

# **Protection Working Group Jordan**

## Date: 15 June 2020, teams online meeting

Agencies present: ARCS, AWO, CRP, DFID, ECHO, HelpAge International, Humanity and inclusion, ICMC, IMC, IRAP, JOHUD, JRS, Medair, NEF, NRC, Oxfam, Plan international, Save the children Jordan, Tdh-L, UPP, UN Women, UNHCR, UNICEF, Vento di Terra.

## AGENDA:

- Opening remarking
- PWG response to COVID-19 and way forward.
- MSOD response to COVID-19.
- Open discussions and recommendations on PWG collaboration with MOSD.
- PWG Task Force.
- GBV IMS taskforce presentation on 2019 GBV report analysis and trends.
- AOB

Agenda item	Discussion points	Follow up action and focal point
Opening remarking	<ul> <li>Introductions, agenda review.</li> <li>Welcoming Dr Ahmad Abu Haidar from MoSD.</li> <li>Opening remark with UNHCR's Dep Representative Mrs. Carolyn Ennis:</li> <li>The government is overall responsible for protection and it is great to have MoSD in the PWG.</li> <li>Accomplished PWG's for the work that has been done.</li> </ul>	<ul> <li>All documents, PPTs and MoM will be shared with PWG.</li> </ul>
PWG response to COVID- 19 and way forward	<ul> <li>Presentation on PWG:</li> <li>PWG response to COVID-19 included 3 priority areas: 1) address and mitigate risk of COVID-19 on refugees and vulnerable Jordanians, 2) CBP interventions in coordination with health sector and 3) mainstream MHPSS.</li> <li>Partners quickly adjusted their programs and response through hotlines during COVID-19. Remote case management available in camps and urban. Organizations started using online tools and media. Ongoing intervention with community, and partners were engaged in providing cash assistance. Rapid need assessment for protection and livelihood. Provided online MHPSS through phone counselling. Legal counselling has been provided. Training capacity building was provided. Ongoing social media campaigns for raising awareness to all vulnerable communities. Distribution of hygiene kits in camps and urban.</li> </ul>	



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	- Remote interventions: PSS, awareness raising, wellbeing	
	activities for families and other activities.	
	- Hotlines: 54 agencies provided 223 hotlines in camps and urban.	
	- CBP and communications with communities, a lot of activities	
	were done through WhatsApp to mitigate rumours and provide	
	guidance to the community. Provided information on available	
	protection services for communities.	
	- Available hotlines for GBV services, in collaboration with	
	UNICEF, NCFA, MoH.	
	- Response in Azraq and Zatari camps was good, established	
	cooperation with FPD and cooperation amongst partners. Staff	
	were available in Azraq camp for 24 hours throughout COVID-	
	19. Remote case management and cases at risk were referred	
	to FPD.	
	<ul> <li>Intervention of partners: provided cash assistance, UN Women,</li> </ul>	
	UNICEF, IMC and other partners filled gaps and supported	
	family protection. UN Women provided cash for refugees in	
	camps. Direct information was disseminated through UNHCR,	
	Care and JOHUD. IFH and Helpage continued delivering	
	messages to elderly people. Service providers increased cash	
	programs for GBV survivors.	
	- Helpage: helped elderly people from Syrians and host	
	community, many of beneficiaries were suffering from special	
	needs.	
	<ul> <li>Hygiene kits were distributed, NRC had the agriculture program</li> </ul>	
	in Mafraq to help beneficiaries there.	
	- UNFPA survey: access for adolescence, GBV task force analysis	
	shows increase in domestic violence.	
	- DRC: rapid need assessment for most vulnerable amongst ref	
	and HC.	
	- Lack of access to livelihood lead people to negative coping	
	mechanism. There is a need to use available resources wisely for	
	best interventions.	
	- Challenges in camps:	
	- Lack of face to face action.	
	- Problems in reaching hotlines.	
	- Increase intimate partner violence with limited reporting.	
	- Lack of CP reporting.	
	- For CP: high level of stress and shortage of income increased	
	child labour, it is expected to increase more due to economic	
	challenges.	
	- Need for MHPSS for adolescence and children.	
	- General challenges:	
	- Preserving protection space, how to identify social protection	
	concerns.	
	- Additional demand for cash.	
	- No one is left behind	
	- Complementarity in work with government.	
	- Alignment of priorities.	



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MSOD response to COVID- 19	<ul> <li>MoSD/ Dr Ahmed Abu Haidar: leading the TF that provided all services during COVID-19. The lockdown measures in Jordan affected the economy. There must be mid-term and long-term response for COVID-19. There is a room for partners to share their thoughts and ideas on how to respond in case there is a new wave of COVID-19 and how to apply mid-term and long-term response.</li> <li>Economic shock to labor market. Women in private sector are facing risk of not return to work. 35% of workforce is affected. Impact is harder on economic activities closed during lockdown. Higher food prices.</li> <li>The government of Jordan took an action to mitigate COVID-19, 24 hours curfew in March 21, closure of schools, MOH mitigate spread of infection, prepared public hospitals. Testing for COVID-19 was available. The government set restrictions on wage cuts (only up to 30%) which also apply to management.</li> <li>The government kept the balance between private sector and workers.</li> <li>3 pillars of the strategy: social assistance, social services and justice pillar.</li> <li>Social security announced package for people affected by crisis, including one payment to those who stopped working and insurance for those who are out of work.</li> <li>Committee announced distributing cash to unemployed households, and charity NGOs provided food baskets. The government launched a program to provide cash support with NAF to poor households, many people benefited from Takafol and NAF. 40,000 families received assistance.</li> <li>The government assisted refugees by making digital payments easier.</li> <li>MoSD maintained providing social services, ex: shelters remained open for women making sure that there are no effected people by checking on their health conditions.</li> </ul>	- There must be mid-term and long-term response for COVID-19. Government wil work closely wit organizations on this.
Open discussions and recommendations on PWG collaboration with MOSD	<ul> <li>A lack of coordination between the government and other partners, suggestions for better respond during the pandemic will be discussed.</li> <li>Need to review Social protection strategy and add component on shock-response measures. Need to institutionalize COVID-19 beyond ad-hoc committees.</li> </ul>	<ul> <li>Institutionalizing the component shock-response and collaborati of civil society a the government.</li> </ul>
	- Questions to MoSD:	



	<ul> <li>CBP: were the respond managed and done by JHCO or there</li> </ul>
	are other tools?
	<ul> <li>MoSD: Directorates in the field also participated in food</li> </ul>
	distributions in the field not only JHCO.
	<ul> <li>UNFPA/SGBV: in SGVB WG there was a discussion on</li> </ul>
	enhancing better coordination with the government. Wanted
	to highlight the importance of saving GBV survivors, challenges
	in welcoming new survivors, from MoSD perspective what
	were the main challenges for shelters during the lockdown?
	<ul> <li>MoSD: the main challenge was the communication part, MoSD</li> </ul>
	didn't receive messages from media to make sure that shelters
	are opened especially that MoSD has a team of social workers.
	Not much cases were referred to MoSD shelters and currently
	MoSD is looking into gaps and how to reach all survivors.
	MoSD is ready to work with partners on this especially that
	there is an increase in GBV cases. It is important to have a view
	from partners on how to support the government.
	- UNICEF/CP: during the early stages of the lockdown,
	government provided support through FPD while NGOs could
	do support remotely, in case of another lockdown is it possible
	to give permissions to service providers to reach cases? Also,
	regarding the increase in child labour, what can MoSD do to
	address this issue in partnership with the Ministry of Labour?
	<ul> <li>MoSD: we need to come up with suggestions for MoSD. It is</li> </ul>
	good to establish a TF that includes NGOs to work together on
	suggestions. Importance of providing permissions to service
	providers. For child labour, there is a need to work on a mid-
	term procedure to mitigate the risk, UNICEF is welcomed to
	share their thoughts regarding child labour to avoid any
	increasement. MoSD is open to have suggestions.
	- DFID: key challenge, how can we have one system or tool to
	help understanding all efforts that were done by government,
	UN agencies and other organizations?
	MoSD: there are a lot of efforts that the government is not
	aware about. There is a need to have one dashboard to
	present all efforts, adding a component on shock responses
	putting all efforts together and coordinate in the time of
	lockdown to respond quickly. UNHCR: This has been
	highlighted as a recommendation and there is a need for
	working closely with the government. Institutionalizing the
	component of shock-response and collaboration of civil society
	and the government including coordination for quick response
	is very important. A team will follow the implementation of the
	strategy.
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is another one to have a good meeting between MoSD, partners, MoH, to make the process more efficient. Another thing: there is a big focus on economic impact, humanitarian partners to have a better understanding on people at risk, discussing the needs with MoSD.
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<ul> <li>MoSD: coordination is very important; cash assistance is an</li> </ul>
emergency response, but it is part of social protection as well.
It is important that development partners and UN agencies
support cash assistant. There is a need to look at social
services, health services and other services, and to have a
comprehensive review on what is needed to be done in the mid-term and long-term.
- Note: After ending cash assistance is it possible to create job
opportunities for people who lost their jobs.
- UNHCR: PWG will look at best practices and will discuss it
during the next meeting. More participation is more
beneficiary.
- NRC: In case of another lockdown, coordination between
agencies and the government is very important. Challenge:
clarity on collecting data and coordinate on data collection
with the government to have a clear picture on how to address
issues.
- MoSD: had a exercise to assess the situation, used UNICEF
guidelines for shock program. Data collection is important and
to put all numbers together to have the real impact on
beneficiaries. To check and avoid duplications as some organizations took database from MoSD and others did not
approach MoSD. There is a need to make sure that there is one
method of data collection. Accurate numbers, statistics and
data is very important. All focus is on protection services, but it
is important to focus on prevention and awareness part as
well.
- UNHCR: will work with partners on attention to prevention and awareness.
- UNHCR/education: strengthen coordination between
government and civil society is very important. Suggestion: civil
society network (regional network) led by UNHCR with key
national entities like NHF, JRF, etc. This includes other entities
like arts and culture. Include relevant sectors like education
due to the cross-cutting issues with protection and CP.
<ul> <li>MoSD: civil society and the platform is important, there is a need to continue working with pattners and share synapsionase.</li> </ul>
need to continue working with partners and share experiences.
Government endorsed JRP which is an important field where Government / MoSD can look into implemented projects. start
working on mid-term and long-term response.



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	<ul> <li>UNHCR: will work with social societies and find out how to contribute to PWG strategies.</li> </ul>	
PWG Task Force	<ul> <li>PWG Task Force: emphasizing on the importance of working closely with the government. Formulate coordination structure with partners to serve as vehicles of work between various sectors and the government.</li> <li>UNHCR: The role of research centres is to help planning for a mid-term and long-term prevention, response and transformation in protection sector.</li> <li>TF members: government, 2 UN agencies, 2 International NGOs and 2 Local NGOs. Main goal is to discuss the coordination between government and partners, discuss recommendations from this meeting and take an action, plan and highlight protection priorities.</li> <li>MoSD: welcoming the idea of having a TF to work together on a road map not only for COVID-19 but also other protection related issues.</li> </ul>	<ul> <li>Members can share their interest in joining the PWG TF by notifying co- chairs.</li> </ul>
GBV IMS taskforce presentation on 2019 GBV report analysis and trends	<ul> <li>GBV IMS co-chaired by UNHCR and UNFPA.</li> <li>Full report is available in English on UNHCR data portal. Arabic version will be shared soon.</li> <li>Report provides information on incidents reported by GBV survivors who agreed to share information, data is about survivors seeking help. Information gathered with the consent of survivors who received psycho-social support from 6 organizations who are members of the GBV IMS Taskforce.</li> <li>Since 2015, 95% of females looking for help while only 0.2% of boys were seeking help and this is because boys are reached by CP actors.</li> <li>Type of incidence: Emotional abuse 49%.</li> <li>Physical Assault 24%.</li> <li>Denial of Resources, opportunities 10% including denial of educational opportunities.</li> <li>Forced Marriage 8%.</li> <li>Sexual Assault 8%, reports on sexual assaults against LGBTI.</li> <li>Rape 1%, stigma associated and less reporting.</li> <li>Domestic violence: emotional and physical assaults.</li> <li>Context overview: 88% of perpetrators are intimate partners violence or family members.</li> <li>69% of survivors reached help one month after the incident which is late, and health attention is needed especially a treatment after rape.</li> <li>9% wished to be referred to police and security services because of the attitude of police, also this triggers more violence from family member perpetrator.</li> </ul>	<ul> <li>GBV IMS TASK FORCE 2019 ANNUAL REPORT:</li> <li><u>https://data2.unh</u> <u>cr.org/en/docume</u> <u>nts/download/757</u> <u>05</u></li> </ul>



- 68.4% of survivors were unable to receive livelihood services/
63% did not receive cash assistance.
05% did not receive cash assistance.
- This year focus on adolescence girls:
- Girls from 15-19 years old are more likely to seek help then
younger age.
- Denial of opportunities and denial of education opportunities
and space for adolescence.
- Sexual harassment is pervasive in all public spaces and online.
- 7% adolescence girls are already divorced or separated,
reporting violence and emotional abuse from their families.
- Focus on women with physical disabilities who are more likely
to report. A lot of centers have access for people with
disabilities. Lack of trained and qualified social workers.
<ul> <li>Women with physical disabilities are more at risk of emotional</li> </ul>
violence whilst women with mental disability report mainly
physical assault • Men report mainly sexual abuse (LGBTI) •
Children (boys and girls below 18) low reporting.
- Recommendation: SGBV WG and protection actors:
- Support GBV case management from national and international
case management.
<ul> <li>Prevent sexual harassment.</li> </ul>
<ul> <li>Strengthen transportation options for survivors to seek help.</li> </ul>
- Conduct an analysis of time laps in seeking help and the type of
violence.
<ul> <li>Update SGBV referral pathways.</li> </ul>
<ul> <li>Strengthen collaboration with CBOs and organizations working</li> </ul>
with specific vulnerable groups as LGBTI and sex workers.
<ul> <li>Increase tailored cash-based interventions for SGBV survivors.</li> </ul>
<ul> <li>Increase access to livelihood activities Ensuring security services</li> </ul>
are survivor centered.
- Build capacity of different security and legal stakeholders on
attitudes, beliefs and stigmatization and survivor-centered
approach.
<ul> <li>Enhance programming involving social norms interventions</li> </ul>
- Continue campaigning on online sexual harassment including
blackmailing and explore innovative solutions for addressing
online risks.
<ul> <li>Tailor programming for unmarried adolescent girls.</li> </ul>
<ul> <li>Increase outreach for people with disabilities and build capacity</li> </ul>
of staff to deal with PWD.
- Consult with coordination group SGBV WG and GBV IMS
taskforce on gaps and priorities.
- Comments: Arabic version to be shared to be presented to
MoSD.
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<ul> <li>MoSD: to elaborate on people with disabilities who are part of</li> </ul>
the study.



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	<ul> <li>SGBV SWG: number of people with disabilities is still law, percentage is law, data compiled by many NGOs mainly refugees and 25% Jordanians.</li> </ul>	
АОВ	<ul> <li>Will have an ad-hoc meeting with partners to discuss the Task Force and to share their opinions.</li> <li>Task Force will include 6 partners and government in addition to sub- sectors CP and SGBV who will be part of the Task Force. Members to share their interest with co-chairs who will look into the list.</li> <li>Thanks to Dr Ahmed Abu Haidar from MoSD for the cooperation and valuable discussion.</li> </ul>	