



Child Protection
Sub-Working Group

Joint CP and GBV SWG Meeting in partnership with NCFA

Meeting Minutes 28th of September 2021



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Co-chairs: UNHCR, UNFPA and UNICEF

Agencies present: Action Against Hunger, ActionAid, AIDOS, Caritas Germany, Caritas Jordan, COOPI, CVT, DRC, FPD, HelpAge, ICMC, IOCC, IRC, JNCW, JRF, Martha EDU, MECI, MedAir, MoH, NCFA, Operation Mercy, Plan International, PRM/ U.S. Embassy, Rowad alkhair, Save the Children, SCJ, SOS, TDH-Italy, TDHL, UNFPA, UNHCR, UNICEF, War Child Holland.

Agenda

- Welcome and Introduction.
- Working with child survivor of sexual violence – presentation from the GBV Case Management Coaching initiative.
- CP and GBV IMS data on child survivor of GBV – CP IMS and GBV IMS co-chairs
- National priorities to address family violence (NCFA)
- An overview of CMR services in Jordan – MoH
- Cybercrime (child survivor of online sexual abuse) – FPD.
- AOB

Agenda items	Discussion	Action points
Welcome and introduction	<ul style="list-style-type: none"> - Welcoming participants and discussing the agenda. - The meeting was held in Arabic with the availability of English interpretation. - This is a joint meeting with both GBV and CP SWGs, discussing child survivor of sexual violence. During the previous CP/GBV joint meeting, child marriage was discussed. Based on the action plan there will be 2 joint coordination meetings to discuss certain topics. 	<ul style="list-style-type: none"> - MoM will be uploaded on UNHCR’s data portal: http://data2.u



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		nhcr.org/en/situations/syria/location/36
<p>Working with child survivor of sexual violence – presentation from the GBV Case Management Coaching initiative</p>	<ul style="list-style-type: none"> - Introducing Shefa Obeid, the specialist who was supporting the GBV IMS TF to strengthen case management. Shefa offered a training on child survivor of sexual violence. - One of the goals of the training was to focus on child survivors of sexual violence. This training was a 3-day online training from 21-23 March using zoom. The chosen subject is very limited to organizations working with survivors of GBV and it is important to work on the actual needs and use proper material for survivors of GBV. The training was prescribed as a need based on <i>baseline assessment</i> results and due to the limited availability of interagency caring for child survivor’s training for agencies working primarily with women. - Some items needed to be modified, case studies have been limited and needed more cases to work on. Need for responding to child survivors with disabilities and early marriage survivors. - The material for dealing with care providers needed more adaptation. Incorporating response for high-risk cases like mental health cases and suicidal cases. Online training included interactive live surveys, case presentation videos, breakout rooms for discussion, etc. - First objective was based on knowing the capacities of case management by finding a trust and confidence dealing with children, there is a need to increase the level of trust when dealing with complex cases. The existing case managers have different capacities, and it is important to provide opportunities for peer-to-peer learning. - Focus on dynamic details between children and care givers within case management including psychosocial response to child abuse. Material is focused on the perspectives and issues based on the initial assessment when dealing with complex cases and focuses on how to take the correct decisions. - Obtaining consent from children depends on their age, and there was an expert from UNICEF who supported in this. - Highlights of learning methods: - Assessing core child friendly attitudes. 	



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- Types of child abuse group Jam board. Used the Jam Board to know sexual violence, used google to draw what children see in sexual violence.
- Child interview review and discussion - through video sharing.
- Peer teaching of creative interview techniques to assist disclosure- through breakout rooms.
- Role plays in groups and presenting to group.
- One of the beneficial activities was the mentimeter and it was beneficial for evaluating children. This helped in having a discussion regarding some statements and comparing answers to reality.
- Lessons learned:
- group work and interactive methods are essential.
- Peer teaching and real case presentations give chance for feedback, collaboration and learning between organizations.
- Trainings in case management are more effective when there is a pre assessment or focus group with participants.
- Complex case reviews and studies (with intersecting challenges) are vital in ensuring real life application of learning
- Icebreakers.
- **Questions and comments:**
- Q: after the coaching and training session that was conducted what are the followed steps especially in some complex cases like suicidal cases that are related to early marriage?
- A: contingency plan is part of our work. More than 7 coaching sessions were available to discuss complex cases like suicidal cases that were discussed in 2 sessions including mental health. These are not enough to be sure that they are applied on reality, but task forces are encouraged to seek for help and ask for the needed support when dealing with such cases. However, we still need to work more on this.
- It is important to train case managers to respond on the child survivor of sexual violence and the proper referral pathways.
- Q: Martha EDU that is an organization working on teaching the sign language to deaf and mute children asked about obtaining these trainings?



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	<ul style="list-style-type: none"> - A: these trainings are specialized to case managers, there are other trainings like GBV and CP safe referral trainings that can be beneficial for non-CP/GBV frontline workers. JRF provides trainings on the referral pathways. - If the organization do not work on case management, safe referrals for CP cases trainings are also available and provided by UNHCR. 	
<p>CP and GBV IMS data on child survivor of GBV – CP IMS and GBV IMS co-chairs</p>	<ul style="list-style-type: none"> - CP IMS task force was established in 2015 by UNHCR. Members: UNHCR, IMC, JRF, TDHL, IFH, STC, Intersos and Rawad Al Khair. It is a web-based case management tool and database designed to capture, store, process and manage child protection services data to facilitate monitoring and evaluation of child protection interventions, and to facilitate effective case management for individual vulnerable children. - CP IMS aims to establish a relationship to better understand the needs of a client (child), ensure access to assistance so that the client can heal from experiences by building on the strengths of the client. - Case management: case managers provide needed services and full case management for the beneficiary that is the child. The individual case manager aims at building a meaningful relationship with the child and the family that promotes the child’s emotional and physical safety, builds trust, improves the care and protection of the child. - Cross cutting data between CP and GBV data from Jan-June 2021: - Children survivor of GBV: 51% females and 49% males. - Sexual assault cases: 82% while 18% are rape cases. - Governorates from highest number of cases to lowest: Amman, Zarqa, Irbid, South, Mafraq, Zatari camp, Azraq camp, EJC. - midyear data is being reviewed and analysed by the CP IMS TF. - GBV IMS is like CP IMS but the data collection is different as we don’t take information from people who reported on GBV cases. - Data collected is between Jan -June 2021, this data does not represent the amount of sexual violence on children. - According to GBV IMS mid-year report, forms of sexual violence were in the context of online sexual harassment and child labour. - 95% of children who reported are not married. Many factors prevent married children to report like fear and social stigma, lack of awareness and fear of retaliation. Marital rape as children are not aware that this is a form of sexual violence. 	



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	<ul style="list-style-type: none"> - 59% of the survivors are between 12-17 years old, while 41% of the survivors are younger and fall under the ages of 0-11. - It is noted that family friends and neighbours were the perpetrators in 27% of the reported cases while supervisors and employers were the perpetrators in 14% of the cases. Additionally, family members other than the spouse or caregiver were reported as the perpetrator in 9% of the cases, identical to the percentage of schoolmates and intimate partners. - Consequently, the perpetrators are more likely to be people that gained trust of the survivor, has accessibility to inflict harm, or has power over the child. - Questions and comments: - Q: did we noticed during the lockdown and online studies if numbers of online sexual violence and cybercrime cases increased? And what is the percentage? - 50% of sexual violence cases increased during COVID-19, one of the factors is cybercrimes and online violence. - From the global level there is a recommendation to use Technology Facilitated GBV (as a term for online harassment). 	
<p>National priorities to address family violence (NCFA)</p>	<ul style="list-style-type: none"> - The National Council for Family Affairs (NCFA) is an umbrella organization that supports, coordinates, and facilitates the work of its' partners and relevant institutions that are involved and influential in the field of family affairs including children. NCFA's mission is to contribute to ensure a better quality of life for Jordanian families and children through a national vision that supports the country development policies and enables the family to attain its optimal aspirations. - Strategic objectives of the council: - Contribute to the development of policies, strategies and development plans related to the family and its members and follow up their implementation. - NCFA was established in 2001 as an independent civil body and its Board is chaired by Her Majesty Queen Rania Al Abdullah. Its mission is to contribute to achieving a better quality of life for the Jordanian family. - Strategic objectives: - Contribute to the development of policies, strategies and development plans related to the family and its members and follow up their implementation. - Contribute to the advancement and protection of the family, ensuring stability and preserving its cohesion and identity. 	



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- Supporting the various community institutions and bodies.
- Contribute to improving the quality of the family's quality of life.
- NCFA works upon the Islamic law/Shari'a, Jordanian constitution, ratified international and Arab conventions, national legislation, law of the NCFA, royal directions and positive social heritage.
- NCFA's role in protection against violence:
- Determining the national priorities of the institution of work in the field of family protection.
- Mobilizing support and advocacy for decision-makers to adopt national priorities.
- Promote a participatory approach.
- Suggesting and implementing pilot projects.
- The National Team for the Protection of the Family from Violence is a national institutional approach to formulating policies and developing national plans and programs for family protection based on coordination between all official and private national institutions, following up the implementation process and evaluating its impact.
- NCFA, in partnership with the UNFPA, developed procedures and an executive framework for the national priorities matrix to strengthen the approved national protection system, this included "the executive plan for strengthening the Protection System from Gender-Based Violence, Domestic Violence and Child Protection for the Years (2021-2023)".
- Methodology for developing an operational plan includes revising reports, conducting visits, analysing data, preparing a comparative sector analysis matrix for all recommendations, presenting the plan to NCFA and international and national organizations.
- The plan consists of detailed activities for all sectors concerned with dealing with GBV cases, domestic violence, and child protection (social services, police and justice, health, coordination and partnership, awareness) with identification of the implementing and supporting authorities, time frame, measurement indicators and follow-up mechanisms.
- The executive plan for the matrix of national priorities for strengthening the protection system from gender-based violence, domestic violence and child protection came in a way that reflects the structure of the sectors based on what was stated in the "basic service package for women and girls who have been subjected to violence" and in a manner that is consistent with the national context in terms of the nomenclature and divisions contained in the plan.
- The Council, in partnership with UNFPA, will hold a workshop during 2021 to present the national priorities contained in the executive plan to international organizations and donors with the aim of placing them within their agendas and funding priorities for the coming years.



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An overview of CMR services in Jordan – MoH

- Women and child health directorate at the MoH:
- Directorate for women and child health included clinical management of rape (CMR) services in governmental hospitals which is a big achievement that was done with the support of UNFPA and UNICEF.
- MoH have indications regarding child abuse and have a manual to deal with GBV cases and CP cases. MoH thanked UNFPA and UNICEF for continuous support in different topics like GBV cases. This helps in taking relevant actions and preventing incidents, it also explains all legal aspects of domestic violence.
- Jordanian penalties law is available.
- legislation and regulatory frameworks are based on Jordanian constitution, Penal Code 1960/16 and its adjustments, domestic violence protection law, general health law, the National Family Protection team system, the national framework for family protection, accreditation standards and quality control and the legal framework for dealing with cases of violence.
- MoH's role in dealing with cases include promote the child's best interest. Ensure the safety of the child. Psychosocial support. Confidentiality is adequately ensured. information is exchanged in accordance with local laws and policies and on a need-to-know basis. Security in saving information. Involve the child in the decision-making process. Treating every child with justice and equality. Enhance children's adaptive skills.
- There are also guidelines to deal with children with disabilities and that includes respect, dignity, non-discrimination, equality and respecting the abilities of children with disabilities.
- Requirements for providing health services to survivors:
- Having a qualified staff who will provide mental and social support.
- Evaluating the case.
- Provide prevention services and tool kits.
- Safe referrals if needed.
- Provide a suitable room for the child or teenager to feel comfortable. The room should be private, and the room temperature should be moderate, clean bedsheets, available water, soap, etc.
- Medical check: full check-up including genitals check.
- Documentation: case file to maintain confidentiality.
- Involve the child in decision-making: The child's level of participation in decision-making must be appropriate to the child's maturity level, age, and laws.



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- Children's main languages are body language, playing and spoken language and it is important to communicate with them accordingly. It will be also good to use drawing, telling stories, drama and play with them for better communication.
- For medical examination it is important to do safe referrals, gain the trust of the child, explain what will happen using the proper language and encourage the child to feel safe asking questions.
- It is important to have a case file for documentation that follows certain guidelines.
- The role of MoH in dealing with cases of gender-based violence, domestic violence and child protection is to prevent violence, awareness programs, intervention programs, and prevention programs during aftercare.
- Procedures: the physician determines the primary risk factors, then determines the emergency medical needs, after that the physician defines the status of the case and inform consent.
- Failure to report notifiable domestic violence crimes shall be punished by imprisonment for a period not exceeding one week and a fine not exceeding 50 dinars, or by imprisonment and a fine together.
- Some of the high- risk criteria are sexual violence, using weapon or a sharp tool, the case suffers from physical injuries that require immediate medical intervention, and many other examples.
- Mandatory reporting includes children and disabled children who are under 18 years old.
- **Questions and comments:**
- Q: can you specify how high-risk cases are handled that do not get consent from parents or if the child refuses the physical exam (rape cases for example)?
- A: Child is below 18 years old, therefore it is mandatory to report on any case below 18 regardless of the violence type. Family protection department should be informed regardless. Above 18 years, the person will decide unless it is a sexual violence then it is mandatory.
- Q: places for CMR services in public hospitals?
- A kit for prevention is available in all hospitals under MoH to prevent unwanted pregnancy and STDs.
- Clinical Management of Rape CMR kit includes a day after pill, and STD treatment. We will add numbers for referral in the Amalia app.
- Q: the number of case workers is low comparing to the cases, with the implementation plan, what is NCFA's role in this regard?
- A: case providers have 25 active files, coordination between organizations was applied as it is hard to designate new staff. Therefore, coordination between mental health, NHF, MoSD and NFCA is applies.



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	<ul style="list-style-type: none"> - Protection cases: family protection department has a lot of cases and some organizations who can provide services help with cases with legal and Shari'a issues. As for the mandatory reporting cases, the family protection department work on them. For other services, organizations like UNICEF, UNFPA, UNHCR can support in providing services by safe referrals. 	
<p>Cybercrime (child survivor of online sexual abuse) – FPD</p>	<ul style="list-style-type: none"> - FPD aims to provide integrated and distinguished legal, social and health services for all residents of Jordan regardless of gender, race or ethnicity and religious affiliation through a participatory system to reduce violence in all its forms. - There are 17 sections for integrated services in Jordan and 2 departments at Syrian refugees' camps. - FPD is implementing the survivor-centered approach applying confidentiality, privacy, non-discrimination, safety, caring, respect and protecting. - FPD GBV services: policing services, social services, and health services. - Reporting line mechanisms: direct presence by victims, referral system by other police departments, referral system by other national or international organizations, Interpol, 911, WhatsApp, e-mail, Facebook page, Instagram and FPJD web site. - Online Child Sexual Exploitation (OCSE) Branch was restructured in March 2021. It has a technical support section. - Rationale: response to the Jordanian Institution, national and international regulations to protect children combat the child exploitation on the national and international level. - The increase of the OCSE cases due to the increase of internet users, especially by children. - The negative impacts of the OCSE on the victim, family, and the society as whole. - the nonexistent of specialized entity and the lack of clear mechanisms to track the victims and offenders of OCSE. - The lack of experience in investigation and using the interview techniques in OCSE cases. - Maintaining the privacy of child victims and provide them all the necessary guarantees. - Legal framework: national legislations, constitution, international conventions, and treaties. - Some of OCSE duties: investigating online child sexual exploitation cases, examining the digital crime scenes, analyzing digital evidence, provide technical support, develop several systems and programs that facilitate the work 	



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	<p>in the department, develop and implement an annual work plan, observing all kind of media, follow up on referrals and exchanging information and experiences.</p> <ul style="list-style-type: none">- Achievements are related to capacity building level, awareness level and partners' level.- Challenges: shortage in expertise, infrastructure, lack of training, license high cost, lack of collaboration, social media competencies and cultural barriers.- Information for contacts can be found in Amaali app.	
Questions	<ul style="list-style-type: none">- Q: regarding procedures that are followed based on the separation of the out of wedlock new-born from the GBV survivors (adults/Children), is this based on assessments or laws that guide these procedures? In some cases, there are no identified risks on the new-born or child/adult, despite of that separation happens. Is it possible for these procedures to be built on each case individual assessment to ensure applying the best interest of the children and to avoid separation whenever there is no risk on the new-borns and survivors?- A: will address this issue and discuss this topic in the comping working groups.	
AOB	<ul style="list-style-type: none">- N/A	