the access, quantity and quality of sexual and reproductive health services • Recovery efforts have failed to reach female headed households and recovery services have had differential gendered outcome for diverse groups of women and girls • Recovery and humanitarian efforts have not been well coordinated to response to the specific needs of women and girls of diverse backgrounds. | <ul style="list-style-type: none"> • Ensure facilitated and equitable access to essential sexual and reproductive health services for diverse groups of women and girls – particular for vulnerable populations including elderly women and women with disabilities. Clear messaging including via digital communication forums/technologies is required as to how to access such services during any types of lockdowns. • In preparation for a potential resurgence develop gender and intersectionality responsive contingency plans to ensure continuity of care and pathways to family planning services. • Reinstate Maternity Insurance Fund and its original purposes. • Find more effective mechanisms to coordinate recovery and humanitarian responses between the Jordanian government, international organizations and donors to reduce overlap, duplication, and/or inconsistencies in gender and intersectionality approaches to research (e.g. rapid assessments). These mechanisms should focus on knowledge sharing of |

| Outputs | Inputs/Interventions | Key Contextual Changes | Intervention Priorities in the COVID-19 Context |
|---|---|---|---|
| | <p>enable women to access opportunities & natural resources in a sustainable manner</p> <ul style="list-style-type: none"> • Enable meaningful participation of women in achieving safe societies & preventing violent extremism, and to be better served by crisis, recovery & humanitarian responses | | <p>lessons learned to date in terms of humanitarian and socio-economic recovery efforts.</p> <ul style="list-style-type: none"> • Ensure the government, in cooperation with the private sector, allows for sufficient internet connectivity/infrastructure across Jordan, particularly for urban areas, to allow for equitable remote access to education and work opportunities. • Ensure a focus on strengthened health care system infrastructures, particularly for populations facing barriers to health care services. |
| <p>OUTPUT 1.3: More women and girls are able to access justice that achieves equality and equity within the society and family and empower the most vulnerable females to access basic social services</p> | <ul style="list-style-type: none"> • Enable all women and girls to access justice and exercise their constitutional and human rights without discrimination to promote equal citizenship • Enhance equity and justice within the family and ensure best interest of the child • Address vulnerable members special needs within families & society and ensure their access to social | <ul style="list-style-type: none"> • Recovery measures have had a differential gendered outcome with reduced access to the justice system (including lawyers) for women and girls • Increased barriers to social protection services particularly for women and girls experiencing multiple inequities barriers based on gender, disability, age, migrant status, and geography • Barriers to basic needs and access to services have increased particularly for those experiencing with multiple inequities related to gender, disability, age, migrant status, and geography | <ul style="list-style-type: none"> • Ensure legal recourse and assistance is available and attainable even during lockdowns particularly for women and girls who face multiple barriers to accessing the justice system (e.g. in relation for example to Defense Order 5). Explore potential for e-justice services to improve access to justice in the case of a future lockdown. • Create and strengthen communication channels for all women to be able access information, resources and procedures relevant to their rights and social protections including in relation to GBV (e.g., digital communication forums/technologies, other context appropriate formats and provide translation as needed). • Engage local NGOs and community committees to inform the government on how to best meet the needs of diverse groups of women and girls, and be the first and most effective responders and information-providers on health services and social protection programming. They can also contribute to dialogue around how to legislate less restrictive emergency measures during a pandemic which can be both effective and safeguard human rights. • Ensure social protection measures recognize household dynamics (including size and composition) and women’s vulnerabilities, prioritize female-headed households (including those headed by widowed divorced |

| Outputs | Inputs/Interventions | Key Contextual Changes | Intervention Priorities in the COVID-19 Context |
|---------|------------------------------------|------------------------|---|
| | protection services and frameworks | | <p>women and single women) and deliver cash assistance/transfers directly to adult women members of households where possible.</p> <ul style="list-style-type: none"> • Prioritize public investments and expenditures on a high-quality social care services infrastructure (early childhood care and pre-school education, education, health care, long-term care, elderly and disabled care and social services for minorities). • Coordinate with Social Security Corporation the ability to provide gender and intersectionality responsive social protection programmes to complement the reduced wages or provide unemployment benefits to women in the sectors targeted through Defense Order amendments. |

Outcome 2: Women and girls enjoy a life free of all forms of violence

| | | | |
|--|---|--|---|
| <p>OUTPUT 2.1: Effective mechanisms for the prevention, protection and response to gender-based violence in private, public, and digital spaces</p> | <ul style="list-style-type: none"> • Adopt needed policies and ensure availability and accessibility to services to prevent & respond to GBV • Prevent and respond to gender based violence within the family & address gendered power relations within family structure that contribute to GBV • Promote respectful relationships & renounce of GBV within communities & address the different forms of GBV in public and digital spheres | <ul style="list-style-type: none"> • Reduced mobility and higher tensions within the household under lockdown and quarantine conditions have had a significant impact on GBV prevalence and access to essential services. • Increased vulnerability and rates of GBV, including physical, sexual, psychological and economic violence due to quarantine and physical distancing measures to manage COVID-19 • Evidence is showing barriers to help-seeking and access to safe spaces/protective services • National statistics of violence against women and girls in Jordan are incomplete and do not give accurate and comprehensive figures, statistics and indicators of the prevalence of violence against women and girls impeding | <ul style="list-style-type: none"> • Produce accurate statistics on GBV in the country by expanding data being collected for example through the Domestic Violence Survey to include females under the age of 15 and unmarried women. Inclusive data is essential to the design of effective and responsive prevention and intervention efforts during the pandemic. • Ensure that GBV protection and response services are deemed essential, available and attainable for diverse groups of women and girls and their unique GBV experiences and needs. Establish consultation mechanisms with communities to reach the most vulnerable and traditionally excluded groups of women during any future lockdown (e.g. refugees, older women, girls, and those with disabilities) prior to establishing any program and throughout every program cycle. • Travel restrictions, curfews and lockdowns should include exceptions for women victims of violence who need to seek assistance outside the home or who flee situations of violence and unsafe situations. Issue movement permits and licenses to all GBV service providers (in relation for example to Defense Order 2). • Use COVID-19 related services not related to GBV as safe entry points for support (including direct crisis GBV support) and assistance (e.g. grocery shops/food markets, health services).² • Improve coordination between a broad range of agencies and organizations to facilitate survivor centered pathways for assistance and justice. Build on Webinars that were held to improve GBV case |
|--|---|--|---|

² https://www.unicef.org/sites/default/files/2020-04/GBV-Service-Provision-During-COVID-19_0.pdf

| Outputs | Inputs/Interventions | Key Contextual Changes | Intervention Priorities in the COVID-19 Context |
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| | | <p>understandings of the full impact of COVID-19.</p> | <p>management remotely organized by IMS taskforce, chaired by UNFPA and UNHCR.</p> <ul style="list-style-type: none"> • Ensure that services and supports respond to the dynamics of GBV reported during the first lockdown, including the various forms of violence reported, the barriers experienced by diverse women and girls, and the stigma associated with GBV and reporting. • Develop flexible options to support help-seeking ranging from emergency numbers, hotlines, on-line information platforms, SMS services, and other remote mobile phone solutions (e.g. WhatsApp). Evaluate efficacy of Amaali App and other remote mechanisms that were used during the first lockdown. Install private phone booths/stalls where survivors can call GV case workers. Implement technology-free alert systems such as the use of code words, whistles, object placement outside homes. • Ensure all women and girls – regardless of their backgrounds and or geographic settings - are aware of existing resources and supports through effective messages, digital communication and using community-based communication channels including women’s organizations, networks, centers and Women’s Leadership Councils to ensure reach to those who may not be able to access the internet or other visual forms of communication. • Increase funding of existing shelters, implement cash-based interventions to support women leaving violent situations (e.g. cash for transportation and safe accommodations). • Include national campaigns about GBV risks, dispel myths about GBV, educate about the different types of GBV (including in digital spaces), and raise awareness of available services during lockdown) and provide clear messaging about why GBV is a violation of women’s and girls’ human rights and equality. This could build on the Guidance Note on GBV service provision during COVID 19 developed by the SGBV Sub-Working Group and evaluations of its reach and efficacy. |
| <p>Outcome 3: Positive gender norms, roles and attitudes support gender equality and women empowerment</p> | | | |
| <p>OUTPUT 3.1: Positive gender norms and roles are embedded within formal and informal learning, the</p> | <ul style="list-style-type: none"> • Ensure that school curricula and informal means of learning are gender sensitive, | <ul style="list-style-type: none"> • Unequal access to remote education (e.g., digital learning platforms) for people related to gender, socioeconomic status | <ul style="list-style-type: none"> • Engage a diverse representation of women and girls in educational initiatives including the development of gender and intersectionality inclusive curriculum that provides information on the vulnerabilities that they are exposed to in relation to COVID-19 including societal and familial experiences and roles. |

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| <p>media, religious discourse and communities</p> | <p>promote concepts of justice, GEWE and ensure access to quality means of education</p> <ul style="list-style-type: none"> • Deconstruct stereotypical understanding of gender roles and norms in mainstream & social media narrative • Leverage and promote positive attitudes and behavior through community and religious leaders and in religious narrative and campaigns that supports GEWE | <p>and disability has been documented</p> <ul style="list-style-type: none"> • COVID-19, including school closures and economic slowdowns, has increased women’s household responsibilities, home schooling support for children, reaffirming harmful gender stereotypes of women as primarily mothers and caregivers in family units • Gender disparities have increased in terms of care and related work (help with on-line schooling of children) within families • Increased stigmatizing and discriminatory practices in COVID-19 responses e.g., stigma in relation to having COVID-19, stigma related to being a refugee in host population, stigma in relation to seeking help for GBV, etc. can exacerbate gender inequality | <ul style="list-style-type: none"> • Ensure barriers to accessing education as a basic need for vulnerable groups of women and girls are mitigated by improving access to the internet and ensuring equal access to digital on-line learning opportunities regardless of socio-economic status or geographic location. • Provide up-skill training for teachers, teacher assistants for how to deliver gender and intersectionality sensitive on-line education which includes specific modules focused on addressing gender norms and stereotypes, cyber bullying and GBV, using COVID 19 case examples. • Document women’s vital roles during COVID -19 including in life saving and sustaining (unpaid and paid care and health care related work) and leadership positions. Utilize the media to share success stories and examples. The effective media campaigns by JNCW and other women organizations about women on the frontline of vital sectors could be built upon. • Disseminate messages and videos via mainstream and social media, involving the State Ministry for Media Affairs and women’s organizations designed to change the stereotypical view surrounding the roles and responsibilities of women and men in families. Feature narratives from men who have started to recognize women’s valuable roles in families and Jordanian society. Feature men (and if possible those with high profiles) engaging in care work to support movement towards different forms of masculinity that promote more equal sharing of caregiving and participation in household chores and children’s education. Provide additional exemptions in personal income tax for care expenditures. • Engage community leaders, religious and other respected authorities in discussions of the harmful effects of discrimination, and specifically gender roles, GBC and unpaid care burdens experienced by women during the COVID-19 pandemic. • Develop clear and honest communication to address barriers to wellbeing during COVID, including those directed at stigma surrounding COVID-19 at risk and ‘affected’ populations. These should be directly embedded within any national strategies for the education and health sectors and be aimed at improving knowledge, attitudes, and behaviours (e.g. GBV) during the pandemic. |

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| Outcome 4: Institutions are executing and sustaining, policies, structures and services that support GEWE in alignment with Jordan's national and international commitments | | | |
| <p>OUTPUT 4.1: Formal Institutions have effective accountability frameworks & the capacity to develop and implement policies, legislation, and services and to allocate budgets that support GEWE</p> | <ul style="list-style-type: none"> • Produce gender statistics and ensure their accessibility to inform evidence-based policy making, advocacy and accountability towards achievement of GEWE • Implement gender responsive policies and budgeting for GoJ at horizontal and vertical levels including establishment of accountability frameworks • Promote partnerships among public, private & civil society sectors at national & local levels to adopt transformative gender responsive participatory approaches | <ul style="list-style-type: none"> • Lack of disaggregated data to capture gender and intersecting inequities which undermines the capacity of decision makers to effectively respond to COVID 19 • Lack of systematic application of gender mainstreaming and gender budget analysis to government decisions, policies, programs and actions • Lack of opportunities and mechanisms to facilitate dialogue and created partnerships across sectors • Lack of meaningful engagement with women's organizations and groups in terms of informing national recovery efforts including the Defense Orders issued by the government of Jordan | <ul style="list-style-type: none"> • Ensure quantitative and qualitative data collection and disaggregate data by sex, age, disability, nationality, race/ethnicity, language spoken, socio-economic status, health status, migration and refugee status and geographic location. Every effort should be made to reach female heads of households and individual members of households. Comprehensive data collection is not only essential for a thorough and inclusive review of COVID-19 experiences and needs, it sends a powerful signal that no one will be left behind. • Apply a systematic gender and intersectional analysis through Jordan's Gender Mainstreaming Strategy to the evolving COVID-19 situation prioritizing gender alongside disability, age, migration and refugee status and other factors. The analysis should be applied to the design and implementation of emergency measures (e.g. Defense Acts), policy changes, and budgetary decisions. • Ensure the Jordanian government is promoting and protecting women's and girls' human rights throughout COVID-19 responses (including Defense orders) by establishing clear monitoring, and evaluation and accountability approaches. Accountability measures for GM non-compliance should be put into place. • A dedicated percentage of the National Support Fund collecting aid to combat spread of the virus should be dedicated to gender mainstreaming efforts (e.g. Defense Order 4). • Develop institutional mechanisms to integrate women's organizations and women from marginalized groups in all stages of decision-making processes. • Draw on gender and intersectionality relevant information and knowledge generated by women's organizations and groups of the first lockdown to improve recovery responses (including future amendments to Defense Orders) and supports and create sustainable mechanisms for their ongoing participation in charting priorities for COVID responses and socio-economic recovery efforts. This will ensure the inclusion of the experiences, needs and priorities of affected communities from design and development through to monitoring and evaluation. • Develop mechanisms to coordinate across IMC, JNCW, GFP) to improve communication and consolidate efforts around COVID-19 and to create |

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| | | | <p>synergies between existing policy efforts such as the NSW, GM Strategy and developing <i>National Renaissance Plan</i> aimed at achieving equal citizenship and the active participation of all social groups.</p> <ul style="list-style-type: none"> • Build technology, grant writing and research capacities of women led organizations to assist in coping with COVID-19 recovery and linking to international commitments such as the UN Sustainable Goals. • Provide appropriate training and education to ensure that government policymakers and parliamentarians have capacity to undertake a gender and intersectionality analysis of COVID-19 and to design corresponding monitoring and evaluation strategies, including of government plans, policies and budgets. These should account for the broad contexts and unique situations of diverse groups of women, men, boys and girls (beyond one-size-fits-all approaches to COVID-19), guided by the perspectives of vulnerable groups and their advocates/allies. • Institute regular forums to encourage public-private dialogue on the COVID-19 situation, to inform recovery efforts and to better integrate gender and intersectionality considerations into these processes. |