This paper is the second issue of a short series the GBV IMS taskforce decided to produce in order to analyze trends during COVID19 emergency. The taskforce issues regularly analytical products twice a year but because of exceptional circumstances decided to analyze trends on a monthly basis to better inform adaptation of programming to lockdown situation. In the last two weeks of March 2020 as lockdown measures started, the GBV incidents reported to GBV IMS dropped significantly by 68%, as analyzed in the first issue of this series. In April compared to February prior to the COVID 19 crisis and lockdown, we had a 9.5% drop in incidents reported.

Data from April shows that the initial drop in reported incidents is slowly reversing for the following reasons:

1. **Dissemination of information** on hotlines available ensured an increasing number of women knew where to seek help. GBV actors increased efforts in campaigning and dissemination of information on how to seek help through social media and contact lists of beneficiaries. According to UNFPA recent assessment on average 70% of respondents knew where to seek help, but in some location the percentage was as low as 30%.

2. **Continuation of the lockdown and factors influencing help seeking behaviors.** Case managers pointed out that women were putting up with the violence at the beginning of the crisis as their main concern was health and basic needs. As the lockdown continued women could not cope with the violence and they reached out for help, notably there is a lag between incidents and time of disclosure.

3. Since 25th of April Women and Girls Safe Spaces started a slow and gradual re opening in the South of Jordan and then other urban areas in line with Government policy of easing lockdown. This allowed women to walk in the facility to seek help.

For many survivors the proximity with the perpetrator, the lack of ownership of mobile phone and credit remains an issue and an impediment to call for help. Survivors in this context might prefer to call the police; family protection department reported a 33% increase in calls for all types of domestic violence cases including GBV. Consistently, intimate partner violence remains the highest percentage of GBV cases reported to the GBV IMS followed by online sexual harassment, but experts remain concerned that cases of early and forced marriage for girls will increase once the full effects of the economic downturn are felt as well as risks of sexual exploitation and abuse increased.

This analysis shows that the access to in person SGBV services is essential for offering life-saving care. Although to date an estimated 50% of GBV services have been reopening with 30% of capacity some service providers still lack permits to ensure proper staff movement and turnover, as well as access to refugee camps.

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