

Protection Working Group Jordan

Date: 26 July 2020, teams online meeting

Agencies present: ICRC, ARCS, ARDD, AVSI, CVT, DRC, Finn Church Aid, HelpAge, HI,ICMC, IMC, INTERSOS, IOCC, IRAP, JOHUD, JRF, Medair, Near East Foundation, NRC, PRM/U.S. Embassy, Save the Children, TDH-Italy, UPP, UNFPA, UNHCR, UNICEF, VDT, WVI

AGENDA:

- Updates from the PWG Co-Chairs
- Briefing from Dr. Mohanad Al Azia on COVID 19 response of the Higher Council for the Rights of Persons with Disabilities.
- UNHCR update on Renewal of Asylum Seekers Certificates.
- Update from MHPSS Sub Working Group.
- Update on the JRP
- Updates from partners and PWGs at the field level.

Agenda item	Discussion points	Follow up action and focal point
Updates from the PWG Co-Chairs	<ul style="list-style-type: none"> - Introductions, agenda review. - Received nomination from UNDP for resilience response and UNHCR for refugee response. International and local organizations in addition to UN agencies and government joined the Task Force (TF). TF was drafted and the final version will be shared with the PWG. - 2 recommendation from MoSD, first one is to work closely with PWG and the other one is shock response component. TOR will explore these recommendations. TOR and workplan has been shared with the PWG. - Shared the PWG strategy and members can provide comments by the 10th of August 2020. 	<ul style="list-style-type: none"> - All documents, PPTs and MoM will be shared with PWG.
Briefing from Dr. Mohanad Al Azia on COVID- 19 response of the Higher Council for the Rights of Persons with Disabilities.	<ul style="list-style-type: none"> - 11.2% of PWD are 6 years and above according to WHO estimations and statistics. There are more than one million PWD in Jordan. - PWD are encountering difficulties and are excluded from many services, in addition to difficulties and discrimination they faced during emergency. - From the beginning of curfew, communication with the Ministry of Health, Ministry of Education and Ministry of of finance was initiated to help PWD. - First issue was to ensure that PWD have equal access to information in order to understand how to protect themselves. Begin to support all posts and videos by government with sign 	

	<p>language, communication with TV channels like Roya and Al Mamlaka.</p> <ul style="list-style-type: none"> - Developed a motion of 3 minutes to explain how PWD are at high risk to get the virus and that they are in more danger if they get infected. For example, blind people depend on touching objects and surfaces while walking which make them at risk of COVID-19. Also, it is difficult for people with intellectual disabilities to communicate and take safety measures. - No standards on how to deal with PWD in quarantine rooms, the Higher Council for the Rights of Persons with Disabilities. developed protocols. - Standards sent to MoH and related entities and they were published in April. - Education level: observed platforms and find out that they are inaccessible for sign language. Blind children, children with intellectual disabilities will not benefit from these platforms. - Uploaded curriculum for children with disabilities in addition to <i>Al Baseera</i> curriculum that was uploaded on the website to ease the process for blind children. - Cooperated with MoE systems to evaluate students, amended standards taking into consideration mute and blind students and children with intellectual disabilities. - <i>Habayebna</i>: a platform for consultancy services for families who have PWD. People with intellectual disabilities and their families suffered during the lockdown. Shared techniques for families on how to deal in such situations. - Doctors visiting PWD who need immediate intervention. - Negative impact of social media by making inappropriate jokes related to PWD, after objection videos were deleted. - There were difficulties while distributing bread and items during the lockdown for PWD. Tried to provide the basic items throughout the country. Now PWD are at high risk economically as they are the first to be fired by employers. Looking for providing trainings and job opportunities in partnership with one of the active NGOs . - UNFPA: During COVID-19 crisis, is there any example or recommendation on how to reach PWD or best practice on how to reach PWD via campaigns? - A: PWD need to speak out and raise their voice, however large number of them did not take the issue in a scientific way to raise the challenges. Some concerns were asking for transportation permits more that access to health and education. If there is an opportunity if we can utilize this time to make an awareness for PWD on how to communicate effectively in a methodological way with the government. 	
<p>UNHCR update on Renewal of Asylum Seekers Certificates</p>	<ul style="list-style-type: none"> - UNHCR receiving inquiries that refugees are not able to receive services because they cannot renew their certificates. - Procedure of renewals: 	

	<ul style="list-style-type: none"> - Asylum seeker certificates are valid for one year, we scheduled refugees to approach UNHCR offices for renewals and updates. Continue this process enrolling manner. 45-50 thousand individuals renew their certificates over the year. - During the lockdown, refugees could not renew asylum seekers. UNHCR advocated for extension of certificates to be valid for another year. All UNHCR partners were advised to disregard validity expiration. - MOI made a decision that expired certificates can remain valid until the end of the year. - Problem: newborns, marriages, divorces and other similar issues should be reflected on certificates. - Testing remote renewal procedures by calling refugees and sharing renewed certificates. Interviews have several steps by increasing integrity so that refugees can be sure that they are in contact with UNHCR. - Challenge: delivering certificates to refugees once process is completed especially that registration centres are closed a cross the country. Try to deliver documents through drivers to those who are most in need and urgent cases. - Discussions with government are not yet finalized, looking for the best option meanwhile garneting automatic extension until the end of the year. This will be in coordination with MoE, Mol and MoH. Legal unit and health unit are also coordinating with line ministries. - Question-ICLA /NRC: received alerts saying that some hospitals, schools and police stations are not accepting the idea and want a hard copy of certificates. Want to do a campaign with beneficiaries, more clarity on what is the legal basis in order to inform beneficiaries? - Answer-UNHCR: it is internal communication between ministry of legal and other ministries, it is an internal document that shouldn't be circulated. Good to rely on Mol official statement. Instruction is to cover everyone so all asylum seekers are included and Mol cards for Syrians will remain valid. There are some glitches in police stations even when it comes to Mol. Partners can gather the name of the police station or the related authority and more details such as the exact location in order to take it further and to see how to solve the problem. - Question: can you clarify the remote certificate renewal process specifically on Iris scanning and information verification? - Answer: Identity management, through review of the official government issued documents like IDs, passports etc. After reviewing documents IRIS scan is done. UNHCR is looking to develop a technology for remote IRIS scan identity. The problem is that not all refugees have a smart phones and internet. 	
<p>Briefing from MHPSS Sub Working Group</p>	<ul style="list-style-type: none"> - MHPSS sub WG is under health sector and protection sector. - MHPSS meet once a month every third Wednesday, it is co-chaired by IMC and WHO. 	

	<ul style="list-style-type: none"> - An official website for MHPSS is available and it presents a lot of useful documents, members can request access to add inputs. 4 Ws are available in the website from different countries. - Coordination, consideration of MHPSS during COVID-19 response. - Interact with environment, people, then function and contribute to community - Promote MHPSS interventions & programs. - Boost the level of resiliency, then cope with stressors and promote the MHPSS then they support themselves, families and communities. - Curfew was stressful: Curfew hours, sirens, people at hospitals, empty supermarkets and stores, all different rules that people are used to was not easy. - People who are exposed to these stressors: PWD, Children, elderly people, refugees, NCDs patients, people in quarantine and others. - Limitations: Lack of availability of mental health workers and qualified professionals. Lack of infrastructure. - Not enough psychiatrists per 100,000 citizens. - 0.04 nurses per 100,000 citizens. - Need proper mental health training. - During COVID-19 need to rely on all different levels of a pyramid shared in the slide. Loosing layers from the bottom of the pyramid that starts with self-care, informal community care, mental health services, etc. - Hotlines, referrals and other mechanisms. - WHERE TO INVEST: more to invest in community support, online support for better MHPSS services. - Different tools to be used, teaching how doctors can react. - Lesson learnt: Prepare the infrastructure for online support. - Ensure the natural networking support. - Train health service providers on MH concerns for COVID-19 patients. - Ensure follow-up supervision (including remote) & promote links to national level MH specialists. - Coordinate efforts and complement each other. - Contingency planning for medication provision. - Building back better MH systems. - Ensure the support of the supporters. People who were supporting during crisis without any breaks will need a support as well. - Question: Since you highlighted the lack of having qualified PSS or psychiatrist, how can we ensure good quality of PSS component that most of service providers are delivering to children/adult/elder!! referring to front line staff in community centers with no MHPSS background? - Answer: Different levels of support and capacity building, medical staff train general doctors on how to identify Mental health problems and help these cases. People providing other 	
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	<p>services, like teachers, volunteers etc they also need to be trained especially during the crisis.</p>	
<p>Update on the JRP/ActivityInfo</p>	<ul style="list-style-type: none"> - JRP document was finalized, however some partners are still working on some projects with MoPIC. - ActivityInfo (AI) reporting: ActivityInfo is a monitoring software for the progress of activities of the partner organizations. ActivityInfo is being used to track the progress of the activities and the objectives of each sector and each partner. - We have two things that we are following up with, first one is what you put in sector matrices that matches what was provided during the JRP process. The second thing is what you report on AI. According to this, bilateral requests were sent to partners in order to fix discrepancies. - Wrong reporting has an impact on achieving the target since the target was calculated based on planning figures and if you don't report we won't reach the target. - Urgently need partners to update AI. A lot of projects are reflected on sector matrices but not on AI. Big discrepancy for mid-year report as PLAN phase is not properly updated. 	
<p>Updates from partners and PWGs at the field level</p>	<ul style="list-style-type: none"> - ICMC: continued to provide Awareness Raising sessions and Literacy classes remotely. Face to face protection activities resumed for PSS and counselling individual sessions and also for men and boys as change makers in the community activities in small groups maintaining social distancing and safety measures (wearing masks and gloves, ventilation etc). ICMC continued to distribute self-care/personal hygiene kits door to door to women and boys who attended protection activities. - TDH-Italy is going on with the dissemination campaign remotely, through Social media. The local partner is sharing messages and videos on FB page with recreational activities, prevention/health messages, and how, when and where going to seek help in case of health/protection issues, etc. Moreover, the local partner is providing Syrian children with remedial classes and recreational activities/PSS through tablets in Zarqa. - INTERSOS: case management services for GBV/CP is done face to face. The on-line counselling is continuing. Awareness activities is also done face to face with less than 20 people in a group in large spaces. Distribution of assistive devices for PWDs started in three main locations - Amman, Karak and 	<p>-</p>

	<p>Irbid. All activities are facilitated with proper precautionary measures to prevent COVID-19 infections.</p> <ul style="list-style-type: none"> - CVT: resumed their activities as MHPSS and physiotherapy with ages from 18-55 years old groups and still not seeing pregnant women from clients and who have chronic medical concerns. Regarding the safety policy and based on government's decisions, and due to social services, still depending on the outgoing referrals in coordination with partners and providing awareness sessions for clients on how to reach services. - VdT: about to start individual PSS face-to-face, creative tailoring workshops for women (to work as light group PSS with the presence of PSS staff) and clay workshops for women with disabilities. Cash for documents is also about to start for 260 individuals. All activities will take into consideration COVID-19 preventive measures. - HelpAge International: is finalizing the 3-months emergency response program approved by OCHA. The program targeted 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 was to protect, assist, and advocate for older men and women with and without disabilities, both from the refugee and host community pillars during COVID-19 crisis. The project provided Cash Assistance (to the most vulnerable 400 older men and women) in coordination with basic needs sector, in addition to distributing 2200 hygiene kits as recommended by WASH sector. Moreover, we have completed the remote protection messaging whereby older men and women from the 4 different governorates were contacted on a weekly basis to inherently grow the support system of older men and women so that they have someone they can talk to and to be able to provide them with direct and accurate messaging related to COVID-19 prevention measures and situational updates, new ways to avoid harm and isolation, access to critical information and emergency phone numbers among many others. - HI (Humanity and Inclusion): continue their activities with all protective measure > 1- identification for persons / beneficiaries. 2- referral to rehabilitation services. 3- follow up with beneficiaries. HI will distribute infection prevention control (IPC) kit. Self Help Group was conducted in Mafraq. HI still distributing P&O (prostheses and Orthoses) for all ages and, Hearing and Visual aids for children under 6 years. - JOHUD: under the (Assistance to refugees and asylum seekers with specific needs (Syrian/Non-Syrian and host) project resume the work on-site for the services and activities of the 	
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	<p>projects with taking into consideration all the preventive measures as follows:</p> <p>Conducting home visits for the PoCs (PWDs and elderly) by the outreach team for the purpose of assessment.</p> <p>Provision of medical equipment manual wheelchairs, shower stool, hearing aids, eyeglasses, crutches...etc to the PoCs (PWDs and elderly) covering all governorates (North, middle, south) through the outreach team</p> <p>Provision of the rehabilitative services including the (physiotherapy, speech therapy, and occupational therapy)</p> <p>Following-up PoCs (Elderly) under the homecare and shelter services through conducting field home visits.</p> <p>Reactivating the physical sessions of the psycho-social support activities including (parent-child centre, individual counselling, group therapy, and elderly club) with taking into consideration the importance of the social spacing and number of participants (maximum 15 one).</p> <p>Launching work, the new rehabilitative centre at JOHUD-ZENID premises in Hashmi Shamali.</p> <p>Continuing in the internal and external referral pathway (referring and receiving).</p> <p>Action is taken as a response to COVID19 under this project.</p> <p>Activating hotlines</p> <p>Continuing to conduct the online sessions for the psycho-social support activities.</p> <p>Community Support Committees Component (CSCs): Organizing capacity building training for the volunteers of the CSCs in all 21 locations. The training is on "Protection". Broadcasting a weekly live radio program "With Refugees" on Farah Alnas Radio station. Publishing reports, information, and messages on the online magazine https://cscs.johud.org.jo . The network of WhatsApp groups (of the volunteers) disseminates the links to the published info. The CSCs organized their monthly activities online during COVID-19 lockdown and they continue to provide them until</p>	
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	<p>this moment. The regular monthly activities at different locations were resumed in July.</p> <p>The CSCs are collaborating with other actors to coordinate and organize activities/ focus groups...etc. with the PoC.</p> <p>Education Assurances Component (CSCs):</p> <p>The group counselling program: starting to implement the physical sessions from July, with taking into consideration the importance of the social spacing and number of participants (maximum 15 one)</p> <p>The homework classes: planning to implement it blended from August (physical sessions for some sessions and online for other sessions) around 15 students in each group in wide halls.</p> <p>Early intervention service: implementing the distant learning at the current time, and expected to return to the home sessions soon</p> <p>Special education school: implementing distant learning until the end of the scholastic year, this service has been finished</p> <p>No changes on the school services for Non-Syrian students (school transportation, school fees, and kit services)</p> <p>Continuing to receive the calls on the hotline</p> <p>Hotline's info:</p> <ul style="list-style-type: none"> ○ Focal point: Nadeen Jarrar ○ Phone number: 0775681591 ○ 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 ○ Workdays: all week include Friday and Saturday <p>Connected Learning Hub Component (CLH):</p> <p>The connected learning hubs reopened with partial capacity</p> <p>Kolibri platform: Continuing the online activities with the beneficiaries until getting the approval to receive the beneficiaries in the labs</p> <p>The register door is opened in the labs for the beneficiaries to register to the platform</p> <p>Certified English Language Training (CELT):</p> <p>Launching the CELT under the education component in July that:</p> <ul style="list-style-type: none"> ● Hires seven facilitators ● The CELT training has been done for all the coordinators, facilitators, and other project team ● Most of seven locations have finished the first module on the platform ● Proceeding to finalizing the learners lists through targeting new students by the outreach team, and then to conduct the test before Eid Adha holiday. 	
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	<ul style="list-style-type: none">- Medair: will support another group of vulnerable households with cash assistance to cover urgent expenses such as rent and food in the coming months. The provision of cash for basic needs will be accompanied by case management, in which a team of case workers will implement a tailored action plan for each family, according to their specific vulnerabilities. By closely managing each case, Medair aims to positively impact the lives of these families beyond what cash assistance can achieve alone, for example improving families' access to shelter, livelihoods, education, healthcare and psychosocial support, as well as helping them addressing needs that require legal action. Selected households will have a combination of 2 or more areas of vulnerability across the sectors of concern (underlined above), and others such as: Single HoHH, older persons, person with disability, child labour, high debts, chronic disease, lack of documentation, threat of eviction, children out of school, and PSS concerns. Our project with households who require a comprehensive intervention and the personalized support of our case managers, for a minimum of 6 months. In Amman governorate only; includes Jordanian and all-nationality asylum-seekers.- JRF: resumes all Intervention and Prevention activities at our two centres (one in Marka Amman and the other at Aqaba) alongside at our partnered CBOs in different governorates. Activities and services included one to one case management and counselling, parenting training, self-defence, My little home, expressive art. Also, JRF continue conducting specialized training (announcement for the trainings are circulated through GBV and CP SWGs). In coordination with GBV SWG we are now finalizing the GBV curriculum.- GBV WG: all activities resumed, and field location also resumed. All GBV partners continue to provide online support, JRF finalizing a toolkit.- Field: Zaatari and Mafraq: preparing PWG meeting and coordination meeting in Mafraq, concentrate on MoE discussion regarding school opening in collaboration with UNICEF. Follow up on birth certificates issues in the camp, some parents are stuck outside and will need to facilitate the process to obtain birth certificates. In Mafraq more development for Women empowerment, good initiatives are coming up, looking more closely in 2021. JRF: Planning to conduct sessions in Mafraq for women empowerment, to share the training and selection criteria in case of any nominations.	
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	<ul style="list-style-type: none">- Azraq: protection, CP and SGBV joint meetings, working on compiling a list of all the trends during past months to be discussed and come with a solution. Exercise led by DRC including UNHCR in group discussions. Facilities in camps are re-opening. List of SGBV services during COVID-19. Finished the backlog and working on new cases. Next joint meeting with protection WG and sub WGs will take place on the 11th of August on child labor and back to school discussion.- Irbid office: this week, SGBV safe referral session for different partners, the session was well received, will have a second round during the coming weeks. Coordinate with partners and coordination meetings. Individual case management, internal and external referrals requesting Financial assistance. Preparing with partners in the camp on different modalities regarding schooling.	
AOB	<ul style="list-style-type: none">- To share TOR TF and other documents.	