

# UNRWA CHILD PROTECTION MAPPING REPORT

**December 2014**

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## TERMS AND DEFINITIONS

**Abuse** is a deliberate act (single or persistent) of ill treatment that can harm or is likely to cause harm to a child's safety, well-being, dignity and development. Abuse includes all forms of physical, sexual, psychological or emotional ill treatment.<sup>1</sup>

**Case management** can be described as the process of helping individual children and families through direct social-work type support and information management.<sup>2</sup>

**Child** in accordance to the United Nations Convention on the Rights of the Child (1989) refers to anyone younger than 18 years.

**Child marriage** is defined as a formal marriage or informal union before 18 years of age.<sup>3</sup>

**Child protection** is defined as preventing and responding to abuse, violence, exploitation and neglect.<sup>4</sup>

**Child protection networks** are coordination bodies made up of international/ local organizations and relevant stakeholders working to raise awareness and promote child protection policies and programming within the framework of the Child Rights Convention (CRC) and/ or international child rights treaties.<sup>5</sup>

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<sup>1</sup> Save the Children: <http://resourcecentre.savethechildren.se/node/2144>. Accessed June, 2014.

<sup>2</sup> CPWG (2014) Inter-Agency Guidelines for Case Management & Child Protection: London

<sup>3</sup> UNICEF: [http://www.unicef.org/protection/57929\\_58008.html](http://www.unicef.org/protection/57929_58008.html). Accessed July 2014.

<sup>4</sup> UNICEF: [http://www.unicef.org/chinese/protection/files/What\\_is\\_Child\\_Protection.pdf](http://www.unicef.org/chinese/protection/files/What_is_Child_Protection.pdf). Accessed June 2014.

<sup>5</sup> The exact composition and function of a child protection network can vary between different locations and contexts.

**Child protection systems** refer to systems comprised of the interlinking child and family welfare and the child justice systems. Together these systems establish laws, policies, regulations and services with the aim of promoting the care, welfare and protection of children and their families and communities.<sup>6</sup> Other government sectors, civil society groups and communities also play a contributing role in order to achieve a holistic approach to guaranteeing children's well-being and protection.

**Child well-being** from a child rights perspective well-being can be defined as the realization of children's rights, and the fulfillment of the opportunity for every child to be all she or he can be. The degree to which this is achieved can be measured in terms of positive child outcomes, whereas negative outcomes and deprivation point to the denial of children's rights.<sup>7</sup>

**Children without parental care** are all children not living with at least one of their parents for whatever reason and for whatever circumstances. Children are considered to be 'unaccompanied' if they are not cared for by another relative or adult who by law or custom is responsible for doing so. Children are considered 'separated' if they are separated from a previous legal or customary primary caregiver, but who may nevertheless be accompanied by another relative.<sup>8</sup>

**Confidentiality** is the principle that requires service providers to protect information gathered about their clients and ensure it is accessible only with a client's explicit permission, except in exceptional circumstances such as when serious safety concerns are identified or where service providers are required by law to report abuse.<sup>9</sup>

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<sup>6</sup> UNICEF East Asia and Pacific Regional Office (2008), Child Protection Handbook: Bangkok.

<sup>7</sup> Bradshaw, J., Hoelscher, P. and Richardson, D. (2006) An index of child well-being in the European Union, *Social Indicators Research*. 10.1007/s11205-006-9024-z.

<sup>8</sup> ICRC (2004) Inter-Agency Guiding Principles on Unaccompanied and Separated Children: Geneva

<sup>9</sup> Child Protection Working Group (2014) Interagency Guidelines on Case Management and Child Protection

**Corporal punishment** is described by the UN Convention of the Rights of the Child as: any punishment in which physical force is used and intended to cause some degree of pain or discomfort, however light. Most involves hitting ('smacking', 'slapping', 'spanking') children, with the hand or with an implement – whip, stick, belt, shoe, wooden spoon, etc. But it can also involve, for example, kicking, shaking or throwing children, scratching, pinching, burning, scalding or forced ingestion (for example, washing children's mouths out with soap or forcing them to swallow hot spices). In the view of the Committee on the Rights of the Child, corporal punishment is invariably degrading. In addition, there are other non-physical forms of punishment which are also cruel and degrading and thus incompatible with the Convention. These include, for example, punishment which belittles, humiliates, denigrates, scapegoats, threatens, scares or ridicules the child".<sup>10</sup>

**Exploitation** refers to the use of children for someone else's advantage, gratification or profit, often resulting in unjust, cruel and harmful treatment of the child. These activities are to the detriment of the child's physical or mental health, education, moral or social-emotional development. This covers manipulation, misuse, abuse, victimization, oppression and ill treatment.<sup>11</sup>

**Neglect** is the failure of parents, carers, community and society to meet a child's physical and emotional needs when they have the means, knowledge and access to services to do so or failure to protect the child from exposure to danger.<sup>12</sup>

**Prevention services** include services, programmes and accessible information designed to enhance the capacity of children, families and communities to keep children safe and cared for. It includes efforts aimed at promoting and supporting family

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<sup>10</sup> UNCRC, General Comment, No.8, 2006, paragraph 11

<sup>11</sup> Taken from Save the Children UK, Child Protection Training Manual Facilitator's Guide for Teacher Training, Southern Sudan, 2008.

<sup>12</sup> United Nations (2006), World Report on Violence Against Children, p. 54: New York. Amended to include societal and community neglect.

welfare and reducing the probability of harm as well as early interventions to address existing family challenges and threats to children's well-being.<sup>13</sup>

**Psychosocial support and care** influences both the individual and the social environment in which people live and ranges from care and support offered by caregivers, family members, friends, neighbors, teachers, health workers, and community members on a daily basis but also extends to care and support offered by specialized service providers.<sup>14</sup>

**Protection** includes all activities aimed at obtaining full respect for the rights of the individual in accordance with the letter and spirit of the relevant bodies of law (human rights law, international humanitarian law, refugee law).<sup>15</sup>

**Referral** is described as the process of formally requesting services for a child or their family from another sector or organization (e.g. case management, cash assistance, health care, psychosocial etc.) through an established procedure and/or form.<sup>16</sup>

**Response services** refer to child protection interventions that respond to circumstances in which a child is at risk of harm or has been abused, exploited, neglected, abandoned or left without appropriate family care. These services seek to reduce the possibility of the recurrence of harm and to restore to the child a sense of well-being.<sup>17</sup>

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<sup>13</sup> Child Frontiers (2013) Research Manual: Assessment of the Child and Family Welfare System in Lao PDR

<sup>14</sup> Action for the Rights of the Child (2009) ARC Resource Pack.

<sup>15</sup> United Nations Inter-Agency Standing Committee (IASC)

<sup>16</sup> Child Protection Working Group (2014) Interagency Guidelines on Case Management and Child Protection

<sup>17</sup> Child Frontiers (2013) Research Manual: Assessment of the Child and Family Welfare System in Lao PDR

**Social protection** refers to the set of public measures, including cash benefits, employment generation and social insurance, provided to certain citizens identified as needing protection from economic and social distress.<sup>18</sup>

**Violence** is defined as the intentional use of physical force or power, threatened or actual that results or is likely to result in injury, death, psychological harm, mal-development or deprivation.<sup>19</sup>

**Vulnerability** refers to the physical, social, economic and environmental factors that increase the susceptibility of a community or individuals to difficulties and hazards and that put them at risk as a result of loss, damage, insecurity, suffering and death.<sup>20</sup>

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<sup>18</sup> Sheila B. Kamerman and Shirley Gatenio Gabel (2006) Social Protection for Children and their Families: A Global Overview, UNICEF

<sup>19</sup> United Nations (2006) World Report on Violence Against Children

<sup>20</sup> Child Protection Working Group (2014) Interagency Guidelines on Case Management and Child Protection



## ACRONYMS AND ABBREVIATIONS

CPWG	Child Protection Working Group
CPN	Child Protection Network
DLA	Department of Legal Affairs
JFO	Jordan Field Office
LFO	Lebanon Field Office
MENA	Middle East and North Africa
MHPSS	Mental Health and Psychosocial Support
NGO	Non-Governmental Organization
OCHA	Office for the Coordination of Humanitarian Affairs
OHCHR	Office of the United Nations High Commissioner for Human Rights
OSO	Operations Support Officer
oPt	occupied Palestinian territory
PCDCR	Palestinian Centre for Democracy and Conflict Resolution
RSS	Relief and Social Services
UN	United Nations
UNDSS	United Nations Department of Safety and Security
UNICEF	United Nations Children's Fund
UNMAS	United Nations Mine Action System
UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East
UXO	Unexploded Ordnance
WBFO	West Bank Field Office

## EXECUTIVE SUMMARY

This mapping report aims to outline existing approaches to child protection within UNRWA programmes and operations, as well as examine and analyze opportunities, challenges and potential means to strengthen these.

### CHILD PROTECTION IN THE PALESTINE REFUGEE CONTEXT

Palestine refugee children are exposed to considerable child protection challenges including: physical and emotional violence, sexual abuse, child marriage, detention, child labor, political violence and conflict. In the Palestine refugee context poverty, insufficient livelihood and employment opportunities, and overcrowded living conditions are just some of the common factors which exacerbate child protection concerns in all UNRWA's fields of operation. The ongoing instability in the region has also affected Palestine refugees with the Syria crisis displacing children and families to neighboring countries. Significant numbers of Palestine refugee children in Syria have either lost both or one of their parents due to either death or disappearance. While in the latest hostilities in Gaza an estimated 519 children have been killed, more than a third of the total number of civilian fatalities. UNICEF estimates 1500 children having been orphaned as a result of the recent fighting.<sup>21</sup> The significant range, scale and highly complex nature of child protection concerns facing Palestine refugee children, underscores the critical need for UNRWA to delineate and realize the Agency's commitment to child protection.

### POLICY FRAMEWORK

UNRWA does not currently have a common Agency definition of child protection or a child protection policy. There is some reference to child protection in wider protection

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<sup>21</sup> UNICEF (2014) State of Palestine: Humanitarian Situation Report, 25 August 2014

tools and strategies; however, this does not adequately address child protection.<sup>22 23</sup> Over the longer-term UNRWA will need a specific Child Protection Framework outlining UNRWA's longer term vision and organizational commitment to child protection similar to what already exists for gender and disability. In the first instance, this should include a shared Agency definition of child protection including fundamental principles for ensuring prevention and response mechanisms for child protection adhere to minimum standards. Urgent in the immediate term is ensuring Field Offices and UNRWA staff are provided with practical guidance, standard operating procedures (SOPs) and protocols to guide the work they are currently undertaking both directly and indirectly on child protection.

Similarly, UNRWA does not currently have a comprehensive Child Safeguarding Policy.<sup>24</sup> Considering the scale of UNRWA operations and direct contact with children and families this is of significant concern. Developing a Child Safeguarding Policy should form part of UNRWA's immediate efforts and clearly articulate the steps UNRWA will take to prevent threats to children from within the organization and how the Agency will respond to concern regarding the protection of a child.

## **CAPACITY AND ACCOUNTABILITY**

Several UNRWA projects are currently engaging in family and child protection initiatives.<sup>25</sup> The structure and function of each project varies, however, in general terms they serve to detect child and family protection cases within UNRWA services, assess the needs and refer cases (internally/ externally) for services. While each of these programmes highlights progress and significant steps towards addressing child and family protection for Palestine refugees, there is a need to further delineate clear

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<sup>22</sup> UNRWA (2010) Tool for Incorporating Minimum Standards on Protection into UNRWA Programming and Service Delivery

<sup>23</sup> UNRWA (2014) Draft MTS 2016-2021

<sup>24</sup> A safeguarding policy outlines a clear set of expected behaviors when dealing with children, which is binding to all Agency staff. These rules describe the positive approach to work with children, but also contain details of conduct that is deemed inappropriate and unacceptable and including what procedures and systems the Agency will put in place to ensure children do not come to harm.

<sup>25</sup> Including the Family and Child Protection Programme (WBFO), the Community Mental Health Programme (GFO), the Child and Family Protection project (JFO), and GBV projects in all Field Offices.

competency frameworks and measures for accountability. Responding to child protection requires designated responsibility, with staff being held accountable for their actions and the results of those actions. A detailed competency framework is required to ensure staffs at all levels working in child protection are equipped with the requisite skills and expertise to perform functions specific to child protection.

## **CASE REFERRAL vs CASE MANAGEMENT**

UNRWA is uniquely placed to undertake detection and referral of child protection cases through the Agency's extensive network of frontline staff and services. The success of several projects and programmes demonstrate the important case work that is currently undertaken. However, there is a need for more conceptual clarity in UNRWA's approach to child protection case management; currently terms such as case referral, case management and incident tracking are used inter-changeably. While UNRWA operations and programmes are engaged with incident tracking and case referral, it cannot currently be said that UNRWA undertakes full comprehensive case management. UNRWA does play a significant role in supporting case management including for example in detection, assessment and case referral. UNRWA will need to critically assess the Agency's capacity to adopt and undertake comprehensive case management services – both for child protection and for protection cases more broadly. This will entail a realistic appraisal of current and anticipated skills and resources and the ability to respond to the required level for comprehensive case management, while carefully weighing up the potential risks associated with case management and the potential to cause unintended harm to children and families.

## **PARTNERSHIPS, NETWORKING AND COORDINATION**

UNRWA cannot be expected to have the technical expertise or resources to do everything pertaining to child protection. However, the Agency still has a responsibility to try and address gaps when identified. UNRWA can advocate for other specialist child protection agencies with suitable technical expertise and qualified child protection personnel to also respond. This further underscores the need to have conceptual clarity

on what UNRWA can and does undertake as an Agency and what UNRWA is not able to do where other specialized agencies may be needed to fill gaps. Improved coordination both internally and externally have provided ample opportunity for networking and establishing partnerships.

## **EVIDENCE-BASED PROGRAMMING**

While evidence of the child protection context exists in terms of numerous thematic studies, a comprehensive assessment and overview of the child protection context for Palestine refugees including primary mechanisms for response – within the child, family and community – is lacking. This is critical in understanding children, families and communities perceived priorities and the most relevant and appropriate strategy to mitigate and respond to child protection.

Assessment, monitoring and evaluation are critical to programming, including in determining the scale of child protection violations, identifying vulnerabilities, ascertaining risk factors and protective assets and mechanisms – informing overall programme design and ensuring accountability. Systems should be developed to continuously update information and monitor trends and changes to the child protection context which may alter the relevance or appropriateness of programmes or interventions.

Mechanisms for follow-up and measuring genuine outcomes of interventions are critical, especially in child protection given its cyclical and multifaceted nature. In addition, children and families should be provided with routine opportunities to give feedback on the services they have received. Utilization of mixed methods in monitoring and evaluation is important in measuring child protection outcomes.

Based upon the analysis of the findings, this mapping report provides a series of recommendations for next steps which were discussed further with key stakeholders in UNRWA during a two-day consultation workshop in November 2014.

## 1. INTRODUCTION

This report provides an overview of the findings and recommendations of a UNICEF funded UNRWA child protection mapping study conducted between May and August 2014. This includes an overview of current approaches to child protection within the Agency's programme and operations with a view to identifying opportunities and challenges for developing an UNRWA Child Protection Framework.

The report is organized so as to analyze key child protection system components in UNRWA's approach to child protection including i) policy framework ii) services for children and families iii) assessment and analysis vi) capacity vii) coordination and v) advocacy. The final section pulls together the analysis of the mapping, drawing together the findings of the specific components of UNRWA's approaches to child protection and subsequent recommendations. The findings and recommendations were presented at an Agency-wide consultation workshop in November 2014 to determine next steps in developing a UNRWA Child Protection Framework.<sup>26</sup>

## 2. BACKGROUND

UNRWA is a direct provider of a range of services to 2.5 million Palestine refugee children and protection is a core element of UNRWA's mandate. The General Assembly has reaffirmed that the Agency's work should aim to promote "*the well-being, human development and protection of Palestine refugees*" and has encouraged UNRWA to "*continue making progress in addressing the needs and rights of children, women and persons with disabilities in its operations*" in accordance with relevant human rights

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<sup>26</sup> For more detail on the methodology please see the UNRWA Child Protection Mapping Methodology document.

conventions.<sup>27</sup> Although the agency adopted a Protection Policy in 2012, it does not, however, have a specific child protection policy or framework guiding its various activities in this area. A report published by Save the Children in 2011 on child protection systems for Palestinian refugee children noted that child protection is not comprehensively or systematically addressed within UNRWA.<sup>28</sup>

In mid-2012, recognizing the need to strengthen the Agency's approach to child protection, and bearing in mind its specific mandate to address the needs and rights of children, UNRWA initiated a series of consultations with field and programme department representatives to identify a way forward. The consultations re-iterated that, although UNRWA's existing policy documents address aspects of child protection, they do not address child protection in a comprehensive and systematic way. Furthermore, the consultations highlighted the need to undertake a more detailed mapping of UNRWA activities and initiatives that intersect either directly or indirectly in child protection.

Against this background, UNRWA, with support from, and in collaboration with, UNICEF undertook a mapping of child protection approaches across the Agency both at headquarters and its five fields of operation, namely, Gaza, West Bank, Jordan, Syria and Lebanon.

The mapping outlines UNRWA's approaches to child protection in UNRWA's programmes and operations as well as the ways in which to strengthen linkages between existing child protection tools and mechanisms. This mapping serves as a 'first step' and the basis for developing a subsequent Agency-wide Child Protection Framework.

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<sup>27</sup> UNGA res. 67/116 of 18 December 2012, operative paragraphs 3 and 12.

<sup>28</sup> See Mapping Child Protection Systems in Place for Palestinian Refugee Children in the Middle East, Save the Children/ Manara Network for Child Rights, August 2011: "UNRWA [...] has adopted instructions, guidelines, and policies that provide some form of protection for Palestinian refugee children. On the other hand, some of these policies and instructions do not per se serve a protection goal. Consequently, they are only triggered if concerned UNRWA staff use them for such a purpose. More generally, such instruments do not exist for all UNRWA activities and do not cover all aspects necessary to ensure a full protection. Due to the autonomy of the Field Offices, there are also disparities in the extent to which these instruments are applied."

## Methodology

The mapping exercise included a literature review, interviews and focus group discussions. Field visits were made to each of UNRWA's areas of operations in June and July 2014, including the Lebanon Field Office (LFO), the Gaza Field Office (GFO), the Jordan Field Office (JFO) and the West Bank Field Office (WBFO).<sup>29</sup> Semi-structured interviews were conducted with UNRWA programme and operations staff including management and programme/ project officer's at headquarters, Field Offices, Area Levels, external partners and where relevant government counterparts. In each Field Office two Area Levels were visited to conduct interviews and group discussions with front-line workers including teachers, school and teacher counsellors, psychosocial counselors, doctors, nurses, social workers, members of community based organizations (CBOs) and other key stakeholders engaging in child protection. Approximately 10-12 participants were included per group discussion. Locally relevant 'case vignette's' were developed describing three different cases of child abuse, participants were then asked to describe the steps that would be taken and the various people that would be involved at the different stages of resolving the cases in question. The purpose of this exercise was to explore what types of assistance and services are available to children who experience violence, abuse, neglect and exploitation and who the key people involved in the process are both within UNRWA and externally.

The methodology of the mapping was limited to qualitative information collected from UNRWA staff and some external agencies and did not include quantitative data collection and analysis. While four Field Offices were visited, the mapping was limited to two Area Levels per Field Office as such the mapping is not representative of all of UNRWA's areas of operation. Syria was not visited due to the prevailing security situation and therefore information relevant to this context was collected remotely with a significantly smaller number of respondents.

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<sup>29</sup> Syria was not visited given the prevailing security situation.



Due to time constraints it was not possible to conduct interviews and/ or focus group discussions with children, adolescents or community members. As such, this mapping is not an exhaustive exercise outlining all child protection issues facing Palestine refugee children or services and mechanisms to address these both within UNRWA programmes and operations, and more widely. In order to fully inform the development of a relevant and appropriate Child Protection Framework, it will be critical to seek the perspective and views of Palestine refugee children and communities.

## **CHILD PROTECTION ISSUES AFFECTING PALESTINE REFUGEES**

Social and economic factors have a significant impact on children's and families' well-being. Increasingly there is recognition of the complexity and interrelation of these issues and the need to understand the socio-economic context in which they emerge. In order to determine and develop effective solutions for preventing and responding to child protection challenges, it is necessary to consider and address their root causes, rather than simply dealing with their symptoms.

Globally over the last few years child protection has gone from 'issue-based' (i.e. targeted responses towards a particular vulnerable thematic group such as street children or child laborers) to a 'systems approach' that looks more broadly at the deficits in protection available to all children, and addressing the structural or root causes of these gaps in prevention and response. In other words, it is necessary to assess and strengthen the child protection system of which UNRWA is a part.

In the Palestine refugee context poverty, insufficient livelihood and employment opportunities, and overcrowded living conditions are just some of the common factors which exacerbate child protection concerns for Palestine refugee children and their families across UNRWA's five fields of operation. For example, in Lebanon, a 2010 survey highlighted two-thirds of the Palestine refugee population lives in poverty.<sup>30</sup>

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<sup>30</sup> American University of Beirut (2010) Socio-Economic Survey of Palestinian Refugees Living in Lebanon: Beirut

Palestinian refugee children grow up surrounded by violence, the political violence that the Palestinian people have had to endure for decades combined with the increased levels of familial and communal violence given the socio-economic environment and poor living conditions. How can we stem the violence they experience when we are not able to stem all the factors contributing to violence?

*UNRWA Area Level Staff*

Evidence suggests child labor is on the increase as a result of rising unemployment and poverty. Palestine refugee children in all fields are increasingly drawn into the local labor market, which is further compounded by the absence of social protection against unemployment and rising poverty. In addition, systems for regular and systematic control of work-places employing children generally do not exist.<sup>31 32</sup>

Child marriage is prevalent in all UNRWA fields of operation and there is a trend of increasingly younger girls being married among the Palestinian refugees from Syria (PRS). A study conducted in Jordan Palestine refugee camps by UNRWA and Save the Children found there was an increase in marriage for the age group 15–19 years from 9 percent in 1999 to 13 percent in 2011.<sup>33</sup> A recent study conducted by UNRWA on school drop-outs noted that child marriage has a positive correlation with school-drop outs i.e. female students leave school after marriage at a young age.<sup>34 35</sup>

A situation analysis conducted by UNICEF in Jordan, the oPt, Syria and Lebanon in 2010 observed that violence is also prevalent in schools, including in UNRWA schools.<sup>36</sup> According to a study conducted by the Ministry of Education in Jordan in

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<sup>31</sup> CPWG (2014) Overview of Child Protection Concerns to Inform Humanitarian Action in the State of Palestine.

<sup>32</sup> UNICEF (2010) The Situation of Palestinian Children in the oPt, Jordan, Syria and Lebanon: an assessment based on the Convention of the Rights of the Child.

<sup>33</sup> UNRWA and Save the Children (2012) Early Marriage: a mapping in three Palestinian refugee camps in Jordan.

<sup>34</sup> UNRWA (2013) UNRWA school drop-out: an agency wide study

<sup>35</sup> During FGD's conducted during the mapping several education staff believed UNRWA education policy to stipulate once girls were married they could no longer attend school. This may indicate a misconception amongst teachers on the status of girls access to education once married.

<sup>36</sup> UNICEF (2010) The Situation of Palestinian Children in the oPt, Jordan, Syria and Lebanon: an assessment based on the Convention of the Rights of the Child.

2009, the prevalence rate of violence and corporal punishment in UNRWA schools was 19 percent.<sup>37 38</sup>

In several Field Offices nearly half of the survivors reported in UNRWA's Gender Based Violence (GBV) project are below the age of 18 years.<sup>39</sup> While the key findings from a project responding to sexual abuse undertaken by the Palestinian Centre for Democracy and Conflict Resolution (PCDCR) found that in the oPt the age category most exposed to sexual abuse lies between 7-12 years at 66 percent, followed by 4-6 years old at 20 percent.<sup>40</sup> A 2009 study conducted by Birzeit University revealed that 88.7 percent of UNRWA physicians in the oPt reported either having suspected or confirmed a case of child abuse, GBV or neglect of elderly among families visiting the health centers.<sup>41</sup> However, most physicians also reported being unsure of what action to take.<sup>42</sup>

Palestine refugee children are directly affected by armed conflict and violence and face multiple violations of their rights such as injury and death, recruitment and use by armed forces and groups, arrest and detention, attacks on schools, denial of access to education, denial of humanitarian access and forced displacement. In the West Bank some children are made homeless by house demolitions or family separation. Others are killed or injured by unexploded ordinance.

The ongoing instability in the region has also affected Palestine refugee children. The Syrian conflict has had a devastating impact on Palestine refugees in Syria with more than half of the 500,000 registered refugees being displaced, including 70,000 to neighboring countries, especially Lebanon and Jordan. For Palestinian children fleeing Syria, some children and families entry to safety is simply denied to all Palestinians; other states discriminate in their treatment of Palestinians.

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<sup>37</sup> This was noted to be slightly lower to that of 23 percent in Jordanian state schools.

<sup>38</sup> Ministry of Education and UNICEF (2009) Baseline Survey for violence in Schools: Jordan

<sup>39</sup> Interview UNRWA HQ 2014

<sup>40</sup> PCBS (2012), Violence Survey in Palestinian Society, 2011: Main Findings

<sup>41</sup> Cited in UNRWA WBFO (2012) Family and Child Protection Programme: Annual Report 2012

<sup>42</sup> Ibid

In Gaza, during the latest hostilities between Israeli forces and Hamas in July and August 2014, 2,134 Palestinians were killed. Of these 1,475 were civilians and 519 were children; more than a third. Based on the number of adults killed, UNICEF estimates that there will be up to 1,500 children orphaned.<sup>43</sup> The recent war in Gaza has also exacerbated already high levels of psychological distress and it is estimated that 373,000 children, many of whom are Palestine refugees, will require specialized psychosocial support.<sup>44</sup>

While many of the child protection concerns identified above are prevalent in each of UNRWA's fields of operation, each context has its own unique characteristics and operating environment, which impacts both the nature of the prevailing child protection issues and the ability to prevent and respond to them. For example, in Lebanon where Palestine refugees are largely excluded from key aspects of civil, political and economic life with limited access to government services or employment opportunities, unlike Jordan where Palestine refugees largely have access to services and citizenship.<sup>45</sup> Camps in Lebanon are characterized by lack of law enforcement; while in the West Bank excessive use of force during law enforcement operations remains a significant concern. In the West Bank and Lebanon contexts lack of access to social services in camps has a direct impact on the ability to address child protection.

The range and scale of child protection issues outlined above present a highly challenging and complex child protection context for Palestine refugee children. This underscores the urgent need for UNRWA to implement mechanisms to prevent and respond to the protection of Palestine refugee children. Given UNRWA's specific protection mandate combined with the unique proximity and scale of UNRWA's services for Palestine refugee's it is critical UNRWA clearly articulate its role and responsibility – both directly and indirectly – in child protection.

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<sup>43</sup> [http://www.unicef.org/mena/UNICEF\\_State\\_of\\_Palestine\\_Humanitarian\\_Situation\\_Report\\_25\\_August\\_2014\(1\).pdf](http://www.unicef.org/mena/UNICEF_State_of_Palestine_Humanitarian_Situation_Report_25_August_2014(1).pdf). Accessed on 3<sup>rd</sup> September 2014

<sup>44</sup> OCHA (2014), Gaza Initial Rapid Assessment, p. 5.

<sup>45</sup> Note: not all Palestine refugees in Jordan have access to citizenship – notably ex-Gazan's.

### 3. CHILD PROTECTION APPROACHES IN UNRWA

#### UNRWA'S PROTECTION MANDATE

UNRWA has a broad protection mandate as set out in relevant General Assembly resolutions and other relevant instruments and documents, including the Agency's Medium Term Strategy (MTS).<sup>46</sup> UNRWA's operational definition of protection – *"protection is what UNRWA does to safeguard and advance the rights of Palestine refugees"*<sup>47</sup> – is reflected as a key cross-cutting theme in the 2010-2015 MTS. The UNRWA protection strategy as described in the MTS focuses on achieving protection through quality service delivery and action on international protection.<sup>48</sup> The rights to which Palestine refugees are entitled are laid down in international instruments. Hence, safeguarding the rights of Palestine refugee children as set out in the Convention on the Rights of the Child (CRC) is already an intrinsic part of UNRWA's protection mandate and approach.

General Assembly resolutions setting out the Agency's mandate include a specific reference encouraging UNRWA to continue making progress in addressing the needs and rights of children in its operations in accordance with the CRC. As a direct service provider, the Agency contributes to child rights, such as the right to education and health. At the same time, through the direct provision of services (education, health care etc.) the Agency acts as a duty bearer and has important responsibilities to provide these services in accordance with international child rights and child protection

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<sup>46</sup> General Assembly A/RES/68/76, para 3; General Assembly A/RES/67/78, para 13; see also: L. Bartholomeusz, *"The Mandate of UNRWA at Sixty"*, Refugee Survey Quarterly, Vol. 28, Nos 2 & 3, UNHCR [2010].

<sup>47</sup> UNRWA, Outline of Protection Initiatives, p. 5.

<sup>48</sup> UNRWA Medium Term Strategy 2010-2015, para. 112; UNRWA Protection Policy (June 2012).

standards. For example, corporal punishment in UNRWA schools would be violating the human rights standards set out in the CRC.<sup>49</sup>

UNRWA is therefore uniquely placed to address child protection issues 1) from the perspective of a contributor to the enjoyment of child rights - through the direct delivery of services that are directly linked to specific child rights and child protection; 2) a duty bearer - providing services in accordance with child rights and child protection requirements and; 3) as an agent for Palestine refugee children vis-à-vis duty bearers and relevant stakeholders - advocating for the protection of Palestine refugee children.

## POLICY FRAMEWORK

Drawing on UNRWA's mandate, the UNRWA Protection Policy (2012) sets out the Agency's commitment to protection and provides a framework in which to implement this part of its mandate. In addition to the policy, UNRWA has also adopted protection standards as well as a "Tool for Incorporating Minimum Standards on Protection into UNRWA Programming and Service Delivery", which provides guidelines for the practical implementation of these standards and protection mainstreaming into UNRWA's service delivery. However, UNRWA does not currently have a shared agency definition of child protection or a child protection policy. Child protection is not mentioned explicitly in UNRWA's Protection Policy, but rather child protection is considered through the general concept of protection under international humanitarian and human rights law, and not a subject matter on its own.<sup>50</sup> Instead, reference is made to child protection through the "Key Protection Principles" that form the basis of Common Standard 5 in the 'Tool for Incorporating Minimum Standards on Protection into UNRWA Programming and Service Delivery': *"specific policies and processes are*

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<sup>49</sup> See: Art. 19 and Art. 37 of the Convention on the Rights of the Child; See further Committee on the Rights of the Child, General Comment No. 13 (2011), The right of the child to freedom from all forms of violence.

<sup>50</sup> "All UNRWA personnel react appropriately to incidences of human rights and IHL abuses through accessing internal reporting mechanisms that, to the greatest extent possible, provide response through UNRWA programming options and/ or referral to other agencies."

*in place to guide Agency response when a child protection or gender based violence incident or concern arises”.*<sup>51</sup>

Other policies relevant to child protection include UNRWA’s Inclusive Education Policy (2013), which is in line with the UNRWA Policy on Gender Equality (2007) and promotes equal opportunities for education recognizing that policies and practices that discriminate gender need to be addressed. Similarly, UNRWA’s Disability Policy (2010) aims to promote the rights of refugees with disabilities and their inclusion in the Agency’s work. While inclusion and non-discrimination are important principles in ensuring children are better protected they do not directly or specifically address child protection.

Divergent views were expressed during the mapping as to whether UNRWA needs a specific stand-alone child protection policy. Mostly respondents, especially those at the senior managerial level, believed that a specific child protection policy was necessary in order to institutionalize UNRWA’s commitment to child protection over the longer-term. This was, however, foreseen to be a lengthy process. Deemed far more important and urgent in the immediate term is the development of a Child Protection Framework that ensures Field Offices and UNRWA staff articulate a shared Agency definition, vision and understanding the Agency’s role and function with regards to child protection. In addition, the need to provide staff with guidance, SOPs and protocols to guide the work they are currently undertaking both directly and indirectly on child protection was reported to be urgent at all levels. This sense of urgency stems from concerns regarding 1.) inaction on identified child protection cases due to lack of knowledge of risks associated with child protection and what to do (including for example referral internally or to other external actors), 2.) where action is taken it may not be in the ‘best interest of the child’ or cause further harm, 3.) the need to have a clear system for accountability among staff and partners for how child protection cases are handled.

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<sup>51</sup> UNRWA (2010) Tool for Incorporating Minimum Standards on Protection into UNRWA Programming and Service Delivery

## CHILD SAFEGUARDING POLICY

UNRWA also does not currently have a child safeguarding policy or procedures in place. Unlike a programmatic policy as described above; a child safeguarding policy outlines the responsibilities the agency and staff have in ensuring no children come to any harm, intentionally or unintentionally, as a result of staff actions and outlines procedures and steps for ensuring this.

It is estimated that approximately half of reported cases of sexual abuse and exploitation (SEA) perpetrated by UNRWA staff are minors. Currently reference to working with children is included in the general staff circular on prevention of sexual abuse and exploitation. This does not, however, address the potential wider vulnerabilities children may experience. Corporal punishment has been addressed through the Education Technical Instruction (ETI No. 1/08)<sup>52</sup>, which defines corporal punishment and establishes procedures to be followed in cases of physical or verbal violence in UNRWA schools. A subsequent general staff circular on the issue was adopted in January 2013 pertaining to all UNRWA staff, following push-back from UNRWA education staff.<sup>53</sup> In most schools teachers are asked to sign this circular and commit to not using corporal punishment at the beginning of every school year. Regardless, an overwhelming majority of respondents interviewed during the mapping exercise noted that corporal punishment continues to be a significant concern in UNRWA schools and that the ETI and staff circular have been ineffective and inadequate. The majority of cases that are reported primarily result in temporary suspension, unpaid /paid leave, transfer to another school or remain unaddressed. Furthermore, several UNRWA staff also indicated that complaints had been received by external organizations, sometimes several times over for the same teaching staff. However, there had been little or no follow-up by UNRWA. Several UNRWA front-line

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<sup>52</sup> UNRWA ETI(No. 1/08): Establishing Discipline in a Violence-Free Educational Environment (2008)

<sup>53</sup> Largely as a result of education staff expressing it was unfair only education staff were singled out with regards to verbal and physical violence.



workers stressed that only education staff, which do not have a personal relationship with influential individuals or groups within the community, would ever be addressed successfully. Beyond the issues of SEA and corporal punishment, UNRWA does not have any policy or procedures in relation to how its staff should work with children and the ethical standards that should be upheld in this regard.

## STRATEGIC PLANNING FRAMEWORK

UNRWA'S Medium Term Strategy (MTS) 2010–2015 identifies protection as one of the key themes for all agency programmes and operations and dedicates two of its 15 strategic objectives to protection issues under Goal 4 entitled 'Human rights enjoyed to the fullest'.<sup>54</sup> However, there is no explicit mention of child protection in the current MTS 2010-2015. Drafting of the next MTS 2016–2021 is currently underway. This poses a valuable opportunity to include a more specific focus on child protection within the framework of protection.<sup>55</sup> There is an alignment between the MTS 2016-2021 and many of the proposed Sustainable Development Goals to be attained by 2030 of which several have indicators directly related to child protection.<sup>56</sup> This alignment can also pose an opportunity to further include and elaborate on child protection within UNRWA's strategic planning frameworks.

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<sup>55</sup> Strategic Outcome 5: Refugees' rights under international law are protected and promoted

<sup>56</sup> Targets specific to child protection in the proposed Sustainable Development Goals to be attained by 2030 include:

Target 4.a: build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all

Target 5.2: end all forms of violence against women and girls in public and private spheres, including trafficking and sexual and other types of exploitation

Target 5.3: eliminate all harmful practices, such as child, early and forced marriage and female genital mutilations

Target 8.7: take immediate and effective measures to secure the prohibition and elimination of the worst forms of child labour, eradicate forced labour, and by 2025 end child labour in all its forms including recruitment and use of child soldiers

Target 11.7: by 2030, provide universal access to safe, inclusive and accessible, green and public spaces, particularly for women and children, older persons and persons with disabilities

Target 16.1: significantly reduce all forms of violence and related deaths everywhere

Target 16.2: end abuse, exploitation, trafficking and all forms of violence and torture against children

Target 16.9: by 2030 provide legal identity for all including birth registration

## **4. SERVICES FOR CHILDREN AND FAMILIES**

UNRWA is uniquely placed to work directly with children, families and communities by virtue of the extensive network of frontline workers including teachers, health workers and social workers who provide direct services to Palestine refugee children and families.<sup>57</sup> This provides for considerable opportunities toward preventing and responding to child protection concerns. UNRWA provides services for children and families in two principle ways: 1) through stand-alone programmes and projects that have been developed in UNRWA Field Offices looking specifically at family and child protection, and; 2) ongoing programme service delivery in the areas of education, health, infrastructure and camp improvement, and micro-finance.

### **SPECIFIC PROJECTS ENGAGED IN CHILD AND FAMILY PROTECTION**

In the West Bank Field Office (WBFO) the Family and Child Protection Programme was established in 2009 with the objective of protecting the rights of vulnerable groups in refugee camps – including children, youth, women, elderly and people with disability – from all forms of violence, abuse, neglect and discrimination – through prevention and response. The Family and Child Protection Programme is an integral part of the WBFO's Community Mental Health Programme. The programme focuses on the community and takes a multi-tiered approach including emphasis on self-care, informal community care, mental health services, and family and child protection services,

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<sup>57</sup> Including 23,000 education staff, 3,300 health staff and 858 social workers who are in direct contact with children and their families on a daily basis.

including through external referral networks.<sup>58</sup> Whenever possible the programme adopts a family-centered approach with the aim of addressing the protection needs of the family as a whole - including the child - to ensure children's needs are met holistically and comprehensively, as well as mitigating future risks.

Case management committees have been established to focus on critical/ high risk 'case work' of 'emergency' cases (defined as cases requiring immediate protection as outlined in the SOPs such as "rape, rape resulting in pregnancy, victim threatened to be killed by aggressor, (severe) violence, physical abuse" etc.<sup>59</sup>) This committee is comprised of psychosocial counselor, social worker, popular committee member (sometimes the school/ psychosocial counsellor may also be involved if the case is detected within a school setting).

The majority of protection cases addressed by the programme are detected in health centers. For an 'emergency case' the entry point would usually be the psychosocial counselor in the health center who will counsel the victim/ survivor and determine the need for referral for example to Relief and Social Services (RSS) for financial support, medical intervention within an UNRWA clinic or externally for more specialized services such as legal aid or a psychological support. Since March 2014 The Family and Child Protection Programme recorded 38 cases pertaining to minors detected within the health centers including case pertaining to forced child marriage, neglect, physical abuse, psychological abuse and sexual abuse. Cases were primarily responded to with counselling, there were no referrals for legal aid during this time.

A central theme of the Family and Child Protection Programme has been community engagement, participation and social transformation. Family and child protection committees have been established at the community level and are focused on prevention, awareness, advocacy and interventions. The committee is comprised of camp service officer; medical doctor and staff nurse, midwives; school principals and

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<sup>58</sup> The WBFO Community mental Health Programme is conceptually based on the World Health Organization (WHO) Pyramid for Optimal Services in Mental Health.

<sup>59</sup> UNRWA WBFO (2014) Family and Child Protection PPT

teachers, psychosocial counselors, social workers, members of the popular committees in the camps and CBOs.

An internal and external referral system has been under development, more recently also focusing specifically on child protection. SOP's and protocols were developed for health staff in 2013, while SOP's and protocols for education staff were just completed at the time of writing.

The involvement of the Family and Child Protection Committee's has been a significant driver in gaining community acceptance and trust in the referral mechanisms established. Similarly, prevention activities (primarily through awareness raising) with children and adolescents are considered an important component of the programme. The programme coordinates with the popular committees in the camps, religious and local leaders, which are also reported to have a significant impact toward improving the ability to address cases and to support social acceptance. One of the key successes of this community-based approach has been the gradual ability to engage in dialogue with children and communities on sensitive issues such as violence and sexual abuse. This is an important step to effectively prevent and respond to child protection concerns and design locally appropriate and relevant strategies. One marker of increased social acceptance and dialogue is the integration of curriculum on issues such as sexual and reproductive rights, sexual abuse and child marriage in schools.

Another key focus of the Family and Child Protection Programme over the last five years has been ensuring a multi-disciplinary approach which has strengthened the relationship and coordination between UNRWA programme departments including health, education and RSS and external actors such as members of the popular committee's and local leaders. The programme is also connected to a wider external referral system including local and international organizations and the Ministry of Social Affairs (MoSA), although it is reported to be extremely rare to refer cases to the MoSA which is considered a last resort.

The Family and Child Protection Programme is one of UNRWA's flagship child protection

programmes and the most evolved programme focusing on family and child protection, in part because it is the oldest and has over the last five years had progressive capacity building as a central theme while retaining many of the same staff.

In JFO a 'pilot project' has been underway for two years entitled; the Child and Family Protection in Marka Camp with the aim of establishing a consolidated case management approach and a multidisciplinary team. The project team consists of a social work specialist, two case workers, a project advisor seconded by Australian Volunteers International, and a referral pathway coordinator.<sup>60</sup> One of the key strengths of the Marka project has been the ability for the two case workers to work closely with the highly experienced and qualified social work specialist. The team of three have over the last two years focused on developing a case management system and process which includes documentation of cases, assessment of needs and risks, and case planning while allowing for reflective practice, and consistent and regular follow-up.

Working with the social work specialist has provided us with an invaluable opportunity to gain on the job training and mentoring in areas we were not previously familiar with. Our team works in the same office and meets several times a week to talk about complex cases and come up with viable solutions for children and families. This would not be possible if we didn't have this kind of coaching and technical support. We have to be careful, case management can cause harm to children and families if not done with care and proper supervision.

- Case Worker, Marka Project JFO

Similar to the Family and Child Protection Programme in the WBFO, the Marka project adopts a family -centered, strengths -based approach addressing the protection needs of the family as a whole. A key component of the project is its multi-disciplinary approach with a view to providing integrated services for children and their families. The primary point of entry for case management services in Marka has been through referral from RSS social workers, and secondly by children and communities seeking out the service themselves. To date since the beginning of 2013, 107 cases have been

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<sup>60</sup> There is also a Project manager post, but this currently remains vacant.

addressed by the Marka team for which more than 600 referrals have been made. Unfortunately, it is not currently known exactly how many of these cases pertained to child protection specifically due to cases being recorded based on the basis of response provided rather than how the case presented (i.e. psychosocial response to the case). Staff do, however, note that a significant number of their clients are children.

The appointment of a referral pathway coordinator has posed an important opportunity to consolidate information on existing services and established shared networks of service providers to support child and family welfare. In addition, while not yet rigorously or systematically addressed the mapping of referral pathways has allowed for reflection on quality of services based on a process of feedback and tracking outcomes.

In order to roll the project out in all camps in 2015 a further 70 RSS staff will receive training on case management including Relief and Community Development Social Workers and their supervisors. Despite the relative success of the Marka pilot project there were reservations observed during the mapping on the implications of rolling the project out in all camps on the basis of two trainings. It remains questionable as to whether this can currently be brought to scale and whether it will be adequate to establish a case management system to the required level in all camps in JFO.

In the GFO the Community Mental Health Programme is the central hub for referral including for child and family protection cases. The programme oversees the GBV focal points in UNRWA health centers and provides counselling and referral for cases of violence, abuse, exploitation or neglect – primarily affecting women and children. Although there is no clearly stipulated instruction on how to respond to child protection concerns at home or in school, it is generally understood that if teachers detect a child protection concern they will inform the school principal who in turn coordinates with the school counsellor (if available in the school) and subsequently the Community Mental Health Programme. Once a child has been referred to the Community Mental Health Programme, a counsellor will conduct a psychosocial assessment and provide counselling. The child may be referred for other services internally or externally, but the majority of cases conclude with counselling the child and, where necessary, the family –

including cognitive behavioral therapy.<sup>61</sup> Severe cases are reported from the counsellor to the mental health supervisor and ultimately to the head of the Community Mental Health programme. In exceptional cases a child may be referred to the MoSA shelter, this is however extremely rare given the shelter is primarily intended for women and remains a temporary solution (often perceived to put children at greater risk over the longer-term). Over the last year (prior to the 2014 war) 12 child protection cases were addressed by the Community Mental Health Programme. The Community Mental Health Programme collaborates with the Child Protection Network in Gaza both in terms of coordination and occasionally case referral, this relationship will be explored in more detail below.

While each of these programmes and initiatives illustrate important steps towards addressing child and family protection for Palestine refugees, there remain some concerns in ensuring basic principles in child protection are in place and respected such as 'duty of care', clarity on accountability frameworks and 'best interest of the child', which will need to be more carefully considered. While there have been some efforts through individual programmes to develop guidelines, there are no agreed Agency standards or protocols related to child protection. In particular for how decision making is determined and undertaken, including for example how a case is handled, using which criteria, how a decision to refer and to whom, and how outcomes are measured (both qualitatively and quantitatively). Respondents reported that in the event of serious cases they may seek advice from their supervisor on handling the case; however, this is not systematically practiced. A point made frequently during the mapping was UNRWA's difficulty in following-up on cases. Even when cases were followed, this was not systematically or regularly achieved and with often little to no knowledge of the outcome of the intervention or case. As such, decision-making is largely ad hoc and up to the individual staff member with limited knowledge on outcomes over the immediate or longer-term. There is also the need for more conceptual clarity in UNRWA's

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<sup>61</sup> Cognitive behavioral therapy (CBT) is a: "structured, short-term, present-oriented psychotherapy for depression, directed toward solving current problems and modifying dysfunctional (inaccurate and/or unhelpful) thinking and behavior Beck, J. S. (2011). *Cognitive behavior therapy: Basics and beyond* (2nd Ed.) (pp. 19-20). New York, NY: The Guilford Press.

approach to child protection. Currently terms such as 'case referral', 'case management' and 'incident tracking' are used inter-changeably whereas they mean different things.<sup>62</sup> It will be important for UNRWA to have more clarity on what the agency has the capacity and resources to undertake and where it has an added value and comparative advantage in relation to child protection.

Terminology is often used inter-changeably in UNRWA causing significant confusion internally and externally as to what the Agency does and doesn't do. In order to understand UNRWA's engagement the following terms need to be clearly defined and understood:

**Case Referral** - The process of formally requesting services for a child or their family from another department (internally) or organization (externally) for example case management, cash assistance, health care etc. This should be done through an established procedure and/or form.

**Case Management** - Case management involves working with children and families to establish goals, creating case plans to achieve the goals, providing or referring services to meet needs identified in assessments, regularly monitoring, reviewing and following-up progress toward achievement of the goals, and closing cases when goals have been achieved.

**Incident Tracking** – includes data collection, monitoring and reporting on protection violations (including for child protection). In UNRWA this term largely refers to the information which is collected, either by UNRWA staff or received from external partners regarding human rights violations according to human rights law or international humanitarian law. Information is recorded and used for reporting and/ or advocacy purposes. For child protection this information is passed on to UNICEF and OHCHR for MRM reporting. The case may be referred for other services, but this is not necessarily the intended purpose of incident tracking.

*Please note there may be overlap in each of these areas, however the overall process and objective are not necessarily the same.*

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<sup>62</sup> As described in the box below.



The vast majority of child protection cases in all aforementioned programmes are responded to by a psychosocial intervention - primarily counselling (both individual and in groups). The heavy focus on psychosocial support can in part be attributed to the following factors: 1) at the local level most family and child protection programmes in UNRWA are centered around the role of psychosocial counsellors in health centers and/ or schools; 2) limited wider services to refer to; 3) the very sensitive nature of child protection concerns entailing children and their families are apprehensive to seek services or formal redress. Some concerns were raised during the mapping regarding the quality of counselling and whether counsellors in several locations had the requisite and adequate skills - for example in unwittingly suggesting the child was to blame for being subjected to abuse.

## **GENDER BASED VIOLENCE (GBV) AND CHILD PROTECTION**

There is considerable overlap between child protection and gender based violence (GBV) interventions in UNRWA. As noted previously in some Field Office's nearly half of recorded GBV cases are minors.<sup>63</sup> The well-established GBV project in UNRWA serves as a valuable entry point for also addressing child protection. Several field offices (JFO, WBFO and LFO) are already using GBV focal points and referral systems to also address wider child protection concerns such as child labor, non-gender based abuse and neglect of children.

I once had a case of a girl who was facing sexual abuse by a family member in the home. The perpetrator was related to one of the factions, he was powerful, and there was no way I could interfere directly. I told the girl how to protect herself – to avoid being in the same place where the man was and how to say “no”. I helped her overcome the psychological aspects of what had happened. She would regularly come to talk to me. We identified someone in the household who she trusted (cousin). I met with her cousin, who was aware the abuse was taking place and we agreed that she would also make sure the girl was never left alone with this man.

- UNRWA School counsellor

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<sup>63</sup> This is not the case for the Family and Child Protection Programme where only 5 percent of recorded cases pertain to minors.

Respondents in all Field Offices reported addressing GBV through formal mechanisms is extremely rare and only perceived as a last resort in order to protect the victim due to fear of stigma, family disruption and the practice of honor killings. Cases are handled in 'secrecy' often not shared beyond the counsellor/ staff member based on the general strategy of providing counselling to the survivor and suggesting strategies for minimizing future risk of abuse – usually by means of avoiding the perpetrator. Only in exceptional cases, usually involving a perpetrator from outside the family and community would cases be reported to a relevant law enforcement agent or seek legal redress.

While the GBV projects provide an important opportunity for addressing child protection, it is important to also recognize that although there is considerable overlap they are not mutually exclusive areas. While GBV can be a component of child protection, child protection is by definition wider including prevention and response to all forms of violence, abuse, exploitation and neglect of children.

## **CHILD PROTECTION IN UNRWA PROGRAMMES**

In addition to specialized projects on child protection UNRWA provides assistance in this area through its on-going service delivery in education, health and relief and social services.

### **EDUCATION**

UNRWA school counsellors are described in all Field Offices to have a significant role in child protection. They have direct contact with both children and caregivers and are positioned both to detect child protection cases within the school and receive reports of cases. School counsellors in all Field Offices described their role and response as similar to that described above for GBV – if a case was detected the school counsellor would provide counselling to the child and explore options to minimize future harm. If the case was deemed as 'mild' to 'moderate' (for example a child who was subjected to beatings) the counsellor might contact the family and provide counselling to the mother

or father.<sup>64</sup> Counselling was, in this regard, largely described as a discussion on why physical violence could be harmful to the child and how to better cope with stress. Outside of the specific protection programmes outlined above, school counsellors will rarely report or refer cases outside the school – including both internally in UNRWA or to outside services providers.

Several tools, materials and resources developed by the Education Department at UNRWA headquarters support mainstreaming child protection within the school environment such as the “Teachers Toolkit for Identifying and Responding to Students’ Diverse Needs” (2014) and the “Human Rights, Conflict Resolution, and Tolerance (HRCRT) Education Toolkit” (2013). The toolkit on responding to students’ diverse needs incorporates elements of child protection by providing guidance to teachers on how to respond to the needs of children affected by armed conflict (for example through safe spaces) or providing psychosocial support. Similarly, the HRCRT Toolkit provides a general guide on human rights, as well as planning tools for its integration at schools, and suggests 40 child-friendly activities that will develop the knowledge, skills and attitudes of students towards a culture of human rights.

## HEALTH

The perceived role of UNRWA health personnel to child protection was variable across the field offices. In health centres much of the response to child protection is associated with the GBV project. Staff that had received training on GBV reported having a role in detecting and responding to GBV pertaining to children and increasingly a wider set of child protection concerns. The process was again described as one of counselling and together developing strategies for minimizing future harm i.e. avoiding the perpetrator. However, in health centers without GBV focal points or outside the child protection focused programmes such as the Community Mental Health programmes in WBFO and GFO, health workers generally did not feel they had a role in child protection.

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<sup>64</sup> It was, however, frequently noted during the mapping that fathers rarely accepted to receive counselling.

With the health reform in 2011 and the establishment of Family Health Teams (FHT) the vision has been to offer “*comprehensive primary health care services based on holistic care of the entire family, emphasizing long-term provider-patient relationships and ensuring person-centeredness, comprehensiveness and continuity. Moreover, the FHT helps address cross-cutting issues that impact health, such as diet and physical activity, education, gender-based violence, child protection, poverty and community development.*”<sup>65</sup> This is an opportunity to further realize a wider outreach for addressing child protection, in particular for younger children and infants which are not easily accessed by other service providers.

## RELIEF AND SOCIAL SERVICES (RSS)

Of all the UNRWA programme departments UNRWA social workers in RSS were described as the least likely to engage in child protection activities.<sup>66</sup> Their role is primarily perceived as administrative with a focus on identifying gaps in assistance such as cash transfers, food distribution and conducting poverty surveys. In some instances such as in the LFO where the GBV programme is relatively evolved social workers would refer cases of suspected SGBV to the GBV focal point at the UNRWA Field Office. Other points of referral may include the CBO's with which UNRWA works to provide vocational training, support for disability, or legal aid. There are, however, no clear protocols for what the processes of assessment or referral are. Despite the regular contact with children and families through home visits, the majority of UNRWA social workers met with did not perceive RSS as having a direct role in child protection.

There is potential scope for UNRWA social workers to play more of a role in child protection. For example, the RSS reform in JFO illustrates the opportunities which can be realized by building further capacity of social workers to also respond to child protection. In response to the PRS influx, five RSS social workers were re-designated as 'Protection Social Workers' and received progressive training – this is reported to

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<sup>65</sup><http://www.unrwa.org/what-we-do/health>. Accessed on: 23<sup>rd</sup> September 2014.

<sup>66</sup> With the exception of JFO with the Marka project and protection social workers in RSS taking the lead on child and family protection.

have been a positive experience in allowing for designated protection leads in each area in Jordan. At the time of writing a similar reform linked with the GBV programme is also planned in the LFO.

## **INFRASTRUCTURE AND CAMP IMPROVEMENT, AND MICROFINANCE**

UNRWA's microfinance programme provides access to loans and income-generating opportunities for women, youth, people living in poverty and other marginalised groups. While this does not represent an immediately tangible and evident impact on child protection, it can however, be assumed that lessening the economic burden on families and caregivers and provision of employment opportunities will also have a positive impact on reducing child protection risks.

Similarly, addressing living conditions and overcrowding in camps which are characterized by extreme overcrowding can contribute to reducing the risk of child protection violations within the family and community. The inclusion of 'protective infrastructure' and safe spaces such as football pitches for afterschool activities in camps prone to nearly daily clashes in the WBFO can also have a positive impact on stemming child protection risks. However, in general infrastructure, camp improvement and microfinance are not deemed as currently having a direct or significant direct role in child protection.

## **5. ASSESSMENT AND ANALYSIS**

According to UNRWA staff, given the resource constrained environment, UNRWA frequently operates in project-based interventions that are often developed on the basis of existing ear-marked project funding, and not always a sound evidence base, identification of the problem or an assessment of need. While evidence of the child

protection context exists in terms of numerous thematic studies, a comprehensive assessment and overview of the child protection context for Palestine refugee children, including primary mechanisms for response – within the child, family and community – is lacking. This assessment is critical in understanding children, families and communities perceived priorities and the most relevant and appropriate response to mitigate and respond to child protection. Wider efforts are currently underway to ascertain more detailed information on the child protection context such as the planned inter-agency child protection needs assessment in Lebanon, Jordan and Gaza.<sup>67</sup>

In addition to designing and implementing programmes and interventions based on sound assessment data and analysis, there is a need to bolster reporting mechanisms to ensure data continues to be regularly and systematically updated and provides the ability to monitor trends or shifts on the situation of children's protection. Once a solid baseline is achieved, systems to regularly update the information should be developed. This will enable programmes involved in child protection to be contextualized on an ongoing basis while remaining relevant and appropriate to meeting children's needs.

## INFORMATION MANAGEMENT

Programme and project data is collected and stored within various departmental databases including E-Health, EMIS, Refugee Registration Information System (RISS), and GBV database and various protection databases.<sup>68 69</sup> There is considerable variation in the structure and way information is being managed by UNRWA Field Offices. The protection and GBV databases record incidents pertaining to child protection specifically.<sup>70</sup> However, the key challenges are that information is frequently duplicated between the GBV and protection databases. In part this is an issue of definition and the overlap between GBV and a child who is subjected to GBV – as a

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<sup>67</sup> The needs assessments are coordinated through the CPWG's and include Palestine refugee populations.

<sup>68</sup> For an overview of what types of protection databases are used in the various FO's, please see Field Office Overview Table in Annex 1.

<sup>69</sup> This does not include the individual database for each of the family and child protection programmes.

<sup>70</sup> For an overview of what types of databases these include please refer to Annex I Overview of the Field Offices Table.

result the case of a child subjected to GBV is frequently recorded separately in each system. The RISS database which includes registration data for all Palestine Refugees and provides the basis on which to evaluate clients based on eligibility criteria for the social safety net programme, is inadequate when it comes to assessing the broader needs of children and families. In addition, information management systems only record the case, action taken and do not provide any oversight of outcomes or allow for analysis for purposes of monitoring, informing programme design and advocacy. From a case referral perspective it would be useful to have a consolidated Agency-wide information management system that would allow staff involved in individual cases to track referrals and allow for oversight of outcomes.

From an operational point of view ‘protection monitoring’ and ‘incident tracking’<sup>71</sup> are undertaken by the Protection Officers and Operations Support Officer (OSO) teams.<sup>72</sup> This provides an important function in data collection, monitoring and reporting of violations of international humanitarian and human rights law (including for child protection) and, as will be discussed below, informs UNRWA’s advocacy strategies. Generally data on protection incidents is documented by OSO staff or Protection Officers, and are sometimes received from external sources, with the exception of the GFO whereby information is received directly from UNDSS and external actors such as UNICEF, OCHA and OHCHR. The primary purpose of incident tracking is to monitor and report violations; however, some Field Offices are also using this as an entry point for case referral although this is not systematically carried out. For child protection, incident tracking is significant for the Monitoring and Reporting Mechanism (MRM) on grave violations of children’s rights in armed conflict. UNRWA is at the time of writing in the process of developing a common agency-wide protection incident monitoring and case tracking system which will include child protection.

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<sup>71</sup> In UNRWA this term largely refers to the information which is collected, either by UNRWA staff or received from external partners regarding human rights violations according to human rights law or international humanitarian law.

<sup>72</sup> For further information on data collection and information management structure in each Field Office, see the Field Officer Overview Table in Annex 1.

## 6. CAPACITY

### UNRWA PROTECTION AND OPERATIONS SUPPORT

In recent years UNRWA has made efforts to develop the organizational architecture to implement its protection mandate accordingly. There has been an evolution of OSO functions and inclusion of specific protection staff or units in several Field Offices.<sup>73 74</sup> While this has no doubt been a positive development in building capacity to address protection in UNRWA, it has also posed certain challenges with respect to child protection. The addition of protection related functions to existing OSO ToRs has had different consequences for different Field Offices.

In the GFO OSOs are divided into geographic areas and OSOs are noted to be focused on neutrality checks and organizing external visits to UNRWA installations and programmes. In GFO the OSO team has more recently been requested to focus on protection.

JFO has a relatively new Protection and Operations Support Unit<sup>75</sup>, which pending recruitment of OSO's, is primarily focused on protection monitoring and reporting for Palestine refugees from Syria (PRS) including individual case referral. The protection structure is in part decentralized with Area Protection Working Groups. The JFO has an appointed child protection focal point who is working on child protection cases pertaining to PRS, primarily through referral to external agencies.

In the LFO OSOs are divided into geographical areas of operation and focused both on protection monitoring, reporting and neutrality checks. One OSO represents the LFO Protection Unit in the Child Protection in Emergencies Working Group at the national level, which is part of the regional Syrian crisis response.

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<sup>73</sup> See Annex 1 – Field Office Overview Table for more detailed information of the individual set-up in each of the Field Offices.

<sup>74</sup> With the exception of Syria where recruitment is ongoing.

<sup>75</sup> Merged from previous PRS and non-PRS protection teams in mid-May 2014.



In the WBFO OSOs are primarily focused on protection related activities related to incident tracking including monitoring, documenting and reporting protection violations including for child protection violations.<sup>76</sup> One of the Protection Mainstreaming Officers acts as a child protection focal point. OSOs in the WBFO are organized by thematic files rather than geographic areas.<sup>77</sup> While having OSOs assigned to geographic locations is beneficial in building rapport with communities and other actors on ground, dividing OSOs to focus on thematic files is beneficial in identifying areas of expertise among the team and continuing to build internal capacity in technical areas. Assigning thematic files to individual OSOs may help mitigate this including for child protection. This may, however, not always be possible given for example the limited number of OSOs in JFO or in LFO where distance dictates the need for OSOs to be based within the Area Levels.

There is limited child protection expertise among OSO and protection staff in UNRWA. Identifying thematic focal points (who ideally already have some understanding of child protection, but more importantly can have their capacity built over time) would provide a short-term solution for further incorporating child protection in UNRWA's operations. Given UNRWA's increasing engagement in external coordination groups such as the CPWG's – a designated child protection focal point will also allow for improved networking and more predictable coordination on child protection. However, a focal point solution is not a viable solution for adequately addressing child protection over the longer term.<sup>78</sup>

Several OSOs interviewed during the mapping reported feeling overwhelmed with regards to protection - in particular in dealing with complex and sensitive cases, both with regards to having requisite skills in interviewing vulnerable people on sensitive issues - especially vulnerable children, and in terms of knowing what action to take if any. Several examples of child protection cases were cited whereby data had been collected (for example on cases of child abuse or child labor) but no action or follow-up

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<sup>76</sup> Which as noted previously is registered in the PIF and used for advocacy purposes.

<sup>77</sup> Such as Bedouins, law enforcement operations, settler violence, service delivery inadequacy, neutrality etc.

<sup>78</sup> As noted by the UNRWA GBV programme lessons learned 2013/14, a focal point system whereby staff are tasked with GBV functions in addition to their regular workload means GBV becomes a secondary priority.

had been undertaken due to lack of knowing what to do, or who to refer the case to. While some OSO's have a background and experience in protection, many do not and will require support, mentoring and training to fulfill child protection functions.

## UNRWA PROGRAMME AND PROJECT CAPACITY

With the shift toward taking a more active role in child and family protection through specific programmes, it will be necessary for UNRWA to take stock of both staff capacity and resources to undertake an increasingly technical and practical role in child protection. In theory, social workers usually have a central role in child protection; especially in case referral and management. However, as noted previously outside of JFO, UNRWA social workers currently have a limited role in child protection.<sup>79</sup> RSS social workers are currently stretched in terms of workload and the wide variety of tasks they are expected to undertake. The majority of social workers interviewed in all Fields noted having high caseloads ranging from 100 – 200 cases at any given time during the year (not pertaining to child protection).<sup>80</sup>

UNRWA social workers do not act as real “social workers”, their roles are primarily administrative. They would not and should not be handling child protection cases; this is outside of their experience and current expertise.

- Deputy Head of Relief and Social Services, Field Office

The global CPWG Child Protection Minimum Standards in Humanitarian Action state that the number of cases allocated per case worker should not exceed 25 at any given time.<sup>81</sup> A recent assessment of the training gaps and needs conducted by the International Medical Corps (IMC) of UNRWA's transition to social work based case management in JFO found 67 percent of the social workers surveyed had more than 5

<sup>79</sup> With the exception of the Marka project and protection social workers in JFO.

<sup>80</sup> Although these existing caseloads are not currently addressed within a case management approach, it does raise the question of how RSS social workers would be able to adapt to additional workloads.

<sup>81</sup> Child protection Working Group (2012) Child Protection Minimum Standards in Humanitarian Action

new cases every week, while 22 percent had 15 or more.<sup>82</sup> Whilst many social workers are trained and qualified in social work, this does not necessarily translate to the specialized skills required for child protection case management.

The study further observed that many UNRWA social workers stated they have difficulty dealing with specific issues – in particular protection related.<sup>83</sup> The assessment concludes that UNRWA social workers appeared to not have been trained in conducting comprehensive assessments of client needs and strengths, or in documenting basic assessment data apart from the required for the social safety net programme.<sup>84</sup> While the IMC study is specific to JFO, the findings are consistent with all Field Offices. UNRWA social workers have primarily been focused on routine administrative tasks, in particular pertaining to cash transfers, food distributions and poverty surveys. Much more clarity is needed about their role in processing applications for social protection and welfare programmes and to what extent this informs or detracts from the technical aspects of assessment of complex cases including for child protection. The time spent by social workers on routine administration tasks begs the larger question of where this leaves the responsibility for overall coordination of tracking outcomes for child protection in a case management approach.

While the Family and Child Protection Programme in the WBFO, Child and Family Protection Project in JFO and Community Mental Health Programme in GFO and the GBV programmes in JFO and LFO have made significant efforts to build capacity of staff (including school counsellors, psychosocial counsellors, teachers, doctors, nurses and social workers), it is questionable whether this is sufficient expertise and skills for establishing and operating a comprehensive case management system in UNRWA. As noted previously, the expertise, number of staff and resource implications – including potential risks to children and families - will need to be carefully weighed up. An additional constraint raised in the mapping was the increasing expectations on the functions of UNRWA counsellors including in education, health and where applicable

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<sup>82</sup> IMC (2013) Assessment of the Training Gaps and Needs of UNRWA in Transition to Social Work based Case Management.

<sup>83</sup> Ibid

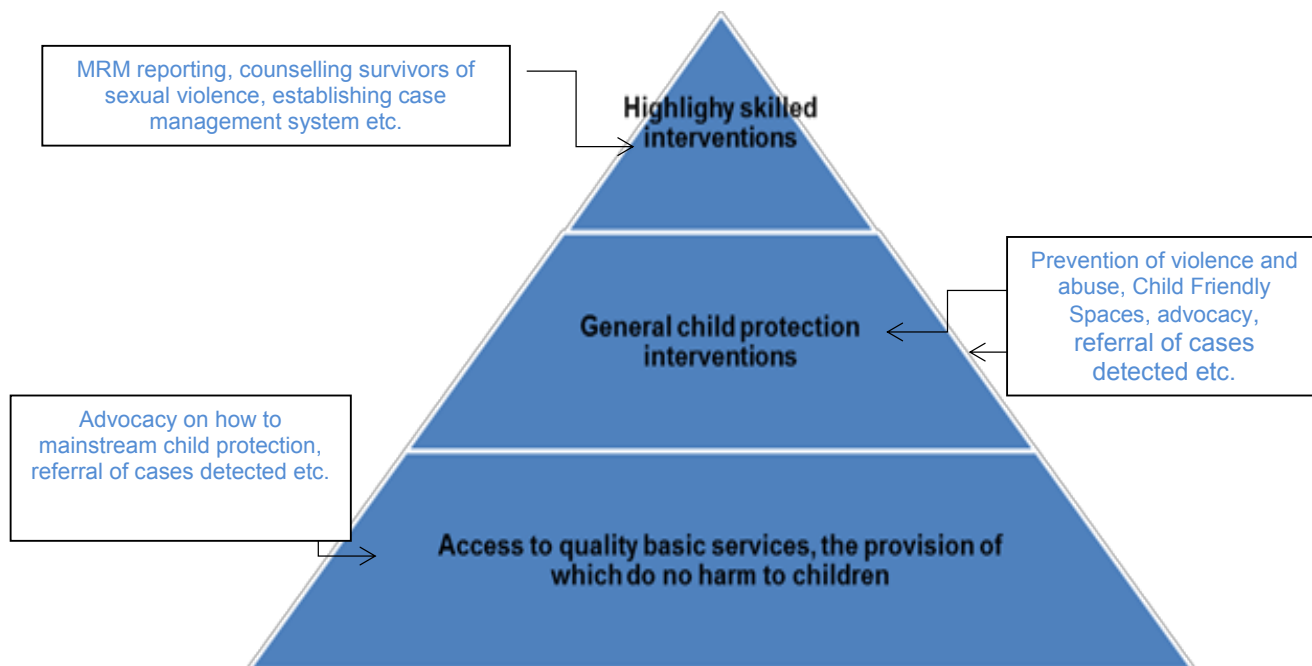
<sup>84</sup> Ibid

RSS with the roll out of projects and detection, assessment and referral mechanisms. The excessive work-load was reported to restrict the ability to follow-up on individual cases.

In addition to understanding the capacity of UNRWA staff to perform child protection functions, it will be important to also reflect on the capacity of the CBO's with whom UNRWA works in all Field Offices in terms of their role on child protection. Most staff working for CBO's are largely operating on a voluntary basis which will also need to be factored when developing accountability measures and considering sustainability.

It is not possible for UNRWA to fulfill all functions, both from the point of technical expertise and resources. In areas where gaps are identified either in internal referral or services UNRWA is increasingly acknowledging the need to bring on board agencies/actors with the requisite expertise to fill gaps. In areas where a technical child protection agency is already providing holistic child protection services UNRWA should look to strengthen partnerships and assess the added value and comparative advantage of its engagement. Either option can be important in further enhancing networks and partnerships providing a more holistic response to Palestine refugee children and their families.

The triangle below illustrates the various levels of intervention for which UNRWA can assess its functions and comparative advantage, including those of external partners and actors. Currently UNRWA primarily functions on the base of the triangle; however, there are increasing initiatives within the Agency engaging in more specific and specialized areas of child protection. UNRWA will need to reflect on what resources, competencies and systems of accountability will need to be put in place to further engage in more specialized child protection interventions.



## RESOURCES

It is outside the scope of this mapping to provide a detailed overview of current financial resources for child protection interventions in UNRWA. However, it is generally acknowledged that UNRWA operates in a resource constrained environment. Each of the projects with a child and family protection or GBV focus outlined above is notably all funded by project funds as opposed to general funds. This raises some questions as to the potential sustainability of the projects and the need to ensure projects are designed with a clear transition and exit strategy from the outset in order to ensure child protection mechanisms continue to function after the project cycle ends. Over the longer term it will be important to have more predictable and sustainable funding for these activities. Further analysis on funding and resource mobilization will be necessary should UNRWA decide to scale up its child protection interventions, in particular in specialised areas.

## STAFF SAFETY AND SECURITY

Staff in all Field Offices raised the risks to UNRWA staff engaging in protection related case referral to be a significant concern. Staff reported experiencing physical and verbal

threats from beneficiaries. This was noted in particular if the case was sensitive in nature such as pertaining to sexual abuse, but also more broadly. Currently there are no clearly defined safety and security protocols in place for UNRWA staff conducting case work. It will be important for UNRWA to include agreed safety and security protocols ensuring measures are in place and followed for example, not conducting home-visits alone, establishing 'check-in' policies, using staff from different Area Levels for especially sensitive cases.

## 7. COORDINATION

### INTERNAL COORDINATION

Given child protection concerns are often multifaceted in nature - coordination is a central component in addressing children's protection holistically, both in terms of prevention and response. However, the mapping exercise noted a lack of effective coordination hindering departments in feeling a sense of responsibility for the response to a child and family beyond their own programme and sector. The absence of clearly defined expectations between the different departments – including systems for referral, lack of knowledge between personnel within a department of their core responsibilities to children, and (perceived) different levels of financial and human resources across departments all contribute to the lack of alignment between services. Currently coordination remains ad hoc largely based on individual efforts. In Field Offices where there has been an effort to improve regular communication and systems for working together - such as in the WBFO Family and Child Protection programme and the Child and Family Protection project in JFO – staff from all departments describe their work as more effective both in terms of meeting the needs of children and families more holistically and improving the quality of working relationships within UNRWA. Staff from the WBFO Family and Child Protection Programme reported this improvement in inter-departmental coordination has been a vital component of the success of the programme and has been a progressive process over the course of the last five years.

Similarly, the multi-disciplinary team approach in the Marka project has proved to be a useful entry point to improving coordination and a sense of joint ownership overall.

Some Field Offices also have dedicated Protection Working Groups (WBFO centralised at the Field Office level and JFO with both a Working Group in the Field Office and de-centralised Working Groups at the Area Level) whereas some other Field Offices (LFO, GFO and SFO) coordinate protection activities through existing coordination mechanisms and meetings. In the WBFO there are coordination mechanisms for each of the two dimensions of UNRWA's protection policy: International Protection Working Group and Protection Mainstreaming Working Group. Although the focus of all these coordination mechanisms is broader protection – they include cases or issues pertaining to child protection.

Despite the overlap on child protection issues addressed in UNRWA projects and OSO/Protection teams, coordination between the two could be strengthened. For example, in GFO, the Protection/ OSO team have little interaction with the Community Mental Health Programme and limited information on protection related incidents are shared. In the WBFO, OSO child protection cases may be referred to the Crises Intervention Unit (CIU) in RSS which provides a form of case management to families whose homes or property has been demolished. Although information sharing protocols and ensuring confidentiality and informed consent are necessary, it would be useful to explore how UNRWA operations and programmes can better complement one another's efforts in child protection and broader protection.

## EXTERNAL COORDINATION

With the Syria crisis and ongoing violence in oPt, Child Protection Working Groups (CPWGs) have been established in all Fields.<sup>85</sup> This has presented an important opportunity for UNRWA to engage with the wider child protection sector. Firstly, in terms of coordination and networking to better address the child protection needs of Palestine refugee children, and secondly in providing an opportunity for UNRWA staff to

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<sup>85</sup> Primarily as part of the establishment of Protection Clusters apart from JFO where the CPWG has been established independently.

access more knowledge, guidance and tools on child protection. Some of the CPWG's also have various technical sub-working groups such as on Case Management, Advocacy, and Needs Assessment. Given the already high workloads of some of the Protection/OSO teams it has been difficult for designated focal points for child protection to attend such a high number of meetings. As a result the technical sub-working groups are generally not attended by UNRWA.

It will be important for UNRWA to continue attending the CPWG and where meaningful and useful provide input into wider processes in which the technical sub-groups may be engaged. For example, the upcoming inter-agency child protection needs assessments in Lebanon and Jordan will provide a critical opportunity for also assessing the needs of Palestine refugee children on a wider scale. This can be achieved through remote feedback to the assessment planning process or working with other child protection actors – local or international organizations – also working with Palestine refugee children.

Child Protection Networks (CPN) have also been established in several of UNRWA's areas of operation in which UNRWA generally participates. CPNs can pose an opportunity for UNRWA to engage in practical coordination at the Area Level and with a wider range of international and local actors. In GFO, UNRWA is a member of the CPN which is chaired by the Ministry of Social Affairs. The Community Mental Health Programme sometimes, although rarely, refers child protection cases to the CPN for follow-up among agencies.<sup>86</sup> In Lebanon, CPNs in the southern camps are chaired by the NGO Terre des Hommes (TdH) and are regularly attended by the Tyre OSO staff.<sup>87</sup><sup>88</sup> The membership also includes members of the popular committee and local leaders in the camps. This is an important step in also ensuring community acknowledgement and engagement in child protection issues.

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<sup>86</sup> The CPN in Gaza is noted to address an average of 25 child protection cases a year (referred by various members of the CPN).

<sup>87</sup> The CPN in Lebanon is in Tyre, there is not yet one established in Tripoli.

<sup>88</sup> TdH is one of the globally leading NGO's on child protection case management.



Assessing the efficacy of CPN's in addressing child protection is outside the scope of this mapping; however, it is recommended that UNRWA encourage and explore together with partners in the CPN modalities for measuring the outcomes of the cases that are addressed through this mechanism. At the time of writing it is not clear whether CPN's primarily function as a forum to discuss and address individual cases, or for wider discussions on strategy and programmatic issues and coordination.

Direct coordination with national child protection systems is limited in all of UNRWA's fields. The 1946 Convention on the Privileges and Immunities of the United Nations, to which each host government within UNRWA's areas of operations is a party, limits the extent to which the Agency may engage with legal processes under national child protection systems. This limits the ability to refer cases of child abuse to relevant authorities with a view to holding the perpetrators to account. Instead of referring cases to relevant authorities directly, UNRWA has established some external referral pathways and partnerships. On the basis of these arrangements, information regarding serious child protection incidents can be referred to partners who determine the course of action including whether to refer the case to relevant domestic authorities for the initiation of criminal proceedings. Where referral to national authorities results in legal proceedings, UNRWA staff (such as psychosocial counselors who have received the initial information) may be summoned to testify and UNRWA will sometimes cooperate with relevant authorities in allowing the staff member to offer such testimony. This can only be done on the basis of a waiver of the immunity of UNRWA staff, which the Agency seeks from the UNHQ provided that there are no concerns regarding the security of the concerned staff, confidentiality obligations or the best interest of the child. Despite this practice, respondents in the WBFO, JFO and GFO noted the significant majority of cases were not referred or addressed in coordination with government counterparts. During the two year Child and Family Protection project in JFO only one case had ever been referred to the Jordan Family Protection Department. While respondents in the WBFO and GFO noted only very extreme cases – whereby there was an immediate and tangible threat to life would be referred to the MoSA

shelter. In Lebanon Palestine refugees are largely not able to access the national child protection system.<sup>89</sup>

## 8. ADVOCACY

Protection monitoring is an important component of UNRWA's work and, as noted previously, informs UNRWA's advocacy strategies. The 'UNRWA Framework for Effective Engagement with International Human Rights System (IHRS)' (2011) sets out standard operating procedures for Agency interaction with relevant mechanisms pertinent to child protection and with which UNRWA has engaged. These include the Monitoring and Reporting Mechanism (MRM), inputs to relevant State parties' periodic reports to relevant UN human rights treaty body mechanisms, including the Human Rights Committee and the Committee on the Rights of the Child, the "Universal Periodic Review" of the UN Human Rights Council and various UN human rights reports (for the General Assembly or the Human Rights Council). This year, for example, UNRWA provided confidential input to the Committee on the Rights of the Child prior to the Committee's review of Jordan's combined fourth and fifth reports, and contributed to a UNCT submission to the Human Rights Committee prior to its consideration of Israel's fourth periodic report.

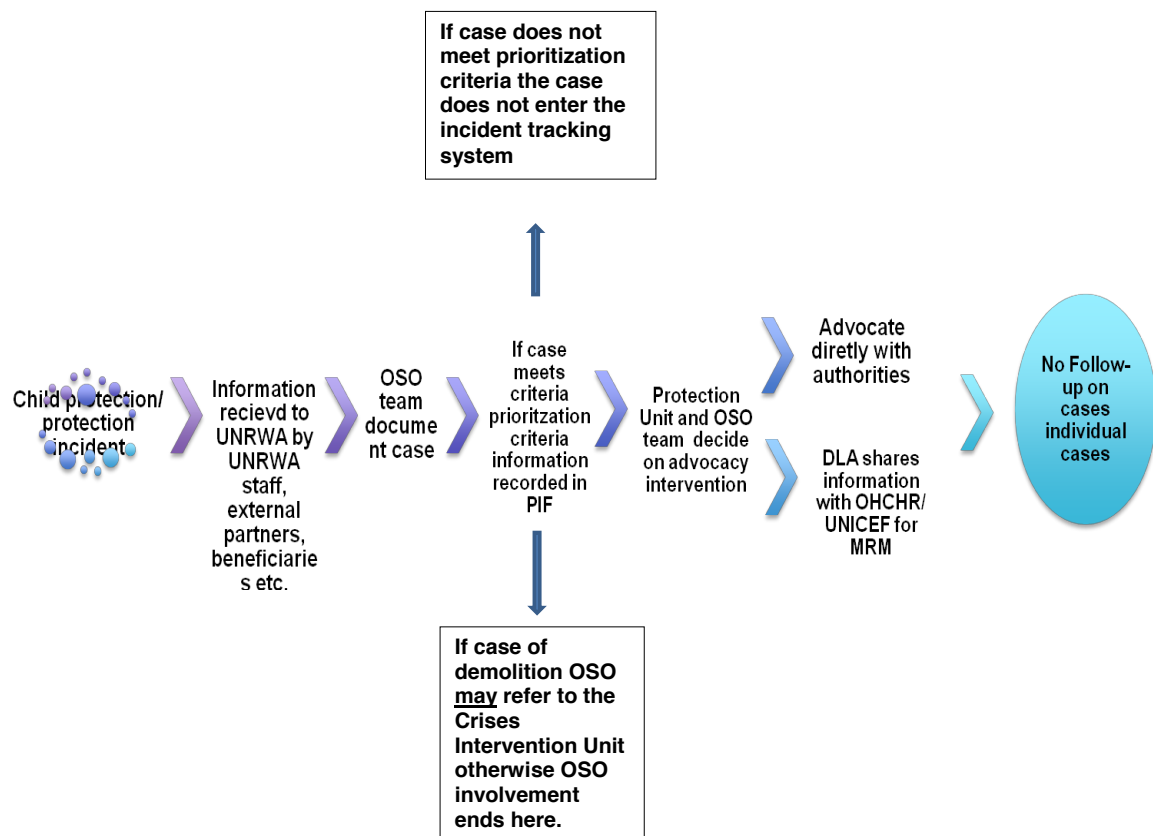
As described previously, the OSO teams and Protection Units play a central role in incident tracking and monitoring pertaining to human rights violations, along with information received from external sources such as local organizations, authorities, international organizations, other UN agencies etc. Ultimately the Protection team is responsible for determining advocacy strategies including for grave violations of children's rights in armed conflict and MRM reporting to UNICEF. Incident tracking systems are not currently structured to analyze trends or properly disaggregate data.

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<sup>89</sup> Since 2012, four waivers have been sought and granted in relation to cases of sexual abuse of children.

Such information would be useful in illustrating trends relevant to child protection and in articulating longer-term advocacy strategies for child protection.

## EXAMPLE INCIDENT TRACKING FLOW CHART (WBFO)



## CONCLUSIONS

### POLICY

UNRWA will need a specific Child Protection Framework outlining UNRWA's longer term vision and organizational commitment as well as providing clarity as to what the Agency's role and function is with regards to child protection and how this will be achieved. This includes, in the first instance, a shared Agency definition of child protection and basic principles for ensuring prevention and response mechanisms for child protection adhere to minimum standards. In addition, SOPs, guidelines and protocols are urgently needed to guide the work UNRWA is currently undertaking both directly and indirectly on child protection. Some guidance and protocols have already been developed by the Family and Child Protection Programme (WBFO), the Child and Family Protection project (JFO), the Community Mental Health Programme (GFO), GBV manuals and OSO/ protection teams – which can be built upon. However, it will be important to ensure basic overarching principles and minimum standards are shared and applied universally across the Agency.

Considering UNRWA provides services through 23,000 education staff, 3,300 health staff and 858 social workers who are in direct contact with children and their families on a daily basis, it is imperative UNRWA also put in place a child safeguarding policy and procedures. This policy and procedures should clearly set out what steps UNRWA will take to prevent threats to children from within their agency and also how they respond to concerns regarding the protection of a child. Developing a child safeguarding policy should form part of UNRWA's immediate efforts.

### CASE REFERRAL VS. CASE MANAGEMENT

UNRWA is uniquely placed to undertake detection and referral of child protection cases through its extensive network of frontline staff and services. The successes of the Family and Child Protection Programme (WBFO), Child and Family Protection Project

(JFO), the Community Mental Health Programme (GFO), OSO referral and the agency-wide GBV programme demonstrate the important case work that is undertaken. As previously described, there is a need for more conceptual clarity in UNRWA's approach to child protection case management; currently terms such as case referral, case management and incident tracking are used inter-changeably.

While UNRWA operations and programmes are engaged with incident tracking and case referral to differing degrees, it cannot currently be said that UNRWA undertakes a full comprehensive case management approach with respect to child protection in the majority of cases. UNRWA does play a significant role in supporting case management including for example in detection, assessment and case referral. UNRWA will need to critically assess the Agency's capacity to adopt and undertake comprehensive case management services for – both for child protection and for protection cases more broadly. This will entail a realistic appraisal of current and anticipated skills and resources and the ability to respond to the required level for comprehensive case management, while carefully weighing up the potential risks associated with case management and the potential to cause unintended harm to children and families.<sup>90 91</sup>

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<sup>90</sup> CPWG (2014) Inter-Agency Guidelines for Case Management and Child Protection

<sup>91</sup> Ibid

**Key considerations in assessing UNRWA's ability to undertake comprehensive case management include:**

**Human resources** – staff should have the requisite competencies and skills to undertake case management including both case workers and case management supervisors. A competency framework will need to be clearly articulated to ensure staffs meet the minimum profiles required. Supervision in the case management process is extremely important and must be carried out by someone who has substantive child protection and case management experience. In this regard UNRWA will need to carefully consider whether the knowledge and skills for supervising case management exist within the current workforce. The number of staff available is also a key consideration including caseworkers (including the ratio of caseworkers to cases 1:25 at any given time), case supervisors (including the ratio of case supervisors to case workers -1:5 at any given time). Case management is extremely time-intensive; it is questionable whether UNRWA staffs have the capacity to take on this role in addition to their current work. Given the limited existing technical expertise and available staff time this is unlikely and would require re-designation of roles and a comprehensive long-term capacity building plan.

**Financial resources** – case management is resource intensive and will require careful consideration of the financial resources required to implement including; physical office set-up –with appropriate space to ensure confidentiality and privacy during meetings with children and families, transportation of clients to and from services and home visits, staff salaries including case workers, supervisors and administrative staff, ongoing training and capacity building needs, information management systems.

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Where detection, case assessment and referral is undertaken it will also be critical to conduct ongoing review of the process and system for assessment and referral in order to ensure response and services provided are appropriate, relevant and continue to meet the needs of children and families. This strategy for review needs to be identified

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<sup>92</sup> Adapted from CPWG (2014) Inter-Agency Guidelines for Case Management and Child Protection

from the outset. Similarly, it will be important to elaborate on shared Agency guidelines, minimum standards and accountability frameworks for case referral.

## **COMPETENCY FRAMEWORKS AND STRENGTHENING ACCOUNTABILITY**

Similar to the issue of competencies to carry out case management UNRWA will also need to assess the expertise and skills required by staff expected to play a role in child protection– especially those in direct contact with children and families. This should include the development of a detailed competency framework outlining expected knowledge, skills and behavior of various staff involved in child protection.<sup>93</sup>

Currently there is no clear accountability framework in this regard. Responding to child protection requires designated responsibility and systems for accountability with staff being held accountable for their actions and the results of those actions. All staff are accountable to the child, the family and the community. The various actors involved in providing programmes, projects or operations to vulnerable children and families from detection and identification through to tracking or service provision, are all duty bearers and should be regularly held to account for their role in the response process.

If staff are to take on a child protection function this will need to be clearly spelled out in their terms of reference both ensuring staff are clear about their roles and responsibility, have the requisite expertise to perform their expected function and in ensuring they can be held to account.

## **PARTNERSHIPS**

UNRWA cannot be expected to have the technical expertise or resources to respond to all the needs of Palestine refugees. However, UNRWA still has a responsibility to address gaps when identified including for child protection.<sup>94</sup> UNRWA can advocate for other specialist agencies with suitable technical expertise and qualified personnel to also respond. This further underscores the need to have conceptual clarity on what

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<sup>93</sup> A competency framework refers to a group of competencies that collectively identify the experience, skills, knowledge and behaviors necessary for effective performance in a particular area of work.

<sup>94</sup> For example in addressing cases of violence and abuse within the home.



UNRWA can and does undertake as an Agency and what UNRWA is not able to do and where UNRWA may have a role in advocating for other specialized agencies to fill gaps. Improved coordination both internally and externally have provided ample opportunity for networking and establishing partnerships.

## EVIDENCE-BASED PROGRAMMING

Assessment, monitoring and evaluation are critical to child protection programming, including in determining the scale of violations, identifying vulnerabilities, ascertaining risk factors and protective assets and mechanisms – informing overall programme design and ensuring accountability. Systems should be developed to continuously update information and monitor trends and changes to the situation which may alter the relevance or appropriateness of programmes or interventions.

Mechanisms for follow-up, participation and measuring genuine outcomes of child protection interventions are critical. In addition, children and families should be provided with routine opportunities to give feedback on the services they have received. Utilization of mixed methods in monitoring and evaluation by also including participatory qualitative tools as well as quantitative approaches to data collection and outcome indicators can assist in better measuring child protection outcomes.

## RECOMMENDATIONS

Based on the findings of the mapping report, the following are a series of recommendations that could be considered in order for UNRWA to reflect further on the how it could strengthen its approach to child protection, including through the development of a Child Protection Framework, as well as other immediate steps that would need to be taken if the Agency decides to strengthen its child protection approach further.

- While evidence of the child protection context exists in terms of numerous thematic studies, a **comprehensive assessment and overview of the child**

**protection context** for UNRWA including priorities and primary mechanisms for response – within the child, family and community – is lacking. This is critical in understanding children, families and communities perceived priorities and the most relevant and appropriate response to mitigate and respond to child protection. Wherever possible efforts should be made to consult with and collect information from children and communities.

- In order to institutionalize UNRWA's commitment to child protection and ensure a shared understanding with the agency, UNRWA will need to develop a **Child Protection Framework** outlining UNRWA's longer term vision and organizational commitment providing clarity as to what the Agency's role and function is with regards to child protection and how this will be achieved. This includes in the first instance a shared Agency definition of child protection and basic principles for ensuring prevention and response mechanisms for child protection adhere to minimum standards.
- Due to time constraints it was not possible to conduct interviews and/or focus group discussions with children, adolescents or community members as part of this mapping. In order to fully inform the development of a relevant and appropriate Child Protection Framework, it will be critical to **seek the perspective and views of Palestine refugee children and communities**.
- UNRWA will need to develop a **child protection safeguarding policy** - this is an incremental process requiring a series of consultations and steady roll-out and dissemination. However, the process should be initiated in the immediate term.
- Over the immediate and medium term, UNRWA will need to develop **agency guidelines, protocols and minimum standards for child protection**. While each Field Office context is unique, there are fundamental child protection principles that should form the pillars of what UNRWA does as an agency on child protection which apply to all. As a starting point this should include a consolidation and review of existing guidance and protocols developed by the

programmes already – including the Family and Child Protection Programmes (WBFO), Marka Project (JFO), Community Mental Health Programme, GBV guidance and protocols, tools developed by the OSO's/ Protection teams – in order to build on existing efforts and expertise.

- To ensure that staff can be held accountable for their role in the response to child protection and vulnerable children and families, clear systems and **frameworks for accountability** should be developed and agreed with clearly delineated roles, responsibilities with mechanisms for regular monitoring, including staff involved in child protection at all levels.
- In building the necessary skills to address the highly complex and sensitive nature of child protection a progressive and longer-term view to **capacity building on child protection** is necessary. To date capacity building has been focused on one-off training both provided internally within UNRWA or externally by NGO's. While one off intensive training courses can no doubt be useful, it is recommended that mentoring and on-the-job learning be considered equally important in building requisite skills for child protection which requires significant supervision. This will require careful consideration of existing staff profiles, competencies and modalities as to how the process is structured. Mentoring initiatives are important at the level of frontline staff directly involved in detection and service provision or referral for child protection.
- Ideally there should be one designated child protection officer per field; however, this will depend upon available resources. Given the limited child protection expertise among OSO and protection staff in UNRWA identifying **thematic focal points** (who ideally already have some understanding of child protection, but more importantly can have their capacity built over time) can provide a short term solution for further incorporating child protection in UNRWA's operations. However, a focal point system is not a viable solution for adequately addressing

child protection.<sup>95</sup> Over the longer term it will be important to ensure there is a designated **child protection officer** per field. At a minimum OSO teams and recruitment should be balanced in terms of competencies and able to fulfill the broad range of duties expected of them – including for child protection. As such, in the medium term or failing to designate a child protection specialist in each field UNRWA would benefit from having one OSO per Field Office who has specific and adequate expertise on child protection.

- UNRWA should recruit a **Child Protection Specialist** (minimum P4) at headquarters to move forward in developing the Child Protection Framework, including the policy and protocols mentioned above. Given the development of the Child Protection Framework will require a process of close and regular consultation with Field Offices and Area Levels accompanied by a subsequent roll-out phase the initial post is required for a 12 month period. However, UNRWA will need to consider initiating a fixed-term Child Protection Specialist post in the agency over the longer-term.
- UNRWA should critically assess the Agency capacity, resources and comparative advantage in pursuing **case management** at this point in time. This will entail a realistic appraisal of current and anticipated skills and resources and the ability to respond to the required level for comprehensive case management, while carefully weighing up the potential associated risks and the potential to cause unintended harm to children and families. This can include reflection on what components of a case management approach UNRWA is in a position to undertake and/or support and has a comparative advantage i.e. detection, assessment, case referral etc. A decision should be made within each Field Office of which kinds of cases can be handled internally and which require referral.

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<sup>95</sup> As noted by the UNRWA GBV programme lessons learned 2013/14, a focal point system whereby staff are tasked with GBV functions in addition to their regular workload means GBV becomes a secondary priority.

- **Mapping referral pathways** provide an important opportunity for firstly identifying other agencies which can support UNRWA in its endeavors to better protect Palestine refugee children. Secondly, this allows for UNRWA to also map where there are gaps in service provision and advocate for other technical agencies can provide assistance. Comprehensive and systematic mapping of referral pathways should be encouraged in all areas of UNRWA operation.
- It will be necessary to profile what type and scale of services for child protection CBOs and other organizations UNRWA refer to are able to provide and importantly **assess the quality of services** - both in terms of how services are provided and the overall outcomes for children and families. Furthermore, in areas where UNRWA is engaging with local and traditional leaders and members of the popular committee's it will equally be important to bring them on board on child protection capacity building initiatives.
- UNRWA should increasingly be looking at possible **partnerships** in the areas the agency is looking to strengthen UNRWA's response and filling gaps where UNRWA does not have a comparative advantage with a view to providing a more holistic, comprehensive and quality response to children and families. Partnerships can be formalized in particular if pertaining to case referral.
- **Potential synergies within UNRWA** projects, programmes and operations should be further explored. For example, while recognizing that child protection is broader than GBV; the significant overlap between the two and the relatively evolved GBV referral system poses an opportunity in both addressing cases of GBV pertaining to minors, while also extending response to wider child protection concerns. Similarly, strengthening the links between family and child protection programmes and the OSO/Protection teams could provide opportunities for improved and response to child protection (and broader protection cases). This also includes mainstreaming child protection into existing wider Agency guidelines, training and referral protocols.

- The **new MTS period** should be viewed as an opportunity to also place child protection firmly on the agenda of the next strategic planning period. In the immediate term, it will be important to include projected child protection initiatives in the draft document under review. Furthermore, mixed methods should be included in the indicator framework allowing for significantly more measurement of impact and outcomes as opposed to a sole focus on process/ output indicators.

## ANNEX 1

### FIELD OFFICE OVERVIEW TABLE

Field Office	Staff structure <sup>96</sup>	Child Protection Interventions/ Approaches	Funding	Coordination (external/ internal)	Information Management
West Bank	<p>Protection Unit</p> <p>OSO Team (Organized by thematic files)</p> <p>Community Mental Health/ Family and Child Protection Team.</p> <p>Crises Intervention Unit (in RSS)</p>	<p>Family and Child Protection Programme (multi-disciplinary, but housed in Health)</p> <p>Protection Incident tracking (international protection) including child protection violations. Reported to OHCHR/ UNICEF – MRM</p> <p>Child protection cases detected by OSO's are rarely referred internally or externally for services except for to the Crises Intervention Unit (cases of demolition and law enforcement operations).</p>	<p>OSO Operations funded by US Government</p> <p>Family and Child Protection Programme funded by project funds.</p> <p>Protection and Crisis Intervention Unit funded by ECHO.</p>	<p><u>External</u>: CPWG (one of the Protection Mainstreaming Officers appointed to attend)</p> <p>Protection Cluster (oPt) (Head of Protection Unit attends)</p> <p>National Child Protection Committee: Community Mental Health/ Family and Child Protection staff members from each department attend (monthly meetings)</p> <p><u>Internal</u>: International Protection Working Group (bi-weekly)</p> <p>Protection Mainstreaming Working Group (bi-weekly)</p>	<p>Incident monitoring and tracking. Data stored in Excel and Access data bases.</p>

<sup>96</sup> Specific to protection related activities which may or may not currently include child protection.

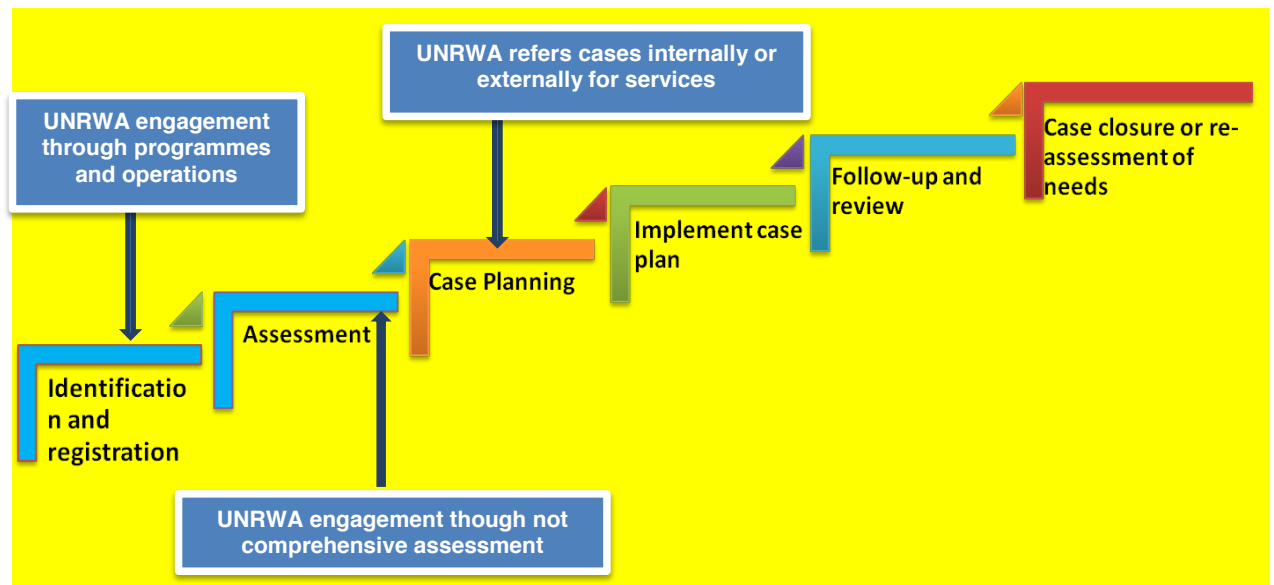
Gaza	<p>OSO team led by Field Protection Officer (since Dec. 2013)</p> <p>Team organized by geographical area.</p> <p>Community Mental Health Programme</p>	<p>Community Mental Health Programme (housed Health)</p> <p>OSO team not lead responsible for consolidating information on protection incidents. Collects data when possible, but not systematic.</p>	<p>OSO Operations funded by US Government</p> <p>Community Mental Health Programme funded by project funds.</p>	<p><u>External:</u> CPWG (attended by national OSO)</p> <p>Protection Cluster (oPt) (attended by Field Protection Officer)</p> <p>CPN (but not regularly attended by UNRWA)</p> <p><u>Internal:</u> No dedicated protection working group.</p> <p>Regular OSO team meetings.</p>	<p>No dedicated or consolidated incident or case management database. An excel sheet under development by Field Protection Officer.</p> <p>Database for Community Mental Health programme being developed.</p>
Lebanon		<p>No specific programmatic intervention.</p> <p>Protection incident tracking (international protection) including child protection violations.</p> <p>Child protection cases detected by OSO's may be referred internally or externally for services.</p>	<p>OSO Operations funded by US Government</p>	<p><u>External:</u> CPWG – attended by child protection focal point.</p> <p>Sub-working groups: Case Management Working Group, Needs Assessment Working Group, MHPSS Working Group – not attended by UNRWA.</p> <p>In Tyre (AL) participates in the CPN</p> <p><u>Internal:</u> Protection Working Group</p>	<p>Protection database for PRS (also includes non-PRS cases).</p> <p>GBV database (Access)</p>



Jordan	<p>Previous PRS and non-PRS teams merged into one team (mid-May 2014). Appointed child protection focal point.</p> <p>New Protection and Operations Support Unit (ongoing).</p> <p>Marka project Team (in RSS)</p>	<p>Marka Family and Child Protection Pilot Project (housed in RSS).</p> <p>Hotline for PRS</p> <p>Protection incident tracking (international protection) including child protection violations</p> <p>Child protection cases detected may be referred internally or externally for services.</p>	<p>OSO project funded by US Government (project funds).</p> <p>Child and Family Protection project (project funds).</p>	<p><u>External</u>: CPWG – attended by child protection focal point (only for Syria response, covering PRS only).</p> <p>.</p> <p><u>Internal</u>: Area Protection Working Groups at each of the Area Levels Protection WG at Field Office level.</p>	<p>“Case management” database for PRS (excel).</p> <p>Exploring the use of Activity Info.</p>
Syria	<p>Area Support Officers (not protection or OSO due to sensitivities in recruitment). Not yet established, recruitment process ongoing.</p>	N/A	<p>OSO Operations funded by US Government</p> <p>.</p>	N/A	N/A

## ANNEX II

### UNRWA IN CHILD PROTECTION CASE MANAGEMENT



The diagram depicts where UNRWA engagement currently sits within a case management process. With the exception of the Child and Family Protection pilot project in JFO and to a lesser extent the Family and Child Protection Programme in the WBFO which do engage in some of the subsequent steps, but are not systematically or regularly implemented.