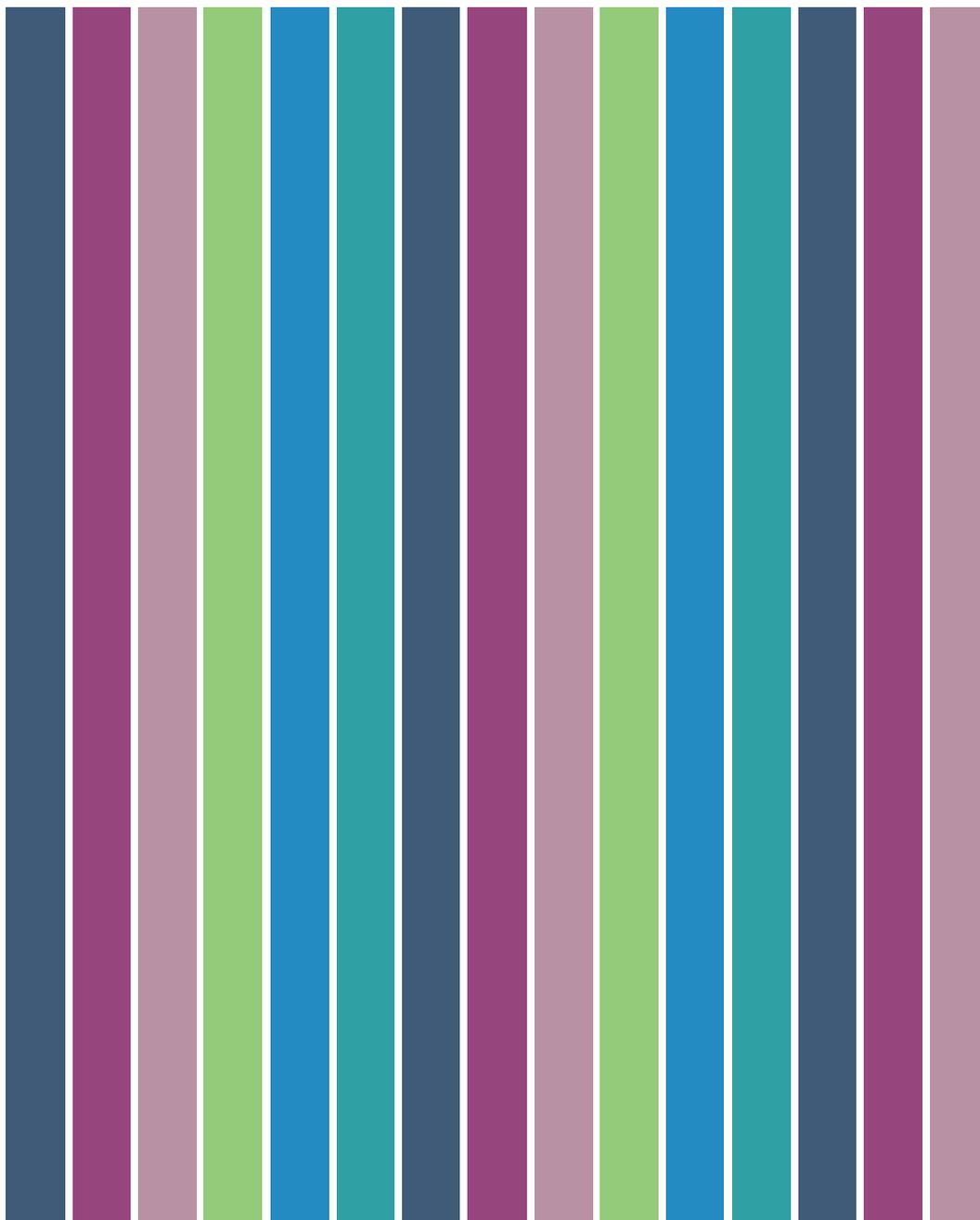


# MINIMUM STANDARDS FOR **CHILD PROTECTION** IN HUMANITARIAN ACTION IN LEBANON



# ACKNOWLEDGEMENTS

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Feedback and suggestions on how to improve these standards is welcomed and can be done by contacting the Child Protection Working Group via [jatwi@unicef.org](mailto:jatwi@unicef.org).

Finally, our deepest gratitude to the children we work with who inspire us to do better each day.



## INTRODUCTION: MINIMUM STANDARDS FOR CHILD PROTECTION IN HUMANITARIAN ACTION

The global Minimum Standards for Child Protection (global CPMS) in Humanitarian Action were launched in 2012. The standards outline the common agreements on what must be achieved in order for child protection (CP) responses in humanitarian settings to be effective. They aim to improve the understanding of child protection in emergency and humanitarian settings and strive for quality preventative and responsive child protection programming. They are intended to:

- Set common principles
- Strengthen coordination
- Improve the quality of programming and its impact
- Improve accountability
- Define child protection work
- Provide good practice examples
- Enable better advocacy and communication on child protection.

### CONTEXTUALIZATION PROCESS OF STANDARDS FOR LEBANON:

With the increase in the child protection needs in Lebanon as a consequence of the Syria crisis, child protection organizations in Lebanon, together with the Ministry of Social Affairs (MOSA) recognized the importance of contextualizing the global CPMS. Contextualizing key standards makes them more relevant to a country's operating context. Country-specific standards can also be used for planning and reporting, advocacy, fund-raising efforts and capacity building.

The CPMS task force was formed specifically to undertake the process of contextualization. The group was positioned under the National Child Protection Working Group (nCPWG), co-led by Ministry of Social Affairs (MOSA) and consisted of members of the Child Protection Working Group; including national and international child protection and UN agencies working in Lebanon.

The process of selecting standards to contextualize was done through workshops held with government stakeholders and relevant agencies, to allow for discussion, debate and sharing of practice and research, including a survey undertaken by the national CPWG to allow all agencies to give their inputs. As a result, the following eight standards were selected for contextualization in Lebanon.



## CHILD PROTECTION MINIMUM STANDARDS SELECTED FOR CONTEXTUALIZATION IN LEBANON

### STANDARDS TO ENSURE A QUALITY CHILD PROTECTION RESPONSE

- **Standard 2** – Human resources

### STANDARDS TO ADDRESS CHILD PROTECTION NEEDS

- **Standard 8** – Physical violence and other harmful practices
- **Standard 10** – Psychosocial distress and mental disorders
- **Standard 12** – Child labour
- **Standard 13** – Unaccompanied and separated children
- **Standard 14** – Justice for children

### STANDARDS TO DEVELOP ADEQUATE CHILD PROTECTION STRATEGIES

- **Standard 16** – Community-based mechanisms

### STANDARDS TO MAINSTREAM CHILD PROTECTION IN OTHER HUMANITARIAN SECTORS

- **Standard 20** – Education and child protection

These standards were identified as the most in need of adaptation to the context of Lebanon either due to being considered a priority issue or an area identified in need of strengthening. Other standards identified as important for contextualization included Standard 6 Child protection monitoring, Standard 18 Protecting excluded children, Standard 19 Economic recovery and child protection; However for practical reasons the number of contextualized standards has been limited to eight thus far. The eight standards were contextualized by members of the CPMS Task Force, under an appointed Standard lead agency and in consultation with various technical experts, relevant ministries and other actors. The core of each standard remains the same, however key actions have been prioritized and indicators and targets have been adapted to reflect the Lebanon working environment in order to attain each standard.

It must be stressed that the other 15 standards not chosen for contextualization, still remain extremely relevant and important to child protection programmes and responses in Lebanon. However, the need for their specific adaptation to Lebanon was not identified as critical.



## **USE OF THE CONTEXTUALIZED STANDARDS**

It is important to note, that these standards are not endorsed by the Government of Lebanon or the Ministry of Social Affairs. They are a tool developed by and for CPWG members, all those who work in child protection and related areas of humanitarian action in Lebanon to guide and support their work. This includes but is not limited to those working directly with children, families and communities; planners, advocates, policy makers, coordinators, donors, those working in the justice system, government and security personnel. The standards need to be widely disseminated and promoted in order to cement their use in Lebanon.

## **LEGAL FRAMEWORKS, POLICIES AND STRATEGIES FOR CHILD PROTECTION IN LEBANON**

The standards exist in the context of several key national laws, strategies and policies that govern and guide child protection work in Lebanon. It is important that child protection actors familiarize themselves with these, including in key overarching ones that are relevant to all eight standards such as:

### **LAW 422/2002 FOR THE PROTECTION OF JUVENILES IN CONFLICT WITH THE LAW AND/OR AT RISK IN LEBANON**

Law 422/2002 seeks to respect and protect the rights of the child, acknowledges that children need special assistance and makes their best interests a central concern.

**THE STANDARD OPERATING PROCEDURES FOR THE PROTECTION OF JUVENILES IN LEBANON.** These are a methodology and set of procedures in line with Law 422/2002 for the Protection of Juveniles in Conflict with the Law and/or at Risk in Lebanon for all professionals working on the protection of children in Lebanon to follow and unifies the processes and tools used to manage child protection cases.

At the time these standards were written, Ministry of Social Affairs National Plan to Safeguard Children and Women in Lebanon (2014 -17) was in place in response to the crisis. The plan worked to improve the quality of life and mitigate the protection risks of vulnerable women and children in Lebanon. The plan has informed the development of the forthcoming National Strategic Plan of the Ministry of Social Affairs on Child Protection and Gender Based Violence, which defines the main strategies of the Ministry in the prevention and response to child protection violations and gender-based violence.

## **NATIONAL LAWS, STRATEGIES AND POLICIES**

The table below provides other examples of Lebanese laws and policies that are relevant to the selected Standards, including but not limited to the following:



Standard	National Policy / Strategy	National Laws
Standard 2 Human resources	The Unified Child Protection Policy of Institutions and NGOs working with Children in Lebanon Established in 2016 to ensure a unified approach from MOSA and civil society organizations to protect child rights.	Labour Law 23 September 1946, amended 2010
Standard 8 Physical violence and other harmful practices	The Lebanon Child Protection Strategy for prevention and protection of children from all forms of violence, abuse and neglect This overarching strategy sets goals related to the protection of all children in Lebanon, regardless of the community to which they belong or their nationality.	Law 293/2014 Protection of Women and other Family Members from Family Violence. These form a part of the legal framework for the judicial protection of children in Lebanon.
Standard 10 Psychosocial distress and mental disorders	National Mental Health and Substance Use Strategy 2015-2020 and Inter-Ministerial Substance Use Response Strategy for Lebanon 2016–2020. These comprehensive medium-term strategies cover a full range of related issues, including a move towards community-based mental health services.	Decree Law 72/1983. Focuses on care, treatment and protection of mental health.
Standard 12 Child Labour	The National Action Plan to Eliminate the Worst Forms of Child Labour. This aims to put Lebanon’s international commitments to fight and eradicate the worst form of child labour into practice on a national scale.	Labour Law 23 September 1946, amended 2010; Decree N° 700 (1999); Anti-Trafficking Law 164/2011 and Decree N° 8987 (2012). These form some, but not all, of the remaining framework for protecting children in the Lebanon from exploitative labour practices.
Standard 13 Unaccompanied and separated children (UASC)	The National Social Development Strategy of Lebanon. A national strategy formed in the early days of the Syrian refugee crisis, it continues to inform legal and policy approaches for the ongoing emergency situation of UASC in Lebanon.	Personal Status Law 1951, Law 164/2011, Decree N° 8987 (2012) and Law 422/2002 for the Protection of Juveniles in Conflict with the Law and/or at Risk in Lebanon. UASC in the Lebanon are impacted by these laws.
Standard 14 Justice for Children	Although the Lebanese Code of Civil Procedures sets precedence for international treaties and conventions over national laws and the fact that human rights are encapsulated in the constitution, there is a significant policy gap associated with rights for children in Lebanon. A number of initiatives seek reform in this area. The joint UNICEF/MOJ (Juvenile Division) Yearly Plan is related to the modernization of law covering children in the justice system.	Law 422/2002 for the Protection of Juveniles in Conflict with the Law and/or at Risk in Lebanon and Lebanese Penal Code art. 186. In addition to legal protection against corporal punishment and physical abuse, all of the laws listed here are relevant.



<p><b>Standard 16</b> Community-based mechanisms</p>	<p>MOSA National Plan for Emergency Preparedness sets in place framework for considering the function of community-based mechanisms to bolster child protection efforts in Lebanon in tandem with formal institutional responses.</p> <p>National Volunteering Plan outlines conditions for volunteering.</p>	<p>Law 220/2000. Legal rights of disabled children are relevant to the functioning of community-based mechanisms.</p>
<p><b>Standard 20</b> Education</p>	<p>Ministry of Education and Higher Education Child Protection Policy; and the Reaching All Children with Education (RACE I) Strategy (2014–2016) and Race II (2017–2020),</p>	<p>Act N°686 of 1998 and 2011 amendment, Free and Compulsory Elementary education, Law 220/2000. Educational access for all children is framed by these instruments.</p>

Further information on relevant policies and laws may also be found under individual standards.

In addition, there are several key international child protection conventions ratified by Lebanon such as the UN’s Convention on the Rights of the Child (CRC) and Convention of the Elimination of all Forms of Discrimination against Women, and ILO’s Convention of the Worst Forms of Child Labor. The contextualized standards must also be used in conjunction with the (global) Minimum Standards for Child Protection in Humanitarian Action (global CPMS; see references to global standards throughout), along with The Sphere Project’s Humanitarian Charter and Minimum Standards in Humanitarian Response.

Please note that the above list of the laws, policies and tools mentioned is by no means exhaustive, but rather provides examples of relevant instruments that should be consulted when undertaking child protection work. The standards provide a starting point from which child protection workers can seek the relevant information needed to guide their work. There are also references throughout this publication to other useful resources for child protection actors such as toolkits, guidelines and reports.

## THE LEBANON CONTEXT IN BRIEF

The standards have been adapted for Lebanon in the context of a protracted conflict in Syria which began in 2011 and has resulted in a massive displacement of the Syrian population. The Government of Lebanon estimates a total of 1.5 million Syrians being hosted in Lebanon (including both those registered and unregistered with UNHCR). Women and children are estimated to account for up to 80% of displaced Syrians in Lebanon, with children making up over 50% of this figure. Many Syrians are without valid/legal residency status, restricting their access to basic services and livelihood



opportunities. In addition, there are approximately 1.5 million vulnerable Lebanese who also live in poverty and extreme hardship<sup>1</sup>.

The impact and the protracted nature of this crisis has seen a deterioration in the overall protection of many women and children in Lebanon. Reduced household income and limited access to basic services has increased the levels of stress and psychosocial harm among families and children affected by the crisis. These factors have negatively impacted the ability of parents and caregivers to provide adequate care, protection and support for their children and have resulted in the prevalence of negative coping mechanisms. This has increased the risk of violence, abuse, exploitation and neglect of children in the most marginalized families affected by the crisis, including an increase of reported cases of the (worst forms of) child labor and child marriage<sup>2</sup>.

In addition, there are high incidences of physical violence at home, in schools and in the broader community<sup>3</sup> and the use of violent discipline against children in their homes is widespread among Lebanese, Syrian and Palestinian families<sup>4</sup>. The deteriorating socio-economic situation has also contributed to tensions between displaced and host communities in some areas of Lebanon, resulting in children being exposed to further violence and discriminatory attitudes in the wider communities. Gender discrimination and inequality also persist alongside the prevalence of family violence. There are also high numbers of children in institutional care facilities in Lebanon combined with an insufficient application of justice standards to children in conflict with the law.

The crisis has resulted in an unprecedented demand for child protection responses and services in Lebanon. With a constrained child protection system, both in terms of resources and capacity, Lebanon faces significant challenges to meet its obligation to protect all children within its borders, especially those who are most vulnerable. The child protection sector and other sectors, such as health, education, social welfare and justice all have a crucial role to play in addressing this issue. The crisis has also presented an opportunity to review the existing child protection system in Lebanon, identify gaps and weaknesses and catalyse actions to address these. Programmes started or expanded during a crisis can provide an opportunity to strengthen child protection systems in the longer term. They can also raise awareness and pave the way for challenging harmful social norms and practices (such as child labour and child marriage) that existed in communities prior to the crisis and are exacerbated as a result of it.

Building and strengthening the child protection system for the benefit of all children in Lebanon is an investment in the future of the country. The following contextualized minimum standards for Lebanon strive to help achieve this goal.

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<sup>1</sup> Lebanon Crisis Response Plan 2017-2020 (LCRP), p.1, p.116.

<sup>2</sup> Ibid. p.1, p.116

<sup>3</sup> Reports include UNICEF Baseline Survey 2016 *Strengthening the Child Protection System in Lebanon: Challenges and Opportunities*, UNICEF, pp.31–2

<sup>4</sup> LCRP Ibid p.121



## REFERENCES

- Child Protection Working Group (CPWG; 2012). *Minimum Standards for Child Protection in Humanitarian Action*
- Government of Lebanon and the United Nations (2017). *Lebanon Crisis Response Plan 2017–2020 (LCRP)*
- The Sphere Project (2011). *The Humanitarian Charter and Minimum Standards in Humanitarian Response*
- UNICEF (2016). *UNICEF Baseline Survey 2016, Strengthening the Child Protection System in Lebanon: Challenges and Opportunities*
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## STANDARD 2

### HUMAN RESOURCES

Humanitarian agencies have been taking progressive steps to ensure child protection workers develop the skills and expertise needed to work on child protection in emergencies, and to ensure that all staff safeguard children through appropriate policies, procedures and accountability mechanisms. This standard does not aim to replace standards developed elsewhere, but rather provides a focus for human resources when mobilizing child protection and other staff and implementing safeguarding requirements in Lebanon.

#### STANDARD

Child protection services are delivered by staff with proven competence in their areas of work, and recruitment processes and human resource policies include measures to protect girls and boys from exploitation and abuse by humanitarian workers.

### KEY ACTIONS

#### PREPAREDNESS

- Develop, implement and monitor a child safeguarding policy or child protection policy, such as the Unified Child Protection Policy for Lebanon, which applies to all staff and partners and these policies should include references to the Secretary-General's Bulletin on the Special Measures for Protection from Sexual Exploitation and Sexual Abuse, the Keeping Children Safe Standards and the Inter-Agency Standing Committee (IASC) Six Core Principles Relating to Sexual Exploitation and Abuse;
- ensure that all staff have received and signed training on the code of conduct, particularly the rules governing behaviours related to the protection of children against sexual exploitation and abuse, as well as all types of violence against children, including the consequences if the code is violated; In addition to the staff code of conduct, an additional child protection policy can also be used which staff must sign and abide by;
- develop a user-friendly guidance note for staff, outlining protective behaviours and measures staff must use on a daily basis with their interactions with children and ensure this guidance note is widely circulated and implemented;
- at global level and national level in Lebanon set up a pool of standby personnel, finding ways to overcome barriers such as nationality of staff and mechanisms for rapid deployment, preferably including flexibility to appoint or deploy workers from as near to the emergency as possible;
- at the national level, as per Lebanese law, new NGOs in Lebanon must be authorized by the Ministry of Interior (MOIM) and linkage mechanisms made



between organizations, MOIM and MOSA, to enable better coordination of activities and services provided;

- appoint and train a child protection focal point on the principles of Psychological First Aid (PFA), Safe Identification and Ethical Referral in order to respond to complaints; and
- implement a confidential monitoring and complaints mechanism within the organization to respond to child protection concerns and violations with clear internal standard operating procedures (SOPs), and ensure that the organization promotes a culture of openness regarding the issue of child protection.

## RESPONSE

- Take stock of existing human resources in the context – such as social workers or trainee social workers, teachers, staff of local organizations and community volunteers (such as those in faith communities), and identify the best way to support, use and develop these human resources in the response;
- ensure that child protection vacancies for humanitarian responses are planned and budgeted for as a matter of priority;
- identify the actual expertise needed by developing job profiles that specify responsibilities in line with the CPWG competency framework;
- recruit new staff as necessary by using relevant technical expertise on the selection panels;
- include in the hiring process the checking of police record and professional references from previous employer;
- provide for equal opportunities and treatment for women and men and for people with disabilities and different ethnic, religious, nationality groups (as relevant) when hiring, and ensure a non-discriminatory environment within the workplace;
- ensure that line managers inform staff of their roles and responsibilities after employment and ensure a child protection focal point as an eye and ear in projects or regions;
- ensure that line managers perform probationary reviews 30 days after deployment, and regular appraisal meetings at suitable intervals thereafter;
- ensure that international and national senior-level personnel remain in Lebanon throughout the transition period, when child protection systems building results are consolidated;
- analyse salaries for child protection workers and limit the pull factor of government staff to join international I/NGOs and agree on a range of salaries, ensuring monitoring is regularly taking place;
- develop a capacity-building strategy that addresses the identified capacity building needs of volunteers, staff and partners at the beginning of their employment, complying with the “do no harm” approach;
- promote staff wellbeing by creating a healthy working environment including providing rest and recuperation periods, and develop and implement staff self-care strategies, policies and procedures (consistent with Lebanon Standard 10);



- organize trainings for staff on organizational policies and processes, including signature of the code of conduct, child protection policy and awareness of appropriate mechanisms for reporting breaches;
- develop staff-retention strategies to minimize staff turnover and contingency plans to address the consequences and challenges of staff turnover challenges during emergencies; and
- carry out exit interviews at the end of staff contracts to inform organizational learning and make references available to staff as appropriate.

## MEASUREMENT

OUTCOME INDICATOR	OUTCOME TARGET	NOTES
1. Percentage of CP terms of reference (TORs) that were developed considering the CPWG child protection competencies framework	100%	(2) Information could be collected either through specific questions about their organization's code of conduct or through general questions such as: "Did you sign a code of conduct?" and "If so, can you describe it?"  (4) The time limit could be adjusted if appropriate
ACTION INDICATOR	ACTION TARGET	
2. Percentage of surveyed staff currently active within the humanitarian response who have signed and understood their organization's code of conduct	90%	
3. The female-to-male ratio for CP workers with different levels of responsibility	1 to 1	
4. Percentage of surveyed CP staff who took part in developing their performance monitoring framework within one month of the starting date	70%	
5. Percentage of the humanitarian organizations who have a trained CP focal point	80%	
6. Percentage of staff trained on the minimum CP package (package differs for CP workers and non-CP workers), PFA and Prevention of Sexual Exploitation and Abuse (PSEA)	90%	



## GUIDANCE NOTES

### **1. Organizational commitment:**

Agencies and organizations should ensure that staffing is well planned and that roles and responsibilities are well defined, staff are supported through adequate line management, salary scales are well planned and there is a focus on building staff capacity. Risk assessments, which should include the level of contact with, or effect on, children, must be carried out, with appointment depending on the appropriate pre-employment references and security checks. Ensure mobile staffing according to the regions or deployable staff throughout specific geographical areas in the country.

### **2. Competencies:**

Staff who have special responsibility for child protection need particular skills and attributes. Depending on the situation, specific competencies might be needed, such as resilience to stress and multitasking. Recruitment needs to assess behaviour and attitude, as well as skills and experience, using appropriate competency frameworks and useful recruitment processes.

### **3. Staff capacity:**

Having an adequate number of qualified child protection staff is an essential part of any child protection system, and capacity building might be needed before, during or after any emergency. The knowledge and local understanding of cultural norms and practices that has been gained before or during an emergency is an important asset, not least for strengthening child protection systems in emergencies.

### **4. Gender:**

Recruitment interviews should include a question to test candidates' commitment to gender equity, and staff trainings should aim to provide basic skills to promote gender equity in daily work. Attention should be paid to having an equal mix of men and women at all levels of responsibility. Girls and boys often feel more comfortable interacting with an adult of their own gender and may be more able to access services where workers of their own gender are present. Having a balanced team also helps reduce the risks of sexual violence and abuse. The following are some strategies to achieve a balanced team of women and men:

- Check that experience and education requirements are not too narrowly defined
- Do not assume that some jobs are too difficult or dangerous for women
- Include the following text in the job announcement: "qualified women and men are encouraged to apply"
- Include both women and men on interview panels
- Consider alternative arrangements for women where appropriate (for example safe sleeping quarters and separate toilets)
- Keep all staffing information separated by gender so it is easy to monitor.



## **5. Disability:**

During recruitment, candidates' understanding and perception of disability need to be considered. All candidates should be evaluated against the same criteria. Also, if the candidate has a disability, reasonable accommodation, depending on the nature of the disability and requirements of the candidate, should be made in the interview process. When hiring, a standard clause that says "any person is encouraged to apply" should be included in all job advertisements. When working with child protection in emergencies it is recommended to include people with disabilities on the teams that will carry out assessments and plan programmes. Experience has shown that when the focal points are people with disabilities, it is more likely that the affected population, if they have become disabled, will be able to relate to staff.

## **6. Non-discrimination and inclusion:**

In addition to ensuring gender balance and including people with disability, managers and workers need to ensure the working environment is non-discriminatory and inclusive to everyone. Staff sensitivity towards different groups needs to be addressed as early as the recruitment process, and promoted throughout all humanitarian work. In addition to preventing discrimination, the specific needs of groups and individuals need to be taken into account.

## **7. Capacity building:**

In the field of child protection, appropriate learning and development needs to be made available to all staff. An assessment of staff, volunteers' and interns' capacities and needs should be undertaken to help to develop a capacity-building strategy that includes online training, face-to-face training and regular refresher workshops. Under Lebanese labour laws, staff probation period is three months. During this time, it is essential that staff are adequately supported and equipped with the necessary resources to perform their roles. Supervision and peer-support opportunities should be offered to staff so that they are able to discuss challenges and ways of addressing them. Prioritizing inter-agency trainings allows staff to learn from each other's experiences, receiving updates on the latest practice and developing a shared language. Prepare a child protection prerequisite training package for staff or ensure child protection is integrated into existing prerequisite trainings.

## **8. Feedback mechanisms:**

Appraisal and development should be informed by the views of the beneficiaries on how humanitarian workers behave and act. As the primary users of the services of humanitarian organizations, beneficiaries can provide important information, and should have the opportunity to influence how services are planned and delivered by staff and volunteers. Organizations need to put in place simple and accessible mechanisms for beneficiaries to be able to provide anonymous feedback and be part of monitoring and evaluation processes.



## **9. Child protection policy:**

Every organization should have a child protection policy, safeguarding policy or code of conduct. This policy should make clear, strong and positive statements of commitments to safeguard children and should stand as a public declaration of the organization's intention to keep children safe. Ensure children with disabilities are included in child protection policies. It should be accompanied by a thorough implementation plan that also includes reference to consultants, volunteers and partners and any trainings needed to support the implementation. To create a child protection policy and procedures, it is important to involve the right people – and the right number of people (i.e. not only one) – when planning and developing it. Government involvement is a necessity, as child protection policies are part of the contracts of national NGOs with MOSA, especially those working directly with children, including shelter care and child protection services. For approval, all staff need to be involved – including those responsible for partnership agreements, finance, resources, staff and management – to ensure the policy is workable and effective.

## **10. Staff wellbeing:**

Child protection workers tend to work many hours in situations of extreme stress, under pressure and in difficult security situations. At the very least, supervisors should promote wellbeing in emergencies, help create healthy working environments, provide rest and recuperation, address possible work-related stressors and ensure access to support is available if necessary.



## REFERENCES

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## STANDARD 8

# PHYSICAL VIOLENCE AND OTHER HARMFUL PRACTICES

Patterns of violence tend to increase in cases of humanitarian emergencies. Families or other sources of protection are often put under immense strain and the weakened protective environment around children may result in family or community members abusing children and placing children more at risk of the dangers of family violence, physical and sexual abuse. Families may also resort to harmful practices and negatives coping mechanisms, such as corporal punishment and child marriage. The prevalence of such harmful practices in Lebanon is significant. Reports have shown for example, that up to “81.9% of children aged 2–14 years have been subjected to at least one form of psychological or physical punishment by their mothers/caretakers or other household members and 13% of children were subjected to severe physical punishment. [...] Additionally, in schools 40% of school students [had] experienced physical violence at the hands of their teacher”<sup>5</sup>.

The prevalence of harmful practices, including family violence, gender discrimination and the use of violent disciplinary practices, is not confined to one particular group or community but rather affects all communities in Lebanon including Lebanese, Syrian, Palestinian and others. While violence in homes, communities and schools previously existed before the Syrian crisis, the situation has deteriorated for many children in Lebanon as a result of the crisis and addressing violence in these different contexts has become a priority.

## STANDARD

Girls and boys are protected from physical violence and other harmful practices, and survivors have access to age-specific and culturally appropriate responses.

## KEY ACTIONS

### PREPAREDNESS

- In consultation with children and adults, assess how different forms of violence, including family violence and corporal punishment, are viewed by families, communities, social and religious actors, government counterparts, and how they normally dealt with;
- map out harmful practices that may increase during humanitarian emergencies, including negative coping mechanisms by adopting a participatory approach;

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<sup>5</sup> *Strengthening the Child Protection System in Lebanon: Challenges and Opportunities*, UNICEF, 2012, pp.31–2



- draw a zonal map of effective, child-friendly providers of response services, identify gaps and develop strategies to address them;
- create or strengthen existing multidisciplinary teams of social workers, law enforcement staff and health-service providers (medical, psychological, educational etc.) and train them on prevention strategies, as well as gender- and age- appropriate responses when dealing with violence and harmful practices;
- building on existing national mechanisms and policies to strengthen the implementation of an efficient child protection reporting and referral system between service providers which is child- and user-friendly (which includes a children friendly helpline);
- disseminate information about the referral mechanisms in a user-friendly way to all those working with children;
- train teachers, parents and key members of the local community to prevent common forms of violence using locally developed strategies – such as positive parenting programmes, community mediation or interventions from faith leaders – ensuring focus on how to identify and respond to specific cases, and how to safely refer to specialized service providers;
- ensure the development and enforcement of a child protection policy, taking into consideration the unified child protection policy for institutions in contract with public departments, including training the institutions’ personnel on implementation mechanisms in an effective manner for the child’s best interest in cases of abuse or violence;
- develop awareness programmes and organize sensitization campaigns to cause an effect in the beliefs and wrong stands surrounding physical punishment and all forms of violence; and
- revise the legal texts, especially those concerning physical violence and strengthen the rule of law and educate children on their legal rights and concepts of citizenship (see Lebanon Standard 14).

## RESPONSE

- Establish systems, tools and unified policies to monitor the situation of children who may be at risk of violence – including neglect – which may include, children in residential care, juveniles with disabilities, separated children, children on the streets, or children formerly associated with armed forces or armed groups or deprived of their freedom (detained or convicted) and victims of forced military recruitment and trafficking etc.;
- provide age- and gender-sensitive multispectral and multi-sectorial care for children who have been subjected to physical violence and harmful practices, and for their families (including psychosocial support, medical support, reintegration, educational and vocational training opportunities, cash transfers, legal assistance etc.), and including specialized rehabilitation programmes for perpetrators of abuse and violence;
- identify children who may be affected by physical violence and harmful practices and refer them to specialized services, according to the child’s best interest;



- support the setting up of child-friendly spaces and safe community spaces with specific efforts to ensure these spaces are safe and prevent violence against children;
- ensure that people directly working with children have signed codes of conduct prohibiting violence against children, and are trained on positive parenting and behaviour management skills (see Lebanon Standard 2);
- use examples of the consequences of harmful practices to raise awareness, facilitate discussions, encourage behaviour and attitudinal change and to find ways to stimulate collective commitments to limit these practices;
- raise awareness on the symptoms of psychosocial distress in both children and adults and of strategies to deal with these in a non-violent and effective way (see Lebanon Standard 10); and
- involve children and community members with influence in creating and delivering awareness-raising messages about physical violence and harmful practices, including information about risks, consequences and support services available (see global Standard 3).

## MEASUREMENT

OUTCOME INDICATOR	OUTCOME TARGET	NOTES
1. Strategies to prevent and respond to physical violence and harmful practices are incorporated into emergency response programming	YES	(1) “Strategies” and “incorporated” needs to be defined in context
2. Percentage of communities where child-friendly spaces exist for survivors of physical violence and harmful practices	80%	
ACTION INDICATOR	ACTION TARGET	
3. Number of campaigns with key messages on physical violence and harmful practices	Minimum one	
4. Percentage of project proposals on child protection that include information on local attitudes to physical violence and harmful practices in the affected communities	100%	
5. Percentage of children who have received support from multidisciplinary teams	80%	
6. Percentage of parents/caregivers given information on psychosocial stress and how to deal with it in a non-violent way	70%	



## GUIDANCE NOTES

### 1. Social norms:

These are social rules of behaviour in a given context. Harmful practices in many contexts are social norms. Many forms of violence may be upheld by social norms, such as the “right” of parents to hit their children. Some of these are part of cultural heritage. However, humanitarian emergency situations may provide opportunities to rethink social norms that result in violence, especially if the crisis is one where violence has been suffered and there is strong desire to promote peaceful settlement of conflicts and disputes. A simple way to assess if a practice is a social norm is to ask: do individuals take part in the same practices as others who matter to them? If yes, do individuals believe that others who matter to them think they should take part in harmful practices or physical violence? If yes, then the behaviour is conditioned by mutual expectations and so it is a social norm.

### 2. Assessments:

Assessments should explore motivations behind physical violence and harmful practices. They should also examine changes to the roles and tasks taken on by children following the crisis: children’s access to services; and how these might increase exposure to violence. Assessments must include children of different genders, ages and disabilities, as well of mapping of services and referral systems (see also global Standard 4).

### 3. Collecting information:

Collecting and reporting information on physical violence and harmful practices should be in line with Lebanese law, and, when possible, the Child Protection Management System (CPMS). When setting up the child protection monitoring system or undertaking an initial assessment, consider gathering ongoing information on the following:

- The violence-related risks for children
- Risks specific to children with disabilities
- Risks specific to boys and risks specific to girls
- Risks specific to adolescent children
- Where children are at most risk, who might be considered the individuals who put them at risk
- The capabilities of children and parents/caregivers to deal with those risks
- The preventive and responsive mechanisms available
- Additional barriers and challenges for refugee and stateless children
- What health, psychosocial, security and law enforcement, and other legal aid support services and programmes exists for victims, and where else children might turn for help.

### 4. Awareness:

Parents and caregivers are central to protecting children against physical violence and harmful practices and promoting their psychosocial wellbeing. The awareness



and understanding about violence in communities, families and children is an important starting point for engaging them in prevention and response activities. Awareness raising on symptoms of psychosocial stress in both children and adults, and strategies to deal with those in non-violent ways, are particularly important (see global Standard 3 and Lebanon Standard 10).

## **5. Community activities:**

Strengthen existing community prevention mechanisms and make efforts not to undermine them. Common activities include supporting community-based child protection committees or watch communities. Also encourage discussions and dialogues that lead to clear shared commitments to protect both children from violence. These commitments should be made collectively and publicly, and be known so that possible perpetrators can see there will be greater resistance to, and consequences of, their actions. Involving children as leaders in design and implementation builds their self-esteem and gives them sense of control in these situations of insecurity (see Lebanon Standard 16).

## **6. Interviews:**

A child who is communicated with or examined may suffer from further harm. This may also put the child at further risk if confidentiality is broken. Response to cases of violence against children involves agreements between service providers that outline a set of guiding principles and information-sharing agreements which promote confidentiality, informed consent and respect for wishes, rights and human dignity of the survivor (see global Standard 5 and Lebanon Standard 14).

## **7. Gender:**

Gender may affect children's risk of physical violence and harmful practices. Boys may be more at risk of communal violence if they become involved in risky behaviours. In situations characterized by the widespread availability of small guns, adolescent boys in particular are especially vulnerable to becoming the main victims and perpetrators of armed violence. Girls may be at higher risk of certain violent practices, including sexual violence and exploitation, early or forced marriage, or other "honour" crimes – or survival sex, forced sex work or sexual slavery.

## **8. Programming opportunities:**

Programmes started during emergencies are an opportunity to strengthen child protection systems in the longer run, as well as raise awareness and set the stage for defining new social rules on sensitive subjects such as violence against children. They should always be built on existing child protection systems, and should take into account current cultural and social norms and attitudes and gender characteristics, sectarian diversity and special needs.



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- Convention on the Rights of the Child (1989; CRC)
- Convention on the Elimination of All Forms of Violence Against Women (1979)
- International Covenant on the Civil and Political Rights (1966; ICCPR)



## STANDARD 10

### PSYCHOSOCIAL DISTRESS AND MENTAL DISORDERS

While health-sector agencies tend to speak of mental health<sup>6</sup>, aid agencies outside the health sector tend to speak of *psychosocial wellbeing*<sup>7</sup>. The term “Mental Health and Psychosocial Support” (MHPSS) serves to bring together as broad a group of actors as possible and highlights the need for diverse, complementary approaches in providing appropriate support.

Most children who have experienced stressful situations will initially show changes in social relations, behaviour, physical reactions, emotions and spirituality but this does not mean that they will develop mental disorders. Children are highly resilient. Reactions such as sleeping problems, nightmares, withdrawal, problems concentrating and guilt are normal, and can be overcome with time. In fact, most children and their families will recover and regain normal functioning through self-help efforts, mutual help initiatives and when communities are supported to mobilize their own resources.

Interventions can include: providing access to basic needs to enable a fast return to normality and safety to supporting parents to regain their roles as providers and protectors of their children; to group interventions with children that provide a daily routine, structure and a safe environment; and direct individual interventions with a child who may be facing more serious challenges. Psychosocial wellbeing of adults, particularly parents and caregivers, has a direct impact on children’s wellbeing. This is particularly true during conflict or displacement and must be factored into interventions to support children.

Children in Lebanon (inclusive of Lebanese, Syrian, Palestinian, Iraqi or children of any nationality), may face a variety of negative factors that can influence their psychosocial wellbeing, including experiencing violence, abuse, conflict, displacement and social tensions between communities. Lack of access to services and credible information on mental health can also be a major cause of anxiety, especially for displaced populations. Stigma associated with using mental health services can also prevent people from accessing services.

MHPSS services are not always prioritized, especially in emergencies. Though psychosocial programmes are relatively available in all vulnerable regions, mental health services are neither sufficient nor easily accessible.

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<sup>6</sup>Mental health is defined by WHO “as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.” Distress is anxiety, sorrow or pain – it is a normal and common reaction to an abnormal event.

<sup>7</sup> According to the IASC, “the term ‘psychosocial’ denotes the inter-connection between psychological and social processes and the fact that each continually interacts with and influences the other.” Psychosocial refers to direct relationship between psychological and social, influencing each other continually. Wherein “psychological” refers to thoughts, emotions, feelings and behaviour; and “social” refers to the context in which we live, culture, traditions, spirituality, relationships and activities. There are general psychosocial stressors caused by conflict and/or displacement and general psychosocial protective factors. Psychosocial support projects work to reduce stress and strengthen the use of protective factors.



The forthcoming National Strategic Plan of the Ministry of Social Affairs on Child Protection and Gender Based Violence ensures child- and women- specific protective services through and with Social Development Centres (SDCs) with the support of national and international NGOs<sup>8</sup>.

Moreover the National Mental Health programme, part of the Ministry of Public Health (MOPH) has a six-year strategy (2015–2020) to reform the mental health system in Lebanon through addressing different domains, ranging from laws and governance, to prevention and promotion, to reorienting and scaling up mental health services towards community-based mental health services. The aim of the MOPH National Mental Health programme is to provide services for all persons living in Lebanon close to their homes through the integration of mental health into primary care. Significantly, children and adolescents are considered a vulnerable group in the mental health strategy for Lebanon.

## STANDARD

Girls' and boys' coping mechanisms and resilience are strengthened and severely affected children are receiving appropriate support.

## KEY ACTIONS

### PREPAREDNESS

- Coordinate relevant bodies<sup>9</sup> and government institutions to ensure existing resources on MHPSS services for children and caregivers, assessments and data are collected are made available on a regular basis; (This includes but is not limited to, national policies and plans for MHPSS emergency response, strategies, rapid assessment plans and tools, indicators and tools for monitoring and evaluation);
- ensure regular, updated mapping of existing MHPSS and mental health services inclusive of community-based mechanisms, using tools such as 4Ws<sup>10</sup>;
- ensure coordination among ministries, including the MOSA, MOPH and the Ministry of Education (MEHE), UN agencies, as well as both national and international NGOs on MHPSS related issues;
- ensure there is coordination and a referral system between different sectors, including education, protection and health and psychosocial support providers;

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<sup>8</sup> The plan focuses on strengthening the existing capacities of MOSA, both at central and regional levels to provide integrated social services as well as the capacities of associated civil society and community-based structures.

<sup>9</sup> For example the MHPSS Taskforce (under the Health WG) and the PSS Committee (under the Child Protection in Emergencies Working Group).

<sup>10</sup> Who, Where, When, What.



- ensure emergency mental health referral mechanisms are developed and integrated into the national referral system for health and in line with child protection referral pathways and case management systems; and
- provide trainings for frontline workers (including CP/MHPSS, mental health and health) as well as specialized and non-specialized actors. Trainings include but are not limited to PFA (and where possible child-specific PFA), crisis management<sup>11</sup>, safe identification and referral of children in need of protection, relevant national child protection policies<sup>12</sup>, IASC guidelines on mental health and psychosocial issues, etc.

## RESPONSE

- Ensure participation of communities, including children in service mapping, assessment, programme design and feedback (inclusive of peer-to-peer programmes);
- actively contribute to the implementation of the national strategy related to increased access to mental health services;
- continue to advocate for basic needs such as food, shelter, security, education and health to be met and delivered in a way that promotes mental health and psychosocial wellbeing;
- engage with other sectors to promote actions according to humanitarian principles and the minimum standards in humanitarian response (the *IASC Guidelines on Mental Health and Psychosocial Support in Emergencies*, the Sphere handbook);
- actively mobilize the resources of the community to promote children’s wellbeing through engaging members, volunteers, teachers, caregivers and others from within the community (inclusive of traditional means such as storytelling);
- promote community-based and/or school-based MHPSS and focused non-specialized MHPSS activities to strengthen resilience of children and facilitate community mobilization of community volunteers (see Lebanon Standard 20);
- strengthen pre-existing community-based mechanisms in Lebanon, to provide MHPSS to children and families inclusive of key messages packages developed by the MHPSS committee and/or structured MHPSS activities;
- support activities, including those taking place in MOSA’s SDCs for children and the community such as MHPSS and life-skills activities to help build their resilience, specifically for out-of-school children;
- raise awareness of available services and referral pathways for children and families, as well as for service providers from all sectors;
- raise awareness about false beliefs and negative stereotypes about mental health, including sharing credible information and facts that address negative perceptions and remove the stigma among communities surrounding mental health issues and services;

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<sup>11</sup> A mental health crisis management is an immediate professional response to a precipitating psychiatric emergency.

<sup>12</sup> For example MOSA, Unified Child Protection Policy for organizations working with children in Lebanon.



- provide support to parents/caregivers to adopt positive coping mechanisms to manage their own stress and improve their capacity to care for their children; and
- review staff care procedures in the humanitarian sector and advocate for staff care provision on behalf of employers (see Lebanon Standard 2).

## MEASUREMENT

OUTCOME INDICATOR	OUTCOME TARGET	NOTES
1. Percentage targeted children in CP programmes reported to be showing an increase in psychosocial wellbeing and decrease in mental health disorders	80%	
ACTION INDICATORS	ACTION TARGET	
2. Number of children benefiting from community-based MHPSS and child protection programmes	TBD	
3. Number of children at high risk and survivors accessing specialized CP and psychosocial support programmes		
4. Number of parents/caregivers benefiting from MHPSS programmes		
5. Number of children receiving specialized mental health services		
6. Number of children CP actors trained on safe identification and referral		
7. Number of children of PHCs with integrated mhGAP		
8. Referral systems for MHPSS developed	Yes	
9. Staff care guidelines developed	Yes	

## GUIDANCE NOTES

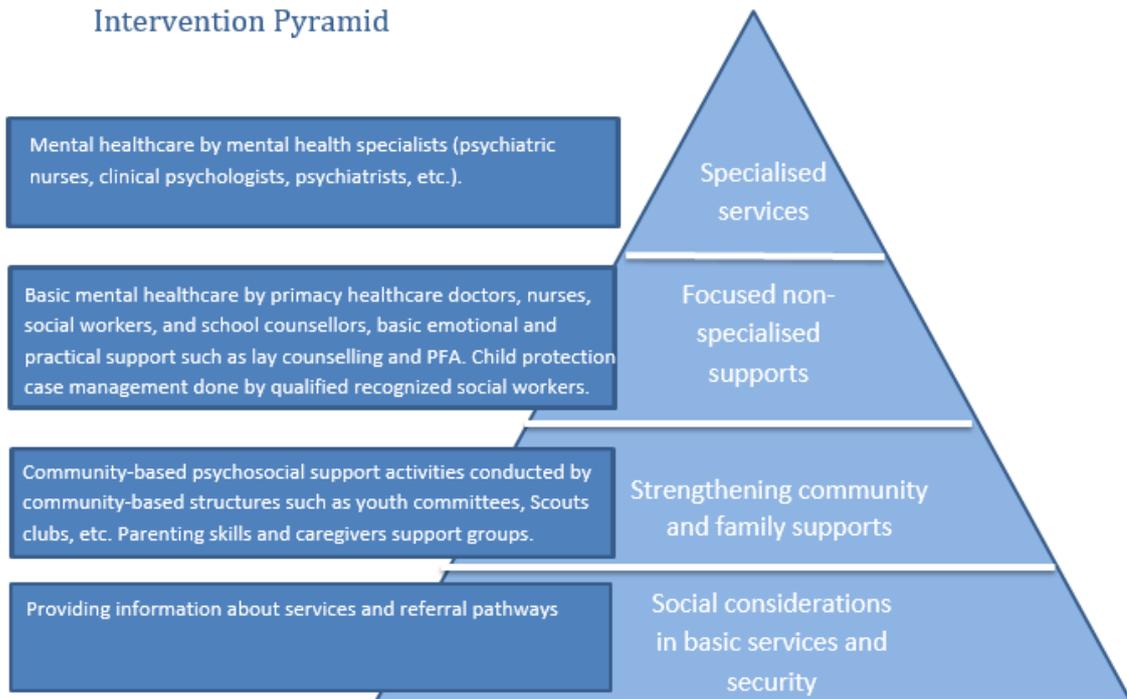
### 1. Multi-layered supports:

A key to organizing mental health and psychosocial support is to develop a layered system of complementary support that meets the needs of different groups, including children with disabilities. All layers of the pyramid are important and should ideally be implemented with clear coordination between and among mandated agencies, humanitarian organizations and community-based groups. Once basic survival needs (food, shelter, water, basic healthcare, controlling communicable



diseases) are met, and safety and security have returned, most children will go back to functioning normally, without professional support. It is recommended to provide information about services including key child protection and gender-based violence messages and referral pathways for psychosocial and mental health services (level 1). However, it is important to note that many displaced populations and vulnerable host community members do not have reliable access to basic services and some areas of Lebanon remain insecure and therefore may continue to require support. Children who have lost support from family and the community will need specific support to restore the protective factors that these support systems provide (level 2) through community-based activities. The third layer represents the support needed for the still smaller number of children (for example survivors of gender-based violence, recruitment into armed conflict, etc.) who also need more focused individual, family or group actions from workers who have received some training in case management (social workers). Additionally, this layer also includes PFA, focused non-specialized MHPSS activities<sup>13</sup> with children (level 3), WHO’s Mental Health Gap Action Programme (mhGAP) which ensures that non-specialized doctors and other healthcare professionals are equipped to manage many mental, neurological and substance-use disorders. The top layer of the pyramid represents the extra support needed for the small percentage of the population who, despite the support already mentioned, may still suffer and have significant difficulties in basic daily functioning (level 4). In addition, some children with pre-existing mental health disorders not related to the crisis will need also this level of support.

### Intervention Pyramid



<sup>13</sup> The community-based activity and the focused MHPSS activities (level 2 & 3) should be in line with MHPSS committee guidance 2016 note (See [www.dropbox.com/home/lebanon%20pss%20committee%20final%20tools](http://www.dropbox.com/home/lebanon%20pss%20committee%20final%20tools)).



## **2. Child, family and community participation and empowerment:**

An effective and sustainable approach for promoting psychosocial wellbeing and recovery is to strengthen the ability of families and communities to support one another. Children, women, and men are essential and active partners in decisions that affect their lives – for example participation of communities, including children, in community-based mapping exercises and community-based committees, and through initiatives to ensure child participation in programming. In addition, community members, parents/caregivers and children should be provided with conflict-resolution trainings, and social cohesion has to be mainstreamed throughout all community activities.

## **3. Psychosocial community-based interventions:**

Community-based recreational psychosocial support that includes key messages specific to child protection and wellbeing should be delivered by community facilitators to re-create a routine in children's lives and to enhance community support. In addition, locally appropriate activities might include; cultural and artistic networks or centres such as *hakawati*, the traditional storytelling practice; sports and other clubs, such as the Scouts; adult and parental support groups; women's networks; religious networks and leaders who can disseminate and reinforce the key messages; youth and children's clubs; peer-to-peer activities for adolescents; non-formal education activities, nursery spaces, disability-friendly and child-friendly spaces.

## **4. Psychosocial focused interventions:**

Children at high risk or who have experienced a child protection violation, for example children involved in any of the worst forms of child labour (such as agriculture, construction, street-based work or at risk of recruitment into armed violence), will benefit from focused psychosocial interventions targeting their specific needs and aimed at increasing their resilience. The focused interventions will be delivered by NGO staff who have education and/or professional experience to work with high-risk children and their families (social workers and/or psychologists), who have undergone specific psychosocial trainings to ensure a quality response.<sup>14</sup>

## **5. Psychological first aid:**

PFA is a supportive response to a fellow human being who is suffering and who may need support in ways that respect dignity, culture and abilities. It entails basic, non-intrusive, pragmatic care with a focus on listening, assessing needs and concerns, ensuring that basic needs are met, and encouraging social support from significant

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<sup>14</sup> A guidance note developed by the PSS committee on the difference between community-based and focused PSS intervention is available at: [www.dropbox.com/home/lebanon%20pss%20committee%20final%20tools](http://www.dropbox.com/home/lebanon%20pss%20committee%20final%20tools).



others and the community. PFA can be learned by community members and humanitarian actors alike. Specific children's PFA training, taking into consideration children-specific needs and various developmental stages to deliver age-appropriate support to children is recommended.

## **6. Early childhood:**

Early Childhood Development (ECD) is a comprehensive approach to policies and programmes for children from birth to 8 years of age, their parents and caregivers. Its purpose is to protect a child's rights to develop his or her full cognitive, emotional, social and physical potential. ECD is not a widely covered area in Lebanon, but the National Mental Health Programme has incorporated ECD into maternal healthcare programmes as part of its 6-year strategy. Efforts should be made to ensure that all early childhood programmes are disability-friendly and include a component to support parenting skills for enrolled children.

## **7. Mental health treatment gap:**

In Lebanon, the number of mental health professionals is low compared to needs; mental health services are highly centralized, privatized and not easily accessible, with lack of regulations for the profession of psychotherapists. The WHO mhGAP<sup>15</sup> aims to respond to these challenges by increasing the availability of mental health services in primary health centres throughout the country. Ensuring proper support for and supervision of these centres by mental health professionals remains a significant challenge and is a priority for MOPH. Ensuring there is a functional and efficient referral system in place for actors in protection, health and MHPSS to be able to respond to the needs in a timely manner, mainly outside usual working hours, is also necessary. It is also critical to ensure that institutions for children with mental health disorders have child protection policies in place and are regularly monitored to ensure that children are protected and receive quality care.

## **8. Support to parents and caregivers:**

Helping parents, grandparents or other caregivers to deal with their own distress and re-establish their ability for good parenting is vital for their own psychological healing and that of their children. Making available culturally appropriate and accessible information on constructive coping methods and raising awareness of the harmful consequences that stress, violence and negative coping practices can have on children and families are examples of useful steps to support caregivers. This can be done via awareness raising, as well as specific trainings and more community-led groups.

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<sup>15</sup> The mhGAP aims to increase the care for mental, neurological and substance-use disorders in non-specialized healthcare settings.



## 9. Monitoring wellbeing:

It is very important the objectives of psychosocial programming are decided with the involvement of the community and that indicators of wellbeing are culturally contextualized. A review led by UNHCR outlined indicators of wellbeing for Syrians affected by conflict<sup>16</sup>. In Lebanon, the MHPSS Committee has validated the use of the Strengths and Difficulties questionnaire for structured and focused psychosocial programmes, of 15 hours or more, which follow a curriculum and are implemented by trained staff for children aged 6–17 who have been identified as suffering from psychosocial distress or are at high risk of other child protection concerns and are out of school. In addition, the information should be triangulated by qualitative data collection such as the above wellbeing indicators, focus group discussions and quality checklists.

## 10. Substance abuse prevention:

The National Mental Health Programme has a strategy for the prevention, treatment and rehabilitation of people with substance-use disorders including tobacco, alcohol and prescription medication. The strategy includes different domains ranging from laws, to prevention, to harm-reduction, to treatment and rehabilitation. The needs of displaced populations and especially children are also specifically addressed. Prevention is a key component for children, especially through schools. It is important to conduct both implementation research and outcome/impact research to understand the efficacy of life-skills and peer-to-peer education programmes in schools to inform national policy in collaboration with local and international researchers. Local and international NGOs, community-based organizations and community networks should coordinate with MOPH to continuously update the plan and to run substance-prevention activities. An example of these activities is to run substance-abuse awareness sessions in schools and within the communities to advocate for the implementation of drug law for minors, etc.

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<sup>16</sup> *Culture, Context, and the Mental Health and Psychosocial Wellbeing of Syrians*, UNHCR, 2015.



## REFERENCES

- IASC (2007). *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*
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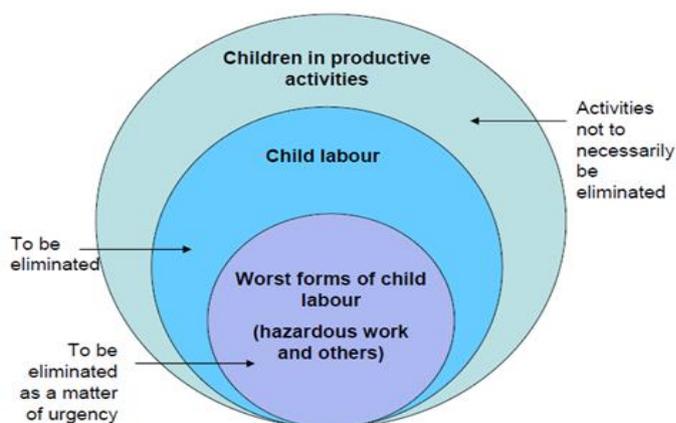
## MINIMUM STANDARD 12

### CHILD LABOUR

Child labour is work that is unacceptable because the children involved are too young and should be in school or because even though they have reached the minimum working age (in Lebanon, 14 years old), the work they do is harmful to the emotional developmental and physical wellbeing of a person below the age of 18. Many child labourers are victims of the worst form of child labour (WFCL), such as forced or bonded labour, using children in armed conflict, trafficking for exploitation, sexual exploitation, illicit work or other work which is likely to harm their health, safety or morals (hazardous work). As in general emergency contexts, where the level of vulnerability of families exacerbated by economic factors (chronic poverty, economic shock and depletion of livelihoods) coupled with the limited access of children to education and lack of access of families to income generation opportunities, children in Lebanon become particularly vulnerable to child labour, particularly its worst forms. An emergency may:

- Increase the overall incidence of the WFCL in the affected areas or country and across host communities and refugee populations
- Trigger new WFCL in the affected areas of Lebanon
- Result in working children taking on more dangerous work and the shift from child labor to the WFCL
- Result in individuals or groups, including criminal networks, taking advantage of vulnerable children
- Result in unsafe moves by children to search for work which will put them at risk of exploitative work situations.

While the child protection response in an emergency should be as thorough as possible, given the complexity of responding to all forms of child labour in a given



The worst forms of child labour (WFCL) are a subset of child labour to be abolished, which is a subset of children in productive activities. The very large majority of children in the WFCL are in hazardous work. Others WFCL include forced or bonded labour, use in armed conflict, trafficking for sexual or economic exploitation, sexual exploitation and illicit work

context, the response should prioritize the WFCL, starting with those related to or made worse by the emergency. Efforts should build on and contribute to any ongoing national processes.

The ILO Convention N°182, ratified by the government of Lebanon in 2001, calls for children in WFCL to be withdrawn from the activity as a matter of urgency and



provided with appropriate services, particularly education, vocational training, rehabilitation and social integration. The most challenging WFCL to address is “hazardous work”, (art. 3d), as it is the most common worst form of child labour but is generally considered as less of a priority as it is less evident than other worst forms, whereas the children are in fact at considerable risk. In addition, it tends to be confusing as it may affect children above the minimum legal working age but below the age of 18. Generally, society is more tolerant and less vigilant about children who work once they are above the legal minimum age of employment, which in Lebanon is 14 years old. In addition, there is a general lack of common knowledge among the population about the legal framework and its application in Lebanon.

Since the beginning of the conflict in Syria in 2011 and with the great influx of refugees entering the country, a large number of Syrian children in Lebanon have engaged in WFCL, such as bonded labour in agriculture or street-based work in urban centres. In the face of economic hardship, insecure legal status and restricted livelihood opportunities, displaced families increasingly rely on children to engage in child labour.

The Bekaa region in Lebanon hosts the largest number of Syrian refugees (around 35%) and is also the region where the majority (75%) of informal tented settlements are located. This setting facilitates the recruitment of children into child labour on a large scale, often by intermediaries and/or camp leaders with children engaged in agricultural work under exploitative conditions. Moreover, the Lebanese host communities in the Bekaa<sup>17</sup> are among the most vulnerable communities in the country and the issue of children engaging in child labour is also present among poor Lebanese families.

In the urban centres of Lebanon, the most visible form of child labour is begging and vending in the streets. A research study<sup>18</sup> on street-based children in Lebanon found that the vast majority (79%) were working in the country’s two main cities, Greater Beirut and Tripoli, and to a lesser extent in Saida. Over half of the children from the study were between 10 and 14 years old. Final findings suggest that these street-based children are predominantly Syrian refugees and/or trafficked children.

## STANDARD

Girls and boys are protected from the worst forms of child labour, in particular those related to or made worse by the emergency.

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<sup>17</sup> [www.ecoi.net/local\\_link/308796/432593\\_en.htm](http://www.ecoi.net/local_link/308796/432593_en.htm).

<sup>18</sup> *Children Living and Working on the Streets in Lebanon: Profile and Magnitude*, ILO, UNICEF, Save the Children, Ministry of Labour in Lebanon (February 2015).



## KEY ACTIONS

### PREPAREDNESS

- Carry out a desk review to collect information on the current WFCL situation and lessons learned from past emergencies, particularly in terms of types, area, scale and root causes of WFCL, and what types of worst forms are generated or exacerbated by emergencies;
- Collect information on the national legislative and policy framework, especially the labour law, the official list of hazardous child labour and national action plans to eliminate worst forms of child labour (Key information on these is listed under the Guidance Notes here, including Tables 1–3);
- Identify key national stakeholders involved in the fight against child labour and collect information on their mandates, policies and programmes and on their capacities. This includes the MOL who is the lead government agency in Lebanon on child labour and has a Child Labour Unit (CLU). There is also a National Steering Committee against Child Labour in Lebanon (NSC) which covers a broad range of national governmental and non-governmental stakeholders including the following ministries: labour, education, agriculture, health, interior and social affairs along with representatives from ILO, UNICEF, and local and international NGOs;
- Organize or engage in information-sharing opportunities on the WFCL for relevant humanitarian and development stakeholders, including utilizing forums such as CPWGs and creating linkages with the NSC; and
- Undertake capacity building and training activities for humanitarian and national stakeholders to support actions against WFCL.

### RESPONSE

- Assess the level of child trafficking in Lebanon in collaboration with key stakeholders, and develop and carry out awareness-raising activities with communities to identify and mitigate risks of child trafficking;
- include WFCL in relevant ongoing and future assessments and carry out, as appropriate, in-depth studies on the effect of the emergency in exacerbating the extent and nature of the WFCL (see References for a list of relevant assessments conducted in Lebanon.);
- ensure key national stakeholders and children are involved in developing and putting into practice coordinated responses to the WFCL in emergencies, using the NCS as an entry point if appropriate. This would include ensuring regular engagement among the NSC, CPWGs, key international organizations such as ILO, and any child labour technical working groups or subcommittees;
- ensure stronger and institutionalized linkages between the national and humanitarian monitoring and referral systems for child labour, including its worst forms;



- ensure that children involved in, or at risk of becoming involved in WFCL, and their families/caregivers receive relevant assistance and support on alternatives, including if possible ways of strengthening livelihood or economic circumstances;
- ensure that responses to the WFCL become part of humanitarian interventions, in particular in areas of child protection, education, livelihood, social protection and economic recovery, by providing guidance and training to national and international actors working in these sectors;
- organize consultations between the CLU of the MOL and humanitarian actors, national and international, on the existing hazardous work list for child workers to ensure that the concept of hazardous work is understood, what this means in Lebanon and what referral mechanisms are in place or should be put in place;
- ensure that all humanitarian actors are well informed on the meaning of hazardous work, how it affects young workers above minimum age of employment and below 18, what the Lebanese labour law prohibits and the role of labour authorities (see MOL's comprehensive Hazardous Work List for Juvenile Workers in the Guidance Notes section);
- ensure prioritization of combating hazardous work (the most common WFCL, yet the most challenging to address) in interventions and include awareness raising and capacity building on this, working in collaboration relevant actors (such as MOL, CPWG, ILO, UNICEF, UNHCR);
- assess the possible negative effect of the humanitarian response on the WFCL, and work with humanitarian organizations and others to prevent this from happening;
- continue to sensitize and inform key community leaders, the authorities, communities, parents, youth groups and children about the dangers associated with the WFCL and the importance of protecting children from these worst forms;
- work with child protection sector to strengthen awareness raising and include preventive and responsive interventions against child labour into work plans and activities;
- work with relevant child protection and case management agencies to ensure key messages on child labour have been integrated into various information and training resources for case management agencies that includes referral to existing services (formal and non-formal education, livelihood opportunities and other initiatives); and
- develop standardized information resources on child labour for caregivers to support awareness raising and enhance understanding of the negative impacts of child labour and the importance of education.



## MEASUREMENT

OUTCOME INDICATOR	OUTCOME TARGET	NOTES
1. Percentage of children, disaggregated by gender, age and nationality, removed from the WFCL and who are provided with case management in a timely fashion	TBC	(1) Time frames for children to receive case management services to be determined
2. Number of children involved in the WFCL who receive direct support (disaggregated by age, gender and nationality)	TBC	
<b>ACTION INDICATOR</b>	<b>ACTION TARGET</b>	(2) Who is at risk to be determined
3. WFCL considerations included in CP case management systems	Yes	
4. WFCL included in CP communication and advocacy strategies and tools	Yes	
5. Percentage of children involved in or at risk of becoming involved in, the WFCL referred to education interventions	100%	
6. Percentage of communities that have been reached by information campaigns on the danger and consequences of the WFCL	100%	
7. Number of children involved in, or at risk of becoming involved in, the WFCL referred to economic recovery interventions where possible	TBC	
8. Number of humanitarian and national frontline workers trained on the case management national SOPs and WFCL concepts	TBC	



## GUIDANCE NOTES

### 1. National legislative and policy framework on child labour:

The Lebanese government has ratified all ILO child labour conventions apart from Convention N°189 on Domestic Workers of 2011. National laws and policies are thorough; most notably the Decree 8987 on WFCL, in which the Government of Lebanon defined hazardous form of child labour (See tables 1–3). Hazardous forms of child labour which children of 16 years and above can be involved in “provided they are offered full protection for their physical, mental and moral health and provided these minors received a special education or appropriate vocational training in the field of these works”<sup>19</sup>. However the minimum working age continues to remain low at 14 years of age.

Furthermore, the child protection law and its implementation is inconsistent, specifically in cases related to the WFCL. Other key national policies and legislation include the National Action Plan (NAP) to Eliminate the Worst Forms of Child Labour by 2016<sup>20</sup> (which has been reviewed and extended to 2019 and is in the process of endorsement by Ministry of Labor) and the Law 422/2002<sup>21</sup> which stipulates protective measures for children at risk of abuse and exploitation. The Law 422/2002 also defines children begging as children in need of protection, however the implementation of protective measures for children remains ad hoc. The Anti-Trafficking Law 164/2011 includes definitions of exploitation which include “begging, forced or compulsory labour”<sup>22</sup>.

The implementation of legislation and policies remain weak with existing systems unable to respond to the needs on the ground and not functioning at full capacity. This is in part due to a lack of adequate resources available to address the large scale of needs. The Minimum Standard recommends the integration of humanitarian interventions with existing national systems; this continues to be a challenge in Lebanon.

### 2. Children who need targeted help:

Support should be provided to children involved in WFCL but also, as a prevention measure, to those at risk of taking part in the WFCL. Three of the WFCL are defined in the ILO Convention N°182 (forced or bonded labour, sexual exploitation and illicit work), while the fourth category (work that is harmful to children) is defined in the hazardous child labour list which is defined by each country.

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<sup>19</sup> Decree 8987: *The prohibition of minors under the age of 18 in works that may harm their health, safety or morals* (2012), Lebanon.

<sup>20</sup> [www.clu.gov.lb/english/pdf/nap-summary.pdf](http://www.clu.gov.lb/english/pdf/nap-summary.pdf).

<sup>21</sup> Law 422/2002, art. 25 & 26

<sup>22</sup> Anti-Trafficking Law 164/2011.



In the context of Lebanon, the forms of labour considered by law to be hazardous to children<sup>23</sup> are detailed in the following tables:

**TABLE 1: WORST FORMS OF CHILD LABOUR:** Prohibited for under-18s<sup>24</sup>

**1. Activities involving physical hazards:**

- Handling explosives, wearing weapons, engaging in combat or war;
- Working in quarries, caves, mines, and crushing sites, whether underground or not;
- Activities that may not be carried out without wearing personal protective equipment;
- Activities exposing the child to carcinogenic substances or atomic radiation or substances that may cause infertility or birth defects.

**2. Activities involving psychological hazards:**

- Any forced labour, including slavery and trafficking of children;
- Domestic service;
- Work that requires the child to sleep or reside in the workplace or outside the parents' house;
- Working in the streets or on the roads;
- Working in the preparation of bodies for funerals and burials.

**3. Activities involving moral hazards:**

- Any work using or exploiting a child's body for sexual or pornographic purposes or similar acts
- Betting, gambling and horse racing, etc.;
- Any illicit work, such as the transportation, sale, marketing, dealing or use of all kinds of drugs.

**4. Activities limiting education:** Activities preventing the child from pursuing academic education or statutory vocational training, lessons or assistance.

**TABLE 2: FORMS OF CHILD LABOUR TO BE ELIMINATED:** for under-18s<sup>25</sup>

**Occupational hazards:**

**a) Chemical hazards, including dusts and fibres;**

**b) Physical Hazards:** noise, radiation, high atmospheric pressure (e.g. diving), tremors, high or low temperatures;

**c) Biological hazards:** (viruses, bacteria, parasites, etc.) directly or indirectly transmitted;

**d) Ergonomic hazards:** machines, work equipment and weights incompatible with capacity, unacceptable light, ventilation, humidity;

**e) Psychological, social and mental hazards and general working conditions:** night shifts between 7p.m. and 7a.m.; working more than six hours per day; responsibilities requiring significant supervision, care or guidance by an adult; verbal or physical abuse;

**f) Safety Hazards:** heights, sharp or mobile machines, explosives or combustibles, driving, long periods in hot or cold weather.

<sup>23</sup> Decree 8987 on the prohibition of employment of minors under the age of 18 in works that may harm their health, safety or morals (2012).

<sup>24</sup> *Ibid.*, Annex N°1.

<sup>25</sup> *Ibid.*, Annex N°2.



**Prohibited Work:**

**Agricultural activities (including family farms) which require:** Driving or operating tractors or machines, using pesticides, contact with poisonous plants including tobacco, heights, sharp tools, >four hours' work;

**Fishing and diving:** Fishing deep in the sea, diving, using fishing guns, explosives or electricity;

**Slaughtering:** Working in animal slaughter houses;

**Animals:** Working with dangerous, wild or poisonous animals;

**Factories<sup>26</sup>:** All kinds of works in factories that manufacture tiles, rocks and the like;

**Production:** Any work in production or transformative industries employing more than 20 staff, e.g.: food and beverages, textile and clothing, leather, wood, paper, chemicals, cement, building materials, rubber, plastic, glass, minerals, machines, equipment, vehicles and trailers, and waste.

**Utility supply:** All types of work in the supply of electricity, gas, water and steam;

**Building:** All work in building, demolition, excavation, construction, sandblasting, heights;

**Small enterprises (of < 20 workers) with high occupational hazard rate:** e.g. mechanics, smithery, etc.;

**Service and entertainment industries:** Hotels, restaurants, amusement centres, internet cafes, etc.;

**Transportation:** Working in any land, air or marine means of transportation;

**Trade:** Working in places where there is exchange of currencies, funds, jewellery, other precious goods;

**Within health and medical centres** with exposure to patients, body fluids, medical waste, transmission of infections, chemicals, drugs, gases, radiation, cases of death, incurable disease;

**Care work** for the elderly, the disabled, otherwise ill (unless for short intermittent periods and under the direct supervision of specialized social workers or persons familiar with child psychology);

**Security:** Working in centres for personal security or as a bodyguard;

**Waste:** Working in cleaning services, waste collection and sorting, in sewers or stagnant water channels;

**Protecting others** against potential hazards, e.g. life guard;

**Horse racing:** Working at the horse-racing track and in all activities accompanying horse racing.

**TABLE 3: ANTI TRAFFICKING LAW 164/2011**

Article 586 defines exploitation to entail forcing a person to participate in one of the following acts:

- a) Acts punishable by law;
- b) Prostitution and exploitation of others;
- c) Sexual exploitation;
- d) Begging;
- e) Slavery or practices similar to slavery;
- f) Forced or compulsory labour, including recruitment, forced or compulsory recruitment of children in armed conflict;
- g) Forced involvement in terrorist acts;
- h) Removal of human organs or tissues.

Furthermore, factors that put children at high risk for taking part in the WFCL in the context of Lebanon include but are not limited to the following factors:

<sup>26</sup> The vocational training and technical education of children under 17 in a plant or factory cannot be deemed employment. It must be subject to the MOL's approval. The child shall receive a medical certificate from the MOPH.



- Child-headed households
- Unaccompanied children
- Separated children
- Large households living in extreme poverty
- Refugee populations with limited access to livelihood opportunities.

Other trends noted in Lebanon include adolescent boys between the age of 12 and 17 are more at risk of labour places exposing them to physical hazards, for example construction sites, while domestic child labour tend to be predominantly affect girls. Children aged 6–11 living in dense urban areas tend to be more exposed to street work.

### **3. WFCL monitoring and referral system:**

It is the role of government enforcement units, such as labour inspectorates and the police, as well as social welfare services, to identify children who are involved in, or at risk of, the WFCL. However, their capacity is often weak, particularly in rural areas and informal enterprises. As a result, there is a need in Lebanon to set up child-labour monitoring systems (CLMS) to support the inspectorate. A CLMS mobilizes the community to monitor child labour and to refer children to schools and services according to set guidelines. If no CLMS is in place in the emergency-affected area, child protection organizations should work with national partners (ministries of labour, education, interior, social affairs and justice) as well as the private sector and workers' unions, to develop a local CLMS that sets out who would do the monitoring, how cases will be handled (for example a referral plan), and where information and reports would be filed. This local CLMS should be included alongside existing child protection referral systems.



#### 4. Support provided to children:

### Main principles for child labour case management

<i>Medium/low risk</i>	<i>Medium/high risk</i>	<i>High risk</i>	
<i>At risk of WFCL</i>	<i>Ages 15 to 17 in hazardous labour</i>	<i>Under 15 in hazardous labour</i>	<i>Worst forms of child labour</i>
<b>Prevent WFCL</b> + Case management + Reintegrate in school and/or address financial situation	<b>Separate from hazard</b> (or reduce risk to acceptable level) + Work may continue	<b>Remove</b> + Reintegrate in school and/or address financial situation	<b>Remove</b> + Case management + Reintegrate in school and/or address financial situation

The course of action will depend on the children:

- Any child (under 18) found in forced or bonded labour, doing illicit work or being sexually exploited should be removed immediately from the situation, given case management and access to learning opportunities and provided with help to support their financial situation;
- A child under the minimum working age found doing hazardous work (long hours, work with dangerous machinery, chemicals or heavy weights, etc.) should be removed and given learning opportunities and/or have their financial situation addressed;
- A child (14–17 years old) above the minimum working age found in hazardous work should be separated from the hazard, or have the risk reduced to an acceptable level, and may continue to be employed in the workplace; and
- Any child who is not in the WFCL but is at high risk of becoming so should be treated in a similar way, with access to learning opportunities provided and/or their financial needs addressed.



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## STANDARD 13

### UNACCOMPANIED AND SEPARATED CHILDREN

This standard is based on the Inter-Agency Guidelines on Unaccompanied and Separated Children (UASC) and the guidelines for the Alternative Care for Children. It is designed in two parts: Part A focuses on identification and registration, documentation, tracing families and reuniting children with their caregivers if they have become separated from them during an emergency. Part B focuses on the interim or alternative care for children who need these services following an emergency. These have been designed to be read together.

Children separated from their parents and families because of conflict, disaster, population displacement, or because of economic or social reasons, are at increased risk of violence, abuse, exploitation and neglect in an emergency. These children have lost the care and protection of their families at the moment when they need them the most. It is important to recognize that separation can result from a variety of causes. Children can accidentally become separated while fleeing to a safer location, during a natural disaster, during an attack, or even due to family conflict.

**THE LEBANON CONTEXT:** In Lebanon, reasons for separation of children (specifically Syrian children from 2011 onwards) include the conflict in Syria, mass population displacement and lack of a permanent place to settle in Lebanon, and onward movements both within Lebanon and to other countries seeking refuge. Cross-border regulations and visa and movement restrictions can also result in family separation. Other factors causing separation include socio-economic hardship (for example children being sent to work in rural/agricultural areas, children being abandoned due to lack of resources to support them, remarriage or family conflict). Children may also be entrusted by a parent to a family member (in Lebanon usually from the paternal side where kinship care is the most common) as a temporary arrangement but for various and often unforeseen reasons, reunification was obstructed.

It is important to note that when the term orphan is used, it refers to a child who has lost both parents as a result of death. In some communities, such as the Syrian, a child who has lost one parent is referred to as an orphan. Thus a clear distinction between a child with neither parents living and a child with one parent living must be made for technical reasons.

As per international definitions separated children are those separated from both parents, or from their previous legal or usual primary caregiver, but not necessarily from other relatives. As a result, this may include children accompanied by other adult family members. Unaccompanied children (also called unaccompanied minors) are children who have been separated from both parents and other relatives, and who are not being cared for by an adult who, by law or custom, is responsible for doing so.

Alternative care in Lebanon for UASC has mostly been informal kinship care. It is important to note that placement in institutions (pre-crisis) has also been a common



practice, as there are no or extremely limited alternatives to institutional-based care such as family-based care options available for emergency cases.

Law 422/2002 stipulates that children should be kept in “their natural environments as much as possible” and allows for children at risk to be placed in a “trustworthy family, a social or health institution”. However, it does not regulate how placements of children in alternative care are assessed, determined, monitored, supported and managed according to their best interests and in compliance with the UN Guidelines on Alternative Care. There is also a lack of available emergency shelters and quality shelters in which to place children when an interim solution is needed.

## STANDARD

Family separation is prevented and responded to, and unaccompanied and separated children are cared for and protected according to their specific needs and their best interests.

## A. KEY ACTIONS – IDENTIFICATION, DOCUMENTATION, TRACING AND REUNIFICATION (IDTR)

### PREPAREDNESS

- Review/map existing community systems and established community networks through coordination structures to focus on prevention, identification and response to family separation during emergencies, including links to national systems;
- map professionals that have been trained on alternative care programming and review/map existing capacity, identifying gaps and ensuring further training for relevant staff including NGO workers, social workers, relevant government staff (UPEL, SDC staff) and community members on UASC;
- clarify the roles and responsibilities of the different ministries and organizations in relation to UASC including UPEL, MOJ, MOSA, MOIM, I/NGOs, ICRC, LRC, UNHCR, other relevant UN agencies with field/community links and community networks;
- ensure linkages between the roles and responsibilities of the relevant ministries and organizations with national case management SOPs and inter-agency referral pathways;
- ensure the Case Management National SOPs incorporate specific procedures for UASC monitoring including Best Interest Assessment (BIA) for all children and Best Interest Determination (BID) for refugee children specifically in partnership with UNHCR and other key actors including UPEL, and ensure case management plans for follow-up, and assessment;
- provide UNHCR regular feedback on UASC for rapid BID and consideration for a durable solution;



- ensure BIDs are drafted for all high-risk cases involving refugee children, even if managed by non-UNHCR funded partners;
- ensure linkage with academia and schools of social work who can support in developing standards, policies and training materials; develop a technical working group that is specialized in working with UASC and ensure this is linked to the CPWG and relevant CP actors such as Higher Council for Childhood (HCC);
- advocate with authorities and work with communities to ensure children and families have the relevant identity documents needed, to assist with preventing and responding to family separation;
- identify, train and mentor professionals on inter-agency guidelines for UASC (include reference to this document), link these trainings with Case Management National SOPs training for working with UASC and ensure the necessary documentation that will be used to monitor UASC is also incorporated;
- assign focal points within child protection agencies providing case management, who specialize in supporting/case managing UASC;
- prevent family separation through child protection networks, safe spaces, community groups, UNHCR reception centres, etc. by conducting awareness sessions on the risks of separation as a cross-cutting theme throughout the emergency or humanitarian response; Other actions include providing counselling through case management services with families that are at risk of sending children for migration or placing their children in welfare institutions;
- ensure coordination on IDTR services for UASC with government (particularly MOSA, MOIM, general security), and any other relevant national and international partners including ICRC and Lebanese Red Cross (LRC);
- ensure child protection agencies, communities and other child protection actors know how to refer to the relevant IDTR/UASC services in their areas;
- ensure families also know how to self-refer to relevant IDTR services and are informed of steps involved in family tracing and reunification services, particularly with children;
- link national SOPs, particularly CPIMS (where operational), to ensure flow of information and ensure only relevant personnel have access; in the case of refugee children ensure UNHCR is duly informed and follow clear data protection protocols and information-sharing agreements between agencies; and
- raise awareness and develop key messages for displaced and host communities on how to prevent family separation, using PSS activities, child-friendly spaces, and other community-based structures.

## RESPONSE

- Assess the scope, causes, and risks of family separation in Lebanon to better understand the issue and the common risks across the country;
- develop a proactive and systematic strategy to identify UASC including working with UNHCR reception centres (to identify UASC from refugee communities), using household assessments (including with other sectors), rapid needs assessments,



mobile activities, outreach volunteers, other community groups, agencies or respective ministries trained on identification and referral of UASC;

- ensure referral pathways for IDTR/UASC agencies and services (including geographic coverage of different agencies and the potential gaps) are updated on a regular basis through coordination mechanisms like CPWG at field and national level; Key agencies/services include UNHCR for refugees UNRWA and Palestinian Red Crescent for Palestinians; SDC for Lebanese. ICRC and LRC are mandated in Lebanon to do cross-border (and in country) tracing and Restoring Family Links' (RFL) activities in cases where separation is due to conflict, disaster (manmade or natural) and migration;
- ensure the referral pathways are linked with the Lebanese National Case Management SOPs, including in case of emergency to ensure adequate and timely responses;
- ensure that families and children are aware of the relevant focal points to receive information and access;
- referrals of families/UASC to the relevant IDTR agencies should be facilitated particularly if families are unable to make direct contact themselves;
- ensure UASC have access to services and that they are prioritized for assistance and protection procedures, and work with relevant child actors and agencies to advocate for UASC to have equal access to education and specialized services;
- ensure case management agencies working with CP/UASC cases keep children, families, and caregivers regularly updated on the progress of tracing;
- ensure any services provided to support UASC do not encourage families to abandon their children in order for the children to receive special assistance;
- train other sectors (health, education, shelter etc.) on child protection concerns and risks of family separation, and identifying and referral of UASC to ensure child protection mainstreaming across sectors;
- for separated children undertake BIA/D assessments of care arrangements as soon as possible, to determine if they are appropriate and in the child's best interest, in coordination with the relevant authorities, and ensure regular monitoring of children's care arrangements, situation, protection, and well-being while tracing and for these processes;
- ensure the mandated agency verifies, relationships between a child and adults both prior to and after successful tracing results, assesses the willingness and capacity of the receiving adults to provide appropriate care, determines the child's wishes and best interests, provides the receiving family such material assistance as may be necessary to permit care at the same level as other children in the population, and prepares both the child and the caregiver before they are reunited;
- establish guidelines on the type of assistance and support needed by the receiving family, after verification is completed (this should be done by the relevant mandated agency in coordination with any other relevant services);
- provide technical support to UPEL and other key actors to assist in implementation of Law 422/2002;
- ensure there is timely and periodic follow-up for children who have been reunited to ensure they are cared for and protected and do not assume that children reunited with relatives will necessarily be well cared for, and ensure close monitoring of such children until it is clear that the nature of care is adequate;



- ensure civil society actors and relevant government ministries disseminate information through their channels on the correct counterparts for UASC and families with missing children to seek support from, based on their legal status;
- strengthen existing community-based mechanisms in collaboration with case management agencies (caseworkers) to regularly and systematically monitor the safety and wellbeing of UASC using a standardized system that (where appropriate) involves communities; and
- complete a BID, in addition to the above, with respect to decisions related to the reunification, alternative care, resettlement or any other significant legal decision affecting a refugee child which is led by UNHCR with the relevant case management agency and authorities such as UPEL.

## B. KEY ACTIONS – ALTERNATIVE CARE

### PREPAREDNESS

- Map current interim care structures and emergency shelters that meet the required minimum standards to address the needs of UASC;
- work with the relevant government ministries, authorities and child protection actors to develop and strengthen alternative, family-based care options for UASC in Lebanon, which can be used in but are not limited to times of emergency;
- work closely with religious and civil courts, MOJ and MOSA on the legal custody and guardianship of children to ensure that the best interest of the child is safeguarded;
- ensure that legal framework and procedures are in place particularly when it comes to ensuring legal guardianship of children;
- continue to identify relevant traditional mechanisms for providing care of children who are outside of family care, such as foster care or kinship care ensuring these are identified as a culturally appropriate practices for the communities and children involved;
- ensure that specialized services are in place for children with specific needs including but not limited to safe access to shelters for all children without discrimination, including refugee, stateless and undocumented;
- working closely with MOJ to train personnel within the Juvenile Department, and particularly juvenile judges<sup>27</sup>, on child protection and establish protocols to guide judges in decision making for alternative care options; and
- provide training on the Guidelines of Alternative Care for children and introduce the Alternative Care in Emergencies Toolkit which aims to sensitize local organizations, SDC social workers, case management agencies and other actors on alternative care and monitoring of UASC, particularly through kinship care.

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<sup>27</sup> While providing training, it needs to be kept in mind that juvenile judges are on a six-month rotational basis therefore trainings will need to be provided continuously.



## RESPONSE

- Ensure that needs assessment includes children’s living situations, supportive community structures and systems, and different alternative care options available (see global standards 4 and 5);
- actively seek to prevent unnecessary family separation, in consultation with SDCs and local organizations, by targeting assistance at high-risk families;
- develop a monitoring system to ensure that the agencies and government focal points are adhering to the guidelines for the Alternative Care in Emergencies Toolkit;
- continuously review care arrangements of UASC including foster care by community members, case management agencies, community-based mechanisms and residential care by MOSA in line with an intervention plan that stipulates review time frame and regular monitoring;
- ensure standards are in place for alternative care arrangements;
- ensure the best interest of the child (a BID for refugee children) and durable solutions are identified when considering interim care arrangements and that this process is led by an organization mandated by MOJ/MOSA (currently UPEL), and in which institutional interim care arrangements be recommended as a last resort in line with Law 422/2002 and BID recommendation;
- ensure case management agencies develop care plans for children in interim care, with a focus on UASC, in line with juvenile judges’ recommendations;
- systematically follow-up all children in interim or alternative care at least once every 12 weeks; follow-up to be done by case management agency lead in line with intervention plan;
- ensure a BID is completed, led by UNHCR with the relevant case management agency and authorities such as UPEL, with respect to decisions related to the reunification, alternative care, resettlement or any other significant legal decision affecting a refugee child; and
- make no permanent decision about a child’s alternative care arrangement as long as there is a chance of tracing family members and before all available tracing avenues have been exhausted and respecting the fact that there should be a minimum of one year of active tracing undertaken..



## MEASUREMENT

OUTCOME INDICATOR	OUTCOME TARGET	NOTES
1. Roll-out of the CPIMS in Lebanon	Yes	<p>(3) Kinship care and interim care arrangements</p> <p><i>Limited data is available on UASC in Lebanon. This will need to be explored further to develop measurements</i></p>
2. Percentage of children registered for tracing that have been reunified and stayed with their family for more than six months	90%	
3. Percentage of registered UASC in appropriate and protective care arrangements	100%	
ACTION INDICATOR	ACTION TARGET	
4. Link an emergency guidance procedure to the national SOPs in case of emergency to ensure adequate and timely response	Yes	
5. Percentage of registered UASC who are reunited with their caregivers or extended family, if in line with their best interest	60%	
6. Mechanisms in place for registration and receiving information and for active tracing of immediate family members and relatives	Yes	
7. Percentage of children who have received a least one follow-up visit within one month of being reunited with caregivers	100%	
8. Percentage of registered UASC in appropriate interim care or long-term alternative care	100%	
9. Percentage of registered unaccompanied children in long-term alternative care who are receiving monitoring visits at least once a month	90%	



## GUIDANCE NOTES

### **1. First days:**

It is vital to assess the situation for UASC and to initiate coordinated responses in the first 48 hours following an emergency through the already established government-led CPWGs and with relevant ministries. Coordination with relevant ministries should include: MOSA, MOIM, MOJ, and MOPH; however initial communication is to be led by MOSA as they are the main coordinating body for child protection services in Lebanon. Steps should be taken to help reunite families as quickly as possible, and to facilitate access to safe shelters for unaccompanied minors or standby foster families for interim care. All actions taken by humanitarian agencies should be coordinated with relevant ministries and working groups. Established community groups and focal points in SDCs, after referral pathways have been developed, are to be given contacts for emergency referrals. Where possible and appropriate, key messages can be widely disseminated through mass media, ensuring that families and children are aware of where to go to access services and to register separated and unaccompanied minors.

### **2. Preventing separation in organizations and communities:**

From the start of an emergency, communities should be informed of practical measures to avoid becoming separated from their children". This should be based on community assessments on causes of separation as well as existing community structures to prevent and respond to separations. Parents who decide to separate from their children during attacks or mass evictions should be encouraged to teach children vital information about their family identity. Furthermore, children and parents/caregivers should be made aware of the service providers in their area particularly the focal points for registering UASC. Humanitarian workers should be trained on how to ensure that children are protected and family unity preserved in delivering humanitarian aid. In cases of separated children, provision of support to interim caregivers, such as kinship care, should be carried out in a way that does not create incentives for families to encourage their children to register as separated while still ensuring stability of the care arrangement. On an inter-agency level, ensure contingency plans are in place in case of mass displacement or evictions and practical measures for reunification.

### **3. Coordination:**

Strong coordination is essential to promote effective and protective programme responses for UASC. Coordination will be built on existing child protection coordination mechanisms, including MOSA with HCC, and national- and field-level CPWGs. Ensure coordinated work on assessment, registration criteria, adapting forms, defining roles and responsibilities, and developing SOPs for working with UASC is undertaken. In addition, strong coordination is required with HCC and MOSA to develop family-based alternative and interim care arrangements in Lebanon. Family reunification, placement in shelters or other care arrangements, and



all durable solutions for refugee children must be undertaken in close coordination with UNHCR, and in accordance with the best interest procedure and where applicable, BID panels to be formed at field level for decision making.

#### **4. Identification:**

During the humanitarian response in Lebanon, UASC are often identified at UNHCR reception centres and through activities of protection agencies, including those with a child protection focus. UASC are also identified by service providers, child protection agencies and through outreach activities such as community mobilization and empowerment activities, CDCs, outreach volunteers, committees, etc. There are established referral pathways per field location identifying the geographical coverage of different agencies and focal points on child protection in the area of intervention. Frontline workers (for example case workers but also social workers delivering PSS activities and those engaged in outreach activities, including volunteers) are trained on identification and safe referral of UASC cases, as well as other children at heightened risk. Training of social workers (including from government/public institutions, health professionals etc.) on identification/referral should occur systematically and regularly (to account for staff turnover) and referral pathways should be continuously updated.

#### **5. Registration and documentation:**

Documentation involves recording all necessary information to determine the interventions needed to ensure that the best interests of the child are met, including defining a child's care and protection needs, developing case management- or safety-plans and conducting family tracing. These are developed in cooperation with the child and the potential customary caregiver through the child protection case management agencies and if in their best interest. All of the above should be conducted by continuing to ensure confidentiality. For refugee children, UNHCR records the basic biographical data for UASC at its reception centres, as well as conducting a BIA. It needs to be made clear in reception and documentation forms if the child is in the care of an adult who they know and trust, and whether siblings are also present. UASC refugee children must be referred to UNHCR for recording, and to facilitate tracing and family reunification efforts. The referral of UASC cases happens through an established inter-agency referral form identifying the specific needs of the child and recommended follow-up and actions to take, incorporated within the case management plan. The field-level CPWGs help clarify and update the referral pathways regularly and share these with child protection agencies regularly. For cases relevant to ICRC, the inter-agency referral form/request can be sent to the ICRC focal point who will then contact the family and assess the case, and follow-up as needed. The ICRC uses specific forms for family tracing depending on the needs of the case (for example tracing requests, allegation of arrest, and family reunification).



## **6. Child protection information management system (CPIMS):**

The child protection information management system (CPIMS) is the standard system for managing information that is used to support case management in emergencies. These databases track actions taken and future action plans. Based on this data, monthly, quarterly and biannual trends are identified in terms of child protection in emergencies. A centralized database is needed and recommended for information sharing among the different child protection agencies to help share case information between areas and agencies. The CPIMS also provides monitoring and evaluation on how effective programmes are, and analyses of child protection trends on a national level and to ensure that data is collected on UASC. The use of CPIMS is highly recommended and is being developed for use in Lebanon. Until it is operationalized, each child protection agency uses its own internal databases which monitor data and protection concerns on UASC. UNHCR has its own system for recording refugees, including UASC. The ICRC has its own database used for tracing and case management which is separate from CPIMS once it is established. The ICRC works in collaboration with child protection agencies as appropriate to each case and in accordance with data protection principles and regulations.

## **7. Tracing:**

Tracing is the process of searching for a child's primary legal or usual caregivers and other family members. The aim of tracing is to find a long-term solution that is in the child's best interests, which usually means reuniting with other close relatives. It also refers to the search for children whose parents are looking for them. Tracing is carried out in a number of ways using a number of different methods. The approach taken should be developed based on analysing risks to UASC and their families. Case-by-case tracing involves caseworkers actively searching for family members in places of origin or separation, as well as beyond. Tracing can be particularly effective when it links with community networks such as extended family systems, religious groups or community leaders depending on the place of origin of the family. Information on individual family members, for refugees, can also be found using the UNHCR database. Consent must be obtained for the UNHCR to undertake such a search and share information needed with mandated tracing agencies such as ICRC.

If in the best interest of the child, family tracing is in general carried out under the lead of the ICRC, where applicable in coordination with the national society (ie LRC for cases concerning Lebanon). ICRC carries out trainings for the Red Cross/Red Crescent national societies, such as LRC, on tracing and RFL activities which includes community awareness raising and how to access RFL services.

## **8. Verification:**

Verification is the process of checking whether a claimed relationship is real, and confirming the willingness of the child and the family member to be reunited. It is essential to assess the conditions for reuniting children, and to ensure that the child is not handed over to the wrong person. Verifying a relationship is usually done by matching information from both parties. More in-depth checks may be needed for



infants, young children, and children who have difficulty communicating. It is also essential to carry out a proper assessment to ensure that both the child and the parents are willing and able to reunite, and that an action plan has been developed to support the child's move back into the family. Depending on the child's history in the family or the cause of the separation, it may be necessary and appropriate to mediate between the child and family member. Some time may be required for this, or to determine whether reunification with parents or adult siblings or placement with a relative is in the child's best interests. In cases related to refugee children, this will be done through the BID process at the field level and is centralized with UNHCR. In other cases, mandated tracing agencies, such as ICRC and mandated national societies for RFL, lead the verification process.

## **9. Family reunification:**

Reuniting families is the process of bringing together the child and family or previous caregiver to establish or re-establish long-term care. The child, family and community should be prepared for the return of the child (see global Standard 15). Reuniting children with families should be carried out in line with Lebanese law. Support should take a community-based approach, and any material help given should be agreed between organizations. Reuniting families across borders should be carried out using ICRC and Red Cross/Red Crescent national societies, and UNHCR and International Organization for Migration (IOM) in the case of refugees.

## **10. Follow-up:**

Long-term separation or changes in a family's circumstances caused by conflict or chronic poverty can lead to difficulties in the reintegration process. Ongoing follow-up should be carried out to monitor a child's reintegration. The amount and type of follow-up needed will depend on evaluating the needs of the child. Where a child is receiving case management support, monitoring should be conducted by the case manager in addition to community-based monitoring. Relevant professionals working with the child will need to work through a participatory approach with the child to ensure their development needs are being met (for example education or vocational training) along with working with their families to strengthen their capacity to care for the child.

## **11. Preserving family unity:**

Not having enough food, shelter, education or livelihood opportunities can prompt children to leave their families or cause caregivers to abandon children, hand their care over to organizations or care facilities, or send them to live with extended family members in the hope that they will receive better care. For prevention, this network needs to be strengthened by working closely with international and local organizations including MOSA to ensure the basic necessities for families living in a state of emergency (i.e. temporary assistance). In addition, the preparation of a national plan for the prevention of separation in an emergency (for example



determine the geographical distance to reception, registration of families and children, and that there are no identification papers). This prevention plan must be in coordination with MOSA to prevent the risk of children being recruited into armed forces or groups, being abandoned, being trafficked or used as exploitative labour. This would include securing specialized educational centres where needed. Residential care facilities can serve as a pull factor leading to family separation, and should only be considered as an alternative care option for the shortest possible time.

## **12. Interim care:**

Interim care refers to care provided to separated children while families are traced and before decisions are reached about permanent care. Refugee children need a BID before being placed in interim care. In addition, child protection agencies should prioritize support to family-based alternative care options in emergencies. This would include training standby foster families within the communities for emergencies. If residential care is the only realistic care option, facilities should be supported to achieve minimum standards of care and strong protection procedures; mechanisms to monitor the safety and welfare of children placed in institutions in coordination with MOSA at a central level are also essential. Refugee children require a formal BID process and intervention plan prior to placement in interim care, shelters or other alternative care arrangements.

## **13. Alternative long-term care and adoption:**

If it is not possible to reunite a child with their family, or not in a child's best interest to do so due to increased risks, consider alternative long-term care options. Children should not be left in their interim care placements indefinitely without a review process to decide what long-term care options will be best. Decisions on long-term care should be taken through by the mandated NGO (UPEL) in parallel with the juvenile judges' recommendation. This decision should be based on a thorough assessment, by the mandated social worker, of the child's best interests (BIA/national SOPs), needs and available care options. A permanent family placement is likely to be in a child's best interests. Alternative long-term care options in Lebanon can include supported independent living for older children, informal foster care, and kinship care (all through a community-based monitoring approach). Adoption may be national or international and involves a permanent change in legal status using legal mechanisms; however because of cultural sensitivities in Lebanon, adoption is generally not an option for children at risk. Family tracing should be the first priority and inter-country adoption should only be envisaged for a child once these tracing efforts have proved unsuccessful, and where stable in-country solutions are not available and a thorough assessment has been done to ensure the best interest of the child.



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## STANDARD 14

### JUSTICE FOR CHILDREN

The term “justice for children” recognizes that children can come into contact with the justice system in a variety of contexts, including children who are victims in need of judicial protection, child witnesses or children in conflict with the law and that as a consequence the justice system must be competent to deal with all children who come into contact with it. Emergency situations and humanitarian settings increase the possibility of children coming into contact with the justice system as alleged offenders, victims or witnesses, or in a combination of these roles. Armed conflict in Syria has triggered large population movements and displacement, which is contributing to the breakdown of family and social structures and increasing children’s exposure to abuse, exploitation, violence and neglect which in turn, increases the possibility of children coming into contact with the law.

Risks and needs arising from emergencies through which children may come into contact with the justice system include:

- Arbitrary arrest and deprivation of liberty<sup>28</sup>
- Street and working children
- Worst forms of child labour
- Child trafficking
- Child marriage
- Children associated with armed groups
- Children recruited by criminal groups
- Children accused of criminal activity with adults (under Law 422/2002)
- UASC, including issues related to guardianship and alternative care
- Undocumented and refugee children
- Violations of human rights and the international humanitarian law
- All forms of abuse, exploitation, violence and neglect including sexual exploitation and abuse within the family, extended family and community – including in informal settlements, refugee camps, institutions such as schools, residential care homes, public and private centres.

**THE JUSTICE SYSTEM IN LEBANON:** Lebanon has taken significant steps in recent years to strengthen child protection legislation, particularly with the adoption of Law 422/2002 for the Protection of Juveniles in Conflict with the Law and or/at Risk in Lebanon. However, the justice system itself requires further reform to bring it fully in line with international norms and standards, and so that it caters to the needs of all children in conflict with the law; victims or witnesses, children at risk and children in need of protection – including refugee, asylum seeking and stateless children.

The implementation of the juvenile justice system falls within the prerogatives of the Ministry of Justice, through the Juvenile Courts and the Juvenile Department at the

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<sup>28</sup>Male adolescents are at high risk during raids and evictions.



Ministry, and contracted non-governmental civil society institutions, including the UPEL; security forces (i.e. judicial police, general security, state security, intelligence services, border control) and the Lebanese Armed Forces; correctional facilities; as well as the Department of Juvenile Protection at the Ministry of Social Affairs, civil society, including national and international NGOs and non-governmental institutions working in case management. It is important to recognize that the justice system as it concerns children requires coordination between ministries and sectors. Central to the system are MOSA and the HCC, the Child Labour unit at the MOL, the MOIM, municipalities, MEHE and MOPH, as well as recognizing the critical role civil society plays in the delivery of child protection services.

**CHILDREN IN CONFLICT WITH THE LAW:** Currently, there is no legislative framework or policy of diversion within the juvenile juridical system in Lebanon. “Diversion” means the conditional channelling of children in conflict with the law away from judicial proceedings through procedures, structures and programmes that enable them to be dealt with by non-judicial bodies, thereby avoiding the negative effects of formal judicial proceedings and acquisition of a criminal record. In Lebanon, limited opportunity exists to channel children in conflict with the law away from court proceedings and custodial sentencing. While Law 422/2002 provides for community service, this is a sentencing measure taken by a judge and is not a mechanism made available at the pre-trial stage and is therefore not the same as diversion. Law 422/2002 sets out a series of alternative measures that limit incidences where children might be deprived of their liberty but, where children are in conflict with the law, steps that subject them to trial and potential deprivation of their liberty (detention) remain the norm. However and where possible, the MOJ has taken some steps to introduce alternative measures to detention (community service) – but as these measures are taken at the sentencing stage, they cannot be considered as diversion mechanisms.

**ALTERNATIVES TO DETENTION:** Under Law 422/2002 alternatives to detention may be taken to ensure the protection and the best interest of the child. As such, court decisions may be made on the basis of the child’s age and/or the gravity of the offence. However, cases can still be referred to correctional facilities, rehabilitation centres, or institutions. The concept of non-custodial measures and family-based alternative care for children in conflict and contact with the law is still in its infancy in Lebanon.

**CONCURRENT LEGAL FRAMEWORKS:** Key challenges in the justice systems’ response to children in contact with the law are the concurrent legal frameworks that exist in Lebanon. Religious courts deal with children when linked to personal status cases such as marriage, divorce and custody (as provided under 1951 Personal Status Laws); military courts exert jurisdiction when children are linked to issues of national security and counter-terrorism (According to the Military Law and Law 422/2002). Law 422/2002 is a broad-based civil law that covers children in conflict with the law, and children who are at risk and in need of judicial protection. For example, in cases



where the juvenile court makes child protection decisions concurrent with those of the religious court in matters of custody, the decision of the Juvenile Court shall take precedence for the best interest of the child; however, this understanding is not shared by all stakeholders, and this remains a significant challenge in terms of child protection.

#### **CHILD VICTIMS AND WITNESSES, AND CHILDREN IN NEED OF PROTECTION:**

Law 422/2002 makes no specific provision for dealing with child victims and witnesses that meet core international principles. This is a significant gap in measures related to child protection. The law gives juvenile judges flexibility to take decisions in the best interests of the child, but there are no specific grounds for dealing with child victims and witnesses consistently among all juvenile judges.

## STANDARD

All girls and boys who come into contact with the justice systems as victims, witnesses or alleged offenders, or other children at risk and in need of protection are treated in line with international standards.

## KEY ACTIONS

### PREPAREDNESS

- Map governmental and non-governmental organizations and people involved in programmes that contribute to justice for children (Key actors in Lebanon include MOJ, MOIM and municipalities, MOSA, Ministry of Defence, HCC, UPEL, UN agencies, NGOs and INGOs);
- map and analyse the existing justice systems (at national and community levels), including traditional justice systems, to identify opportunities that can be relied on and strengthened, and to identify significant protection gaps;
- provide support to governmental and non-governmental organizations in establishing child-friendly spaces and procedures in police stations/desks and courts, including interview- and hearing-rooms (including child-friendly spaces for sexually abused children, “*dour moulahaza*” spaces to ensure that children are never detained in adult prisons, etc.) and involving specially trained police, personnel/prosecutors and eventually, legal representation, as well as diversion systems and quick proceedings for children within child-friendly courts;
- support efforts undertaken by governmental and non-governmental institutions to conduct child protection training and sensitization with internal security forces, general prosecutors, juvenile judges, lawyers, social workers including guidance on how to work with high-risk cohorts including street and working children, refugee and stateless children, etc. and ensure systematic and consistent training curriculums and monitoring are utilized;



- advocate with the relevant government and civil society actors for special Family Police Units to manage child-related cases including case of children experiencing family violence;
- provide support to the development of (inter alia) legislation, policy, procedures, data management and analysis, case management protocols, training curriculums and modules etc. on justice for children;
- undertake capacity building of key justice for children actors; deliver trainings to justice, social welfare and security sector professionals, including juvenile judges on child-friendly procedures and behaviours, and institutions receiving children – including in emergency situations, in cases of refugee children, provide trainings on BID processes for religious courts;
- strengthen coordination and networking between key actors and stakeholders within all regions to improve justice for children in contact with the law;
- establish the precedence of the juvenile court in all cases involving children in conflict with the law, victims or witnesses, children at risk or children in need of protection, including working to ensure minimum standards are set and implemented when responding to children in contact with the law;
- advocate for and support the development of a system to collect, monitor and evaluate practices to relating to justice for children, which can include but is not limited to: recording the number of children arrested and the place of detention; monitoring their treatment; collecting best practices and violations; recording the time period between the receipt of a child’s file/case by public prosecutors to the date of the verdict or non-prosecution; and
- undertake awareness raising of the justice system for children, parents and families, and enhance service-seeking behaviours.

## RESPONSE

- Ensure that responses recognize the needs of all children in conflict with and in contact with the law and not only child offenders, but child victims, witnesses and other children in need of protection<sup>29</sup>;
- ensure BIA/D processes are in place for refugee children and BID panels are in place (under UNHCR);
- support the MOJ to develop and maintain a regulatory framework including a monitoring and complaints mechanism for any violations that may occur within the justice system;<sup>30</sup>
- ensure national SOPs are followed when case managing children in contact with the law including protecting the confidentiality of children’s identity as much as possible;
- analyse patterns of violations against children’s rights that occur within Lebanon, and take action in urgent cases supported by the MOSA;

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<sup>29</sup>In Lebanon in accordance with Law 422/2002 mandated social workers are appointed by MOJ and supported by MOSA to accompany and provide support and advice to children at all stages of the judicial processes from within 6 hours of first contact with police through to release and/or case closer.

<sup>30</sup> At the level of some governorates, general prosecutors are assigned to respond to child protection cases.



- set up an inter-disciplinary team at governorate level of juvenile judges, social workers, psychologists and forensic doctors to monitor, evaluate and respond to complicated or critical cases referred by frontline social workers;
- advocate for release of children when the detention is illegal or facilities are inappropriate;
- when appropriate, in emergency situations where the formal system has collapsed, recognize the significance of community-based solutions and support them to function in line with international norms and standards;
- support the diversification of the police force and other judicial personnel to improve children’s access to female staff; and
- develop an information management system that functions across ministries and can support the identification and monitoring of all children in the justice system and including in detention (i.e. recording their location, status and treatment).

## MEASUREMENT

OUTCOME INDICATOR	OUTCOME TARGET	NOTES
1.Number of cases of detention of children in the last three months	TBC	(3) “Child-friendly Procedure” as determined in Lebanon by Law 422/2002
2.Average time spent in detention	TBC	
ACTION INDICATOR	ACTION TARGET	
3.Percentage of children who are in contact with the police who are dealt with using child-friendly procedures	100%	
4.Percentage of children who are in contact with the courts who are dealt with using child-friendly procedures	100%	
5.Percentage of cases of children who received support from a multi-disciplinary team	100%	

## GUIDANCE NOTES

### 1. Deprivation of liberty:

Deprivation of liberty means any form of detention or imprisonment or the placement of a person in a public or private custodial setting. Places of detention may



include a wide range of formally designated places, including police cells, prisons, military detention facilities, immigration detention centres, welfare centres or educational facilities, as well as places being used temporarily for the purpose of isolation from the general population. According to Lebanese child protection Law 422/2002, depriving a child of liberty should be a measure of last resort, for the minimum period necessary and should be limited to exceptional cases. The principle applies whether deprivation of liberty is mandated by a juvenile court or a general prosecutor. Instead of resorting to deprivation of liberty, it is preferable to consider the use of alternative sentencing, such as probation or community service. General safeguards do apply, but for children who are deprived of their liberty the best interests of the child should be the main consideration in terms of child protection. Adherence to this principle includes:

- Notifying the child's guardians or relatives immediately that the child is arrested.
- Securing the child's basic needs for food, medicine, etc.
- Adapting any detention regime to take into account age, gender, and special needs (with the support of specialized NGOs), with separation of boys and girls, adults and children.
- Ensuring contacts with the outside world, facilitated by NGOs, in particular with independent legal counsel, medical personnel and family visits, take place as often as needed and are allowed by the detaining authorities, as long as this contact is in the child's best interest.
- Ensuring leisure activities, outings and educational activities are included in the daily routine, provided by civil society organizations, within the formal detention or rehabilitation centres or prisons.
- In situations of armed violence, detention is often used to hold children who are seen as a security threat, such as captured children who were accompanying armed groups. Detention in rehabilitation centres or welfare centres is also used under the pretext of protecting children who are at risk of abuse and exploitation, who might otherwise be living and working on the streets, and for children seen as antisocial. The decision to detain should not be taken by a juvenile judge at the court or a general prosecutor alone. Often, the procedures for resorting to this type of detention are difficult, and this is evident in Law 422/2002. In cases where children are detained, the decision to detain them should be continually reviewed, including in cases where the family or guardians of the child are willing and able to take the child back into their care.
- Emergencies may also increase the number of children accused of so called "status offences". These include acts that would not be criminal if they were committed by adults, but can involve arrest and detention. Examples include curfew violations, school truancy, running away, begging, antisocial behaviour, gang association, and even simple disobedience. Detention of children under "preventative" measures, is a violation of the obligation to act in the child's best interests, and deprivation of liberty should only be used as a measure as last resort.



## **2. Documenting violations:**

It is important to document patterns of violations against children that occur within the justice system from the earliest possible stage of investigation and detention to the trial and execution of decisions. This is especially important during emergencies and humanitarian settings, as a basis for evidence-based campaigning to prompt an effective application of the existing national laws and procedures. In cases that reach trial, there are a number of other safeguards that apply to the child victim or witness, according to juvenile courts standard procedures, under Law 422/2002.

## **3. Advocacy:**

This should focus on stopping current violations (beginning with those that are most severe in their effect on the children) and preventing future violations. It should be supported by evidence gathered during monitoring and documentation activities undertaken by civil society organizations, in support of the MOJ.

## **4. The multidisciplinary team:**

To take action in all cases, it is important to form a multidisciplinary team of professionals as soon as possible, building on resources and existing structures of the civil society organizations. Once the team is formed, it may also be possible to carry out further specialized training in particular areas of need.

## **5. International frameworks:**

The international legal framework sets certain benchmarks for children affected during an emergency. The standards set out in the ICCPR and UDHR concerning the right to a fair trial, the right to presumption of innocence, protection from the death penalty, and protection from arbitrary arrest and detention apply to everyone, including children (for example art. 14 ICCPR). In Lebanon, justice for children during an emergency operates as in non-emergency situations with the aim to strengthen and improve the justice system for children in the longer term.



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## STANDARD 16

### COMMUNITY-BASED MECHANISMS

For these standards, “community” is defined geographically as a group of people living in or near a particular location, such as a village or an urban neighbourhood. Although a community may not always be homogenous group (there may be different ethnic groups, religious groups, people with varying levels of socio-economic status, refugees and host communities etc.), communities can provide significant ways of preventing and responding to child protection risks. Even in situations of mass displacement where no “community” is initially visible, groups of people can self-organize to support children at risk.

In Lebanon, communities can be defined as: “family/extended families” who want to be together to be a support network to each other; Palestinian camps and/or gatherings which are formed based on people with common history, ethnic background or nationality etc. (also with subgroups); geographic communities such as an informal settlement, neighbourhood, camp etc.; religious institutions/groups; and social communities based on common interest (for example Scouts, youth groups, etc.). For formal community structures, one can consider Social and Community Development Centres (SDCs and CDCs), schools and formal (government-run) institutions that can be central points for the community in addition to local civil society. Less formal structures include community groups such as youth and women groups, for example. Community-based mechanisms link in with formal, governmental and non-governmental structures (for example civil society), and also build and rely on the informal community-based connections and resources which may already be in place.

A community-based child protection mechanism (CBCPM) is a network or group of individuals at the community level who work in a coordinated way towards child protection goals. These mechanisms can be internal (a mixture of traditional and outside influences) or externally initiated and supported. Sustainable community structures require meaningful community engagement and buy-in over a period of time, as well as dedicated capacity-building support. Effective CBCPMs include local structures and traditional or informal processes for promoting or supporting the wellbeing of children, which in Lebanon could include links to local community-based organizations and/or community groups linked to CDC/SDCs operating under MOSA. However, due to the variations of communities and nationalities across Lebanon, it is difficult to have a standard model for community-based protection mechanisms and some regional variances in approaches are necessary.

## STANDARD

Girls and boys are protected from abuse, violence, exploitation, and neglect through community-based mechanisms and processes.



## KEY ACTIONS

### PREPAREDNESS

- Carry out assessments with female and male community members, children, youth and key local community actors (for example religious leaders, shaweesh, SDCs) to identify existing internal and external methods of supporting children at risk;
- field-level CPWGs or any local governmental coordination hub to map local (formal and informal) service providers and support mechanisms (for example, child protection networks in Palestinian camps, women’s groups, youth groups, health workers, teachers, religious leaders, UNRWA school parliaments, community-based rehabilitation workers, etc.), and their strengths and weaknesses, to start building on existing capacities and mechanisms;
- develop a contingency plan by community-based groups in line with MOSA’s National Plan for emergency preparedness, through the active participation of the SDCs to ensure government leadership;
- consider SDCs and CDCs to be key coordination hubs for external agencies or community-based mechanisms for child protection;
- identify community members from different ethnic/age/disability groups, displaced community members, teachers/health workers or other direct service providers, social workers/outreach workers and volunteers to protect children from, violence, exploitation and neglect, and also to support child survivors of abuse;
- identify the risks and needs for children in emergency situations by using a baseline survey undertaken through community members/groups and including children in the community; particular attention must be given those who might be at higher risk of abuse and exploitation such as children with disabilities, UASC, children suffering from psychological difficulties, street and working children, child beggars (including refugee children and children from Dom, Turkmen, and Nawar<sup>31</sup> communities), children without identification documents, and children subjected to early marriage and WFCL (in agriculture etc.);
- assess the capacity-building needs and resources of community members, groups, and existing structures and strengthen these; and
- assess the level of inter- and intra- community dynamics to inform social cohesion programmes in support of appropriate governmental institutions, CDCs and SDCs, including the communities’ ability to receive displaced families safely.

### RESPONSE

- Strengthen networks and links between the CBCPMs by coordinating the response and building on existing processes, resources and capacities in CBCPMs to provide

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<sup>31</sup> Nawar is an official appellation for the gypsies of Lebanon and Syria.



child-friendly support and services (including links to relevant ministries/SDCs, I/NGOs, and local civil society organizations);

- facilitate the development of a community response plan at the onset of an emergency, together with relevant governmental institutions (including early warning), and based on the needs identified through a baseline survey;
- support CBCPMs to develop links with formal (governmental) aspects of the national child protection system at local, regional and national levels – to link SDCs, police, agencies mandated by MOJ, etc.;
- work with the community within an institutional functionality where they exist, to include in CBPMs different subgroups, including women, children and highly vulnerable people such as people with disabilities, displaced people and groups, and ensure social cohesion with host communities;
- provide ongoing technical and organizational support to community initiatives where necessary and appropriate in line with existing governmental agencies to ensure community ownership and sustainability;
- mobilize and strengthen peer-to-peer response and monitoring, encouraging existing or newly organized adolescent and youth groups, women’s groups, child protection committees within different settings (informal settlements and Palestinian gatherings) to be involved in CBCPMs and child protection issues;
- build community capacities for safely identifying and referring children and families to the services needed through capacity-building initiatives targeting CDC/SDCs, community groups and volunteers;
- build the capacity of identified groups on key child protection principles and risks which may include: code of conduct/safeguarding, safe identification and referral, camp management (both ISs and Palestinian gatherings), and implementation of response plans;
- link CBCPMs with authorities within Palestinian camps even if there is no formal entity (for example popular committees);
- support CBCPMs in conducting effective community-level messaging on preventing and responding to violence, exploitation, neglect and abuse of children, as well as dangers related to accidents (for example mine-risk education, see global Standard 7); and
- ensure that the community is aware of community-based structures through information dissemination and communication activities that communities know how to access service providers by using innovative and appropriate means of communication, such as through health centres, CDC/SDCs or media (SMS, radio, TV, social media, etc.).



## MEASUREMENT

OUTCOME INDICATOR	OUTCOME TARGET	NOTES
1. Number of targeted communities that report the presence of functioning and responsive CBCPMs	TBD	<p>(1) Depending on context, sustainability of protection groups may differ; initiation of committees within Palestinian camps/gatherings maybe more long-term than Syrian groups/committees due to the changing circumstances of communities</p> <p>(6) The percentage of cases referred would in return mean that the community has a functioning referral system in place</p> <p>(8) Trainees come from centres, SDCs, groups, CBCs</p>
ACTION INDICATOR	ACTION TARGET	
2. Mapping of existing informal and formal CBCPMs	Yes	
3. Inclusion of questions on informal mechanisms for support to children in rapid CP or multi-sectoral assessment	Yes	
4. Percentage of targeted communities where adolescent/youth groups are present	60%	
5. Percentage of targeted communities where children with disabilities access CBCPMs	60%	
6. Percentage of targeted communities with a functioning referral system	70%	
7. Percentage of CP cases referred by CBCPMs	50%	
8. Number of community groups trained on key CP principles and risks	At least 10 will be trained from each CBCPMs <sup>32</sup>	

## GUIDANCE NOTES

### 1. External support:

Agencies should not assume that it is necessary to set up new CBCPMs. In some contexts, it may be possible to include child protection prevention and response in existing community-based structures such as outreach volunteers and community groups. Natural helpers and local leaders should be involved, including village chiefs, women leaders, respected elders and religious leaders, refugee outreach volunteers, teachers, children or existing youth groups or networks, as well as shaweeshes and

<sup>32</sup> This is then determined by the LCRP targets.



landlords/property owners. Entirely new community groups are not recommended as they can undermine existing support and result in an oversupply of groups disproportionate to needs.

## **2. Ownership:**

CBCPMs are effective when local people take ownership and see them as a way of fulfilling their responsibility to children. Agencies should take a considered approach to involving community people who will take important decisions and activate local networks for children and involve and liaise with CDC/SDCs wherever possible. International concepts of child protection and child rights should be introduced using respectful methods that avoid a top-down approach but at the same time support and harness existing formal structures in Lebanon. The role of children in community-based child protection mechanisms is central, and their effective participation is essential, as well as their right to make informed choices as to whether to participate or not.

## **3. Complaints mechanisms:**

Humanitarian agencies should develop confidential, accessible and safe reporting community-based complaints and feedback mechanisms through which children and community members can report abuse. While promoting CBCPMs, child protection workers should ensure that children and adults have sufficient information and access to a child-friendly complaint and response mechanism. In addition, they can also report abuse that is carried out by representatives of the CBCPMs themselves. Unfortunately, there may be individuals who use CBCPM membership to improve and subsequently abuse their status in the community. In this heavily urban but at the same time scattered context, local structures such as schools, clinics and SDCs should also be relied upon to share information about CBCPMs, safe and confidential reporting mechanisms, and dissemination of multiple methods including hotline numbers.

## **4. Incentives:**

Using payment and external incentives for community volunteers should be done with careful consideration, as it undermines the spirit of volunteering and is not sustainable. Incentives for community group members and volunteers can be cash-based and non-cash based. Cash-based may include compensation for transportation, or using phone cards. Where salary-type incentives are provided for community volunteers, ensure this is done in accordance with relevant Lebanese laws and ensure a coordinated approach with other relevant agencies, including standards agreed at the CPWG level. Other incentives may include capacity-building plans for the community-based volunteers. Incentives are to be used as a means to motivate community members, in line with “do no harm”. Additional oversight and monitoring measures are needed for community-based actors, including training on PSEA.



Using existing resources from within the community can help improve sustainability and ownership. Identify the resources that a community can offer to a community-based child protection group or network, for example designate physical space that is seen as a community space, rather than somewhere rent is paid by an NGO or other group. This could include using local municipal buildings, CDCs and SDCs, schools, tents, garages, and members' homes, as appropriate, on a rotation basis.

## **5. Capacity building:**

CBCPM members need recognition and capacity building in order to understand their roles and take part in effective work. Training and coaching of CBCPM members should use methods of dialogue and mutual learning, and build on local understanding of children and their needs. Allow CBCPM members to identify the key support and materials they need and provide them with the skills to be able to advocate for these resources. To ensure effective development of CBCPM members and their interventions, it is important that capacity-building initiatives include not only child protection technical skills but also other important skills such as trainings on general humanitarian principles, interpersonal skills, literacy, PSEA etc.

## **6. Subgroups:**

Humanitarian organizations should recognize that their own involvement with CBCPMs will affect local power structures, and should develop feedback methods to ensure that their work is not doing harm to specific groups or individuals. In each community or group of affected people, some subgroups have more power than others (for example children with disabilities and their families are often seen as a group who are not encouraged to participate in any type of community activity or events and outreach to them does not happen on a targeted basis). Take steps to ensure the inclusion of different subgroups, including children, in CBCPMs and to enable their voices are heard. Encourage diversity in the group – including nationality, age, profession, gender, religious, geographical and disability. Develop a clear and defined TOR for each of the community groups and provide opportunities for confidential feedback, including a suggestion box or complaints system where community members and committee members can offer suggestions or concerns.

## **7. Messages:**

Often communities are unaware of the services that exist and who are entitled to access them, which is why providing adequate information to communities can also help to prevent child protection issues. There is a need to work with CBCPMs to spread up-to-date information in terms of:

- Service providers and referral mechanisms within the community (for example where to go for health or rehabilitation services, education programmes, child-friendly spaces, case management agencies);



- Risk reduction, preparation and coping (for example risks associated with certain practices, how to avoid family separation, positive parenting, livelihood opportunities to reduce negative coping mechanisms);
- Awareness raising on the UNCRC and understanding of Lebanese legislation (which includes labour law for children, education law, Law 422/2002 – Children at Risk, and Law 220/2000 – Rights of Persons with Disabilities).

Such information can be addressed to children, parents/caregivers and communities. Messages should be culturally, linguistically, and socially appropriate, developed and tested by local people, and focused on positive actions that local people can take.

Messages should be delivered through effective communication channels and presented in a child-friendly manner since the sender of the message can be as important as the message itself. Senders of messages should be trusted local people who deliver clear, understandable messages. Trusted local people may include: parents/caregivers, grandparents, landlords/property owners, and volunteers – these are based on access to services, economic support, harassment on the street, feeling of security, everyday life in the home. Access to technology in Lebanon is available and every household has access to some form of multimedia devices that allow them to both access and share information. Modes of communication used in Lebanon include social media applications, SMS, radio, TV and more traditional methods such as Friday sermons and hakawati. In addition, informal networks among different population groups have been established and are seen as extremely valuable for accessing services or meetings (and may include culturally appropriate forms of art such as music, song and drama).

It is important to consider that the way the messages are delivered will dictate who is included and who is left out (see global Standard 3). When helping or encouraging community members to raise issues ensure that any possible risks, such as discrimination or harassment, to those members are assessed and considered before any course of action is taken.

## **8. National system:**

CBCPMs are most effective if they are connected with in-country resources, institutions and child protection networks present at community, regional and national levels. Steps should be taken to help CBCPMs create local child protection networks, and to connect with all relevant ministries where applicable and necessary, with strong links with MOSA. Professionals connecting with different ministries would include social workers, health workers where there are available primary health centres, child-welfare services, education services, the juvenile justice system (for example UPEL) and other service providers. While programming should be culturally sensitive and in line with national systems including the case management national SOPs (linked to protection of children) and the MOSA National Plan to Safeguard Children and Women in Lebanon, the need to adhere to international legal and human rights standards such as the UN Convention on the Rights of the Child should always be promoted.



## **9. Urban settings:**

Towns and cities may offer more opportunities for linking community mechanisms with other parts of the child protection system. However, additional learning on CBCPMs is needed since the evidence base on community-based mechanisms is limited globally. In Lebanon, refugee populations are widely dispersed across urban settings, camp settings and collective centres. In urban settings there are a higher number of functioning CBMs, which might not be involved in child protection but can be encouraged, skilled and connected to resources which support them to include child protection in emergencies to their existing TOR in emergencies. In rural areas, it is important to look at the existing community-based structures in areas receiving larger numbers of displaced people in emergencies and where there are also significant Lebanese population.

## **10. Funding:**

Often in emergencies, practitioners are required to develop and submit proposals for funding in a short time frame of five to 10 days, which is insufficient for conducting careful assessments or for designing community-based interventions that would strengthen child protection systems. It is recommended that practitioners conduct ongoing assessments and fact-finding as a means of developing an adequate foundation for programming, which can be done on regular bases (6–12 months) through the coordination structures.



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## STANDARD 20

### EDUCATION AND CHILD PROTECTION

Education is a fundamental human right for all people. It is especially critical for large numbers of children affected by conflicts and disasters. However, it is often disrupted during emergencies, depriving learners the transformative effects of quality education. Education in emergencies comprises learning opportunities for all ages. It comprises of early childhood education, primary and elementary education, non-formal education, technical and vocational education, special education, and adult and higher education. In emergency situations through to recovery, quality education provides physical, psychosocial and cognitive protection that can save and sustain lives.

Quality education contributes to the safety, growth, and welfare of children, before, during and after emergencies; it is affordable, accessible, gender sensitive, and responsive to diversity and the different educational capacities of children. Quality education<sup>33</sup> comprises of:

1. A safe, collective and friendly environment for the learner;
2. Efficient and well trained teachers who are knowledgeable about the subject and pedagogy;
3. An appropriate context-specific curriculum that is comprehensive, linguistically, culturally and socially, including those with special needs;
4. Adequate and relevant materials and subjects for teaching and learning;
5. Common rules for teaching techniques and learning that respect the learner's dignity;
6. Suitable sites for classes and appropriate average number of students for each teacher;
7. Recreation, playing, sports, and creative activities in addition to other domains such as literacy, numeracy, and life skills.

For survivors of violence, exploitation, abuse and/or neglect; education is both critical as a right, and secondly because of the crucial role that it plays in supporting these children in re-joining their peer groups. In relation to prevention, education is considered to be an important method for passing on messages, raising awareness and providing life skills to support children's abilities to recognize risks and respond accordingly.

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<sup>33</sup> INEE, Glossary dictionary, p.122



In the context of Lebanon, it is worth noting that the mention of schools relates to public formal education which is under the mandate of the Ministry of Education and Higher Education (MEHE). Non-formal education (NFE) is provided in community centres by civil society organizations under the MEHE-regulated NFE framework. Teachers are those contracted by MEHE, and educators and facilitators are contracted by NGOs. Given the strong interconnection between Education and Child Protection, it is important that these two sectors work together closely and constructively.

During times of crisis and emergency, education may help restore a sense of normality, dignity and hope by offering the chance to participate in structured activities in a safe environment. In this context, the following guidance on education and child protection aims to provide basic information on the relationship between education and child protection. More in-depth guidance on the provision of education in emergencies and its linkages and cooperation with the child protection sector can be found in the INEE Minimum Standards.

Quality education<sup>34</sup> can be lifesaving through providing physical protection from dangers and exploitation in the environment of a crisis. When a learner is in a safe learning space, they are less likely to be sexually or economically exploited and exposed to other risks such as child marriage, being recruited as soldiers or by organized crime. In addition, education can convey lifesaving information to strengthen critical survival skills and coping mechanism. Examples include how to avoid landmines and the spread of diseases, how to access healthcare and food. Engaging parents and caregivers with awareness programmes that provide important life skills also supports the creation of a protective environment for children and the development of their resilience.

## STANDARD

Child protection concerns are reflected through the primary assessment of educational programmes and their design, monitoring and final evaluation; boys and girls of all ages can access safe, high-quality, child-friendly, flexible, relevant and protective learning opportunities in a healthy and safe environment devoid from violence.

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<sup>34</sup> INEE, Introduction to the Minimum Standards for Education, p.2.



## KEY ACTIONS

### KEY ACTIONS FOR CHILD PROTECTION ACTORS

- Assess information concerning child protection for those working in education and ensure time is taken to discuss the impacts of this information on education;
- coordinate with the education sector to map schools that may have high security risks, including risk of attacks or occupation from military forces;
- coordinate with education actors to map all existing and available resources adapted and contextualized to Lebanon that are related to children's developmental needs before, during and after conflicts;
- incorporate questions about education into discussions with caregivers, community members and children and invite education facilitators to attend, and to include the situations of children in different care arrangements (for example children in residential care, child heads of households, children on the streets and children with disabilities);
- set up a functional referral mechanism linked to the child protection policies within formal and non-formal education spaces so that educators and education facilitators can quickly and efficiently refer children with protection needs to child protection focal points in both settings;
- provide training to child protection workers on education and child development needs in emergencies;
- set up a functional referral mechanism for CP actors to refer out-of-school children to appropriate formal or non-formal education pathways;
- train education and ECD facilitators in the communities (including children) on how to identify and report child protection risks in and around educational facilities;
- ensure CP actors are aware of the referral mechanism to report violence in formal schools to MEHE,
- encourage and train NFE educators to use child protection messages on locally identified risks and child protection issues (for example family separation, land mines etc.) and run risk-reduction activities;
- train education facilitators on monitoring, detecting and reporting cases of abuse related to any kind of physical and humiliating punishments;
- regularly monitor the situation of child protection at NFE learning spaces, including the interaction of educators and other personnel with children, to highlight corporal punishment and any other acts of abuse or degrading punishments committed on children;
- agree which of the suggested indicators in this standard should be used to track progress;
- ensure that the National Education Working Group or other existing education coordination mechanisms regularly review child protection in education;
- collect examples of success stories including children's accounts to demonstrate the positive effects of quality education interventions on child safety and welfare;
- work with NFE learning spaces to ensure availability of adequate water and sanitation facilities; and



- raise awareness at community level together with parents/caregivers on the importance of education, monitor children who dropout from school and work collaboratively with relevant actors, children and their families to prevent and respond to school dropouts.

## KEY ACTIONS FOR EDUCATION ACTORS

- Ensure the inclusion of the safety of the affected population as a sub-objective of each education intervention;
- follow the INEE Minimum Standards in designing, planning and implementing education programmes which take into consideration the protection and wellbeing of children and that learning environments are safe and secured;
- work with child protection workers on organizing child-friendly spaces or temporary learning spaces and ensure they complement and do not compete with existing or planned educational programmes (see global Standard 17);
- ensure that the Back to School Initiative is in compliance with the universal access to education opportunities addressing barriers to enrolment and retention;
- review periodically education and child protection activities to ensure they do not unintentionally lead to conflict risks and take appropriate actions to ensure they “do no harm”;
- promote the policies and protocols meant to protect children such as that all staff in the learning spaces shall abide by the code of conduct;
- map or update specialized education facilities to ensure children with disabilities and those with learning difficulties are identified and referred;
- emphasize the right to inclusive education for children with disabilities and other marginalized children and integrate them into learning facilities or mapped inclusive formal schools;
- ensure safety and security of learners to and from schools, by providing transportation when and if needed, including engaging monitors on the buses and ensuring accessibility of children with disabilities to school transport services;
- promote and disseminate the MEHE hotline to receive complaints of violence in schools;
- ensure that all NFE learning spaces shall be qualified and equipped with appropriate facilities for the purpose of receiving all students including those with disabilities;
- ensure community participation through parents and caregivers’ active engagement in relation to their children’s learning environment;
- ensure that periodic, relevant and structured trainings for teachers, as required by the INEE Minimum Standards, also tackle wider child protection issues, such as preventing children in schools from being recruited by armed forces;
- provide trainings to child protection workers on education, ECD and children with disabilities in emergencies and ensure frontliners are aware of the education pathways and appropriate referrals;
- ensure that educators and facilitators receive trainings in order to have increased knowledge of practices related to positive discipline; and



- ensure inter-sectoral coordination between child protection and education and information sharing is disaggregated by gender, age, and disability, to facilitate child protection responses.

## MEASUREMENT

OUTCOME INDICATOR	OUTCOME TARGET	NOTES
1. Percentage of assessed formal and informal learning environments that are safe and accessible for children of different ages	100%	The “strategies” should be specified and rolled out accordingly
2. Percentage of children of different ages (including children with disabilities) able to access schools and other learning opportunities	100%	
ACTION INDICATOR	ACTION TARGET	
3. Percentage of active-duty educators trained on CP threats and strategies to handle threats	TBD	
4. Percentage of surveyed active-duty education staff who have signed the adopted code of conduct	TBD	
5. Percentage of formal and informal education environments that are regularly monitored with the aim of deciding whether children are protected from abuse, neglect, exploitation and violence therein	TBD	
6. Percentage of educational facilities that were indicated as unsafe and that were moved to a safe area	TBD	
7. Percentage of educational facilities that are indicated as accessible to children with disabilities	TBD	
8. Number of children who are identified as at risk and referred to CP case management by education staff monthly	TBD	
9. Number of formal and informal education facilities, students, teachers, and other education personnel that have been attacked during the past month	TBD	
10. Number of children attending education after barriers were removed	TBD	



## GUIDANCE NOTES

### **1. Flexibility, relevance and quality:**

Flexibility in setting up education is essential for meeting learners' and teachers' protection needs. The means of delivering education need to be adapted to meet the needs of each child (including children with disabilities) and to the context. This process may include changes to class schedules and yearly timetables to meet the needs of particular groups of learners. Organize classroom spaces to promote interaction, self-study, distance learning, catch-up classes and accelerated learning or different modes of learning as may be relevant, depending on the context.

### **2. Administration:**

Waiving the requirement for documentation normally needed to enter schooling (such as age or birth certificates) is recommended if done in partnership with the necessary authorities, education organizations and community groups. Coordination should ensure the process is clear and the proposed changes are recognized and put into practice consistently in Lebanon and in the state of origin. (See also, INEE Minimum Standards Domain 2: Access and Learning Environment.)

### **3. Equity:**

The absence of fairness in education can cause harm. Concrete examples of methods to tackle unfairness in educational content include reviewing the curriculum, providing teacher support on methods to involve children, promoting inclusive education, and offering student lessons on acceptance to help them deal with past issues. Review the content of textbooks to ensure that there is balanced presentation of historical events. (See also, INEE Minimum Standards Domain 2: Access and Learning Environment.)

### **4. Teachers and other education personnel:**

Support for teachers and their wellbeing should be considered and included as a protective measure. Teacher support includes training teachers on how to identify children's needs, child-centered learning strategies, psychosocial support, inclusive education practices and ensuring there are clear ways of reporting protection concerns in the classroom. Limiting class size and reducing unrealistic expectations placed on teachers is vital to ensure teachers are protected, rather than just protectors. (See also, INEE Minimum Standards Domain 4: Teachers and Other Education Personnel.)

### **5. Protective environments:**

Help to create protective and supportive environments in and around education, firstly by adapting education facilities and secondly by strengthening pre-existing



child protection and social support systems, for example, the learning structures and environment need to take into account learners' physical disabilities and activities need to be organized according to a locally realistic class size. Waste pits for solid waste should be available, as well as drainage facilities such as soak pits, and adequate water for personal hygiene, with clean male and female toilets that can be locked from inside. (See also, INEE Minimum Standards Domain 2: Access and Learning Environment.)

## **6. Abuse:**

Teachers and other education personnel can abuse and exploit children. There can also be bullying and child abuse committed by other children in schools. Measures for prevention and response to violence should be included, such as reporting, referral pathways and measures to train communities (through parent–teacher associations, child protection networks etc.) on where and how to prevent, report and respond to teacher- or student-led abuse.

## **7. Attacks:**

Schools can also be targets for the recruitment of children as soldiers, and other forms of abuse and attack. If these dangers are present, the initial evaluation and protective strategies for schools should ensure that the schools and learning spaces are in areas that are less susceptible to such violence. In certain cases, this will mean trying to move the threats and not just the schools for example, through clearing landmines in or near schools. Risks of physical harm or sexual assault on the way to/from school, which might discourage girls and boys from attending, should also be continuously controlled and lessened with the support of parents' committees.

## **8. Messaging:**

Education activities are a crucial method of passing on not only academic knowledge, but also practical knowledge, awareness and life skills that can help children care for and protect themselves and their peers. Key messages and activities that should be included in education activities can include:

- Reducing risk, such as prevention of separation, disaster risk reduction such as what to do when an earthquake strikes, dangers and injury prevention such as mine-risk education (see global Standard 7)
- Life skills, such as how to manage risk-taking behavior (such as substance abuse), non-violent conflict resolution skills, communication skills, etc.



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