

Protection Working Group Jordan

Date: 12th April 2022, Teams online meeting

Agencies present: AICS, ARDD, AVSI, Care, COOPI, Generations for Peace, HI, ICMC, IMC, IOCC, IRAP, JOHUD, JRF, JRS, LWF, MEDAIR, NOVIA, Oxfam, Relief International, Reclaim Childhood, Save the Children, TDH-Italy, UNHCR, UNICEF, UNRWA, WFP, WVI.

AGENDA:

- Update from the Co-Chairs
- Presentation on PSS by IMC
- National needs assessment by Care
- Update from Partners
- Update from PWGs in the field
- AOB

Agenda item	Discussion points	Follow up action and focal point
<p>Update from the Co-Chairs</p>	<ul style="list-style-type: none"> - Welcoming participants and provide a brief on the agenda and housekeeping rules. 	<p>MoM: http://data2.unhcr.org/en/working-group/50?sv=4&geo=36</p>
<p>Presentation on PSS by IMC</p>	<ul style="list-style-type: none"> - Prevalence of MH Problems After Humanitarian Emergencies. Crisis Induced mental health problems. Worldwide 10-20% of children and adolescents experience mental disorders. Half of all mental illnesses begin by the age of 14 and three-quarters by mid-20s. - There are several tools and guidance used such as: basic IASC, UNHCR (2013) Operational Guidance and Global Review, IASC/UNICEF (2011) Advocacy, WHO/UNHCR (2012) MHPSS Assessment Toolkit, WHO (2011) Mental health GAP Intervention Guide, WHO (2010) Psychological First Aid, and Problem Management Plus PM+. - Layered system of complementary supports that recognizes that people are affected in different ways and require different kinds of supports. - Presented a pyramid that illustrates different layers of support, and the likely scale of demand for each of those layers. Basic services, the wellbeing of most people will be protected by re-establishing security and providing services that address basic needs. In addition, the MHPSS wellbeing will be enhanced if these services are provided in ways that involve the population more than recipients of aid. - Focused on non-specialized supports for a smaller number of people who require additional help. - Specialized services, small number of people suffering despite all the other services/supports. 	<p>Presentation will be shared with members</p> <p>Questionnaires shared with members by NOVIA: https://forms.office.com/Pages/ShareFormPage.aspx?id=X56pQsqLvE21e8lUzrhNEvxZA69fxaFArjvxx08PVktUM0U0VE REVU0xV0IHWUw3 WEdMV0w2MTFOUyQIQCN0PWcu&sharetoken=QTCA0ycpUuOf3aP8ay4x</p> <p>https://forms.office.com/Pages/ShareFormPage.aspx?id=X</p>

	<ul style="list-style-type: none"> - 4Ws: came from the Inter-Agency Standing Committee (IASC). - Tool specific challenges: there is a need to ensure a unified understanding of specific language used in the MHPSS sector. Some questions that relate to funding process, source, didn't have full answers. - Sectoral challenges and limitations: not all members attend the regular meetings. Staff changes and other situations requiring the transfer of duties and information between agency members. There is a lack of the specialized and qualified staff. Many organizations didn't report the qualification and training courses for their MHPSS providers. - Main findings: the 2021 mapping encompassed a cohort of 33 entities that collectively deliver MHPSS services. 93.3% of these organization participate actively in a coordination mechanism. 42.4% are members of the MHPSS working group. 81.8% have a referral mechanism, and only 85.2% using the Interagency referral form. - Comparison between 2017 and late 2021: in 2017 there was more focus on specialized services that decreased in 2021 and that is a concern. - Activities distribution in 2017 mapping: strengthening of community and family support. Clinical management of mental disorders by specialized health care providers was 2%. Clinical management by non-specialized care providers remains 4%. 47.4% of all acting organizations in Mafraq reported that they are providing their activities in Zatari camp. 9.1% of all acting agencies in Zarqa reported that they are performing MHPSS services inside Azraq camp. - Most providers were volunteers, followed by case managers. The smallest number of providers were psychiatrist, mental health nurses, and psychologist. Many activities are currently under implementation. - Recommendations: There is a need to increase the exchange of experience and look for impact and long-term projects that contribute to build capacities in the field of MHPSS. There were a lot of efforts to support and build capacities of volunteers to provide certain levels of MHPSS, however there are levels of interventions required for investment in specialized staff for specialized services. There are always needs to reshape and design activities targeting children. It is also important to enhance the referral mechanism. - Comments and questions: - NOVIA: educational facilitators that are from Syrian volunteers are suffering from mental illness and other problems, more that 50% of volunteers need MHPSS. - A: this requires a lot of advocacy and programs, including awareness for Syrian refugees who need MHPSS. When we engaged volunteers, we should keep an eye on self-care and focus on wellbeing component. - Dashboard of VAF focusing on disability: https://app.powerbi.com/view?r=eyJrIjoiMmYyNjg5MjltODVhZC00ZDIxLTg1NWQtZmM4NzVIOWU4Y2U4liwidCI6ImU1YzM3OTgxLTY2NjQtNDZlZDZlYTBjLTY1NDNkMmFmODBiZSIsImMiOiJh9 - This can be used to what needs to be done more in terms of MHPSS services for persons with disability. - Importance of specialized trainings is essential like mental health interventions for children and people with disabilities and older people. 	<p>S6pQsqLvE21e8IUzrhNEvxZA69fxaFARjvxx08PVktURTIVODUwVEpXSFpUR11FVky1TVhJNlpTMSQIQCN0PWcu&sharetoken=XzV5aPU8CyYAEI2zCxOX</p> <p>https://forms.office.com/Pages/ShareFormPage.aspx?id=X56pQsqLvE21e8IUzrhNEvxZA69fxaFARjvxx08PVktUMV14SUpCVkxCTFNHRjc4T1JQTiyxUIJISCQIQCN0PWcu&sharetoken=oJ8xCSEJFlz76UGNO03S</p>
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	<ul style="list-style-type: none"> - Al-Bayt university is open to their education majors being offered workshops. - There are agencies to accept referrals, all contacts were included. IMC is open for referrals from different nationalities and there are many more agencies providing MHPSS. 	
<p>National needs assessment by Care</p>	<ul style="list-style-type: none"> - CARE International in Jordan uses the assessment to identify, analyse, and track the needs, vulnerabilities, and coping mechanisms of refugees and host communities in Jordan. CARE’s annual needs assessments are inclusive of both the Jordanian host community and refugees of all nationalities. In the national assessment needs several topics were discussed as following: <ul style="list-style-type: none"> - Findings. - Sustainable Livelihoods. - Education. - Durable Solutions. - The 2021 Annual Needs Assessments is the tenth instalment in a series that dates to 2012. - In the needs assessment you can find objectives, methodology, data collection methods, assessment themes, and analytical framework. - Findings and analysis: a section that outlines the findings for each assessment theme and looks at the linked assets and outcomes. The COVID-19 pandemic is integrated as a cross-cutting theme, demonstrating its impact on structures, processes, assets, and the aspirations of refugees and host communities. Gender is likewise mainstreamed across the four assessment themes. - The 2021 survey indicates that all respondents across nationalities and genders would prefer to receive cash assistance compared to other forms of assistance. - The assessment also covered: structures and processes underlying social protection. Refugee and asylum-seeker status in Jordan. Documentation. Assistance and information. Access to basic services. Older people. Safety, harassment, and discrimination. Focus on persons with disabilities. GBV, child marriage, and forced marriage. - Other sections focused on sustainable livelihoods, education, and durable solutions. - Finally, the assessment provided recommendation. The findings of the 2021 CARE Annual Needs Assessment provide a basis for recommendations that further policymaking and programmatic planning by stakeholders that are involved in targeting Jordan’s most vulnerable. Below are specific recommendations that seek to address trends and gaps identified through this study, the tenth in a series of its kind <p>Question:</p> <ul style="list-style-type: none"> - IMC: is there a data on protection impact on children that might tackle concerns of children out of schools during 2021? - A: yes, care will share the needs assessment data. - Sexual violence against boys in school is an issue. 	<p>Needs assessment to be shared with members</p>
<p>Update from Partners</p>		



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	<ul style="list-style-type: none"> - IMC: 2 trainings for case management in Amman and South, MoSD, FPD and national organization staff participated. Coordination with ICRC in terms of family tracing and restoring family links, a session for ICRC services and enhancing referrals. IMC CP and mental health are preparing for a joint campaign on wellbeing and bullying, preparing activities that will be released in May. - JOHUD: under protection component, JOHUD Conducting awareness sessions that include many axes concerned with the issues and affairs of refugees and asylum seekers. JOHUD in coordination with UNHCR set out the plan to start the women empowerment committees, JOHUD started the FGDs with women and men from the community in Irbid, Ma'an, Mafraq, and Amman. The next step will be establishing the committees. - Under education component: JOHOUD provided (204) non-Syrian students with second semester books. 220 Non-Syrian Students benefited from cash for education_service and received payments - Activating the Kolibri online Platform in seven The Connected Learning Hubs in six locations, about 1200 students were targeted until February 2022. Students attended about subjects regarding their needs during the first cycle on Kolibri platform. - Inclusion component: home-visiting protocol training was conducted for volunteers of the home-care service. Psychosocial support session has been implemented. Physiotherapy, early interventions, and occupational therapy session were conducted to (74) PoCs by the therapists' team in Hashmi Shamali unit. - JOHUD protection team has prepared PSEA training material which would be rolled out to all JOHUD programs, operation, and centres staff during next two months. Therefore, each staff member who got the PSEA training and policy would be signing the acknowledgment of receipt of PSEA training and policy. - Relief International: received approvals for projects in camps and host community, implementing activities on bullying in schools and PSS. - LWF: continue case management and counselling in Zarqa and Irbid. Ongoing mask production, baby kit, and a boutique for recycling clothes. - JRF: case management and PSS among all locations. March-April safe referral trainings for frontline workers from different agencies. 	
<p>Update from PWGs in the field</p>	<ul style="list-style-type: none"> - GBV SWG has finalized the GBV SWG workplan and will be uploaded to the portal. GBV SWG has conducted a workshop on M&E toolkit upon its finalization. 29 organization participated in the workshop. Toolkit can be found on https://data2.unhcr.org/en/documents/details/91685 - On the 8th of March the GBV SWG celebrated the international women's day focusing on the climate change impact on GBV in Jordan. 3 main activities were implemented by the SWG: Developing key messages, Learning Dialogue "How Climate Change fuels Gender-Based Violence in Jordan" and recycling competition. More information can be found on https://data2.unhcr.org/en/documents/details/9182. 	



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	<p style="text-align: center;">- GBV Toolkit Jordan:</p> <p>https://data2.unhcr.org/en/documents/details/91685</p> <ul style="list-style-type: none"> - Zatari camp: IBVs and Code of Conduct, Annex 6 to the IBV SOPs (which cover prevention and response to CoC violations by IBVs) will be updated incorporating lessons learned since the guidelines were adopted; the updated draft will be reviewed by both the PWG and BNLWG before endorsement. - Coordination: The last Zatari PWG + CP-GBV SWG meeting took place on March 28. The meeting theme was the intersection of Protection and Education. The ESWG opened the discussion with a brief highlighting various efforts to maintain attendance and address various risks. The CP co-chair delved further into violence in school, dropouts, and the resulting child protection risks (e.g., child labour, child marriage). The GBV co-chair highlighted the sexual harassment of female students, which often results in families pulling girls out of school. It was agreed that the two sectors will collaborate more closely to prevent and respond to these issues, including through collaborating on raising awareness and strengthening referrals. The next Zatari PWG + CP-GBV SWG meeting will take place on April 25. <p>Zatari Child Marriage Task Force: After 9 months of data collection and analysis, the Zatari Child Marriage Task Force presented its preliminary strategy to the national GBV SWG on March 29. The project was also discussed with NCF, who visited the Zatari Camp on March 30 to ensure alignment with the national approach. The report is expected to be finalized in the coming days and will be circulated once more for a last review. The strategy aims to reduce child marriage in Zatari Camp by 2027 through focusing on five areas: law, education, livelihoods, tradition, and awareness.</p> <p>Strategic awareness raising and capacity building: Protection partners continue conducting regular PSEA information sessions for boys, girls, women, and men. GBV partners continue offering Safe Referrals trainings/refreshers, particularly for non-Protection frontline staff.</p>	
<p>AOB</p>	<ul style="list-style-type: none"> - Presentations will be shared with members. 	