



**Protection Cluster Meeting Minutes
8 March 2018**

	Agenda	Discussion	Action points
1.	Review of previous minutes	Minutes adopted with one action point	Endorsed regional response plan for Oromia to be shared by UNICEF.
2.	MPTs reports and Protection Cluster 4Ws	<ul style="list-style-type: none"> - EHCT requested to have a report on the activities of the MPTs. Accordingly, the Protection Cluster is working on having a summary of the activities to be presented at the EHCT. - Regarding the protection response monitoring tool, it was explained that a simplified tool is being developed which is expected to be finalized by end of March 2018. A workshop is tentatively planned to take place in April to roll out the tool and introduce the same to partners. Having this tool would enable to have a dashboard on general protection, GBV and Child Protection. - - For site level IDP response analysis the Protection Cluster was requested to provide indicators for the General Protection, GBV and Child Protection. Accordingly the following were agreed to be submitted OCHA: MPT coverage, psychosocial response and dignity kit distribution. 	



3.	Update on HRD funds	<ul style="list-style-type: none"> - The Protection Cluster undertook prioritization exercise with partners on the activities that are prioritized for 2018. The Protection Cluster as part of the ICCG presented the outcome of the exercise at the ICCG meeting which was later looked at the level of EHCT--the Protection Cluster will make additional presentation at the EHCT upon the request of this group to provide evidence on the outcome of the work of the MPTs to inform decisions on protection funding. 	
4.	Update on Child Protection/GBV Sub-Cluster	<ul style="list-style-type: none"> - UNFPA has agreed with the health cluster to conduct a training on Minimum Initial Service Package (MISP) for partners including OCHA and different implementing partners in April. This training will focus on the IDP context. - The results of the Meher and Belg assessments in 2017 did not capture sufficient information on CP and GBV. DTM indicators from protection angle are misleading and need to be reviewed. - IRC has built 3 women and children spaces through funds from EHF. Further information will be provided on this 	<p>Invitation to be received from UNFPA and PC to follow up with its cluster members re participation.</p>



5.	IDP Protection	<ul style="list-style-type: none"> - Care has been engaged in the 16 days of activism. It is engaged in development project in relation with CP and GBV. <p>NRC</p> <ul style="list-style-type: none"> - Vital events training has been conducted with authorities, community leaders and humanitarian partners in the Somali Region. - Information session on legal counselling has started this week. IEC materials have started to be developed. - 8% of the IDP population have documentation 90% of whom are males. <p>Goal</p> <ul style="list-style-type: none"> - Will begin implementation in Somali and Oromiya Regions in the displacement context in Wash and NFI. - Protection mainstreaming efforts are there. Child protection issues identified—children do not attend school. Goal is implementing psychosocial support in these two regions. <p>HelpAge</p> <ul style="list-style-type: none"> - In Guchi and Wachile service mapping exercises are being conducted as well as identification of 	
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		<p>protection risks is undertaken. In Guchi 11 sites were located to be covered by the MPTs but IDPs in 8 of the sites have returned. As a result, MPTs coverage is limited to 3 Woredas only.</p> <ul style="list-style-type: none"> - Some of the protection concerns identified so far by the MPTs include lack of basic services, psychosocial distress and different families forced to live under one shelter. <p>Humanity and Inclusion</p> <ul style="list-style-type: none"> - Protection concerns identified by MPTs include---- lack of access to basic services, harmful traditional practices, older persons and persons with disabilities at risk of protection. Case referral mapping is being undertaken. Flying teams have developed inclusion tool that will support services to be inclusive of older persons and persons with disabilities. The flying team is composed of two persons; inclusion advisor and CP/GBV officer. The teams go out to assess the inclusive nature of organizations and to provide feedback and training to ensure OP and PWD access services. CP GBV Sub-cluster meeting held in Harar was attended by the MPTs. <p>DRC</p> <ul style="list-style-type: none"> - MPTs conducted assessments in Dekasuftu Woreda of the Somali Region. Issue of documentation, feeling unsafe due to the IDP site location close to the border, abduction within the 	
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		<p>IDP site, lack of medicines in the hospital, lack of tracing for UASC and delay in food distribution. The intension of IDPs shows that some of them would like to return to where they have come from if situations improve. IDPs have to pay for health services—not officially circulated information.</p> <ul style="list-style-type: none">- IDPs in Filtu have shown no interest in going back to their original places. In Fafan, IDPs were arrested because of lack of documentation. In Gursum Woreda, a lot of people have been reported to leave the IDP sites. 600 HHs have arrived in Gursum. 150 HHs migrated to Jijiga and Kebribeyah.- It was reported community structures on the ground that individuals who have tried to return back to their home were requested to pay fine. No detailed information however as to who is carrying this out.- In Fafan Zone, the IDPs are trying to create their own site to obtain visibility for assistance.- In Filtu, it was reported, IDPs do not access food. Only able to get food if they go back to their original places. <p>OCHA</p> <ul style="list-style-type: none">- In Negele Oromiya, there was agreement between the two regions to remove military presence in the contested areas. However on the Somali side houses are being built on the border.	
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