

## Protection Working Group Jordan

Date: 26 April 2020, teams online meeting

Agencies present: ARCS, ARDD, AVSI, AWO, Care, CRP, DRC, HelpAge, HI, ICMC, ICRC, INTERSOS, Italian Agency for Development Cooperation, JOHUD, JIF, JRS, Medair, MSF, NRC, OCHA, Oxfam, PRM U.S. Embassy, RDPP, Reclaim Childhood, Save the Children, TDH-Italy, TDHL, UN Women, UNFPA, UNHCR

### AGENDA:

- Overview on protection sector response to COVID 19 situation.
  - Presentation on Gender and COVID 19 by UN Women.
  - Brief from NRC on their weekly livelihood survey.
  - Brief from DRC on their recent Need Assessment
  - Brief from UNHCR on COVID 19 Emergency Response (CBI)
  - Update from IACU on COVID 19 3RP budgetary requirements protection sector
  - Update from PWGs in the Field
  - Update from partners (**very important**)
- AOB

Agenda item	Discussion points	Follow up action and focal point
<b>Welcome and Introductions</b>	<ul style="list-style-type: none"> <li>- Introductions, agenda review.</li> </ul>	<b>All documents, PPTs and MoM will be shared with PWG.</b>
<b>Overview on protection sector response to COVID 19 situation</b>	<ul style="list-style-type: none"> <li>- <b>COVID-19 4Ws:</b> presented Total number of services provided by the Protection Sector Partners during COVID-19 situation including UN agencies, INGOs and NGOs.</li> <li>- CP services during COVID-19 curfew.</li> <li>- SGBV services during COVID-19 curfew.</li> <li>- MHPSS services during COVID-19 curfew.</li> <li>- General and emergency protection services during COVID-19 curfew.</li> <li>- 152130 beneficiaries were reached since the start of COVID19 situation.</li> <li>- 22 Agencies provided 110 general and emergency protection services. Main response includes remote case management, counselling, awareness raising, support to elderly...etc.</li> <li>- <b>Hotlines:</b> as a prevention and protection response UNHCR has 17 operational hotline numbers this is in addition to the Helpline (IVR) 64008000 which functioning 24/7 countrywide.</li> <li>- Hotlines numbers for the following services:</li> <li>- Health Services, CP and SGBV, legal services, resettlement and repatriation, CBP services, livelihoods services.</li> </ul>	

	<ul style="list-style-type: none"> <li>- Different locations: Azraq camp, Zatari camp, Mafrak and Irbid.</li> <li>- Partners managed to adjust their programs in only 3 weeks</li> <li>- Three areas of focus:             <ol style="list-style-type: none"> <li>1) Partners to address and mitigate protection risk on women, youth and non-Syrians. Partners who are working on these issues can draft a workplan.</li> <li>2) CBP: present a key multi layered approach to response to protection needs, main objectives: support prevention of COVID-19 with health sector. Ensure continuation of CBP, facilitate access to protection and community support. During current situation key activities can be included like mapping and all activities should be harmonized. Update existing SOPs with focusing on health, mental health, PSS and cash for protection. Effective messages to community through WhatsApp and social media. Update SOPs for identification of referrals to the vulnerable groups.</li> <li>3) MHPSS: important and cross cutting in many sectors. Importance for adapting according to the needs of affected population. Social workers should be trained. Coordination on raising awareness messages with the attention of high-risk groups like children and elderly. Strategies and work plan can be drafted.</li> </ol> </li> </ul>	
<p><b>Presentation on Gender and COVID 19 by UN Women</b></p>	<ul style="list-style-type: none"> <li>- Key considerations: gender and intersectionality analysis. Intersectionality directs attention to the fact that sex and gender never operate in isolation - they interact with factors including age, disability, nationality, ethnicity, socio-economic status (SES), health status, migration or refugee status and geographic location - to create difference in risk distribution, vulnerabilities, and impacts of COVID-19 as well as a more complex way to identify community stigma, resilience and group strengths among women, men, boys and girls from diverse backgrounds</li> <li>- This approach helps to recognize that people has different identities, needs, priorities and capacities.</li> <li>- Avoid simple gender dichotomies; bring attention to within groups differences.</li> <li>- Raising Gender and intersectionality is very important in other sectors, these analyses are lacking in other sectors or other protection programs. It is good to share it with other programs.</li> <li>- Requirements: proper sensitivities (female data collectors), skills and expertise for the collection, analysis an interpretation.</li> <li>- Champions for ensuring systematic implementation across all activities and targets.</li> <li>- Practical outcomes of protection, ensuring that indicators are responsive to both gender and intersectionality in the planning and monitoring stage. In other sectors: UN Women staff can</li> </ul>	

	<p>help collecting information and ensuring that it is applied in monitoring and evaluation.</p> <ul style="list-style-type: none"> <li>- Assessment will be shared with the group as soon as it is published.</li> </ul>	
<p><b>Brief from NRC on their weekly livelihood survey</b></p>	<ul style="list-style-type: none"> <li>- Survey Methodology: Cross sectional survey undertaken on weekly basis based on sample randomly selected from two pre-existing project datasets of NRC.</li> <li>- Respondents were selected from two preexisting NRC project datasets targeting support to Syrians and Jordanians.</li> <li>- Summary of Findings: 71% of respondents reported that they had lost all their household income by Week 4. Most common coping mechanisms were reduction in daily meals and consumption of essential household items.</li> <li>- Immediate needs – Syrian Households and Jordanian households: Access to food and water, cash assistance, support paying the rent, support paying utilities, access to hygiene and access to healthcare.</li> <li>- Impacts: loss of Livelihood, SGBV, work Rights Violations, lost education, threat of eviction, increased Risk of Infection. In addition to longer term impacts.</li> <li>- Challenges: GOJ limited fiscal space, rebuilding livelihoods and safeguard Gains Made.</li> <li>- It will be good to discuss previous work NRC have done on challenges facing undocumented and non-Syrian refugees.</li> <li>- Contact: <a href="mailto:alexander.kouttab@nrc.no">alexander.kouttab@nrc.no</a></li> </ul>	
<p><b>Brief from DRC on their recent Need Assessment</b></p>	<ul style="list-style-type: none"> <li>- Phone survey objective is to understand an entry point for a response.</li> <li>- 46 % Jordanians and 40 % Syrians were using online platforms for education. It did not include TV.</li> <li>- Desegregating data by gender will be important.</li> <li>- Understand the implications of the restrictions linked to COVID-19 and how to respond.</li> <li>- Data collection was done via phone survey, 866 sample size based on DRC beneficiaries.</li> <li>- Loss of work for Syrian and Jordanian households.</li> <li>- Relying on government and Humanitarian assistance.</li> <li>- A small percentage of relying on HH savings and it will not last for more than a month.</li> <li>- Food and education.</li> <li>- Findings on rent and risk of eviction.</li> <li>- Top 3 needs: Food, Cash and Rent. Followed by health and baby Supplies.</li> <li>- No focus on gender regarding head of HH.</li> </ul>	
<p><b>Brief from UNHCR on COVID 19 Emergency Response (CBI)</b></p>	<ul style="list-style-type: none"> <li>- The Basic Needs Working Group (BNWG), made up of more than 30 humanitarian organizations and agencies, has put into action its model for emergency response which encourages</li> </ul>	

	<p>coordination of assistance, shares best practices, and provides a collaborative response.</p> <ul style="list-style-type: none"> <li>- COVID responses should not replace existing Basic Needs programs. Current beneficiaries on basic needs social assistance or other regular assistance types should continue to receive this assistance with no changes.</li> <li>- Existing programs should not be re-labelled “COVID” funds, as it will likely require re-approvals from line ministries and MOPIC, and the intent is to get money into the hands of the vulnerable population as quickly as possible.</li> <li>- Align with the plans of the Ministry of Social Development and NAF.</li> <li>- There should be a new funding. Additional approvals are required.</li> <li>- Eligibility: different population, the main was those who cannot work but now also population who did work but needed support.</li> <li>- VAF (vulnerability assessment framework): pulled from UNHCR registration data. Use of existing data (VAF indicators and Registration biodata and special needs) to determine eligibility.</li> <li>- Creation of a single pool of families identified as eligible for an emergency response. This single list will be shared with all partners.</li> <li>- The COVID coordination module has been developed in RAIS. Organizations disbursing COVID funds must first have funding and approvals from GoJ and then “book” cases on RAIS before distributing assistance to avoid duplication.</li> <li>- Through wash sector you can record all distributions for hygiene kits.</li> <li>- Presented Basic needs, livelihoods and food security package, it is just for survival package to get families food and basic needs.</li> <li>- Consistent communication to beneficiaries. Need to ensure consistent language through agreed messages (translated to Arabic).</li> <li>- 2700 individuals booked already for assistance by partners out of the 48000+ potential pool of beneficiaries in need.</li> </ul> <p>ARDD is planning to distribute food and hygiene packages, not cash.</p> <p>Can Report on distribution of hygiene items under WATSAN, and food under relevant food items. UNHCR works with government on in-kind and NFI distribution via JAICO. Distribution to refugees in the same areas based on case-by-case basis.</p> <p>Cash distribution is assessed based on output and impact. Current one is basic needs and food security packages. It does not include other protection needs.</p>	
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	1 to 3 months response to be assessed based on economic recovery of the country.	
<p><b>Update from IACU on COVID 19 3RP budgetary requirements protection sector</b></p>	<ul style="list-style-type: none"> <li>- Appeal for Contingency Plan &amp; COVID 3RP 9 months Financial Requirements: It is an additional appeal for the required funding through COVID-19 dedicated 3RP Appeal, to enable the implementation of the critical activities to respond to COVID-19.</li> <li>- The planning horizon for financial requirements in the Contingency and Response Plan is for 3 months, the financial requirements for the COVID-19 3RP/ Inter-Agency Appeal should be specified for 9 months.</li> <li>- Some of the activities and projects are: Distribution of food kits and hygiene product. Development of a platform for online and offline occupational therapy material. Remote Case Management. Provision of basic needs kits. Remote training for front liners. Provide legal aid to refugees.</li> <li>- Total required budget: 2,596,500.</li> </ul>	
<p><b>Update from PWGs in the Field</b></p>	<ul style="list-style-type: none"> <li>- <b>SGBV WG:</b> preliminary analysis covering the first 2 weeks available on portal. GBV IMS TF: released a report (trend analysis report).</li> <li>- Links shared with members.</li> <li>- <b>Zaatari camp:</b> activated calls, hotline numbers in Zaatari and Urban Mafrqa and receiving many calls. After disseminating info through hotline numbers more calls for CP/SGBV were received. Assessments on what refugees are experiencing to make sure that they can reach out if they need something. Need to provide more information for women to know how to reach FPD if needed. Need for cash assistance, concerns on not being able to pay the rent, complains regarding the internet connection and not being able to use it. Hoping to resolve these problems. Working more with FPD and disseminate information. Education problems were raised by UNICEF.</li> <li>- <b>Azraq camp:</b> protection WG was held a week ago discussed all actions, gaps and challenges and will write a document on gaps and challenges. Cases who were outside the camp when the lockdown happened had to go through temperature screening. Now they are in isolation area for 14 days and they will be reunited with their families after. Availability of SGBV staff in the camp. Following up on detention cases with detention staff in Amman office. 1 hotline for protection and 2 hotlines for CBP and registration.</li> </ul>	<ul style="list-style-type: none"> <li>- <b>SGBV SWG inks: JORDAN GBV IMS Task Force - Annual Report - 2019:</b> <a href="https://data2.unhcr.org/en/documents/details/75705">https://data2.unhcr.org/en/documents/details/75705</a></li> <li><b>SGBV Working Group Jordan Preliminary trend analysis COVID 19:</b> <a href="https://data2.unhcr.org/en/documents/details/75490">https://data2.unhcr.org/en/documents/details/75490</a></li> </ul>

	<ul style="list-style-type: none"> <li>- <b>Irbid office:</b> coordinating activities with partners, disseminate information on health, available services. Protection staff calling refugees, provide most vulnerable with urgent cash assistance.</li> </ul>	
<p><b>Update from partners</b></p>	<ul style="list-style-type: none"> <li>- <b>HI:</b> Communication with the beneficiaries/caregivers is ongoing by phone calls, SMS and WhatsApp to share messages, videos and pictures on preventing the infection of Covid-19. Sharing messages with the caregivers of children about positive parenting during this situation. Identify the children and adults who have red and yellow flags and creation a key message which shared with them to prevent any complication on their situation. Phone calls with the caregivers to follow the children action plan with the caregivers and ensure that they do the needed intervention for their children.  <b>Livelihood:</b> Conduct social media campaign for PWDs and their family members to raise their awareness in workplace regulations, Jordanian labor law and international legislations and rights work frame related to PWDs. Ensure all beneficiaries (profiling all types of disabilities) have an access and understanding to the awareness messages related to COVID19 protection and prevention measures in daily life and at workplace.            Continue empowering HI beneficiaries (job seekers) based on their personalized action plan, communicating with them to revise their needs and priority goals in response to COVID19 crises, update their plans and provide instant referrals to basic services upon needed.            Provide support to employers to make their guidance on protection accessible for people with disabilities or a standard package on workplace protection. HI can design a Livelihood-Protection project of wider scale.            Conduct a digital platform to perform on-line training courses in: soft skills and job readiness skills for job seekers and business skills for prospective entrepreneurs. This platform will be used also to build our partners' capacities to provide constant guidance for the beneficiaries in their journey to secure stable income.            Support can be asked from HI (Inclusion): HI can support in making the messages inclusive if there is a need. Since now HI is encouraging persons with disabilities to participate in reviewing the messages.            If any organization would like to disseminate any messages with the DTF chairs to promote for inclusion.</li> <li>- <b>ICMC:</b> All protection programming is now being delivered through remote modalities including PSS counselling, protection awareness raising sessions, child friendly activities with parents and children, life skills for girls and young women affected by child marriage, capacity building of men and boys</li> </ul>	



	<p>on GBV prevention and adult English and Arabic literacy courses.</p> <ul style="list-style-type: none"> <li>- <b>ICRC:</b> phone calls to follow up with beneficiaries. will coordinate with UNHCR on integrating protection message. No need for access to the camp.</li>   <li>- <b>Save the Children:</b> Case management services are still ongoing; priority is given to closure of open cases and registration of high-risk cases. All follow ups, counselling is being done remotely by phone and other means of communication. Counselling sessions and awareness for women engaged in the WAGGGS project are still ongoing but in a remote context. Save the Children is currently working on a 3-month response plan that comprise all sectors including education, protection and livelihoods. One of the CP priorities is the establishment of community support groups and virtual CFSs where children, families and community members are gathered to discuss challenges, suggest community responses smart solutions and take sessions including PSS, parenting sessions, CL related awareness as well as hygienic practices promotion. Child labor will be prioritized as one of the very clear urging vulnerability criteria that will most likely increase due to the COVID 19 outbreak.</li>   <li>- <b>HelpAge International</b> is starting a 3 month emergency response program approved by OCHA. It will target 4 governorates in Jordan (Amman, Mafraq, Zarqa and Tafileh) and a total of 2600 Older men and women with and without disabilities (50% refugees 50% host community). The main overall project objective is to protect, assist, and advocate for older men and women with and without disabilities, both from the refugee and host community during the COVID-19 global crisis. The project has 3 main components: <ul style="list-style-type: none"> <li>- Cash Assistance (most vulnerable 400 older men and women) in coordination with basic needs sector</li> <li>- 2200 hygiene kits- as recommended by WASH sector</li> <li>- Remote Protection programming: 5 volunteers per area will create a buddy system with older men and women. They will call on a weekly basis, first conduct RNA, then Referrals, and then start disseminating (through phone) approved protection messages by HelpAge international to the older men and women. This will also include some work on campaigns/advocacy through social media (for those who have access) and specialists on our FB live protection segments. The purpose of these calls is inherently to grow the support system of older men and women, someone they can talk to and provide direct and accurate messaging related to COVID-19 prevention measures and situational update, new ways to</li> </ul> </li> </ul>	
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	<p>avoid harm and isolation, access to critical lifesaving information- phone numbers of emergency (for medicine, doctors, ambulance, protection services, etc.) and amongst many other things.</p> <p>HelpAge International is still working on advocacy policy briefs regarding COVID-19 and the most recent one was shared with the protection working group last Thursday titled: “Everyone Matters”.</p> <p>We call on governments, donors and agencies to recognise the heightened risk that older people face to their dignity and wellbeing in this pandemic, listen to their voices, and ensure they have equal access to prevention measures, support and services in all settings. Governments and agencies need to ensure that we all know what actions we can take to protect ourselves, each other, and those most at risk.</p> <p>The brief outlines eight calls-to-action for decision makers:</p> <ul style="list-style-type: none"> <li>• Uphold the principles of equality and non-discrimination</li> <li>• Make public health information accessible and relevant to all</li> <li>• Ensure equitable access to prevention and support in all settings</li> <li>• Provide equitable access to social protection and services</li> <li>• Recognise the risk to older people in conflict and displacement settings and provide support regardless of legal status</li> <li>• Explicitly allocate funding to those most at risk in all settings</li> <li>• Stand in solidarity with the international community</li> <li>• Build a fairer future for older people.</li> </ul> <p>- <b>Medair:</b> continue to provide MPCA as well as tailored case management to our 227 households (JOR &amp; SYR) in Amman, via phone. No new HHs can be included until about July</p> <p>- <b>JOHUD:</b> The Disability Component</p> <p>1- Activating the hotlines for the purpose of continuing to communicate the refugees especially the PWDs and the older persons</p> <ul style="list-style-type: none"> <li>- The hotline’s info: <ul style="list-style-type: none"> <li>Focal point: Al-Shamiaa Mansour (Disability Component)</li> <li>Phone number : 0789715226</li> <li>Work hours: 9:00 am to 4:00 pm for the phone calls and it's opened all the time for the WhatsApp and SMS</li> <li>Workdays: all week days, including Friday and Saturday</li> </ul> </li> </ul> <p>2- Going through the procedures to provide the PoCs from different nationalities refugees and host communities (PWDs and older persons) with food packages and hygiene kits</p>	
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	<p>3- Implementing the online activities for some services of the project by using the (What's App) for the Parent-child centre and through the phone calling for the individual counselling service</p> <ul style="list-style-type: none"> <li>- The target group for these services is the PWDs, and the CWDs and their caregivers.</li> </ul> <p>4- Intensive follow up for the PoCs of both the in-home care and the shelter services through contacting them daily, that the beneficiaries are older persons with health and social harsh circumstances and in need to be supported all the time.</p> <p>5- Continuing in the emailing referral pathway for the purpose of protecting the PoCs</p> <p>6- Sharing the awareness videos, and the posts on the preventing of COVID-19, and the psychosocial support videos on the media (Facebook page, CSC's magazine).</p> <p>The Education Component</p> <p>1- Activating the hotlines for the purpose of continuing to communicate the refugees:</p> <ul style="list-style-type: none"> <li>- The hotline's info: <ul style="list-style-type: none"> <li>o Focal point: Nadeen Jarrar (Education Component)</li> <li>o Phone number: 0775681591</li> <li>o Work hours: 9:00 pm to 4:00 pm for the phone calls and it's opened all the time for the WhatsApp and SMS</li> <li>o Workdays: all week include Friday and Saturday</li> </ul> </li> </ul> <p>2- Implementing the online activities for the early intervention service (Portage) through by the (What's App) to share the videos.</p> <ul style="list-style-type: none"> <li>- The target group for this service is the CWDs from mild and moderate degrees (0-9 years old) from different nationalities (refugees and host communities)</li> </ul> <p>3- Sharing the awareness videos, and the posts on the preventing of COVID-19, and the psychosocial support videos on the media (Facebook page, CSC's magazine).</p>	
AOB	- N/A	

