



MA'AN Development Center

Family Center Model



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Acknowledgment

Many organizations working in child protection provided comments, feedback, and insights on early drafts of the Family Center Model. The model has greatly benefited from their time and thoughtful review. The Family Center Model is a living child protection guideline tool. We hope that the toolkit will be a living resource, periodically updated to reflect the insights, best practices, helpful hints, and experience of child protection actors who have been involved in developing and using this model. The Family Center Model has been funded by UNICEF, developed and implemented by MA'AN Development Center in cooperation with Development Pioneers Company for Consultations.

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EXECUTIVE SUMMARY

The situation in the Gaza Strip has been characterized as a protracted protection crisis with humanitarian consequences. In Gaza, children and families are exposed to a wide range of protection risks associated with armed conflict such as displacement, dispossession and deprivation. Children continue to be adversely affected by continued military violence and the ongoing blockade of the territory. The 2014 assault on Gaza increased the psychological impact of ongoing threats of violence compounded by the deprivations of a blockade since 2007, and emphasizes the definite need for psychosocial support and interventions for both children and adults. Around 225,000 children are still in dire need for direct structured psychosocial support and child protection interventions on the basis of families who have experienced death, injury or loss of home since the beginning of the crisis. All Palestinian families in Gaza are affected by the crisis and may need some level of non-specialized psychosocial support. Children are showing increasing symptoms of distress including bedwetting, clinging to parents and nightmares.

Over many years, and in response to repeated assaults, a range of humanitarian actors have been responding to child protection risks through setting up child-friendly centers where children and their families are offered multi-disciplinary services that aim to improve their psychosocial wellbeing and resilience. However, each organization uses its own model in terms of objectives, activities, services, approaches, modules, toolkits, structure, and capacity, application of child protection minimum standards, and scope and scale.

From that standpoint, MA'AN Development

Center has reviewed existing practices and tools to inform an overarching model for child-friendly centers (Family Centers) that is built on diverse experiences of different national and international non-governmental organizations working in the field of child protection in the Gaza Strip, with a particular focus on establishing child-friendly community centers (Family Centers). Drawing on MA'AN and others' expertise in this area; lessons learned, best practices and areas of improvement and recommendations, this document aims to address gaps in addressing child protection concerns and risks in communities across the Gaza Strip and the role of child-friendly centers (Family Centers) in addressing such concerns and risks at different levels and at specific scope and scale.

In particular, this model seeks to identify operational and institutional capacities and economic, social and cultural factors that create challenges in addressing child protection risks and concerns by these centers. The ultimate goal of this publication is to ensure adequate protection of the rights of children and long-term positive change in children's lives through serving as a basis for "FAMILY CENTER/CHILD-FRIENDLY SPACE" model in terms of definitions, objectives, scope, scale, services and capacity.

B ACKGROUND



BACKGROUND

In July and August 2014, Israel launched a military offensive targeting Gaza, which lasted 51 days, including bombing by airstrikes and shelling from naval vessels and tanks. A large number of Children and families across the Gaza Strip were affected; hundreds of homes were damaged or destroyed and thousands of people were displaced. Around 2,158 Palestinians have lost their lives, including 506 children and 1,480 civilians; and around 11,100 Palestinians, of which 3,374 are children, have been injured. It is estimated that 1,000 of these children now have a life-long disability. 1,500 children are estimated to have become orphaned during the offensive. 44,000 housing units were affected, including approximately 20,000 homes destroyed or severely damaged, leaving 108,000 people homeless. Significantly, in this offensive, child casualties (501) exceed the combined number of children killed in the two previous conflicts in Gaza, which was 350 in 2008-9 and 35 in 2012.

This latest assault, compounded by the deprivations of a blockade since 2007, has deepened the psychological impact of regular threats of violence, and created a greater need for psychosocial support and child protection interventions for both children and adults. According to HNO 2016, an estimated 225,000 children, of families who have experienced death, injury or loss of home since the beginning of the crisis, require direct structured/focused and specialised psychosocial support. All Palestinian families in Gaza were affected by the crisis and may need some level of non-specialized psychosocial support. Children are showing increased symptoms of distress including bed wetting, clinging to parents and nightmares.

More than 1.8 million people live in Gaza of which 56% are children. The 'Operation Protective Edge' offensive exacerbated the already chronic psychosocial and protection related problems that have been felt since the imposi-

tion of the blockade in 2007. The 2012 Israeli military offensive 'Pillar of Defense' and 2008-2009 'Operation Cast' Lead by Israel against the citizens of Gaza can be termed as psychologically traumatic offensives. Having suffered three such conflicts in six years, it is expected that citizens of Gaza will suffer from long term effects of psychosocial distress. Therefore, any early recovery response in Gaza must take into consideration the longer term needs of the population and build on the recovery efforts of previous operations.

Psychosocial interventions for children and families have been identified as a priority across all areas of Gaza. An Initial Rapid Needs Assessment (IRA) by the Inter-Cluster mechanism in Gaza, immediately following cessation of military activities, identified the provision of psychosocial support to children as a priority intervention. Other key Child Protection concerns included: displacement; presence of ERW; violence against children; activity of armed groups; gender-based and domestic violence as well as child abuse/ violence against children; and separation of children from their families or abandonment of children.

Drawing on its solid experience and expertise in the field of child protection, MA'AN Development Center successfully runs a number of Family Centers across the Gaza Strip in partnership with key humanitarian actors including UNICEF and GIZ. These centers offer a wide range of child-friendly and extracurricular services in a safe and supervised play space that provides psychosocial support services and academic enrichment activities to children, caregivers and communities in different geographical locations. Broadly, the purpose of Family Centers is to support the resilience and well-being of children and families through community-organized, structured activities conducted in a safe and stimulating environment.



METHODOLOGY

The methodology for the preparation of the 'Family Center Program' model included a desk review of recent key, reliable studies and reports, in addition to adopting qualitative approaches such as key informant interviews with key Child Protection actors to inform the development of the Family Centers Model.

The desk review phase began with a comprehensive review of all available literature addressing child protection concerns and gaps in the Gaza Strip. Reviewed resources included several documents such as MA'AN FC Program Model Structure, Child Protection Rapid Assessment (CPRA), Child Protection Response Strategy (CPRS), Child Protection Minimum Standards (CPMS), UNICEF and SC Child-Friendly Toolkits, CPWG Overview of Child Protection Concerns, Early Marriage in Gaza Research, GBV Assessment, and Humanitarian Needs Overview 2015 Factsheet. This stage was very essential and helped in building up a clear understanding regarding the CP situation, concerns and gaps, as well as, enabling the team to recognize the relevance of the MA'AN FC Model objectives to the arising concerns.

The methodology further included the inception of the Advisory Committee that comprised of UNICEF, Save the Children, and other international and national agencies. The Committees' main responsibility is to ensure the effectiveness of the Family Centers Program model in addressing child protection concerns and gaps and the role of the family centers in addressing the child protection concerns in accordance with humanitarian and developmental mandates.

In order to design the family center program model, the methodology emphasized the importance of analyzing the on-going Family Center projects through reflecting and examining the effectiveness

of the current services and to capture the lessons learnt. The meetings were meant to pinpoint best practices and lessons learnt from previous and current Family Centers and Child-Friendly Centers Program models, including UNICEF, Save the Children, GIZ, Catholic Relief Services, Mercy Corps, and their partners; MA'AN Development Center, Tamer Institute, Palestinian Center for Democracy and Conflict Resolution, Community Training and Crisis Management Center, Basma for Culture and Arts, and the Palestine Trauma Center. The meetings targeted Family Centers' team members to get thorough and reliable information on provided service, target groups, used modules and toolkits, gender mainstreaming & considerations, measures in place for inclusion of excluded children, strategies used to reach/access the target groups, FC role in emergencies vs protracted emergency times, and FC hierarchy.

The methodology also included an integration of the Child Protection Minimum Standards (CPMS) when addressing the identified key child protection concerns. This was vital in ensuring proper analysis and response to the child protection concerns, and the design of quality prevention and response measures. The standards gave clear preparedness and response activities, resources and guidance to help in putting that standard into practice. Standards are integrated as below

The methodology further emphasized the importance of creating safe and child-focused responses through benefitting from Global CPWG, UNICEF and SC Child-Friendly Spaces Toolkits and other guides developed by other agencies. The guides will help Family Centers to implement and manage safe spaces where communities create nurturing environments in which children can access free and structured play, recreation, leisure and learning activities.



Addressing Gaps Of Child Protection Concerns In Gaza

First:

Analysis of the Desk review

The desk review phase revealed that the main child protection concerns are: psychosocial distress and mental health disorders, physical violence, sexual violence, child labor, and separation of children from parents during displacement. Following the review of MA'AN FC Program Model Structure, it has been believed that *the following CP concerns are the priority concerns to be addressed and tackled by the Family Centers Program, where the FCs need to provide focused response to such needs.*

● **Possible injuries and/or deaths:** This concern is relevant to the CP Minimum Standard # 7: *dangers and Injuries* to ensure that boys and girls are protected against harm, injury and disability caused by physical dangers in their environment. As indicated in the CPRA report issued in 2014, road traffic injuries are the leading cause of death amongst adolescents aged 15 to 19, and drowning, and fire related burns are responsible for almost 50% of child deaths across the world.

In the Gaza Strip, road traffic/car accidents pose

a risk for children's safety and security, especially that the main gates of schools are located on main streets, where minimum requirements for road safety are not insured or met. In addition, there are several types of road signs, including warning and guide signs. There is a must for more guide signs for pedestrians and vehicles, especially on the roads school children walk through. In the Access Restricted Areas (ARAs), schools continue to remain indirect targets of Israeli attacks, and children are continuously exposed to artillery attacks, where security threats continue to affect all children accessing these schools, compromising their right to access quality education.

In the Gaza Strip, there are no safety and security measures in place to protect children from drowning. Reported incidents of children whom drowned in sewage pools were due to the absence of security and safety measures; such as fencing and guarding, especially that such pools were established in residential areas.

Despite the prevailing sense of fear and apprehension among children, explosive remnants of war (ERWs) continue to injure children. The presence of explosive remnants of war (ERWs) poses the greatest risk of death or injury to children. The ERWs remain an increased threat all over Gaza, especially in light of delays in rubble removal due to the ongoing blockade on Gaza, where clearance of explosive remnants of war near schools and residential areas is still highly needed. Injuries and deaths resulted from ERWs are also attributed to poor awareness of children and adults of risks and dangers of such ordnances.

According to the 2014 Annual Report on Children and Armed Conflict to the Security Council, eleven boys were injured as a result of playing, tempering or being in the proximity of the explosion of explosive remnants of war. Eight children, seven boys and one girl, were injured by Palestinian rockets aimed at Israel but falling short and landing in Gaza. In addition, 2015 recorded injury of seven children as a result of ERW detonation, throwing an ERW item into fire, and playing and mishandling ERWs.

Despite the unavailability of safe play areas for children in Gaza, children enjoy playing outdoors. They love to play with their friends, to run and to play football. The places where they used to love to play, such as parks, fields and open spaces have been severely damaged by military attacks, thus limiting children's options to playing in the streets. However, violence against children, by other children or from adults, is experienced when playing in the streets. There is a significant fear among children and their parents that children will be injured if they play in the streets. Threats to children's physical and personal safety are not limited to violence from other children; explosive remnants of war continue to be a very real danger to children. Children in Gaza usually follow their natural curiosity and enter damaged or demolished buildings and sometimes to collect rubble for money in return, especially younger children who are more inclined to pick up unusual objects.

● **Physical violence:** This concern is relevant to the CP Minimum Standard # 8: *physical violence and harmful practices* to ensure that boys and girls are protected from physical violence and other harmful practices, and survivors have access to age-specific and culturally appropriate responses.

Children in Gaza live everyday with the threat of violence. The common underlying factors of violence against children in the Gaza Strip are domestic violence, school violence, community violence and military violence, all of which have significantly increased since the 2014 offensive. The report also indicated that physical violence is mostly perpetrated at home and school environments and by male parents.¹ The ongoing conflict, occupation and blockade are having a seriously detrimental impact on every level of family life. The psychological impact is not limited to children; parents are increasingly stressed. Coping strategies had already been greatly diminished as a result of an accumulation of stress factors, resulting from repeated military attacks against Gaza. This, in addition to the blockade that is having a major impact

1) PCBS & Save the Children, oPt, 2014, Child Rights Situation Analysis

on the economic situation in Gaza, and placing increased strain on families.

As revealed in the CPRA, community and domestic violence were mentioned as a predominant risk for children. Community violence rated highest in key interlocutors of the IDP population living in UNRWA shelters. These issues were also identified in the Interagency Initial Rapid Assessment as a consequence of the hostilities, which found that community and family violence, including domestic violence and abuse against children, had increased since the crisis began; together with corporal punishment, which was an issue that pre-existed the crisis, both in schools and communities.

Family violence: Parents in Gaza are also feeling the psychological pressure and anxiety of potential future attacks, power cuts and providing for and protecting their families. These pressures were present before the attacks in 2014, but have been greatly exacerbated by increased power cuts, military targeting of agricultural land and open spaces, and the fear and anxiety within their families. In times of stress, men tend to leave the home and either spend time alone, or at the cafe talking with their friends, while women remain at home. Such a situation shows increases in family conflicts due to stresses in the home affecting relations, and leading to violence against children. The PCBS and Save the Children report indicated that the highest rates of violence against children take place at home and are perpetrated by male parents more than mothers. In addition, in Gaza, seven children out of 20 children are exposed to domestic violence. It is worth mentioning that physical violence and corporal punishment have been perceived by the community as a culturally accepted discipline approach.

School violence: School violence is one of the contributing factors to physical risks. According to PCBS report, high levels of violence persist especially in the schools, where the situation of overcrowding and continued stress affect the psychosocial wellbeing of students and teaching staff, and especially the most vulnerable children. Physical and humiliating punishments remain widely used as a method of discipline

and control over students in schools. Violence among children themselves, especially in boys' schools, is increasing due to a number of internal and external factors. Indeed, many factors attribute to school violence such as social norms and their relation to acceptance of corporal punishment. The Israeli occupation is one another that is perceived as a main factor in putting pressures on children and caregivers, making their communities, schools and neighborhoods deemed unsafe.

Military violence: In addition to the very clear risks posed by ERWs, military activities continue and remain a huge risk to the children of Gaza. Part of the ceasefire agreement was the reduction of the Access Restricted Areas (ARAs) both at land and sea; however, there remains confusion over the size of the buffer zone. This confusion is proving dangerous to children who attempt to access the ARAs for recreation or for work (in agriculture or collecting rubble). Children accessing the buffer zone face the risk of death and injury by the Israeli Forces. Military activity from within the Gaza strip is of concern to Parents and children alike. Those who live near military sites fear being killed or injured by misfired ordnance or accidental explosions. Children who live near military installations are afraid that their residential areas will be targeted or accidentally hit.

According to the 2014 Annual Report on Children and Armed Conflict to the Security Council, 65 children were injured in Gaza outside of the Israeli military operation of July and August 2014. Forty-six children, 41 boys and five girls, were injured prior to the July-August military operation in the course of Israeli air strikes targeting suspected rocket launching stations or training sites in Gaza; or as a result of the Israeli forces opening fire against Palestinians approaching the fence. In 2015, seven boys were shot and injured in Access Restricted Area (ARA); six boys were injured by Israeli soldiers positioned at the Gaza perimeter fence in the context of presence near the fence, stone throwing and ensuing clashes. The other boy was shot and injured by Israeli naval forces while he was fishing.



An important finding is also the mention of harmful traditional practices. These practices are defined as those that are harmful to children and defended on the basis of tradition, culture, or religion by some community members (for example early marriage and honor killings), which was identified as a predominant risk alongside corporal punishment and sexual violence. A study, conducted in 2008, indicated that the prevalence of early marriage is high with 11% of girls in Gaza married between the age of 15 and 19. In addition, in 2012, the Palestinian Central Bureau of Statistics also reported that out of every 10 women, there were 6 who had gotten married after the age of 15, whereas, the percentage of women were 49.2% and 50.8% were for men.

A recent study, in 2015, asserted that intermarriage (marriage within the extended family) is one of the reasons for this practice: 55% of the women who married as children had married a first or second degree relative. 44% of women didn't have the chance to agree upon their marriage but their father did. The study identified that although family/community norms are very important contributing factors of early marriage, the social, cultural, economic and political contexts are also strong determining factors affecting decisions around marriage. (35.1% of study sample attributed early marriage to customs and traditions of the Palestinian society. 15.3% said that intermarriage is one of the causes. 14.1% attributed early marriage to being one of many sisters, which created the desire to ease the burdens on the family. 13.8% of the participants thought that poverty is the reason behind their early marriage. 12.9% said that their own misunderstanding of the real meaning of marriage, and all that it entails, was the reason behind their choice of getting married.

The 2015 study pointed the violence resulted from early marriage: 63% of the participants have suffered from domestic violence during their marriage. According to the participants, 37% have faced verbal violence, 30% have faced psychological violence, 24.3% have faced physical violence, 9.4% have faced economic violence and 4.5% have faced sexual violence.

Families are placed under enormous strain in emergency situations, whilst protective factors are weakened. This can result in an increase in abuse and violence against children and an increase in the use of negative coping strategies, such as early marriage, to enhance the family's economic situation. The data does not reveal whether there has been an increase in the incidents of early marriage, but it does confirm that it is practiced, which is, in itself, an additional vulnerability and risk factor.

● **Presence of sexual violence against children:** This concern is relevant to the CP Minimum Standard # 9: sexual violence that aims to ensure that Boys and girls are protected from sexual violence and survivors have access to age-appropriate information as well as a safe, responsive, and holistic response.

Sexual violence is a very sensitive subject in the Palestinian cultural context, and often regarded as taboo, thus, resulting in scarcity of concrete and reliable evidence and under-reporting. The paucity of information on the existence and prevalence of sexual violence against children could be driven by social norms and values, and/or by the level of education and knowledge on the issue. There are limitations in providing a gender sensitive, confidential and appropriate response including the absence of clear legislations that provide protection to girls, either by specialist or law-enforcement agencies. This is in addition to shortcoming in humanitarian support services responsiveness to the particular needs of displaced girls in emergency shelters and host families homes.

Furthermore, displaced girls in emergency shelters need privacy to maintain their security, dignity and personal hygiene. Therefore, girls' special needs should be taken into consideration during design and implementation of programs for these shelters. Girls were subjected to discrimination in receiving aid and services in emergency shelters during the conflict, particularly in the absence of rules that control distribution processes and mechanisms².

2) UN Gender Based Violence sub-working group, 2014, Conditions and Rights of Internally Displaced Girls and Women

Absence of effective protection mechanisms, such as partition screens and locks on doors, safety of windows and sufficient and continuous lighting, exacerbated the girls' and women's feelings of anxiety and fear of being subjected to violations. Likewise, the lack of control over the management of emergency shelters contributed to aggravating girls' feelings of insecurity and discrimination.

Reasons why children do not disclose include: fear of consequences, fear of dismissal, manipulation by the perpetrator, self-blame, self-protection, age, and disability³. Evidently, reporting is most impacted in situations where disclosure is likely to attract strong negative social stigma against the child and family, and could lead to possible negative repercussions against the child or family.

The root causes of sexual and gender-based violence against children lie in community's attitudes towards and practices of gender discrimination, community's poor knowledge about this issue, the lack of rule of law, the lack of information provided to children, children's restricted power in decision-making, children's level of dependence, and the absence of clear legislations that provide protection to children either by specialist or law-enforcement agencies⁴.

In Gaza, the main situation where sexual violence against children occurs is at home, shelters, common areas such as latrines or showers, play areas, on the way to school, and in host families. Therefore, there is an emphasis on the sense of insecurity around safety during displacement⁵.

● **Psychosocial wellbeing:** This concern is relevant to the CP Minimum Standard # 10: *psychosocial distress and mental health disorders* that aims to ensure that boys and girls' coping mechanisms and resilience are strengthened, and severely affected children are receiving appropriate support and CPMS # 16: *Community-based mechanisms* that aims to ensure girls and boys are protected from abuse, violence, exploitation and neglect through community-based mechanisms and processes.



Moreover, in order to properly respond to this concern, CPMS # 17 and 18 should be ensured. The FC should be a community-supported child-friendly space that provides structured activities that are carried out in a safe, child-friendly, inclusive, and stimulating environment. In addition, the FC should reach the most vulnerable children through an outreach program to identify at-risk children.

This latest escalation of hostilities only increases the psychological impact of regular threats of violence compounded by the deprivations of a blockage since 2007, and emphasizes the definite need for psychosocial support and interventions for both children and adults. 225,000 children are still in dire need for direct and specialized psychosocial support on the basis of families who have experienced death, injury or loss of home since the beginning of the crisis. All Palestinian families in Gaza are affected by the crisis and may need some level of non-specialized psychosocial support. Children are showing increasing symptoms of distress including bed wetting, clinging to parents and nightmares.

During the Last Israeli Operation on the Gaza Strip
3) IRC, 2012, Caring for Child Survivors of Sexual Abuse, Guidelines for health and psychosocial service providers, http://www.unicef.org/pacificislands/IRC_CCSGuide_Full-Guide_lowres.pdf

4) UN Gender Based Violence sub-working group, 2014, Conditions and Rights of Internally Displaced Girls and Women During the Last Israeli Operation on the Gaza Strip

5) CPWG, 2014, Child Protection Rapid Assessment

The 2014 escalation of hostilities exacerbated the already chronic psychosocial and protection related problems that have been felt since the imposition of the blockade in 2007. The 2012 Israeli military offensive and 2008-2009 military operation can be termed as a psychologically traumatic offensive. Having suffered a third such conflict in six years, it is expected that, without appropriate support, children could suffer long term psychological impacts including a sustained state of uncertainty, fear, and hopelessness about the future which could result in involvement in a range of risk-taking alternatives such as involvement in worse forms of child labour, or involvement in conflict-related activities. Sustained psychosocial distress, if not addressed, can lead to longer term mental health symptoms and disorders. Therefore, any early recovery response in Gaza must take into consideration the longer term needs of the population and build on the recovery efforts of the previous operation. Psychosocial interventions for children and families have been identified as a priority across all areas of Gaza.

The psychological and social impacts have been the most significant for children and their families; principally, confinement within the home and inability to play outside, living in a constant state of fear and anxiety, and a lack of livelihood opportunities for adults. It was revealed that parents and children have reported significant changes in children's behavior since the military action against Gaza, including sleep disturbances, bedwetting, sadness, anger, frustration, increased aggression, unusual crying and screaming.

● **Child labor:** This concern is relevant to the CP Minimum Standard # 12: *child labor* that aims to ensure that boys and girls are protected from the worse forms of child labor.

Child labor in the Gaza Strip is a matter of great concern in view of the political, economic, and social situation, characterized by the ongoing blockade, internal political division, poverty and unemployment. These difficult factors are causing severe violations of children's rights at all levels, including their early entrance in the labor market at the expense of their rights to physical and mental health, and education. Additionally,

this puts children at higher risk of violence and exploitation when they enter the work force at an early age.

In addition, there are contributing factors to child labor including: the death of one of the parents, separation of parents, sickness or old age of the father, low educational level of parents and poor awareness of parents of the adverse implications of child labor, difficulty of educational curricula, low academic achievement, school violence, children's desire to help their families due to their economic situation, their desire to fulfill their own needs since their families are unable to do so, the absence of legislation and policies for the protection of poor families and the unemployed, the absence of the rule of law, especially the enforcement of compulsory education and labor law provisions, employers lack knowledge of the provisions of the law, and the fact that trade unions and NGOs do not play a sufficient role in reduction or elimination of child labor⁶.

According to a study developed by Tdh, Palestinian children are involved in the most hazardous and harmful forms of child work such as work in tunnels, spraying pesticides, collecting gravel, selling small goods, farm work, cleaning streets and cars, porters, construction, demolition of buildings, fishing and petrochemicals. Children engaged in child labor, and worse forms of child labor, are exposed to multiple risks including exposure to work injuries, lack of periodical medical examinations, long working hours for low wages, overtime hours without payment, deprivation from paid leaves, and their employment in work that is hazardous and harmful to their health.

The CPRA also revealed that the risks to children associated with ERWs are an alarming and worrying trend, particularly with a lack of awareness, and therefore, protection against those risks. The assessment further indicated that child labour and worse forms of child labour often increase in the aftermath of emergencies and have multiple negative consequences; including loss

6) Terre des hommes, 2013, Baseline study on "Determinants and Consequences of Child Labor and Worst Forms of Child Labor in the Gaza Strip"



of educational opportunities, health impacts, psycho-social impacts and deprive children of their childhood and realization of their full potential.

● **Separation of children from parents during displacement:** This concern is relevant to the CP Minimum Standard # 13: *unaccompanied and separated children* that aims to ensure that separated and unaccompanied children are cared for and protected according to their specific needs and their best interests and CPMS # 16: *Community-based mechanisms* that aim to ensure girls and boys are protected from abuse, violence, exploitation and neglect through community-based mechanisms and processes.

The MIRA and CPRA reported instances of separated children across the Gaza Strip as a result of displacement and death of parents and caregiv-

ers. It is believed that these children are residing with extended family members; however, this should be further investigated to confirm the care arrangements of these children, and to establish if they and the families caring for them require additional support. Family separation did occur during the conflict, but was largely temporary. Some sought shelter in UNRWA schools, but the majority, women and children, were sent to stay with relatives in safer areas. However, once the ceasefire was announced, families were reunited, either returning to their homes, or if homes were seriously damaged or destroyed they stayed with extended family members or rented accommodation until their homes were rebuilt or repaired.

This desk review should be used to inform the future direction of family centers and support the consideration of possible interventions to the above mentioned concerns within the scope of the family center's objectives and global standards. The Family Centres can contribute to increasing the protection and well-being of children by providing both a response to conflict related psychosocial distress through the provision of psychosocial support programs, as well as preventing and responding to child abuse, violence, neglect, and exploitation.

The review also revealed that there is a need to provide a more focused response to child protection needs; in particular, identification, referral and child centered case management follow up. FC must support the establishment of such a system through capacity development and building linkages with formal networks.



Second:

Analysis of Family Centers and Child-Friendly Spaces Meetings

The analysis pinpointed that all the Family Centers and Child-Friendly Centers Programs staff, who were interviewed, have shared similar ideas in terms of the general objective of family centers: “Enhance psycho-social wellbeing of children affected by abuse, violence, neglect and exploitation at different settings through multi-disciplinary child protection, social and learning services”. However, some models’ objectives were restricted to provision of quality psychosocial support.

Furthermore, it was concluded that some of the models put children at the center of the program implementation through provision of diversified activities, such as the formation of Children Committees, building their capacities in key topics and giving them the space to implement child-led advocacy actions addressing their community concerns and problems.

Parents play a vital role in strengthening resilience of children. The weak involvement of parents in project design, sessions’ implementation and M&E will result in scattered, non-sustainable impact. Limited participation by male parents was a challenge in all reviewed models. There is a need to find ways for father’s involvement and outreach such as, but not restricted to, mobilization and outreach activities in places where fathers often spend their time such as mosques, clubs and coffee shops.

The majority of the models work holistically to bring about lasting change in child’s psychosocial well-being, through bringing together children and their parents in structured and harmonized workshops. Parent-and-child activities are meant to strengthen communication between parents and children and equip parents with skills and knowledge to change and modify their children’s behaviors and pressing needs in a better way in order to accommodate and understand them. However, it was noticed that the number of ses-

sions designed for parents and caregivers needs to be reconsidered to achieve the desired objectives and impact.

In all models, the participatory and outreach approach through working with grassroots community-based organizations was found to be the most effective and efficient approach to address children needs and to identify real priorities and responsive plans as been manifested in field records and sessions results.

It was found that some of FCs and CFCs models need inclusion of other staff members in terms of number and specialization. The typical organogram for FC and CFS has a model which and can be reduced or expanded according to number of locations of implementation, number of beneficiaries etc. This model should include FC coordinator, social worker, child protection counselor, animator, learning support facilitator, life skills facilitator and case manager, in addition to a group of volunteers.

Given the fact that the different models use different modules when working with children and parents/caregivers, there is a significant need to design unified accredited and field-tested activity modules and manuals. It is highly recommended to pay a strong focus on monitoring and evaluation tools to ensure appropriate measurement of child protection activities.

There is a need to strengthen FCs child protection messaging strategy around key child protection issues. FC should have a vital role in designing clear and understandable messages on child protection risks and safety to minimize risks to children, ensuring meaningful, safe and protective child participation.

It was clear that there is a need to ensure that all boys and girls have safe access to child protection services. The inclusion of children with special needs, children aged 0-5 years, children in worst forms of child labor, and separated and unaccompanied children, was not thoroughly reflected in the interviewed FCs and CFCs.

CHILD PARTICIPATION

Participation is about having the opportunity to express an opinion, influencing decision-making and achieving change. Children's participation is an informed and willing involvement of all children, including the most marginalized and those of different ages and abilities, in any matter concerning them either directly or indirectly. Children's participation is a way of working and an essential principle that cuts across all programs and takes place in all arenas – from homes to government, from local to international levels.

In order to ensure consistent, high quality child participation throughout FC program, there are practice standards in child participation. These standards were developed by Save the Children and include: Standard 1: An ethical approach: transparency, honesty and accountability; Standard 2: Children's participation is relevant and voluntary; Standard 3: A child-friendly, enabling environment; Standard 4: Equality of opportunity; Standard 5: Staff are effective and confident; Standard 6: Participation promotes the safety and protection of children; and Standard 7: Ensuring follow-up and evaluation. These practice standards state what children and others can expect of FC's practice in child participation. They are designed to apply to all FC's child participation work and represent minimum expectations of the ways in which staff will behave and operate.

The primary purpose of these practice standards is to ensure consistent, high quality child participation practice throughout Save the Children's programs. They aim to provide a framework that gives guidance and direction first and foremost to field staff in continuously improving their participatory practice. They are also intended for sharing with partners and others as the basis for dialogue about ways to ensure meaningful children's participation.



Accountability:

Feedback mechanism

Feedback can be positive or negative. Receiving complaints & responding is central to accountability, impact & learning. In all FCs, Complaints & Response Mechanism, informed by children's ideas & needs about what is preferable to them, should be set up. The mechanism needs to be a place known to children, easily accessible, safe for them, where confidentiality is guaranteed. A place where they are treated with respect, understanding & calmness, and allowing children to freely share their concerns. For this, child friendly language and approaches need to be used, this means it should be kept simple, clear and understandable.

The mechanism further needs to be led by people with skills to work with children. This includes: child friendly 'interviewing' skills, active listening, tolerance and patience. Staff needs to give time to children to communicate or make a point, and needs to be happy and show kindness to the child, display a willingness to help, and use visual materials or images on the desks so that younger children understand.

FAMILY CENTER MODEL



Family Center Definition

The **FAMILY CENTER** is a center that serves as a one-stop shop for families working to rebuild their lives. It is designed to be a place where children are offered assistance and support in mitigating the risks and harmful acts that they encounter in their environment through provision of information about these risks and where children are helped to regain a sense of normalcy, stability, and hope. It is also a place where children engage in expressive activities that help mitigate negative impacts of stressful events; children engage in social integration with peers and receive support from caring adults; children are provided with opportunities for non-formal education that help them to build competencies for resilience; and children engage in cultural activities that help them to restore identity, belonging, and the flow of normal activity.

Furthermore, the **FAMILY CENTER** is a platform for community mobilization and capacity building in which families and communities are engaged rapidly around the needs of children for protection and support of children needs and rights. It is a central meeting point for families and community leaders to meet to achieve breakthroughs in children's lives. It is a milestone in the child protection referral system where children, who are severely affected by stressful experiences, are referred for appropriate services.

Strategically, Family Centers can be used as an entry point for screening of children who are most vulnerable, at risk or abused to a range of services including but not exclusively specialized PSS. The FCs also provide an opportunity for integrated services such as educational support, early learning, health and nutrition awareness, hygiene awareness, GBV support and information/awareness, etc.

Family Center Objectives

The Family Center *overall objective* is to ensure children's right to survival and development and to protect them from violence, abuse, neglect and exploitation. The Family Center provides a friendly and safe environment for families to meet and take part in different activities on child protection, education and health.

- Support children's positive psychosocial well-being and resilience in the midst of humanitarian crises

Description: providing quality humanitarian interventions to children and families affected by violence, abuse, and exploitation in the time of emergencies. The work inside the centers is scaled up during times of emergencies, considering the caseload, the intensity of support, the type and location of activities, and the needed resources.

- Enhance individual child related protective factors

Description: although children are not responsible for maltreatment they experience, research has found that certain child characteristics may increase the risk for child abuse and neglect. For example, children with disabilities or behavioral problems are more vulnerable to experience harsher styles of parenting and child neglect. This could include good health, positive peer relationships, strong, positive social networks, hobbies/interests, high self-esteem, and independence, secure attachment with parent/s, social skills & positive disposition.

- Enhance protective factors at the family levels

Description: protective factors are conditions or attributes in families, when present, that increase the health and well-being of children and families. This could include secure attachment with child, positive parent-child relationship, supportive family environment, high level of parental awareness about child protection, sound parental coping skills, awareness of stages in child development, and others.

- Strengthen the capacity of communities to address and tackle child protection issues through community based approaches

Description: increase community's mobilization and activeness in identifying and responding to child protection needs in their localities. This includes supporting and activating community-based child protection mechanisms with a goal of reassigning the community with the roles and responsibilities to protect their children from violations in either public or private spheres. The advantage of using Community based mechanisms is through capitalizing on the community potentials and their available resources. The family center is dedicated to invest in community structures and groups to be able to utilize their potentials and outsource the available opportunities, thus supporting the enhancement of child protection services to children.

- Promote community involvement in advancing child protection through changing existing knowledge, attitudes and practices

Description: create a normative context (in terms of culture) set the highest priority on assuring children are free from violence, abuse, exploitation, and other forms of maltreatment. The center seeks changes in the communities' perceptions on child protection.





CHILD-FRIENDLY SPACES MINIMUM STANDARDS & GUIDING PRINCIPLES APPLIED IN FAMILY CENTERS

The establishment of the child friendly spaces and family centers should be in line with child protection standard: “All children and young people can go to community-supported child-friendly spaces that provide structured activities that are carried out in a safe, child-friendly, inclusive, and stimulating environment”. In order to ensure child friendly spaces, as well as family centers, adhere to minimum standards and guiding principles, any agency should refer to a checklist that was developed by the Global Protection Cluster – Participant Toolkit. This checklist is adapted from UNICEF’s Minimum Standards for Child Friendly Spaces and Children’s Centres in Darfur. The checklist pinpoints different issue: policies and procedures, coordination, child participation, wider community participation, facilities, equipment and resources, activities, staffing and volunteers, inter-sectoral support, water, sanitation, health & hygiene, inclusion, outreach, monitoring, evaluation and accountability, and administration.

In order to ensure child friendly spaces adhere to the minimum standards and guiding principles

as per the UNICEF’s Minimum Standards for Child Friendly Spaces and Children’s Centers in Darfur.

- Involvement of boys, girls, women and men and vulnerable groups in design, development and support FC activities.
- Comprehensive assessment of safety elements and respond to such elements accordingly.
- Comprehensive assessment of WASH facilities and drinking water ensuring they are properly maintained.
- Capacity building for FS staff on how to adapt activities for all children, with special attention to the needs of children with special needs.
- Capacity building for FS staff on key CP topics including: CP, UNCRC, child rights programming, activation techniques, active learning, child participation, case detection, case management, community mobilization, advocacy and outreach.

Family Center Activities

Activity	Purpose	Description	Target Group	Field-tested Toolkit/Module	FC staff in charge	Child Protection Concerns	Related to FC Objective
Establish a system of identification & documentation of separated children – using standard registration forms.	To ensure that separated and unaccompanied children are cared for and protected according to their specific needs and their best interest	<p>During large-scale emergencies, Family Centers should function as a center for identification and documentation of separated children. FCs should ensure that all identified children receive a case management response to assess whether the new care arrangements are appropriate and in their best interests. This responsibility will be fully depending on the emergency context and safety and security situation.</p> <p>The FC will play a major role in the identification process; and registration/case management (as service provider). In addition, the FC will link to alternative care (if any) – to the MOSA who will handle case management of unaccompanied children, as per the referral protocol.</p>	Separated & unaccompanied children	<p>ICRC Inter-Agency Guiding Principles on Unaccompanied and Separated Children</p> <p>Alternative Care Toolkit (ACE), INTER-AGENCY WORKING GROUP ON UNACCOMPANIED AND SEPARATED CHILDREN, DRAFT FOR FIELD TESTING 2011.</p> <p>Interagency guiding principles on unaccompanied and separated and children (UASC), INTER-AGENCY GUIDING PRINCIPLES ON UNACCOMPANIED AND SEPARATED CHILDREN, INTER-AGENCY (ICRC, UNHCR, UNICEF, SAVE THE CHILDREN AND INTERNATIONAL RESCUE COMMITTEE, WORLD VISION INTERNATIONAL), 2004</p> <p>Save the Children Separated children: Care & protection of children in emergencies. A Field Guide</p> <p>ARC- Critical issue Module 6: Separated children</p>	Social worker, child protection counselor and case manager	Separation of children	Objective # 1
Psychological First Aid (PFA) – Emergency-based activity	The PFA is meant to give practical care and support for distressed children and families; to assess needs and concerns; to help families access basic needs; to comfort children and helping them to feel calm; help children connect to information, services and social supports; and protect children from further harm	<p>PFA is a description of a humane, supportive response to a fellow human being who is suffering and who may need support.</p> <p>Psychological first aid for children can be given during an emergency situation or immediately after a critical event.</p>	Distressed children aged 0-18 years and caregivers.	<p>UNICEF and Save the Children Psychological First Aid Training Manuals for Child Practitioners. The manual is a set of skills and competences that help staff reduce the initial distress of children caused by accidents, natural disasters, conflicts and other critical incidents.</p> <p>http://resourcecentre.savethechildren.se/library/save-children-psychological-first-aid-training-manual-child-practitioners</p>	FC staff members including non-child protection practitioners	Psychosocial well-being	Objective # 1

Activity	Purpose	Description	Target Group	Field-tested Toolkit/Module	FC staff in charge	Child Protection Concerns	Related to FC Objective
Awareness support- ing for child safety	Children supported by adults are helped to mitigate the risks of harm in their communities by providing information about these risks	<p>It is to protect children from common risks they are exposed to in the home and the community, in particular in relation to Unexploded Ordnances (UXOs) and home stored munitions and small arms, risks associated with electricity and its alternatives such as candles and electric generators and risks from misuse of home stored chemicals (bleach, insecticides, medicine, etc.).</p> <p>The work includes the development of communication materials on child protection and safety related to those common risks and targeting professionals such as religious and community leaders and FC staff and leader children to disseminate those child messages through mosques and FCs.</p>	Children and caregivers	<p>UNICEF Emergency MRE Toolkit, UNICEF 2008 UNICEF Emergency Mine Risk Education Toolkit. This toolkit should be contextualized and messages should be child-friendly. Training Manual in support for IMAS MRE Best Practices Guidebook 9 ARC- Critical issue Module 5: Landmine awareness</p>	Social worker & Life skills facilitator	Possible death and injury	Objective # 1
Structured group and individual counseling service	Helping children and families to improve their psychosocial well-being	<p>Counseling psychology is a general practice focuses on how people function both personally and in their relationships at all ages. Counseling psychology addresses the emotional, social, work, school and physical health concerns people may have at different stages in their lives, focusing on typical life stresses and more severe issues with which people may struggle as individuals and as a part of families, groups and organizations. Counseling psychologists help people with physical, emotional and mental health issues improve their sense of well-being, alleviate feelings of distress and resolve crises.</p> <p>Individual counseling sessions: the psychosocial counselor will provide individual counseling for children and families who referred by facilitators or based on their need.</p> <p>Group Counseling: it is a therapy format that approaches issues of personal growth through the use of interpersonal interaction – to interact with others to identify and understand our maladaptive patterns and how to change them. Group interactions provide an opportunity to build relationships and receive interpersonal feedback about how we experience one another. You can gain specific skills and strategies to meet personal goals, explore areas that present personal challenges, and gain support and encouragement from others. Group is one of the most effective ways to explore and support changes you wish to make in your life.</p>	Children aged 6-18 years and caregivers.	Group counseling manual 2013, developed by Palestinian center for Democracy and Conflict Resolution (PCDCR)	Child protection counselor & social worker	Psychosocial well-being	Objective # 1,2
In-depth referral/ case management	Strengthening cases of children to access a range of services that meet their needs	<p>Meeting the needs of growing numbers of children with multiple vulnerabilities and lower level abuse factors, and their families requires a collective effort of many facilities and organizations providing related services starting from the detection of the case and ending with a proper intervention.</p> <p>The counsellor will lead and supervise the process of referring children with special needs for psychosocial support from FC to other services providers</p>	Special cases of children	<p>Minimum standards for child protection in humanitarian action. Child Protection Working Group (CPWG) (2012).</p> <p>Here the referral pathways, and when available the NRC package, and the case management guidelines should be included</p>	Social worker, Child protection counselor & case manager	All concerns	Objective # 1,2

Activity	Purpose	Description	Target Group	Field-tested Toolkit/Module	FC staff in charge	Child Protection Concerns	Related to FC Objective
Learning support activities using active learning techniques	Help to improve the academic advancement of children	This includes direct support for children through remedial classes using the active learning techniques.	Children 6-12 years Adolescents 13-18 years	-	Learning support facilitator	Child labor	Objective # 1,2
Recreational activities	To develop the self-esteem, confidence, and social participation of children	Recreational activities are of utmost importance for the psychosocial development of the child as through imagination, creativity and peer interactions, the child develops cognitive and pro-social skills. Group games; art, music and sport, open days activities will be implemented in the FC supported by the trained recreational animators/facilitators .	Children 6 to 12 Adolescents 13 to 17	MAAN manual on the arrangements of effective outdoor activities. http://maan-ctf.org/files/server/Publications/Books/FCUNI-CEF/link4.pdf Save the Children's Child Friendly Spaces Facilitator Training Manual UNICEF CFS Handbook. Global Protection Cluster: TOWARDS EFFECTIVE CHILD FRIENDLY SPACE PROGRAMMES IN EMERGENCIES: PARTICIPANT TOOLKIT	Animator & volunteers	Psychosocial well-being	Objective # 1,2
Mobile fun unit	To develop the self-esteem, confidence, and social participation of children	A traveling arts and recreation program designed to provide constructive and creative activities for children is developed to reach children who are unable to access the Family Centres. This mobile unit encourages children to enjoy a number of traditional, cultural, and fun games, while considering the principles of the Core of the Psychological First Aid. The unit is composed of five qualified animators, and a vehicle (van) equipped with all needed equipment, tools, and material (sound equipment, CPR doll, small puppet, stationary, cloth sheets, parachute, theatre curtains, caravan, hila hob, jump rope, plastic funnels, brushes and paints, among other things). The animators are trained on Psychological First Aid interventions. The activities take place in public playgrounds, orphanage centres, health care centres, the centres working with working children with special needs including the ones with disabilities, communities open spaces, schools, etc. The activities of the mobile fun unit includes group games, role play, theatre and puppet shows and performances, theatrical workshops with the children after the theatre shows, clown shows, and participatory games with the children (parachute games, arts and crafts made with paints, colours, coloured papers and cloth. Music is integrated in most of the activities.	Children under 5 years old Adolescents 6 to 18	-	Animator & volunteers	Psychosocial well-being	Objective # 1,2

Activity	Purpose	Description	Target Group	Field-tested Toolkit/Module	FC staff in charge	Child Protection Concerns	Related to FC Objective
Life skills education	To strengthen children's positive attitudes towards their communities (home environment, school environment, community environment, etc.)	Children aged 6-18 years are targeted by the life skills education. The Life Skills Education program has been developed to suit all age groups, where each session has supporting exercises that fit all age groups. In each Family Centre, children will be divided into groups of 15 and will receive 16 life skills sessions over the project life time. Each group of children will participate in one outdoor activity.	Children 6-18 years	A toolkit (I DEAL) of 16 sessions developed by War Child Holland in Gaza through adolescent and youth consultations. Core sessions include modules on self-exploring, expression of emotions, friendship with peers, team spirit, and communication with adults, family binding, conflict and peace, and children and adolescents ambitions for the future.	Life skills facilitator & social worker	Psychosocial well-being	Objective # 2
Support meaningful participation of children	To enhance the capacities of children to express their concerns and needs and to advocate for their rights	Child-led initiatives: A space will be left for children to carry out community initiatives that are led by children. Such initiatives will address pressing child protection issues that affect their lives. Capacity building program will be delivered for children to enable them claim their rights. Children will be given the chance through structured and semi-structured tools to inform ways of involvement. This includes engaging with child domestic workers as agents for change	Children 13-18 years	Equal You Equal Me- This tool allows children to learn about the types of discrimination they may face in their day to day life and the many forms of discrimination faced by other children throughout the world. The book also gives children information about what children all over the world are doing to stop discrimination. This takes up about .3 sessions http://resourcecentre.savethechildren.se/library/equal-you-and-equal-me Practice Standards in Children's Participation Palestinian Child Participation & Representation Policy Children as change agents: A review of child participation in periodic reporting on the Convention on the Rights of the Child A Toolkit for Monitoring and Evaluating Children's Participation: Children and young people's experiences, advice and recommendations. Booklet 6	Life skills facilitator & Child protection counselor	Psychosocial well-being & Child Labour	Objective # 2
Sports activities	To overcome psychosocial distress through sports, ensure children have good health and support building strong rapport with their peers	The sports program is designed in the Family Center program to help children overcome distress, gain good health, and build strong rapport with their peers. Sports program should be there along with psychosocial and learning support activities. The sports program can include football, basketball and volleyball tournaments for both boys and girls, ensuring participation of children with disabilities. The sports program can take place in schools, clubs, playgrounds, etc	Children 6-18	-	Life skills facilitator &volunteers	Psychosocial well-being & life skills	Objective # 2

Activity	Purpose	Description	Target Group	Field-tested Toolkit/Module	FC staff in charge	Child Protection Concerns	Related to FC Objective
/Support Parents Caregivers engagement with their children in scholastic activities		<p>Every family functions as a learning environment, regardless of its income level or structure. In this respect, every family has the potential to support and improve the academic achievement of its children. Two level of support are going to be provided:</p> <p><u>Primary Support:</u> This type of support will include set of workshops, individual advice, and awareness material offering ideas to families about how to help students with curriculum-related activities, homework, and other academic decisions and planning.</p> <p><u>Intensive Support:*</u> It is to provide a training program of 12 sessions (as detailed below) aiming at getting:</p> <ol style="list-style-type: none"> Parents more knowledgeable of childhood protection, psychosocial and safety concerns Parents more knowledgeable of child development and learning Development Parents more capable of supporting their children's education using active learning strategies and techniques at home Parents more capable of engaging their children's schools utilizing monitoring, communication, and performance measures tools Parents more capable of providing their children a supporting home learning environment and more proactive active in engaging the schools 	Caregivers	<p>Supporting Your Child's Learning at Home http://www.npc.ie/attachments/61c89cf9-820f-4de8-a9d3-9880f2bbd7d5.PDF</p> <p>Homework http://www.npc.ie/attachments/3b19a148-cddc-4d73-8185-90419641423a.PDF</p> <p>Getting Involved in Your Child's Education The Why and How of "Parental Involvement" http://www.npc.ie/attachments/21196d07-39c1-40c6-9600-395fe20c3774.PDF</p>	Social worker & counselor	<p>Psychosocial well-being</p> <p>Physical violence</p>	Objective # 3
Child protection sessions for parents and caregivers	To better equip parents with positive parenting skills and understanding of child protection	<p>The program includes child protection sessions for parents and caregivers designed to help parents to better care for their children and to protect them from all forms of violence. A developed training toolkit is used. These sessions must be conducted by a trained facilitator who can moderate discussions on the issues addressed in this manual with parents and caregivers from the community. A group of parents and caregivers should ideally include 10-20 participants</p> <p>Two hours session is going to be arranged and conducted in each family center monthly with participation of at least 15 parents/caregivers.</p> <p>MA'AN developed a model of structured sessions addressing the following topics:</p> <ul style="list-style-type: none"> - Introduction to child protection and violence aspects - Negative impact of violence on children - How the caregiver can protect their children <p>Specific section will address the special needs of people with disabilities to support the protection and inclusion</p>	parents and caregivers	<p>http://maan-ctr.org/files/server/Publications/Books/FCUNICEF/link3.pdf</p>	Social worker & counselor	<p>Psychosocial well-being</p> <p>Physical violence</p>	Objective # 3
Open discussion sessions with caregivers on child protection concerns and methodologies	to support for protective family environment		parents and caregivers	<p>http://maan-ctr.org/files/server/Publications/Books/FCUNICEF/link2.rar</p>	Social worker & counselor	<p>Psychosocial well-being</p> <p>Physical violence</p>	Objective # 3

Activity	Purpose	Description	Target Group	Field-tested Toolkit/Module	FC staff in charge	Child Protection Concerns	Related to FC Objective
Support the Community Based Mechanisms to address the Child Protection Concerns through the Child Protection Community Committees (CPCC)	To reassign the community with the roles and responsibilities to protect their children from violations in either public or private spheres. The advantage of using Community based mechanisms is through capitalizing on the community potentials and their available resources.	Child protection community committees are the focal points within their communities for identifying child protection issues and for mobilizing enough support to advocate for those issues. The CPCCs are supported to work on: <ul style="list-style-type: none"> - Raising community awareness about child protection issues. This include in a component to mobilize religious leaders and community elders to change the attitude of a community on childhood marriage. - Support the family centers outreach mechanisms for Case Management Services. - Provide information about child protection concerns in their localities (particularly the Domestic Violence and Child Labour). - Disseminate information from the formal child protection system to children and others; - Work as pressure groups for better mainstreaming of the child protection in laws, policies, and public services. 	Community members & children	-	Social worker & Life skills facilitator	All Child Protection Concern	Objective # 4
Awareness raising for communities on child protection	To support a culture of a protective environment for children at the community level	Conducting series of awareness raising sessions targeting the community different groups. The session's main topics include: (1) child protection concerns, and (2) community-based child protection mechanisms. The participants should include youth, parents, school teachers, nurses, doctors, religious leaders and others. It is to create a normative context (in terms of culture) set the highest priority on assuring children are free from violence, abuse, exploitation, and other forms of maltreatment. The center seeks changes in the communities' perceptions on child protection.	Community members & children	http://maan-ctr.org/files/server/Publications/Books/FCUNICEF/link1.rar	Social worker & child protection counselor	All concerns	Objective # 5
Support community collective actions to minimize risks on working children	Challenging social acceptance of child labour and promote protective environment for working children	Communicate clear messages through the family Centers aiming at: <ul style="list-style-type: none"> - Raising the consciousness of employers and communities on how child workers should be treated - Building empathy and solidarity with child workers This happens through the following: <ul style="list-style-type: none"> - Posters (you decide the # and cost) - Stickers or leaflets reflecting certain messages (you decide the # and cost) - Awareness raising workshops (two workshops in each family centers to reach at 40 community members in each locality) This includes putting into place links with the case management systems.	Working children, parents, community members, employers and duty bearers	Terre Homes Exploring methods to protect children on the move. A handbook for organizations wanting to prevent child trafficking, exploitation and the worst forms of child labour ILO Tackling Child Labour and Protecting Young Workers in Domestic Work: A Resource Manual	Social worker, child protection counselor	Child labor	Objective # 4, 5
Support community actions to reduce incidence of harmful traditional practices including early marriage	To promote community involvement in advancing child protection through changing existing knowledge, attitudes and practices (particularly the early marriage)	This includes to: <ul style="list-style-type: none"> Conduct education sessions for parents about the negative and harmful effects of early child marriage. One session each three months in each family center is going to be arranged targeting at least 15 participants. Conduct education sessions for school girls, especially in ages from 12-15 about early marriage and its negative and harmful effects. One session each three months in each family center is going to be arranged targeting at least 15 participants. This will include putting into place links with the case management systems.	/Caregivers parents School girls	UNICEF Early Marriage: A harmful tradition- a practice Save the Children Toolkit on Children and Adolescents Sexual and Reproductive Health Rights: Information Guide for the Facilitator- Module 2 (Arabic)	Life skills facilitator, child protection counselor & case manager	Early Marriage and sexual violence	Objective # 4, 5

Mainstreaming the special needs of children with disabilities:

In Gaza, the most accessible NGOs and CBOs have the minimum standards for physical accessibility for children with physical impairment, but children with other impairment (visual & hearing impairments) still do not have their needs met. Service providers (CBOs, NGOs, community centers) have to follow the universal standards for all designs during the process of planning and implementation of new projects so that the needs of children with different types of impairments are considered. In addition, all services/interventions should be rooted in child rights principles and should be built based on a comprehensive methodology for addressing the multi-faceted needs of CwDs. This approach links between all sectors such as health, psychosocial, child protection ...etc.

A holistic approach will be adopted and implemented in the accessible FC. This approach is considering the needs of children with different types of impairments.

For enhancing the inclusion of CwDs, FC will provide the following:

- Raising awareness on the social model of disability.
- In order to promote the knowledge and the positive attitudes towards disability, awareness raising activities will be implemented by disability service providers targeting children, parents, and community members.
- Improve facilitators' capacities through purposive training to respond effectively to the different needs of children.
- The way the facilitators are learning or dealing with CwDs is critically important in any reform designed to improve quality. Adequate pre-service and in-service facilitators training on inclusion and disability are essential to improve learning and participation.
- Improve families of children with disabilities to better equip them with knowledge and skills to respond their children's needs including home adaptation.
- To ensure the FC activity manuals are adapted to meet with children's types of disabilities.
- To ensure community structures/centers are accessible to children with disabilities.

REFERRAL MECHANISM/ CASE MANAGEMENT

A child protection referral mechanism dictates the roles and responsibilities of agencies participating in service provision for children. It specifies the agencies and authorities responsible for providing which services are provided, to whom and where they can be received. It should also dictate a "referral pathway" that delineates the order and the way referrals should be conducted. In order to set up a referral pathway, there are certain steps, including:

- Mapping out existing services and assess capacity of existing and new organizations and service providers to respond and deal with child protection concerns.
- All service providers should receive some training on the referral process being set-up and some service providers may need extra support on how to work with children, especially the most vulnerable and excluded children.
- Carry out a risk assessment to identify the risks to staff of all different service providers and to those who are reporting the cases – start to think about how you will overcome these challenges and risks – plan for this in training, system development and in development of protocols.
- Build relations across agencies and, importantly, across sectors. Set-up coordination mechanisms and forums. Respect the skills each service provider brings to the wellbeing of the child.
- Build on existing mechanisms and develop a system to prioritize the most urgent cases for immediate follow-up; wherever possible, support existing governmental or community-based structures. Develop a document which clearly outlines the referral pathway – with a diagram / flow-chart and explanatory notes and contact details for all key agencies.
- Develop standard operating procedures with other sectors: Defining criteria and

processes for registration, referral and follow-up linked to best interest including dealing with sensitive issues such as child sexual abuse. Protocols for referral also need to explain roles and responsibilities and cover subjects such as – costs, who accompanies children and their family, who provides case management support, what are the data collection methods and etc.

The Family Centers act as entry points for coordination and linkages between the Child Protection Networks and the targeted communities. The model ensures that the Family Centers will follow the referral mechanisms led by the CPWG and that essential services are coordinated with linkages to service providers and the national child protection networks. This work is undertaken under the auspice of the CPWG as it is cross sectorial. All work relating to referral pathways is done in coordination with all actors through the CPWG

The Family Center plays a major role in addressing an individual child's (and their family's) needs in an appropriate, systematic and timely manner, through direct support and referrals. The Family Center complements the national referral and case management system in the Gaza Strip together with the MoSA-led Child Protection Network (CPN) and other key players. The Family Center's main role in the referral and case management system lies in the identification and detection of vulnerable children significantly harmed and/or at risk of harm. Then, the FC determines whether or not a child requires referral/case management services. FC should have specific vulnerability criteria to provide guidance to staff on which kinds of cases they are able to respond to. For cases in need of further specialized services, FCs will refer cases to specialized service providers. However, for cases that need urgent response, the FCs will transfer cases to the MoSA-led Child Protection Network.

Case Management and responsibilities

Case management is a collative, multidisciplinary process promoting quality and effective outcomes through coordination and the provision of appropriate resources to meet an individual's needs. These processes include assessment, planning, implementation, coordination, monitoring and evaluation of options and services. Case Management can be used with both child and adults alike. The goal of case management is to empower the individual and, where appropriate their caregiver/family by:

- Addressing the presenting and secondary concerns or issue, through direct service provision, referrals or working with the extended family;
- Giving the individual increased awareness of choices they have in dealing with the problem, and
- Assisting her/him to make informed decisions about what to do about the problem (where age appropriate).

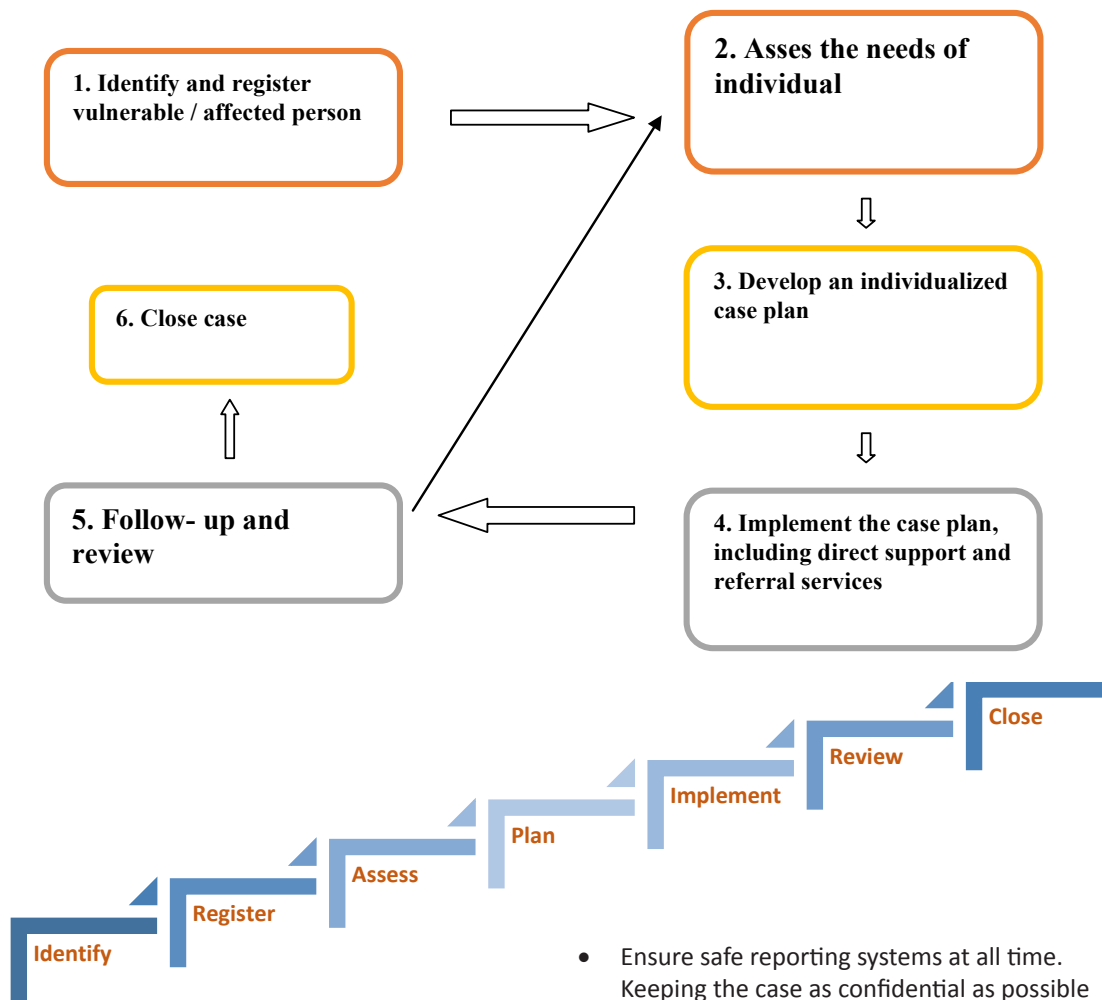
Case management ensures that the individual is involved in all aspects of the planning and service delivery. A case management approach is useful for persons with complex and multiple needs who seek access to services from a range of service providers, organizations and groups.

Case management is undertaken only by trained case managers. Case managers must have the skills to manage cases, an understanding of their roles and responsibilities, and an ability to handle difficult situations professionally and with cultural sensitivity.

The steps of case management are:

- Identification and Referral for case management;
- Initial assessment;
- Case Planning;
- Follow-up and review (sometimes including a case conference) and
- Case closure.

The case management flowchart summarizes the basic steps of the process

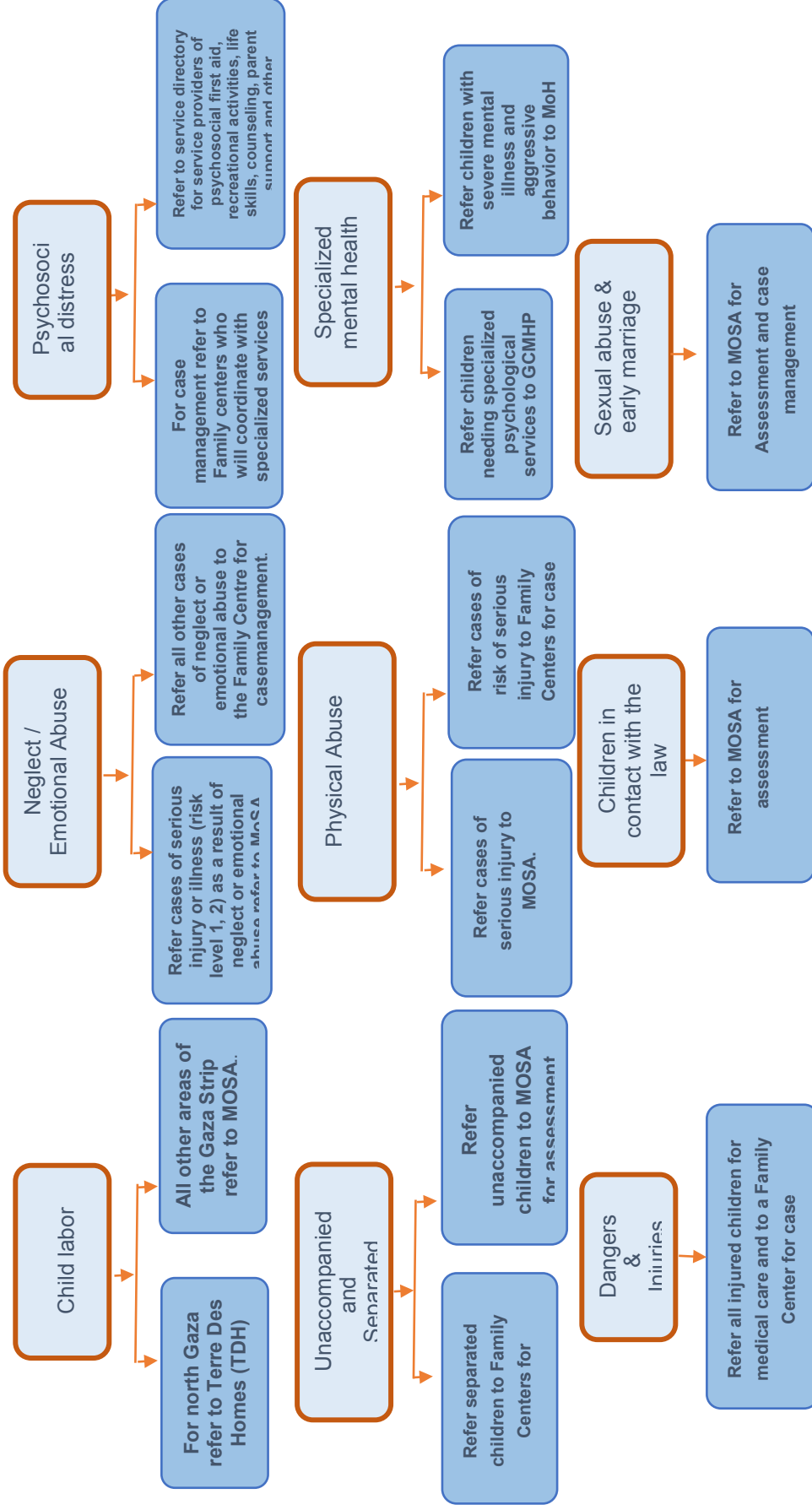


Principles guiding case management and child referral

- If a case should present itself, make sure that the best interest of the child is prioritized throughout.
- Child Participation:
 - Get the views of children and their families. Ensuring you communicate with them in an appropriate way, so they know the services available to them and are able to give informed perspectives on what they want and need. Do not promise anything you cannot deliver.
 - Give them feedback on the process and decisions that have been made.
- Ensure safe reporting systems at all time. Keeping the case as confidential as possible and not drawing unnecessary attention to the child and their family is an essential part of this. But also considering if reporting to legal services will place them at risk, if accessing services will require them to cross a dangerous area, if returning them to their current care arrangements will leave them exposed to further abuse, etc.
- Non-discrimination – ensure equity. Give all children equal access to the same level of services, in line with their individual needs.
- Ensuring confidentiality so as to protect children – by sharing information on a need-to-know basis only, and having procedures for safe storage of records.
- Dignity and respect for children and their families – treat the child and their family with dignity and respect at all times. Trusting their story, respecting their views and values.

EXAMPLE OF REFERRAL PATHWAY

CHILD PROTECTION WORKING GROUP GAZA



Notes: Case Managers must inform UNRWA of all level 1 cases where the subject child is a refugee registered with UNRWA. For any additional information, or clarification on where to refer a child or family, contact your nearest PCDCR Protection Focal Point (refer to list).



FAMILY CENTER ROLE

Related to Emergency And Protracted Emergency

The above-mentioned common child protection concerns in the Gaza Strip are the priority concerns to be addressed by the Family Centers Program, where Family Centers need to provide focused and comprehensive responses. Given the fact that the Gaza Strip is categorized as a protracted emergency context, the Family Centers exist as community centers that function as an entry program to scale quickly, delivering urgently needed assistance to large numbers of affected children and families. The already identified child protection concerns that have been felt since the imposition of the blockade in 2007 are usually exacerbated during emergencies, especially with the absence and/or paralysis of formal and informal child protection systems.

Emergency Preparedness Phase: The scope of the Family Centers involves preparedness, including the strengthening of non-formal child protection systems before, during and after an emergency, to increase community, family and child resilience to the emergency and mitigate its effects. Building on existing structures and networks, the Family Centers should work on strengthening community-based child protection systems.

Communities can contribute to preventing and responding to child protection risks and concerns, therefore FCs must work on establishing community protection committees that are comprised of active community members including: adults, children and adolescents. The established community committees should receive a comprehensive training program to protect children from, and support child survivors of, abuse, violence, exploitation and neglect.

Following the capacity building program, FCs will work with community committees to map local (formal and informal) service providers and support mechanisms, and their strengths and weaknesses, to start building on existing capacities and mechanisms. In addition, FCs will support committees to work on identifying the risk scenarios for boys and girls in emergency situations. Then, they will formulate community response plans and strengthen capacities to put these plans into practice.

The capacity building program is not only designed for community members, but for humanitarian sectors as well, to be able to mainstream child protection concerns while providing the emergency services. Capacity building efforts should be planned ahead as part of the humanitarian response strategy, where non-child protection actors draw on the expertise of child protection workers when assessing needs and providing services, ensuring that risks for women, girls and people with disabilities are addressed. For instance, training for WASH workers should include information on how, where and to whom to report child protection issues. Additionally, shelter workers should work with child protection workers to ensure that personnel working in shelter have adequate information and training on child protection issues, including unaccompanied and separated children, sexual exploitation and abuse, and exploitative child labor. Furthermore, training for child protection workers should be designed on WASH issues including: promoting appropriate water, sanitation and hygiene-related behaviors. At the same time, WASH workers should make sure that their interventions are carried out in a way that protects children and their caregivers, and does not put children and parents at risk.

During emergency: During the acute onset of an emergency, the role of the Family Centers - through the already existent community-based mechanisms (Community Committees) - focuses on appropriate and responsive psychosocial support activities including the Psychological First



Aid in communities, shelters and hospitals, taking into consideration security and safety of its staff. In addition, FCs play a vital role in providing access to information on the emergency and associated relief efforts, linking affected communities to the basic needs and services across other sectors, as well as tracing and registration of separated children.

Post emergency: The Family Centers have in place a response strategy for post-emergency recovery. The strategy includes scaling up the family centers' services in accordance to the center's capacity. The family centers will scale up its psychosocial services, learning support activities, sports activities, recreational activities, parenting skills for parents and caregivers, awareness-raising campaigns, mobilization and advocacy actions, and etc. Furthermore, the family center's response strategy will be based on key child protection concerns and risks identified by the already established committees. The committees will be considered as key informative sources to inform the center's response strategy for recovery.

FC STAFFING

Requirement And Capacity

Child Protection Programming is human resource intensive and therefore quality of programming is a consequence of staffing structures and capacity. The typical organogram for Family Center Program can be reduced or expanded according to number of locations of implementation and number of beneficiaries. Child Protection Family Centers should include the following positions:

FC Coordinator: The objective of this position is to provide overall day-to-day management of the Family Centre, including technical, human resources and financial management, under the direct supervision of the partner organization. This position is to contribute to the design and implementing of the FC CP strategy, support the staff's capacity building needs, participate in the design of the trainings so that the centers can provide services to children and caregivers according to the objectives. It is also to monitor, quality assure and evaluate the child protection activities provided in the FC by different partners. Specifically,

Case Manager/Social Worker: Responsible for providing a wide variety of activities including: awareness-raising sessions for caregivers and community members, provide holistic and comprehensive case management services to children including detection, initial assessment, comprehensive assessment, case plan, plan implementation, facilitation, care coordination, evaluation, and advocacy for options and services to meet a child comprehensive child protection needs, follow up, referral to related services providers and case transfer when needed.

Animator: Responsible for preparing the recreational activities plan, formulating groups of children in cooperation with the surrounding communities, contribute in facilitation with

beneficiaries to select ideas for the initiatives/ activities, implementing recreational activities, and follow-up.

Learning support Facilitator: Responsible for development of educational activities plan, identifying criteria for selecting children, formulating groups of children in cooperation with the surrounding schools, carrying out learning support sessions, carrying out pre- & post-assessment and follow-up and measure the impact on beneficiaries in terms of their performance and academic achievements.

Life skills facilitator: Responsible for development of life skills curriculum, facilitate of the Life skills program, network with community committees to provide awareness-raising workshops supplementary to the life skills program.

Counselor: Responsible for providing group and individual counseling for children, conduct awareness sessions for caregivers on the impact of domestic violence and how to deal with it, the importance of the psychosocial wellbeing for the children, children rights and child protection strategies in the context of the family environment.

Train the animators and life skills facilitators on detection of children in need for psychosocial or case management intervention.

Counseling Supervisor: Responsible for providing ongoing support in the context of family care and child protection centers to enable councilors and case managers to deliver effective and ethical services. The Counseling Supervisor will perform a multiple roles such as mentor, advisor and consultant as in the following:

- Assess and facilitate strategies to meet the learning needs of the counseling and case management in the family centers.
- Support, and shape councilors and case managers behavior
- Evaluating the performance of the councilors and case managers in family centers

Representative Staffing

FC Program Management should ensure that selected FC staff and volunteers include those from a range of marginalized groups and are representative of the population of children they are working with – that they are a mix of genders, ethnic, religious or linguistic groups, disability, etc. They will then better understand the needs of the children, will be able to work with them more appropriately and will serve as positive role models to the children from more marginalized groups. In addition, the FC management will consider having focal points who build links with groups that represent more marginalized segments of the community, identify more excluded children, visit their families, build links, promote inclusion and maintain a flow of information.

Skills and competencies

Recruited staff should have the full range of skills to work with diverse groups. That is for example, at least one should know sign language, one should have previous experience of working with disabled children, etc. Furthermore, all staff should understand and be able to apply inclusive participatory approaches, and know the options on how to adapt activities for different ages and stages of development, consider differing needs of girls and boys, and different levels of ability.

The FCs should support animators or facilitators to develop understanding and confidence for working with a diverse range of children by building on what they already know and do. The FCs should encourage peer support: animators, facilitators and supervisors should all support each other with identifying vulnerable and marginalized children or those with developmental delays or learning disabilities and find solutions.

Child Safe Guarding Policy and Approaches

All Family Center Staff, upon recruitment, are trained on Child Safe Guarding policy and

Code of Conduct which they are also required to sign. This is also done with all animators. The Family Center Program should have a child safeguarding focal point; the role of the focal point is to ensure continuous refresher trainings to all staff. It is the role of all staff and related community workers to comply with these policies and to report any violations they may witness or hear of. This is then handled with confidentiality through specific outlined procedures. All project activities and implementation modality need to go through a child safeguarding risk assessment at the beginning of the implementation of the project, this looks at how design and operational modalities can put children at risk.

Training and Capacity Building

Capacity building and coaching of staff is essential for quality of program delivery. All FC Program staff will benefit from the following key trainings and refresher trainings:

- **Child Protection Minimum Standards** = 2 day training, or 4 half days which gives an overview of the standards and how we can ensure that program delivery complies to the minimum standards which are of priority for the specific activities in the response.
- **Psychological First Aid** = 2 day training with 3 half day follow-ups during 12 month period.
- **Child Protection** = 4 day training, which can also be this look at what is child protection and how it can be integrated into PSS programming and/or other programming, and how vulnerabilities can be prevented and responded to, with links to broader child protection systems. This is often followed-up with half day trainings that look at specific vulnerabilities and analyze how staff can integrate them into our every-day work.
- **Child Rights and Child Participation** = 3 day training, which can also be divided in 6 half day sessions and looks at how child rights programming can be integrated into activities whilst also ensuring methodologies to include child participation in phases of a

project (planning, delivery and monitoring, especially through child led data collection and etc).

- **Community mobilization** = 1 day training (with continuous follow-ups which look at lessons learned in specific contexts) done across all sector but ensures that child focused messaging is delivered through all activities delivered.
- **Child development phases**
- **Resilience and coping strategies**
- **Child Resilience and Understanding Children's wellbeing**
- **Positive Parenting/ Discipline**
- **Identification and referral of vulnerable children/ Case Management**
- **Alternative Care in Emergencies**
- **Child rights-based advocacy**
- **Child safeguarding policy**
- **Communication with children and parents**
- **Active learning approach**
- **Mine Risk Education**
- **Gender sensitivity**
- **Accountability in practice**

Coaching

Coaching of staff is essential for quality of programming, this happens naturally through the human resource structure of the team, where more experienced staff have oversight of a number of staff who they will monitor on regular basis. Coaching means working together and allowing more senior level staff to work together with and support regularly junior level staff. For example, senior staff will support in how to approach activities and how performance can be improved both in terms of technical skills as well as approach. Coaching will not be done only at the individual level led by FC Program team in order to ensure that lessons learned are ongoing during the

project phase. This not only allows for on the job-learning, but also allows workers to find their own solutions, which when working on a community based approach, is essential to ensure sustainability.



