



REFUGEE POPULATION IN JORDAN



APRIL HIGHLIGHTS

Azraq opening
Protection actors were all present and operational to receive the first refugees arriving in Azraq on 27 April. Specialized protection services were available to refugees from the first day of the operation of the camp.

Inter-Agency Strengthening SGBV and Child Protection Services and Systems Project
In April 2014, 63 humanitarian workers and Government staff were trained on the Inter-Agency Emergency CP and SGBV SOPs. In 2014, 479 individuals have been trained on the SOPs; a total of 816 individuals have been trained on the Inter-Agency SOPs and referral pathways since the beginning of the Project in October 2013. Trainings include modules on international and national principles and standards related to the prevention and response for child protection and SGBV cases, the roles and responsibilities of different actors, the importance of the principles of confidentiality and consent, as well as guidance on how to refer cases in a safe and confidential manner in accordance with the SOPs. The CP and SGBV SWGs have finalized the English and Arabic messages as part of the inter-agency CP and SGBV awareness-raising campaign, "Amani", which was launched in March. Additional communication tools, such as posters on a variety of issues (child labour, early marriage, respect for diversity, etc) and a facilitator's guide for focus group discussions are in production and will be available for distribution during the first week of May 2014.

Guidelines for External Researchers

The Protection Sector is working, in collaboration with the Health Sector, on finalising a package to be distributed to external researchers and a procedure for approving external research projects. The package includes an approval form, briefing notes on protection issues in Jordan and ethical guidelines for researchers.

PROTECTION SECTOR OBJECTIVES

- Refugees fleeing Syria are able to access the territory, to seek asylum and their rights are respected.
- Community empowerment, engagement, outreach and self-reliance is strengthened and expanded, and women, girls, boys and men are engaged in the planning, implementation and evaluation of services.
- The risks and consequences of SGBV experienced by women, girls, boys and men are reduced and/or mitigated, and the quality of response is improved.
- Emergency CP interventions for boys and girls are strengthened and harmonized.
- Durable and protection solutions are made available to refugees from Syria.

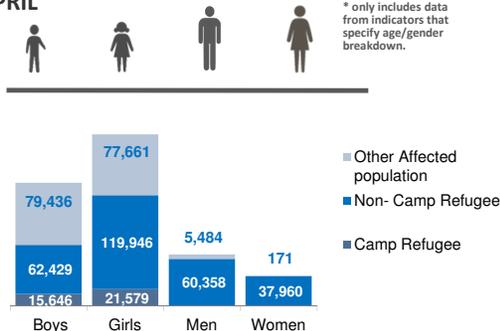
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The Protection Sector includes the following sub-sectors: Child Protection (UNHCR/UNICEF), SGBV (UNHCR/UNFPA) and Mental Health and Psychosocial Support (IMC/WHO)

Agencies reporting in this update:



POPULATION ASSISTED* BY PROTECTION SECTOR IN APRIL



* only includes data from indicators that specify age/gender breakdown.



UNICEF/UNHCR prevention of child recruitment campaign poster

NEEDS ANALYSIS:

The Protection Sector will continue to focus its interventions in the following areas:

* While significant advancements have been made in the first part of 2014, Protection actors will continue to work on increasing outreach efforts & improving refugee access to information about available services, including through the Inter-Agency Amani campaign, the birth registration campaign and through other mechanisms such as community-based protection mechanisms, information hotlines and Help Desks.

* Protection actors will continue to work with the Government to identify opportunities, both in camp and non-camp settings, for programmes for Syrians that promote resilience, self-reliance and positive coping strategies, particularly programmes that target youth (16-24) and women.

* Protection actors will continue to work with other sectors to mainstream protection into the overall refugee response, including by providing recommendations on site planning in refugee camps and delivery of assistance in urban areas.

SGBV & Child Protection:

* SGBV & Child protection actors have greatly improved the outreach of multi-sectoral services in 2014, including by expanding mobile services and presence in urban areas, but continued financial support is needed to ensure that the level and quality of services can be maintained.

* Considerable efforts have been made to ensure that SGBV survivors access health services (in the first 4 months of 2014, 18% of survivors are accessing health services), but continued financial support is needed to ensure that women, girls, boys and men have access to reproductive health services, as an essential entry point and life-saving service for survivors of SGBV.

MHPSS:

* Significant efforts have been made to increase MHPSS services in camps and urban areas, but there continues to be needs for: (i) specialised programming for longer-term mental health problems; (ii) community-based interventions that promote adaptive coping strategies, stress reduction and effective management of anger and frustration; and (iii) interventions to address MHPSS concerns in children.

PROGRESS AGAINST TARGETS

