

A photograph of two young girls with dark hair, smiling and hugging each other. They are standing in front of a rough, brown, textured wall. The girl on the left is wearing a pink sweater with a white turtleneck and has her arms around the girl on the right. The girl on the right is also wearing a pink sweater and has her arms around the girl on the left. The text "CPIE Working Group" is overlaid in white on the image.

# CPIE Working Group



Beirut, HCR Lea

26 May 2015



# AGENDA

1. Review of last meeting: action points and minutes
2. Updates:
  - Education
  - Alternative Care
  - Coaching Programme
3. Feedback: Regional Syria response child protection workshop Amman
4. 3RP Mid-year progress report
5. CPMS Contextualization
6. Sector response monitoring and reporting
7. AOB



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# Review Action Points

Action Point	Status
<b>Update from PSS Committee</b>	
Coordinator/Co-chair to share dropbox link and tools.	
SDQ details to be shared for inputs.	
Members interested in joining Committee to alert Co-chairs or Sector Coordinator.	
<b>Education Update</b>	
Coordinator to re-send information on corporal punishment hotline and referral form.	Re-shared 13 May 2015
Coordinator to share information on ALP pilot and placement tests with members to share within their networks and programmes.	Shared 21 April 2015
<b>CPIE Sector Capacity Building Needs Assessment</b>	
Members to send any inputs or suggested training areas to Coordinator for inclusion.	
Coordinator to share capacity building needs assessment survey link with members and field coordinators.	
Members to complete capacity building needs assessment and to circulate to colleagues and encourage them to complete.	
<b>CPMS Contextualization</b>	
Coordinator to share more information on CPMS contextualization, process and participation, by email.	Sent 14 May 2015
Members to discuss internally to determine what level of support and engagement they can commit, and inform the Coordinator if interested in joining Task Group.	Deadline to inform is this Friday 29 May
Coordinator to share CPMS survey for standard selection with members and field coordinators.	
Members to complete survey and encourage colleagues to complete as well.	36 participated
Members needing hard copies of CPMS in Arabic, English, or French, to request copies from coordinator.	On-going
<b>Sector Response Monitoring and Reporting</b>	
Sector IM to update list of agencies reporting in data sheets.	
Sector IM/Coordinator to share national and field data sheets, maps, and 3Ws.	
Sector IM and Coordinator to organize data session: 21 May 2015, 2pm at UNICEF.	Postponed due to Amman workshop
Members to review data sheets and 3Ws and suggest ideas for further analysis and ways they would like to see and use the data in advance of data session.	
Sector IM to compile options and best alternatives for data sharing and share back at data session/next meeting.	
<b>AOB</b>	
<b>AOB: Child Labour</b>	
Coordinator to send email requesting inputs for child labour piece.	Sent 22 April 2015; 24 April 2015
Members to submit inputs on child labour work (by Friday).	Six submissions received
Feedback to be compiled and sent for review prior to submission.	Submitted without review.
<b>AOB: Child Marriage</b>	
Coordinator to share minutes and follow-ups from meeting once shared by SGBV TF Coordinator.	
Members to consider interest in participating in joint CP-SGBV child marriage initiative and to inform coordinator	
<b>AOB: CRC Shadow Reporting</b>	
Coordinator to re-send CRC documents with details on reporting in general and Lebanon submission.	Re-shared 13 May 2015
Members to continue to share information they have for government report; consider potential interest in shadow report.	?
Coordinator to check with international colleagues if there is interest to do/support a shadow report	Too early; wait until GoL submission



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# **Alternative Care in Emergencies Lebanon November 2014- May 2015**

# Pilot Alternative Care Lebanon Save the Children

In 2013 the CPRA as well as the Case Management Taskforce, established under the CPIEWG identified the needs for addressing the gaps of alternative, family and community based care in Lebanon.

## Main objectives of SCL Alternative Care Specialist:

- ✓ Carry out desk review to document legislation, policies and practices around AC in Lebanon, including for non-Lebanese children, main gaps and needs and way forward;
- ✓ Develop guidance on the process and roles and responsibilities regarding placements and follow-up of children in AC as part of:
  - the Emergency Practical Guidance for Case Management and
  - the National SOPs for Case Management.
- ✓ Develop tools to support family and community based care;
- ✓ Support implementation of UNICEF supported ACiE Pilot Project in North of Lebanon



# What are the main patterns, causes, impact & risks of separation for non-Lebanese children affected by the humanitarian/Syrian crisis?

## Main Patterns/ causes of why children are separated from their families:

- Children sent ahead for safety or (seasonal) work;
- Children/family unable to (re-) enter Lebanon due to border regulations;
- Divorce, remarriage, family breakdown/weakened coping mechanisms & community safety networks;
- Majority of children in contact with parents.

## Impact:

- Lack of care/ abandonment, malnutrition, discrimination, child labour/exploitation, incl street based children, abuse, child marriage.

## Risks:

- Lack of care & protection for children requiring urgent alternative care and/or mid-term alternative care solutions; Trafficking, exploitation, abuse, discrimination, child marriage.

# Summary Key Findings Desk Review

## Civil Legislation:

- ✓ Law 422 is “mostly” a juvenile justice law;
- ✓ Includes legal protection for children “threatened or at risk”;
- ✓ Children at risk and protection provisions in the law are not clearly defined nor distinguished from measures for children in contact with the law: the law is inconsistently applied;
- ✓ Best interests of the child not always primary consideration.

## Religious Law:

- ✓ Religious courts deal with personal status matters: divorce, custody, legal guardianship, heritage etc;
- ✓ No common state law covering family matters; no state oversight of decisions taken by religious courts.

## Implementation of the law:

- ✓ Limited # of social workers/case workers mandated to intervene/support children at risk;
- ✓ No regulations/procedures for children at risk and alternative care placements in place;
- ✓ High underreporting of children at risk of/exposed to abuse, neglect, violence and exploitation.

# Summary Key Findings Desk Review: continued

## Other issues:

- No accurate data available to inform prevention & response including:
  - # UASC (girls/boys/age trench)
  - # UASC in types of care arrangement (informal/formal care with relatives/foster family/ CHH, residential care);
- ✓ Strong religious and cultural norms, children belong to families/families belong to religious community which means limitations in foster care with non-biological families due to religious beliefs/practices especially related to gender/age;
- ✓ Informal family based care is practiced, but no data available and lack of documented and formalized practices around community/family based care;
- ✓ Very limited possibilities to provide safety and care for urgent protection cases (interim care) in need of immediate interventions, especially for non-Lebanese children;
- ✓ Care provided by relatives/ other families often short term due to economic reasons and therefore families caring for children need specialized/tailor made support, including economic strengthening.

# ACE assessment looking at the community level to complement desk review

## Methodology:

- ✓ Done with partners including international and national partners
- ✓ FGDs with children and caregivers in Akkar, Bekaa and Mount Lebanon and the South
- ✓ Key Informant Interviews with religious leaders, municipality representatives, SDCs, ROVs

## Key Preliminary Findings:

- ✓ Confirmed that community based care is being practiced (also non kinship care) in Syrian communities
- ✓ Economic considerations (needs) were highlighted as the key issue by communities
- ✓ Families stressed the need to know who is legally responsible for the children they are providing for (eg if the child has a medical condition who will sign the consent?)

# Main Challenges Highlighted

- Lack of clarity on Law 422 on alternative care and lack of a for community based care;
- Providing safety and care for urgent protection cases in need of immediate interventions/care constraint;
- Religious beliefs/practices especially related to gender/age hampering foster care and supported/supervised independent living/group care.

# Results of Save the Children's Pilot Work

## Key Achievements of the work of the Alternative Care Specialist:

- Paving the way for alternative care including with longer term perspectives through planned roundtable with MoJ and MoSA to clarify the law and process for alternative care placements;
- Draft Standardized Alternative Care tools in place;
- Increased community awareness and engagement re alternative family/community based care;
- ACiE assessment underway to collect more evidence on practices around care and key needs for support;
- Draft ACiE Training materials developed;
- ACE Toolkit translated into Arabic and ready for dissemination.



# Way forward

- Emergency Guidance Note for Alternative Care + Standardized tools to be endorsed;
- Continued advocacy for increased capacity of statutory organisations to implement law 422
- Continued training of Government/NGOs/INGOs;
- Further engagement of national NGOs and communities in family/community based alternative care;
- Families caring for children need specialized/tailor made support, including steady, mid-term household income support;
- Social protection to support vulnerable families and increase access to services to prevent of child protection issues, family breakdown and separations;

## Way forward- continued

- Improve available service mapping and referral pathways, including alternative care options/procedures: suggest developing a standardized template cross location;
- Improve data collection: collect segregated data regarding UASC, types and numbers of informal and formal care arrangements, number of children reunified, in the different regions
- Carry out a field based assessment to assess current types of emergency alternative care arrangements, good practices and main challenges, and needs for support
- Collect evidence and document concrete examples of family-based alternative care in Lebanon
- Exploring alternative care options, including for adolescent girls and boys;



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# Specific Objectives

- To identify and examine **lessons learned and good practices** in selected child protection priority programmatic areas
- To identify and examine gaps and challenges in implementing the child protection plans outlined in the 3RP and SRP
- To examine the links between the humanitarian and resilience pillars of the response and how child protection actors working on **strengthening sustainable national child protection systems and services**
- **To improve predictability and quality of the child protection response** across the countries in the region, including through the strengthening of the results framework and predictable division of labour among agencies.
- To agree on a set of specific, actionable and time-bound recommendations to strengthen the child protection response moving forward



## **Market Place:**

**to share good practices and tools**

- Good practices from CP sector in Lebanon:
- Parenting skills training manual;
- CFS checklist;
- FGD Guide;
- Case Management Practical Guidance;
- UNHCR/IRC CP CM National Coaching Program;
- National SOPs;
- CP Mapping and assessment report





## **Strengthening National Child Protection Systems within the context of the Syria's refugee response**

### **Some key considerations to frame the discussion:**

- Strengthening of national CP system is a central aspect of the response
- It is important for the long-term sustainability of the response
- Need to balance investment in strengthening national CP systems/services with the necessity to ensure that the CP needs of individual refugee children are addressed in a timely manner and in line with standards
- Need to harmonize/leverage development related CP system work with the emergency response – link emergency-resilience-development agendas
- Need to prioritize capacity building of CP service providers to address immediate capacity/quality gaps in CP service provision
- Centrality of advocacy to address policy/procedural gaps related to refugees' access to national CP services
- How to address dilemma of investing in national CP systems while advocating to address reduction in protection space for refugees

Key determinants for a functioning national Child Protection system		Rating Green – on track Yellow – work to be done Red – significant challenges	Group work: For each of the 3 elements: 1. Identify current good practices 2. Recommend 2-3 actions to be prioritized moving forward 3. Identify key challenges/risks
An enabling “institutional” environment	Legislation and Policy		
	Budget and expenditures for child protection services		
	Coordination and management – at national and sub-national level		
Adequate services (supply & demand)	Availability		
	Accessibility		
	Affordability		
	Quality – including staff skills and capacities		
	Acceptability - Family and community practices and attitudes towards available services		
Adequate investment in Knowledge and data generation and use	Information management systems		
	Research assessments evaluations		
	Routine Data monitoring		



## Legal and Policy Framework:

### Key recommendations from Lebanon

- Regularize and operationalize alternative care arrangements
- Standardize case management system through the national SOP which to ensure ‘emergency component’ and actors are taken into consideration
- Advocacy to separate ‘birth registration’ from ‘legal status’
- To analyze if and how MoSA budget has been tailored towards child protection needs; to identify budget slots to earmark for CP interventions from national budget



## **Coordination and Management:**

### **Key recommendations from Lebanon**

- To link existing government led thematic groups/coordination mechanisms with CPiE WG and its members;
- Reinforce government role and presence in the CP coordination at field level and institutionalize it;
- Better inter-sectorial (CP with Health, Education) coordination



## **Adequate prevention and response services: Key recommendations from Lebanon**

- Scale up the role of SDCs and the provision of services while reinforcing the link between emergency response (partners) and SDC response capacity
- Improve availability, accessibility of services with greater emphasis on high risk cases and specialized services
- Continuous investment in strengthening the capacity of social workers



# Recommendations: by end of 2015

1. Consistent methodology to **set targets\*** for 4 key indicators in all countries
  - Community awareness raising
  - Structured, sustained CBCP and PSS
  - Specialized services
  - Capacity building

(\*Gaps and Needs based not capacity based)

2. Systematic age disaggregation on SGBV indicators
3. Systematically gender disaggregated data for CP
3. Allow qualitative reporting in addition to quantitative





# Harmonized child protection data set?

1. Core data on child protection: # Children born in CoA; # UASC; Other?
2. # cases/case worker (standard: 25)
3. # case workers per # population (standard?) disaggregated by geographical area, analysed to identify duplication and gaps
4. % of children in target population received specialized service (target: 5%?). Currently have # in most countries but not child SGBV.
5. % of children in population need structured, sustained PSS/CBCP services (target range 15-20%?). Currently have number in most countries.
6. Work towards quality of service indicators? Or extend of access to national child protection systems?



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# 3RP (LCRP)

## Mid-term Progress Report

- Progress report (instead of mid-year review)
- Three parts:
  - Achievements
    - Figures/people reached (AI – June dashboard due early 8 June – reporting deadline 8 June)
    - Institutional/systems accomplishments
    - Funding to date
  - Cost efficiencies
  - Consequences of under-funding



# 3RP (LCRP)

## Mid-term Progress Report

- Need 2-3 bullet points for each of following:
  1. Consequences of underfunding:
    - With your current funding status what activities have not started or has only partially started?
    - If your sector doesn't get any more money, what activities would not happen?
  2. Cost efficiencies managed in your sector (if any)
  3. What major achievements have you reached? (one individual, one institutional).
  4. What major challenges have you faced?



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# CPMS Contextualization

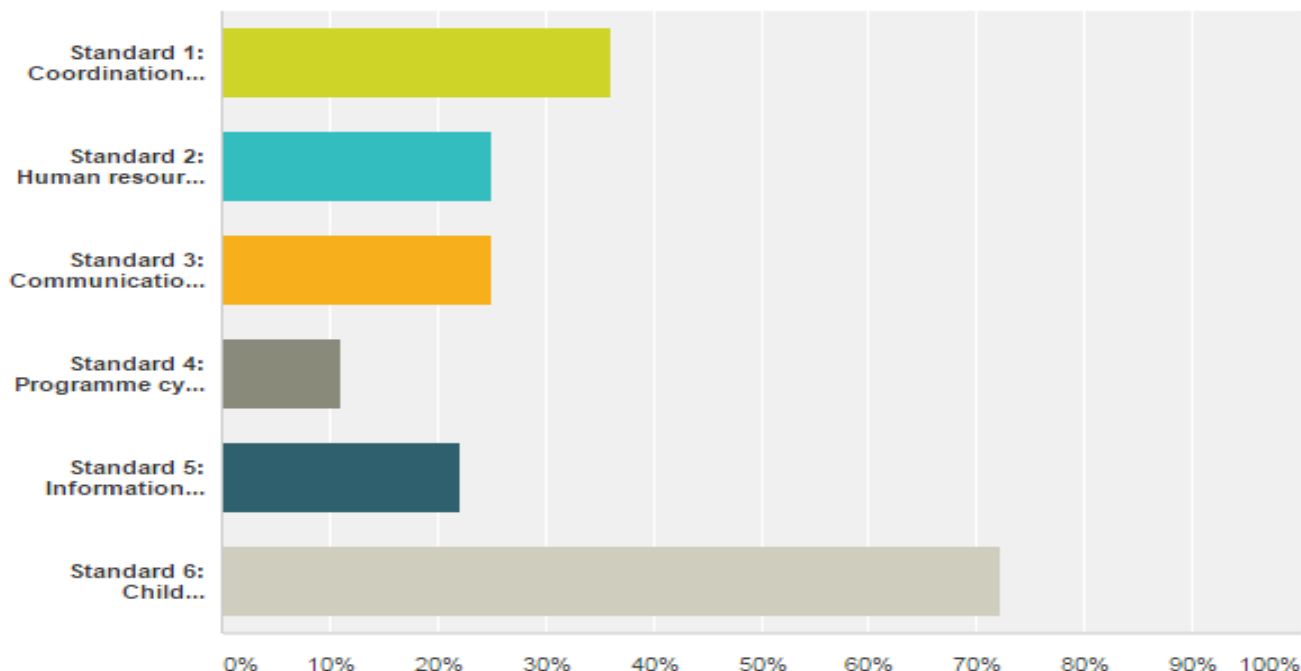
- Task Group: final composition by Friday
- Process to continue through end of year (launch, roll-out)
- Survey Results (n=36)
  - 16 national, 15 field, 5 no answer





## Standards to ensure a quality child protection response / المعايير الرامية إلى ضمان استجابة نوعية لحماية الطفل

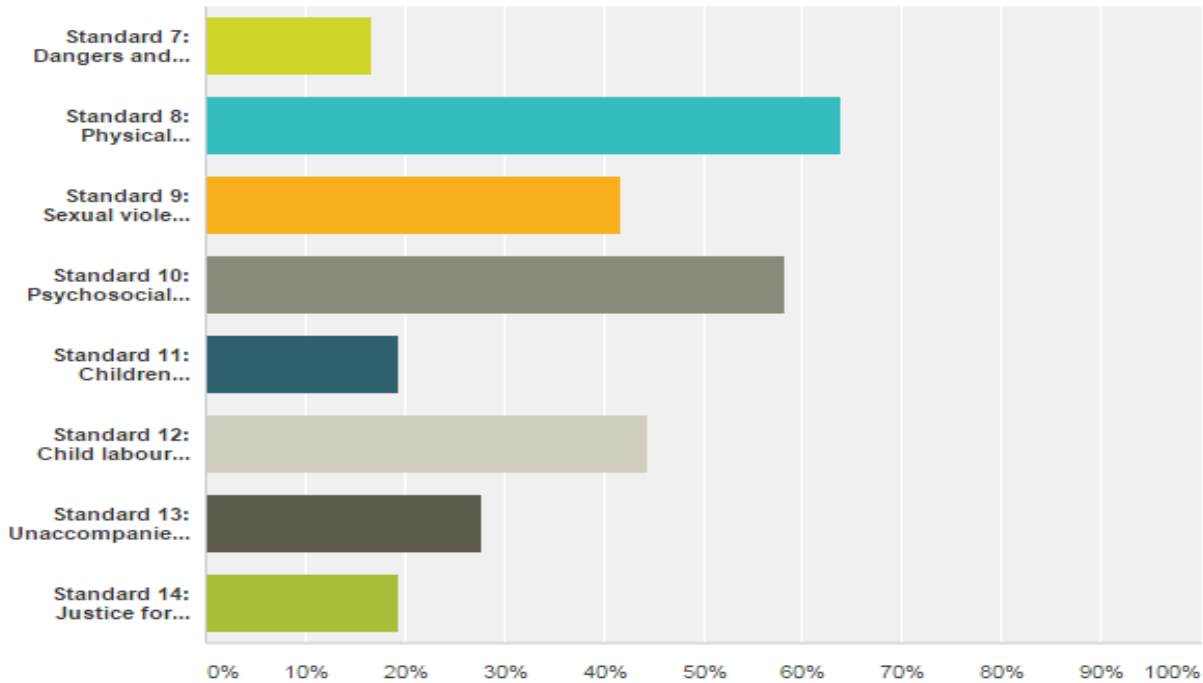
Answered: 36 Skipped: 0



Answer Choices	Responses
Standard 1: Coordination / المعيار 1: التنسيق	36.11% 13
Standard 2: Human resources / المعيار 2: الموارد البشرية	25.00% 9
Standard 3: Communication, advocacy and media / المعيار 3: التواصل، والمناصرة، والإعلام	25.00% 9
Standard 4: Programme cycle management / المعيار 4: إدارة دورة البرنامج	11.11% 4
Standard 5: Information management / المعيار 5: إدارة المعلومات	22.22% 8
Standard 6: Child protection monitoring / المعيار 6: رصد حماية الطفل	72.22% 26
Total Respondents: 36	

## Standards to address child protection needs / المعايير الرامية إلى تلبية احتياجات حماية الطفل

Answered: 36 Skipped: 0

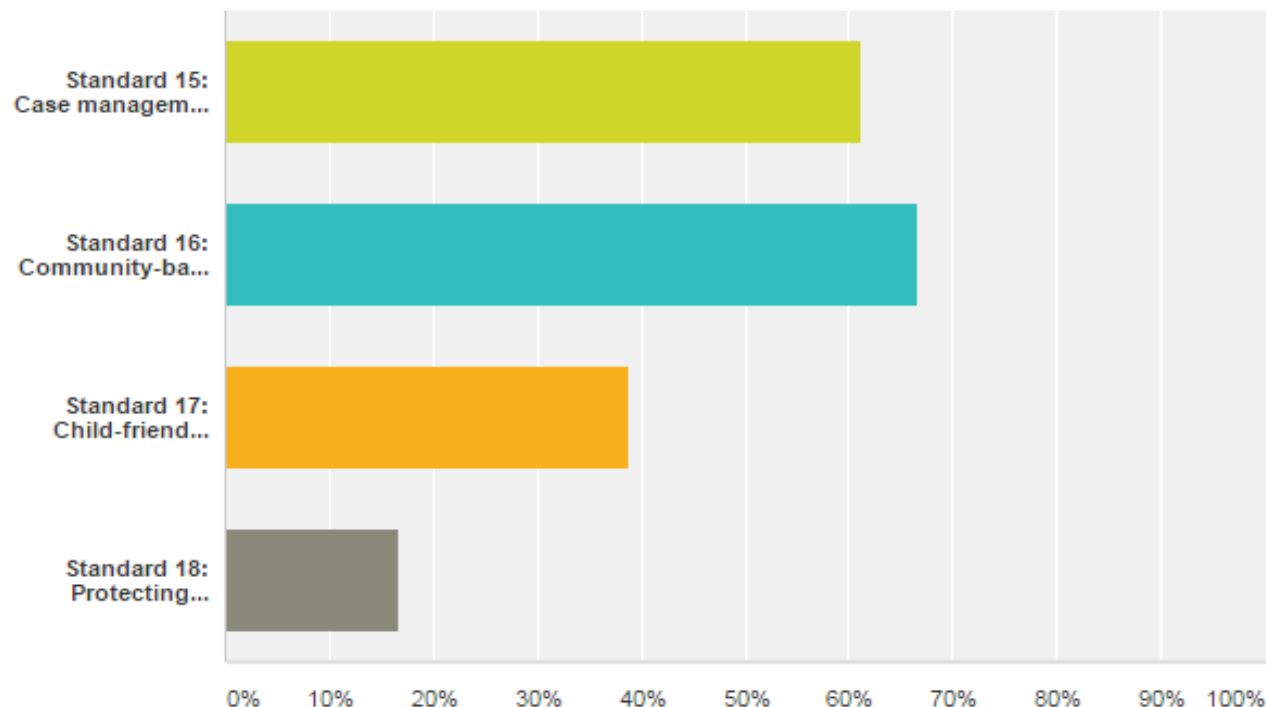


Answer Choices	Responses
Standard 7: Dangers and injuries / المعيار 7: المخاطر والإصابات	16.67% 6
Standard 8: Physical violence and other harmful practices / المعيار 8: العنف الجسدي والممارسات المؤذية الأخرى	63.89% 23
Standard 9: Sexual violence / المعيار 9: العنف الجنسي	41.67% 15
Standard 10: Psychosocial distress and mental disorders / المعيار 10: الضائقة النفسية والاجتماعية والاضطرابات النفسية	58.33% 21
Standard 11: Children associated with armed forces or armed groups / المعيار 11: الأطفال المرتبطون بالقوات أو الجماعات المسلحة	19.44% 7
Standard 12: Child labour / المعيار 12: عمالة الأطفال	44.44% 16
Standard 13: Unaccompanied and separated children / المعيار 13: الأطفال غير المصحوبين والمتفصلون عن ذويهم	27.78% 10
Standard 14: Justice for children / المعيار 14: العدالة للأطفال	19.44% 7
Total Respondents: 36	



## Standards to develop adequate child protection strategies / المعايير الرامية إلى تطوير استراتيجيات ملائمة لحماية الطفل

Answered: 36 Skipped: 0

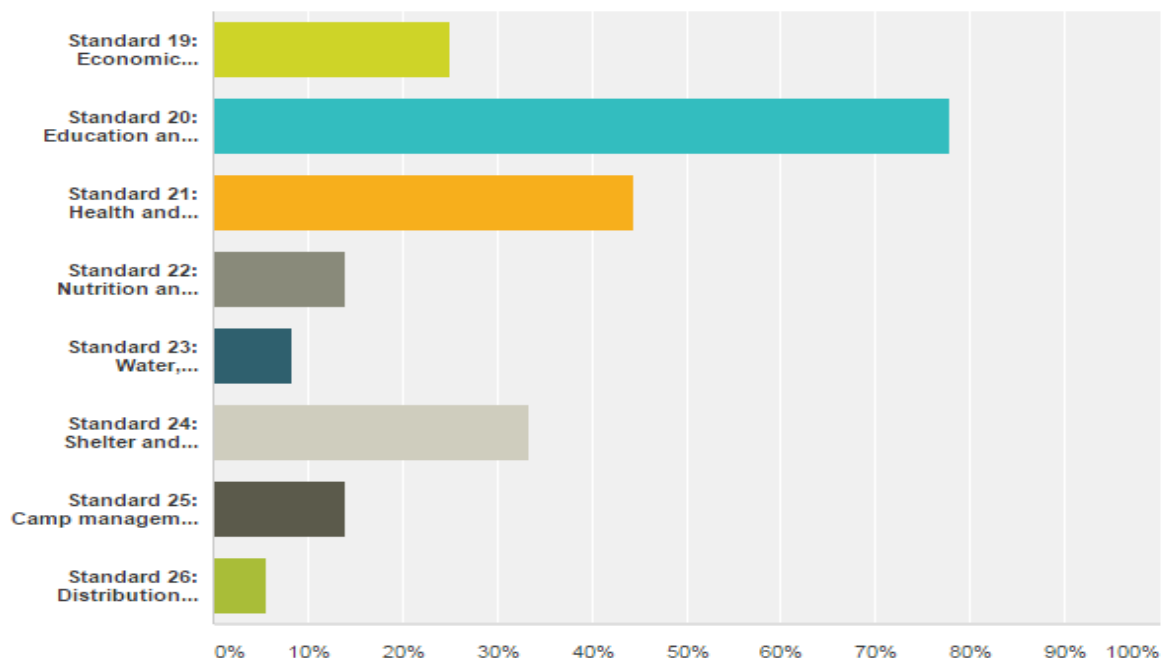


Answer Choices	Responses
Standard 15: Case management / المعيار 15: إدارة الحالات	61.11% 22
Standard 16: Community-based mechanisms / المعيار 16: الآليات المجتمعية	66.67% 24
Standard 17: Child-friendly spaces / المعيار 17: المساحات الصديقة للأطفال	38.89% 14
Standard 18: Protecting excluded children / المعيار 18: حماية الأطفال المستبعدين	16.67% 6
Total Respondents: 36	



## Standards for ensuring that child protection is taken into account in the work of all humanitarian sectors / المعايير الرامية إلى دمج حماية الطفل ضمن القطاعات الإنسانية الأخرى

Answered: 36 Skipped: 0



Answer Choices	Responses
Standard 19: Economic recovery and child protection / المعيار 19: الإعمار الاقتصادي وحماية الطفل	25.00% 9
Standard 20: Education and child protection / المعيار 20: التعليم وحماية الطفل	77.78% 28
Standard 21: Health and child protection / المعيار 21: الصحة وحماية الطفل	44.44% 16
Standard 22: Nutrition and child protection / المعيار 22: التغذية وحماية الطفل	13.89% 5
Standard 23: Water, sanitation and hygiene (WASH) and child protection / المعيار 23: المياه والصرف الصحي والنظافة وحماية الطفل	8.33% 3
Standard 24: Shelter and child protection / المعيار 24: المأوى وحماية الطفل	33.33% 12
Standard 25: Camp management and child protection / المعيار 25: إدارة المخيمات وحماية الطفل	13.89% 5
Standard 26: Distribution and child protection / المعيار 26: التوزيع وحماية الطفل	5.56% 2
Total Respondents: 36	



CP_Stai	CP_Standard2	No_of	% of To
20	Standard 20: Education and child protection	28	78%
6	Standard 6: Child protection monitoring	26	72%
16	Standard 16: Community-based mechanisms	24	67%
8	Standard 8: Physical violence and other harmful practices	23	64%
15	Standard 15: Case management	22	61%
10	Standard 10: Psychosocial distress and mental disorders	21	58%
12	Standard 12: Child labour	16	44%
21	Standard 21: Health and child protection	16	44%
9	Standard 9: Sexual violence	15	42%
17	Standard 17: Child-friendly spaces	14	39%
1	Standard 1: Coordination	13	36%
24	Standard 24: Shelter and child protection	12	33%
13	Standard 13: Unaccompanied and separated children	10	28%
2	Standard 2: Human resources	9	25%
3	Standard 3: Communication, advocacy and media	9	25%
19	Standard 19: Economic recovery and child protection	9	25%
5	Standard 5: Information Management	8	22%
11	Standard 11: Children associated with armed forces or armed groups	7	19%
14	Standard 14: Justice for children	7	19%
7	Standard 7: Dangers and injuries	6	17%
18	Standard 18: Protecting excluded children	6	17%
22	Standard 22: Nutrition and child protection	5	14%
25	Standard 25: Camp management and child protection	5	14%
4	Standard 4: Programme cycle management	4	11%
23	Standard 23: Water, sanitation and hygiene (WASH) and child protection	3	8%
26	Standard 26: Distribution and child protection	2	6%



# Proposed Selected Standards

- Standard 20 – Education
- Standard 6 – Child protection monitoring
- Standard 16 – Community-based mechanisms
- Standard 12 – Child labour & Standard 19 – Economic recovery
- Standard 2 – Human resources



# Proposed Selected Standards

- Standard 3 – Communication, advocacy, media
- Standard 9 – Sexual violence & Standard 8 – Physical violence and other harmful practices
- Standard 14 – Justice for children
- Standard 24 – Shelter
- Standard 18 – Protection excluded children



## Other Standards (to check)

### Case Management TWG

- Standard 15 – Case management
- Standard 13 – UASC

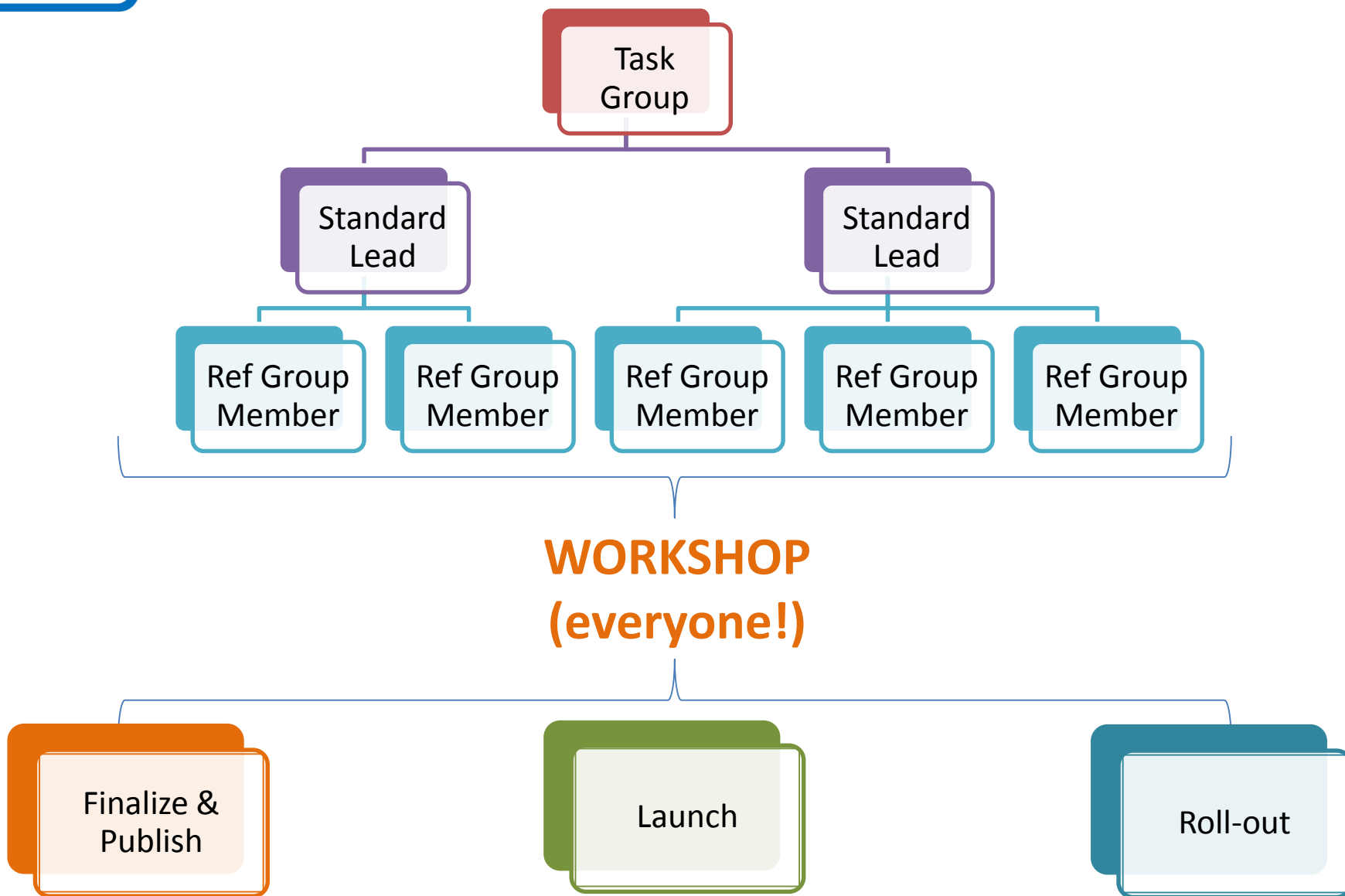
### Psychosocial Committee

- Standard 10 – MHPSS
- Standard 17 – CFS





# CPMS Contextualization





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# File sharing and editing options: Child Protection Sector

	What is it?	How the group could use it?	Pros	Cons
Facebook	<p>Social media site for sharing information/pictures/location</p> <p>Documents can also be shared</p>	Private Page – group admin required, IM/backup	<p>No cost</p> <p>Many people can use and understand it</p> <p>Informal for comments and communication</p>	<p>Most recent documents at the top, cannot categorize</p> <p>Social site so may not want to mix with work</p>
Dropbox	File sharing service	<p>Dropbox account to share working and final documents</p> <p>Would require training, development of honor system</p>	<p>Many people use and understand it</p> <p>Can categorize documents</p>	<p>Nominal cost, \$99 annually to have reasonable storage space</p> <p>Sharing only, can't communicate</p>
Google Docs	File sharing and editing service	To share, edit and comment on documents as a group	<p>Easy to access</p> <p>No cost</p>	All would need a gmail or google account to edit documents
Skype Group	Used to call and message, suitable for bilateral and groups	To share documents and discuss informally	<p>Many people can use and understand</p> <p>More suitable for informal use</p> <p>No cost</p>	Lots of alerts and topics may be relevant for all



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