



Child Protection in Emergencies Capacity Gap Analysis: Middle East and Eastern Europe

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Acronyms

Alliance	Alliance for Child Protection in Humanitarian Action
CAAC	Children affected by armed conflict
CAAFAG	Children associated with armed forces and armed groups
CBCP	Community-based child protection
CFS	Child-friendly spaces
CGA	Capacity gap analysis
CP AoR	Child Protection Area of Responsibility
CPiE	Child protection in emergencies
CPMS	Minimum Standards for Child Protection in Humanitarian Action
CPWG	Child Protection Working Group
CSO	Civil society organization
IDP	Internally displaced persons
IOM	International Organization for Migration
INGO	International non-governmental organization
IRC	International Rescue Committee
MHPSS	Mental health and psychosocial support
MRE	Mine risk education
MRM	The UN Monitoring and Reporting Mechanism
NLG	No Lost Generation
NNGO	National non-governmental organization
NRC	Norwegian Refugee Council
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
oPt	The occupied Palestinian territory
PDP	Professional Development Programme
PSS	Psychosocial support
RRRP/3RP	Regional Refugee and Resilience Plan (Syria)
RISE	Remote Capacity Strengthening in Syria for Better Child Protection
SEEA	South-East and East Asia
UASC	Unaccompanied and separated children
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNRWA	United Nations Relief and Works Agency

Executive Summary

The Child Protection in Emergencies Professional Development Programme is a professional development initiative led by Save the Children, and funded by the IKEA Foundation. It is designed to enhance the skills, knowledge and behaviours required of mid-career child protection in emergencies practitioners and aims to increase regional and national deployment capacity. The objective of this capacity gap analysis is to gather information on regional technical capacity and skills to tailor the design and planning of the programme. Moreover, the capacity gap analysis is designed to elicit learning and conclusions for the broader sector.

In recent years, the Middle East and Eastern Europe have experienced large-scale protracted humanitarian crises that have exacerbated existing child protection concerns in the region and given rise to new challenges. The findings reveal a number of areas where capacity gaps persist. Some gaps are significant and need to be addressed to develop and strengthen a regional workforce of competent and skilled practitioners.

The main strength identified in the region is the capacity derived from high levels of tertiary education and a level of functioning national child protection systems including, in some countries, professional competency in social work, mental health and the law. However, this capacity was reportedly not fully capitalized on nor leveraged sufficiently to support sustainable service provision or strengthening systems in the long-term.

In the Middle East, the most commonly identified child protection in emergencies priorities were: child labour; mental health and psychosocial support; children affected by armed conflict, including the recruitment of children by armed groups; child marriage and unaccompanied and separated children. However, technical capacity was considered limited, especially in areas requiring highly specialized skill sets, such as children and armed conflict and recruitment – both amongst the areas with lowest reported capacity in this analysis.

Despite being a primary programming area in the Middle East, with moderate capacity reported in the findings, psychosocial interventions were not perceived to have evolved much over time, taking a narrow approach to implementation that impacted capacity. Addressing mental health, an area of intervention requiring collaboration with other sectors, was also identified as a challenge due to a lack of capacity. A multi-disciplinary, contextualized and layered approach is required to comprehensively address child protection concerns in emergencies; yet, the identified gaps in capacity contribute to preventing this from being realised.

Case management and child-friendly spaces are two main child protection strategies that have been widely implemented in the Middle East. Moderate capacity was reported for case management, reflective of the trainings and programmes that have been initiated in the region, and that further development is still needed. Capacity in child-friendly spaces was considered amongst the highest of all areas assessed in this analysis. However, there has reportedly been

an over-reliance on establishing child-friendly spaces, with a tendency to use a ‘cookie-cutter’ approach to implementation. These strategies require contextualizing to be fit for purpose.

Strengthening systems through a community-based child protection approach is essential in emergencies. However, programmes to date have reportedly not been rooted in community structures and have not been consistently linked to systems - in a region where strong, even sophisticated, systems exist. The findings suggest gaps in the analytical and contextual skills needed to assess environments, identify systems and community-based child protection mechanisms and initiate adapted and appropriate responses.

Furthermore, capacity gaps were identified in the diverse knowledge and skills needed to adapt programmes to different populations and operating contexts, and in the array of skill areas that contribute to improving response quality. Assessment and measurement capacity in particular was frequently rated lower than other areas affecting quality response.

Above all, the major gap identified was a lack of soft skills, which are essential to all areas of humanitarian intervention. Having the knowledge and skills needed to contextualize emergency response was frequently raised as a gap; specifically, practitioners tend not to know *how* to contextualize. Building capacity in this area strengthens the ability of practitioners to be more creative and innovative in their approaches to programming and problem-solving. It helps reinforce the fact that not all countries in a region, populations of a shared language or contexts of a similar type are the same. Children’s needs are diverse and interventions must reflect the uniqueness of each situation.

The analysis highlights the importance of tailoring learning programmes to the capacity needs of the participants and the contexts in which they work. As these environments are fluid, an iterative approach is recommended. Layers and stages of the programme should build on one another, like building blocks that can be added, changed or developed based on an ongoing assessment of needs, rather than having a rigid structure with a sequence of modules to be followed from beginning to end. A ‘one-size-fits-all’ approach will not suffice. A more customized, step-by-step approach is suggested to support better learning outcomes and overall professional development.

In order to improve capacity within the sector, two overarching factors must be addressed. Firstly, the analysis revealed that capacity building is not being prioritized, with systemic implications. Secondly, operational approaches to programming and implementation are hindering growth, development and learning. Both contribute to the gaps in knowledge and skills – technical, analytical and soft – identified in this report.

Capacity is systemically under-prioritized: Learning and development opportunities are reportedly not prioritized by management, who tend to focus on programme delivery. Project budgets, it is often perceived, cannot accommodate investments for professional development of staff, who subsequently feel under-supported and undervalued. Without greater commitment to capacity

development, the delivery and quality of programmes will continue to be compromised. Furthermore, to really improve the quality of child protection in emergencies responses, it is essential that management take a medium- and longer-term view of their investment in capacity building, rather than focusing on short-term gains. This perspective must be taken across the sector.

Operational approaches hinder growth and development: Practitioners are under such time pressures to implement, with an overload of responsibilities and often limited technical capacity, that tools and guidance are used ‘as is’, without the adaptation and contextualization required. This results in the implementation of programmes that may not be fit for purpose. Importantly, when programmes are simply copied from one context to the other, practitioners are stifled in their ability to think creatively and to develop locally appropriate solutions when problems arise.

Findings with broader implications for the sector: Many of the capacity gaps and solutions discussed in this regional report speak more broadly to challenges faced across the sector.

Given the interconnected nature of many of these skills, it is not surprising that gaps in one area contribute to lesser capacity in another. Increasing the knowledge and understanding of the evidence base for the sector, as well as the theoretical frameworks, such as the social-ecological model, may help child protection practitioners to better understand and comprehensively address the complex and layered challenges in emergencies. While capacity building initiatives understandably focus on improving concrete skills (the *how*), the incorporation of theory would improve understanding on *why* certain practices and approaches are taken.

Moreover, if the child protection in emergencies sector aims to further professionalize and solidify its reputation as an essential, indeed life-saving, area of humanitarian response, significant investments are required to build the necessary and needed capacity amongst its workforce. This will mean reconsidering current approaches so that implementing responses and developing capacity are more intertwined and harmonised. If the majority of practitioners are learning from experience rather than through formal professional development initiatives, and the bulk of responses focus on the same few areas of programming, the sector will stagnate. Initiatives customized to practitioners’ needs, and delivered through inter-agency modalities, seem to be improving collective capacity through prioritization of the needs of the sector over the individual needs of each agency. More of this innovative and out-of-the-box thinking around professional development is needed. What is clear is that the *status quo* will continue to reinforce these gaps, rather than address them. A collective commitment and approach is required if the sector is to grow and secure the capacity and skills required to meet the needs of children and families in humanitarian settings.

1. Introduction and Background

The Child Protection in Emergencies (CPiE) Professional Development Programme (PDP) is a professional development initiative led by Save the Children, and funded by the IKEA Foundation. It is designed to enhance the skills, knowledge and behaviours required of mid-career CPiE practitioners and aims to increase regional and national deployment capacity in the areas where it operates. The CPiE PDP was initially piloted in South-East and East Asia (SEEA), and later expanded to the rest of Asia and the Pacific. Save the Children is now exploring opportunities to expand the programme to a combined Middle East and Eastern Europe region, as well as to a joint East and Southern Africa region. These regions follow Save the Children's operational groupings.

To inform the expansion of the CPiE PDP, a capacity gap analysis (CGA) was undertaken in each of the proposed new regions. The objective of the analysis is to gather information on regional technical and operational capacity, as well as to identify barriers to professional development and preferred learning approaches, in order to tailor the design and planning of the CPiE PDP. The CGA further identifies opportunities and learning from current and past capacity initiatives that can help strengthen the success of the CPiE PDP expansion. Finally, the CGA is designed to elicit learning and conclusions for the broader sector. This report details the findings for the Middle East and Eastern Europe. The East and Southern Africa report is available [here](#).

The onset of multiple conflicts in recent years has transformed the Middle East from a region of predominantly smaller-scale development-focused responses in middle-income countries, with Iraq as a notable exception, to one characterised by multiple large-scale humanitarian responses involving the mass displacement of millions of children and their families.¹ The region currently hosts some of the largest humanitarian responses, including in: Iraq, Syria (and its multi-country refugee response spanning across Egypt, Iraq, Jordan, Lebanon and Turkey) and Yemen (considered to be the world's worst humanitarian crisis). Further to these, there are smaller responses in Libya, the occupied Palestinian territory (oPt) and the Ukraine, in Europe. Their combined appeals for 2018 total more than USD \$11.7 billion, half of the total global humanitarian appeal.² Conflicts in the Middle East contributed significantly, in recent years, to the mass movement of refugees from across the region to Europe. This refugee population includes a significant number of unaccompanied and separated children (UASC), who experience physical and sexual violence, trafficking and other violations both en route and after arrival in Europe.³ With crises of this nature and scale increasing the vulnerability of children, ensuring effective response capacity and capability throughout the region is imperative.

¹ UNHCR, (2017). Syria Regional Refugee & Resilience Plan (3RP) 2018-2019; <http://www.unhcr.org/sy/29-internally-displaced-people.html> [accessed 31 January 2018]; <http://data.unhcr.org/yemen/regional.php> [accessed 31 January 2018].

² OCHA, (2017). Global Humanitarian Overview 2018.

³ UNHCR, UNICEF, IRC, (2017). Call to Action for 2017: What needs to be done? A joint way forward.

2. Methodology

The two regions were identified through a consultative process within Save the Children. Criteria for selection included interest in the programme, available support to implement it and the prevalence of humanitarian crises. Save the Children's regional focal points identified the countries to be included in the CGA based on where Save the Children is operational.⁴

The same methodology was followed for both regions. It builds upon the methodology used for the CGA conducted in SEEA as part of the CPiE PDP pilot. It involved a stakeholder mapping, a light review of relevant global and regional literature, key informant interviews and an online survey. The stages were undertaken concurrently for both regions; the same online survey tool was used for both. The data were separated for each region at the cleaning and analysis stage. Further details on the key informant interviews, the survey and the analysis and interpretation of findings follow below. A full detailed methodology is found in [Annex 1](#).

Key informant interviews

Key informants were identified by Save the Children, through the mapping exercise or by other key informants. They primarily included regional and global CPiE focal points from major international non-governmental organizations (INGO) and United Nations (UN) agencies, as well as those involved in other CPiE capacity building initiatives. Global key informants were asked to speak about the region in which they have the most knowledge and/or experience. A small number were able to provide information on both regions. Two facilitators and two mentors from the SEEA pilot, identified by the CPiE PDP management team, were also interviewed to learn about their experiences in the CPiE PDP pilot. Interviews followed a semi-structured questionnaire, found in [Annex 2](#).

In total, 20 key informants were interviewed for the Middle East and Eastern Europe:

- Eleven (11) were based in the region: Seven with INGOs, three with the UN and one consultant; and
- Nine were in global positions: Seven with INGOs, one with the UN and one consultant.

These figures include four mentors or facilitators from the SEEA CPiE PDP pilot, one of whom also acted as a regional key informant. The majority of the key informants spoke about the Middle East, with only two focused specifically on Europe. As such, findings from these interviews refer more to the Middle East. The list of key informants is found in [Annex 4](#).

Survey

⁴ Countries included within the Middle East and Eastern Europe: Albania, Armenia, Egypt, Georgia, Iraq, Jordan, Kosovo, Lebanon, North West Balkans, the occupied Palestinian territory, Serbia, Syria, Turkey, Ukraine, and Yemen. In the survey, there was an option to include and specify other countries. Greece was included on this basis.

An online survey was developed to investigate capacity and relevance in several areas related to CPiE response, including: CPiE needs, core CPiE strategies, operating contexts, cross-cutting issues and areas affecting quality response. Respondents were also asked to identify the top three CPiE priorities in their context, to compare how priorities related to perceptions of relevance and capacity gaps.

In addition, the survey also sought to identify barriers to professional development and preferred learning approaches relevant to CPiE practitioners in the region. Finally, respondents were given an opportunity to propose to the management team additional considerations or things to avoid when establishing the CPiE PDP in their region. All questions included comment boxes for further elaboration on responses. The survey questions are found in [Annex 3](#).

The survey targeted four groups of respondents, shifting the framing of the questions depending on the respondent's level of responsibility:

- Members of governments were asked to respond from a national perspective;
- Global and regional respondents were asked to answer questions from a regional perspective;
- National-level respondents, those in positions with country-wide responsibility and oversight, were asked to speak from a national perspective; and
- Sub-national respondents, those working in a country, but without a nation-wide focus, were asked to assess their own capacity, following the model used in the SEEA pilot.

Areas of investigation were largely based on the Minimum Standards for Child Protection in Humanitarian Action (CPMS), using the CPiE Competency Framework as reference.⁵ Preliminary discussions with Save the Children focal points helped identify specific areas considered important to include for assessment, such as the addition of child marriage, separate from harmful practices or sexual violence. A fuller explanation of how thematic questions were identified and included is found in [Annex 1](#).

Capacity was assessed in two ways, namely theoretical knowledge of a competency and practical experience engaging with the competency. Prevention and response were assessed separately in order to understand distinct capacity and gaps in each. Respondents were also asked to rate the relevance of each issue to their context (regional, national or sub-national). Respondents answered capacity and relevance questions using a scale of *high, medium, low or none (or not applicable)*. The survey questions are found in [Annex 3](#).

⁵ Child Protection Working Group (CPWG) (2010). Child Protection in Emergencies (CPiE) Competency Framework; CPWG (2012). Minimum Standards for Child Protection in Humanitarian Action.

The survey was conducted through the online tool Survey Monkey, and disseminated through several channels.⁶ Particular emphasis was placed on reaching national and sub-national respondents as the CPiE PDP management was particularly interested in their perspectives.

Survey respondent characteristics

Global/Regional

Of the 14 respondents identifying as either global or regional, 7 completed the survey (50% completion rate). Two are based in Eastern Europe, one with an INGO and the other with the UN. The remaining five all work for INGOs in the Middle East. Of the seven, six are in deployable positions. This group is referred to as the *regional group* throughout the report.

National/Government

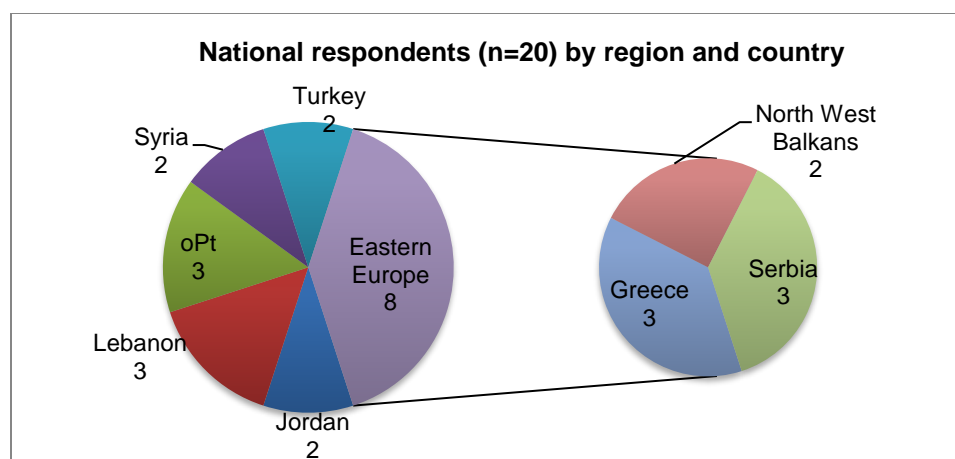
In total, 20 of 44 respondents completed the national and government surveys (45% completion rate). One was a government official based in Europe. Of the remaining 19, 7 were based in Europe (4 INGO, 2 UN, 1 national non-governmental organization (NNGO)) and 12 in the Middle East (8 INGO, 2 NNGO, 1 faith-based organization, 1 UN). Only 16 of the 19 national respondents completed the survey. As the other three completed all the capacity questions, they are included in the analysis.⁷ This group is referred to as the *national group* throughout the report.

As national and government respondents were speaking about capacity in the country where they work, a breakdown of these countries is found in figure 1. It is worth noting that all the respondents are operating in contexts that are conflict-affected and focused on displacement and refugee populations.

Figure 1. Region and country of base of national respondents

⁶ The survey was disseminated through the Alliance on social media and to all four working groups and some its task forces, including the training of trainers community of practice; to regional coordinators through the Child Protection Area of Responsibility (CP AoR); through other major child protection networks, such as the Better Care Network, the CPC Learning Network, the CPTS, Family for Every Child; and the No Lost Generation in the Middle East. It was also shared through individual organizations to regional colleagues.

⁷ All three respondents are based in the Middle East. It is possible due to the survey layout that these three respondents thought the survey was complete at the point where they stopped. The two questions they did not answer were on barriers to professional development and learning approaches. These findings are presented with a smaller answer set, with 17 respondents instead of 20. There is no reason to believe this smaller response set alters any of the findings, which are quite conclusive for those two questions.



National respondents have a mix of experience levels working in child protection (table 1). Respondents from the Middle East report having more overall years of child protection experience, both in humanitarian and development settings.

Table 1. National respondents: Years of child protection and CPiE experience

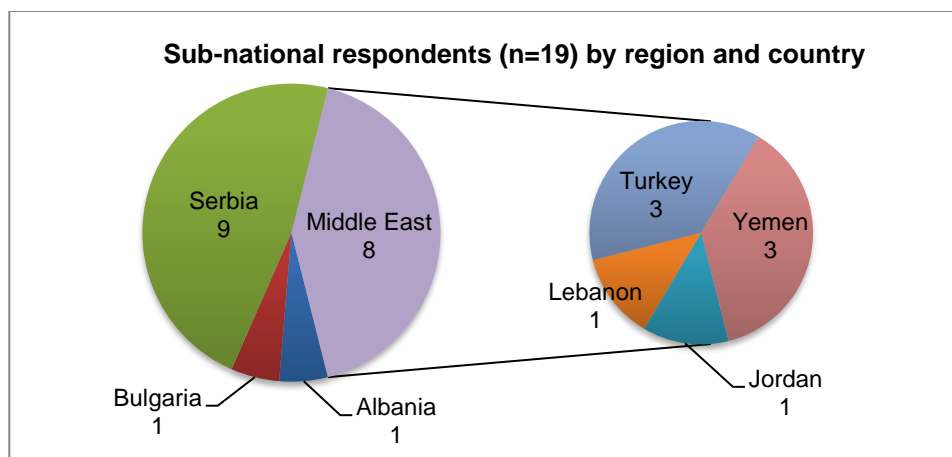
Years' experience	Middle East (n=12)		Europe (n=8)	
	CPiE	Development	CPiE	Development
0-3 years	2	1	5	4
3-5 years	6	8	0	2
6-7 years	3	1	1	1
8+ years	1	2	1	0
n/a	0	0	1	1

Sub-national

Of the 27 respondents who identified as working at the sub-national level, 19 completed the survey (70% completion rate).⁸ The majority of sub-national respondents are based in Europe (n=12), the only respondent group to not have a majority in the Middle East (n=8). Figure 2 shows a breakdown of where respondents are based.

Figure 2. Region and country of base of sub-national respondents

⁸ The CPiE PDP management initially identified having 3-5 years' CPiE experience as the analysis criteria for sub-national respondents, following the SEEA methodology of analysing self-assessments for mid-career professionals - the target participant group for the CPiE PDP. However, the analysis criteria was later expanded to also include those with 0-3 years of child protection experience, after key informants raised that the CPiE PDP may need to include junior staff as participants as well; and, in order to include more response sets in the analysis. Based on this, responses from four respondents, all of whom had more than 5 years of CPiE experience, and three of whom completed the survey, were excluded from the analysis.



There are notable differences between the Middle East and Eastern Europe respondents. The majority of Middle East-based respondents work for an INGO (seven INGO, one civil society organization (CSO)), while just over half of the European respondents work for an NNGO (six NNGO, two INGO, two CSO, one UN). Respondents in Europe report having fewer years of experience working in child protection than those in the Middle East (table 2).

Table 2. Sub-national respondents: Years of child protection and CPiE experience

Years' experience	Middle East (n=12)		Europe (n=8)	
	CPiE	Development	CPiE	Development
0-3 years	4	4	7	4
3-5 years	4	3	4	1
6-7 years	-	0	-	0
8+ years	-	0	-	4
n/a	-	1	-	2

Data cleaning and analysis

In total, 229 survey responses were recorded for both regions. Of these, 120 identified Middle East and Eastern Europe as their region of base, 90 East and Southern Africa and 19 selected 'other'. After extensive data cleaning, removing duplicates and incomplete entries, 167 answer sets remained. At this point, the data set was split for each region. Of the 167, 98 were for the Middle East and Eastern Europe: 66 from countries in the Middle East and 32 from Eastern European countries. Of these, 46 completed the survey, a 47% completion rate. The data were analysed using excel. The data from each group of respondents – regional, national and sub-national – were analysed separately. For further detail on the data cleaning and analysis, please see [Annex 1](#).

Summary tables are presented throughout the report, grouping *high* and *medium* responses to make it easier to understand and compare findings. However, findings elaborated in the report also include details of the full data. These explanations identify the main rating for each question,

and then any trends or secondary findings. For example, if 55% of respondents rated capacity as *medium*, and another 25% as *low*, the findings may refer to capacity as *medium-to-low*, identifying both the main and secondary answers. If instead 40% had picked *low*, the findings may state capacity as *medium* and *low*, as the difference between these is minimal.

The complete, compiled data for capacity, relevance and barriers are available in [Annex 5](#). The raw survey data will be made available to interested parties through Save the Children.⁹

Differences between the Middle East and Eastern Europe

It is important to consider the differences in profiles between respondents based in Europe and the Middle East, and the effect this may have on the findings. Not only are the operating contexts in each region quite different, but so too are the systems in place to help respond to the needs of populations. The level of experience in child protection and CPiE differs between respondents in the two regions, particularly in the national group where European respondents report having less overall child protection experience. These differences, along with the differences in reported CPiE priorities (see [Section 3.1](#)), suggest it would be useful to analyse the data for each region separately. This distinction would provide a more nuanced understanding of the capacity needs and gaps for practitioners in each region. Unfortunately, this level of analysis was beyond the time available for this work. Therefore, the data for both regions are combined in the analysis. Where relevant, the specific region or countries being referenced in the findings are identified. Further analysis of the data is strongly recommended for a better understanding of capacity as it relates to each region.

Challenges and limitations

A number of challenges and limitations were encountered while conducting this CGA:

Time constraints: The schedule and tight timeframe proved the most significant limiting factor throughout. The data collection phase occurred at the end of the calendar year, when many key informants had limited availability. Towards the end, it overlapped with the start of holiday leave. This resulted in the cancellation of a planned validation exercise of the preliminary findings. This should be undertaken as part of the design phase of the CPiE PDP.

Furthermore, the limited timeframe for the project meant that each stage was short. The literature review was necessarily brief, and initially, a limited number of key informant interviews were planned for. This was later increased to assure confidence in the findings. Fewer interviews were also conducted for Eastern Europe, and so findings are more focused on the Middle East. Finally, the analysis period was very short and constrained the depth of analysis. This prevented additional exploration of the data, including region-specific findings.

⁹ The CPiE Professional Development Programme management team can be contacted at: cpiepd@rb.se.

Survey: Given the comprehensive nature of the survey, it took 20-30 minutes to complete. This may have affected the completion rate. It was noted that for many people working in emergency situations, completing the survey might not have been a priority. In addition, there were other surveys circulating at the same time, which may have resulted in 'survey fatigue'. Finally, internet connectivity may have been a challenge for some.

Language: Conducting the survey in Arabic would have enabled greater participation. Due to time and financial constraints, distribution was in English only. However, as the CPiE PDP focuses on mid-career professionals, language was not considered a major limiting factor by the CPiE PDP management as practitioners at that level are expected to have stronger English language skills.

Given these challenges and limitations, the researchers are satisfied with the number of respondents who completed the survey, and have confidence in the strength of the findings and conclusions. It is anticipated that the findings presented in this report will be useful to inform the design of the regional CPiE PDP and will inform the sector on existing capacity needs and how to address these.

How to read the data tables

The data tables and figures present the combined *high* and *medium* responses for perceptions of capacity, as some *high* scores were too low to meaningfully report alone. While this approach loses some of the variance, it enables wider comparison across the three respondent groups. Both the *high* ratings (alone) and the *high* and *medium* ratings (combined) are presented to highlight differences in perceived relevance across the groups, as the *high* and *medium* combined were often too uniform for meaningful comparison.

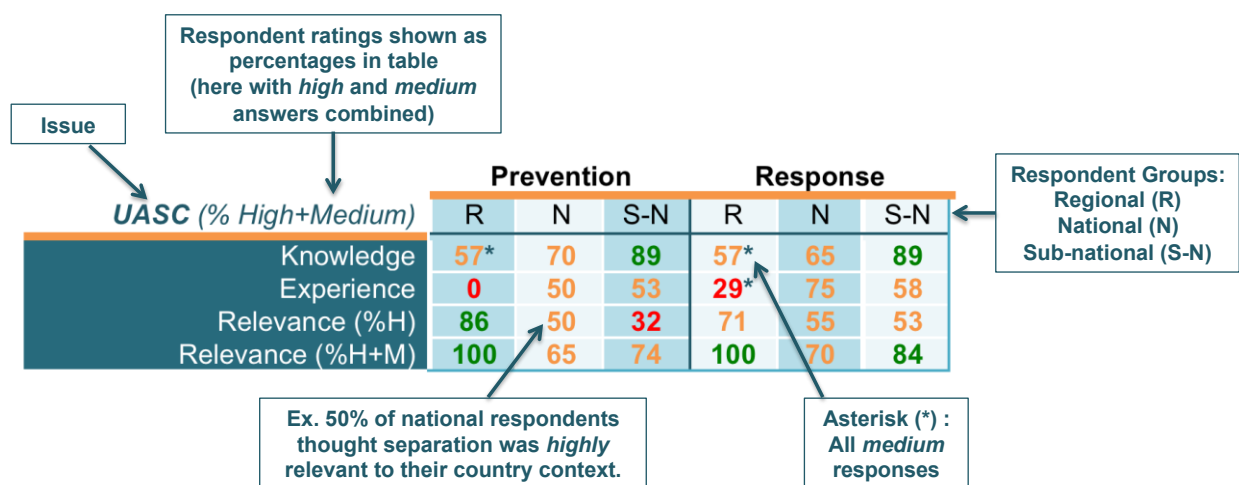
Data are presented as percentages. At times, an asterisk is listed beside a percentage. This highlights that the listed percentage reflects all *medium* answers only, with no respondents in that group choosing *high*. Where there is a zero (0), all respondents answered *low* or *none*.

The percentages in the tables and figures reflect the proportion of respondents who identified capacity or relevance as *high* or *medium*. The percentages are not reflective of total capacity or the proportion of CPiE professionals who have capacity in an area.

The data in the tables are colour-coded to facilitate interpretation. **Red** indicates fewer than 50% of respondents identify capacity in that area as *high* or *medium*, meaning the majority selected *low* or *none*; **yellow** indicates that 50-79% of respondents rated the issue as *high* or *medium* and **green** indicates where 80% or more of respondents agreed on *high* or *medium*.

For example, when looking at knowledge on prevention of separation in figure 3, 57% of regional respondents (4 of 7) identified regional capacity as *medium* only (note the asterisks), 80% of national respondents (14 of 20) feel knowledge of UASC in their country is *high* or *medium*, while 89% of sub-national respondents (17 of 19) feel that their own knowledge on UASC is *medium* or *high*.

Figure 3. How to read the data tables



3. Key Findings

Child protection in emergencies is defined as the prevention of, and response to, abuse, neglect, exploitation, and violence against children.¹⁰ To achieve this goal, the sector requires a strong and diverse workforce, bringing together a rich variety of educational backgrounds, skills and capacities.

The main strength identified in the Middle East and Eastern Europe is the capacity derived from high levels of tertiary education and a level of functioning national (child protection) systems, including, in some countries, professional competency in social work, mental health and the law.¹¹ This has resulted in a highly educated, professional pool of practitioners to draw from, even if CPiE is relatively new in some countries.¹² This strength provided an advanced starting point for hiring and training entry-level practitioners, and growing the sector as large-scale responses were established throughout the region. Rather than focusing exclusively on basic introductory CPiE trainings, there was an opportunity to undertake more advanced training on specific areas such as social work. As one key informant shared:

*"I never realised how strong the capacity was in the Middle East until I left. The commitment and the capacity is just significant. They challenge you, ask thoughtful questions, have excellent abilities to take a step back and apply concepts into their daily practice. [They are] really thoughtful on training content."*¹³

However, respondents also stated that this capacity was not fully capitalized on nor leveraged sufficiently to enhance the skills needed for sustainable service provision or for strengthening systems in the long-term. As funding decreases and responses scale-down, many capacity gaps exist in CPiE technical areas and in other areas essential to quality CPiE response. The findings presented in the following sections suggest different operational and professional development approaches are needed to build up the CPiE workforce in the region.

3.1. CPiE Priorities and Needs

Respondents were asked to list the top three CPiE priorities in their context. Despite the unique challenges faced in individual country contexts, common child protection priorities were identified, although these differed between the Middle East and Eastern Europe.

Top identified CPiE priorities for Eastern Europe, analysed with all respondents as one group, and revealing great consensus, included: Alternative care (most respondents identified this as the top or second priority), mental health and psychosocial support (MHPSS) (most identified this as

¹⁰ CPWG (2012). Minimum Standards for Child Protection in Humanitarian Action.

¹¹ Key informant interviews.

¹² Key informant interviews.

¹³ Key informant interview.

third), best interest determination, working with UASC and ensuring safe environments to protect children from violence.

In the Middle East, separate regional, national and sub-national analyses were undertaken. Regional respondents, including key informants, identified child labour, MHPSS and children affected by armed conflict (CAAC), including children associated with armed groups and armed forces (CAAFAG), as the top three priorities, with UASC a close fourth. National respondents cited child labour, all forms of violence and child marriage as the top three priorities in their countries, while sub-national respondents considered child labour, CAAFAG and UASC as the top priorities in their contexts. These findings are largely consistent with the literature.

Child labour

Child labour is a primary protection concern in countries across the Middle East. In Syria, Turkey, Lebanon, Jordan, Iraq and Yemen, evidence suggests that child labour is reportedly increasing, exacerbated by conflict and displacement. A loss of income due to violence is resulting in more Iraqi families sending their children to work.¹⁴ In Yemen, Syria and Iraq children work in dangerous conditions, and engage in the worst forms of labour, including begging, illicit activities and recruitment into armed groups.¹⁵ In Palestine, the number of children aged 10-17 years working in Gaza has doubled in the last five years.¹⁶ Many Syrian refugee children younger than 13 years of age are also involved in hazardous work that denies them their rights to education.¹⁷ Increases in child labour are attributed to limited livelihood opportunities for parents, poverty, family separation and a lack of access to education.

Table 3. Child labour: *High* and *medium* ratings of capacity and relevance

<i>Child labour</i> (% <i>High+Medium</i>)	Prevention			Response		
	R	N	S-N	R	N	S-N
Knowledge	14*	70	74	0	65	79
Experience	0	65	47	0	60	53
Relevance (%H)	86	70	63	86	65	63
Relevance (%H+M)	100	85	74	100	85	68

* *Medium* ratings only.

The majority of survey respondents considered prevention and response of child labour as highly relevant to the region. However, there was less agreement on capacity:

- Regional respondents rated knowledge and experience to prevent and respond to child labour as *low*. This was one of the areas of lowest capacity of all assessed CPiE needs.

¹⁴ UNICEF (2016). A Heavy Price for Children: Violence destroys childhoods in Iraq.

¹⁵ OCHA (2017). Yemen Humanitarian Needs Overview 2018; Save the Children (2016). Invisible Wounds: The impact of six years of civil war on the mental health of Syria's children.

¹⁶ <https://www.reuters.com/article/us-palestinians-gaza-child-labour/child-labor-rises-in-gaza-amid-soaring-unemployment-idUSKCN0WW0YA> [accessed 31 January 2018].

¹⁷ UNHCR (2017). Syria Regional Refugee & Resilience Plan (3RP) 2018-2019.

- National respondents considered there to be *medium-to-high* capacity for preventing and responding to child labour.
- Sub-national respondents reported their knowledge as *medium-to-high*, although ratings for experience were split equally across all four ratings of *high*, *medium*, *low* and *none*.

One key informant highlighted that child labour programmes are relatively new in the region, which might explain lower perceptions of capacity.

Mental health and psychosocial distress/Psychosocial support

There are numerous factors why psychosocial distress and mental health are considered important priorities in the region. The most immediate is the experience of conflict, insecurity, violence and displacement. The consequences of these have a profound impact on mental and psychosocial well-being.¹⁸ In Syria, children report feeling worried about how their parents will pay for rent and food, and about the pressure these challenges place on their families.¹⁹ Though traditionally the focus of MHPSS interventions delivered by child-focused agencies has been on children, the needs of caregivers and families must also be addressed in order to comprehensively promote the well-being of children.²⁰

Table 4. MHPSS: *High* and *medium* ratings of capacity and relevance

<i>MHPSS (% High+Medium)</i>	Prevention			Response		
	R	N	S-N	R	N	S-N
Knowledge	29	90	68	29	85	68
Experience	57*	90	63	57*	80	68
Relevance (%H)	71	85	74	71	80	74
Relevance (%H+M)	86	95	95	86	95	84

* *Medium* ratings only.

Almost all survey respondents agreed that MHPSS interventions are relevant or highly relevant to the region. There were different perceptions of capacity, however:

- Regional respondents rated knowledge of MHPSS as *low*, and experience working on MHPSS to be *medium-to-low*.
- National respondents identified both prevention and response capacity on MHPSS to be *medium-to-high*.
- Sub-national respondents considered their MHPSS capacity to be *medium*, with a third of the group each identifying it as *low*, *medium* and *high*.

¹⁸ Save the Children (2014). Regional Mapping: Psychosocial support for children affected by the Syria crises; Save the Children (2016). Invisible Wounds: The impact of six years of civil war on the mental health of Syria's children.

¹⁹ Save the Children (2016). Invisible Wounds: The impact of six years of civil war on the mental health of Syria's children.

²⁰ Key informant interview.

Several key informants highlighted the limitations in capacity to address psychosocial support (PSS) in a meaningful way. Further, mental health reportedly remains a significant gap, and one that is largely not addressed due to capacity limitations.²¹ Practitioners do not always have the full range of skill-sets required to respond to mental health issues. It was suggested that this lack of capacity has perpetuated an overreliance on child-friendly spaces (CFS) and recreational activities.²²

“[The] focus of the response has been on PSS, but [you] don’t see much structured and evolved programming on this... Mental health remains a gap. PSS also remains an issue, of course. I don’t know why there is so little to show for it, given this has been the primary child protection response. You would think that the type of response would be more evolved.”²³

“Although this issue has typically gotten attention in crisis settings, particularly in the Syria response, there is not a lot of structured, evidence-based or targeted MHPSS work ongoing. A lot of activities remain at the level of recreation and informal learning. Specialised MHPSS agencies/interventions are limited, particularly more clinical support.”²⁴

Despite being one of the primary CPiE responses in the Middle East, PSS interventions have reportedly not evolved much over time, taking a narrow approach to implementation.²⁵ This emphasis on more simplistic PSS programmes over more advanced types of programming is reportedly reinforcing capacity gaps, and limiting the reach and impact of programmes.²⁶ One key informant stressed the need to address MHPSS as a cross-cutting area that is firmly rooted in the child protection, health and education sectors, in order to holistically address needs.

Child marriage

Child marriage is reportedly increasing for girls inside Syria and in refugee communities in Jordan, Lebanon, Turkey and Iraq.²⁷ Child marriage is not new to the region, although historical prevalence vastly differs between countries. However, the ongoing conflicts have exacerbated the issue. In Lebanon, 41% of young displaced Syrian women were married before age 18.²⁸ This number is believed to be higher given that many marriages are not registered. In Yemen, child marriage has increased at an alarming rate: Over 65% of girls are now married before the age of 18, compared with 50% before the start of the conflict.²⁹

²¹ Key informant interview.

²² Key informant interviews.

²³ Key informant interview.

²⁴ Survey respondent comment.

²⁵ Key informant interviews.

²⁶ Key informant interviews.

²⁷ Whole of Syria CP AoR (2016). Syria Child Protection Capacity Gap Assessment.

²⁸ <https://www.girlsnotbrides.org/child-marriage-and-the-syrian-conflict-7-things-you-need-to-know/> [accessed 31 January 2018].

²⁹ Girls not Brides (2017). Thematic Brief: Child Marriage in Humanitarian Settings.

Several factors are reportedly driving these increases. The loss of livelihood and increasing poverty results in some families using marriage to reduce the financial demand within the household.³⁰ Child marriage can also be used as a protective measure from sexual violence, especially within the context of displacement.³¹ Sexual slavery and marriage are also used as a weapon of war by parties to the conflicts in Iraq, Syria and Yemen.³²

Table 5. Child marriage: *High* and *medium* ratings of capacity and relevance

<i>Child marriage (%High+Medium)</i>	Prevention			Response		
	R	N	S-N	R	N	S-N
Knowledge	43	85	74	43	75	58
Experience	29	85	42	29*	65	42
Relevance (%H)	71	65	47	71	65	58
Relevance (%H+M)	100	85	84	100	80	89

* *Medium* ratings only.

Most survey respondents considered child marriage relevant to their contexts, though perceptions of capacity were mixed:

- Regional respondents considered knowledge and experience working on child marriage to be generally *medium* or *low*.
- National respondents rated capacity the highest, as *medium* both for knowledge and experience.
- Sub-national respondents considered their knowledge to be *medium*, with their experience somewhat lower.

Several key informants raised child marriage as relevant. They stressed the importance of working with community members, and the importance of “*speaking the same language*,” and aligning policy to the specificities and complexities of each country.³³ Given the different root causes and drivers of child marriage in the region, it is important to take a holistic view to addressing this issue. Towards this, a heightened understanding of the context will be critical.

Children affected by armed conflict

Children are directly and indirectly affected by armed conflict and violence. The UN Monitoring and Reporting Mechanism (MRM) monitors and reports on six ‘grave violations’ committed against children during conflict: Recruitment and use of children by armed forces and armed groups, sexual violence, killing and maiming, abduction, attacks on schools and hospitals and denial of humanitarian access. There are five countries in the Middle East with an MRM, the

³⁰ UNICEF (2014). A Study on Early Marriage in Jordan 2014.

³¹ Whole of Syria CP AoR (2017). 2017 Operational Strategy.

³² United Nations (UN) Secretary-General (2017). Children and Armed Conflict: Report of the Secretary-General.

³³ Key informant interviews.

highest number for any one region: Iraq, Libya, Israel/Palestine³⁴, Syria (regional) and Yemen.³⁵ Thousands of incidents of grave violations were documented and verified in 2016, including all six violations in Syria and Iraq, and all but sexual violence in Libya and Yemen.³⁶ In Iraq, where one in five children – 3.6 million in total – are at risk of experiencing one of the grave violations, reported incidents went up three-fold in the first half of 2016 compared to 2015.³⁷ It is important to note the significant challenges in documenting and verifying violations, especially during active conflicts, and on such sensitive issues.

Recruitment and use of children is reportedly occurring in all conflicts in the region. Children are being employed in both combat and support roles, including in use of asymmetric tactics.³⁸ Recruitment in Syria is believed to be increasing, with more than double the cases verified in 2016 from the previous year.³⁹ Children as young as seven years old are reportedly recruited, receive weapons and military training and engage in extreme acts of violence.⁴⁰ There are also documented cases of children being recruited or trafficked from Lebanon to fight in Syria.⁴¹ In Yemen, 517 boys were verified to be recruited, with more unverified cases reported.⁴² In Iraq, children are forced to fight and have been used as suicide bombers.⁴³

Factors that increase the risk of recruitment of children include the lack of access to education, exposure to violence, the experience of loss or trauma, poverty and scarce livelihoods, the lack of agency children may feel during conflict and pressure or coercion by communities.⁴⁴ There is a need to consider the modalities of recruitment, the motivations and incentives for children to associate with armed groups, and to customize prevention and response programmes according to the needs of each context, including engagement of children in these processes:

“The whole approach of recruitment... poses lots of questions on the typical approach we have for CAAC and looking at children as victims, and taking away some of their agency, which has probably always been wrong. In this context it gets challenged. Being able to programme in a way that counters tactics that groups...are using, points to need for lots of preventative approaches, and is probably different and challenges us in thinking about the way we typically programme on release and reintegration of children.”⁴⁵

³⁴ The Palestine MRM collects data on three additional violations relevant to that context: Arrest and detention, displacement and ill treatment and torture.

³⁵ UN Secretary-General (2017). Children and Armed Conflict: Report of the Secretary-General.

³⁶ UN Secretary-General (2017). Children and Armed Conflict: Report of the Secretary-General; Whole of Syria CP AoR (2017). 2017 Operational Strategy.

³⁷ OCHA (2017). Iraq Humanitarian Response Plan 2017.

³⁸ UN Secretary-General (2017). Children and Armed Conflict: Report of the Secretary-General.

³⁹ UN Secretary-General (2017). Children and Armed Conflict: Report of the Secretary-General.

⁴⁰ Whole of Syria CP AoR (2016). Syria Child Protection Capacity Gap Assessment.

⁴¹ UN Secretary-General (2017). Children and Armed Conflict: Report of the Secretary-General.

⁴² UN Secretary-General (2017). Children and Armed Conflict: Report of the Secretary-General.

⁴³ UNICEF (2016). A Heavy Price for Children: Violence destroys childhoods in Iraq.

⁴⁴ OCHA (2017). Yemen Humanitarian Needs Overview 2018; Whole of Syria CP AoR (2016). Syria Child Protection Capacity Gap Assessment.

⁴⁵ Key informant interview.

High numbers of recruited children often results in greater numbers of children being detained by security forces, usually for their association with armed groups. In Iraq, particularly as Mosul fell and lines changed, many children were detained for security reasons linked to concerns about their association with armed groups.⁴⁶ In both Lebanon and Syria, children have reportedly been detained without trial for long periods for their association with armed groups.⁴⁷ Hundreds of Palestinian children were in military and civilian detention in Israel for security-related reasons, including fifteen children younger than 12 years of age.⁴⁸ In this case, as in Iraq, ill-treatment of children in detention has been raised.

Children are also increasingly being injured or killed as a consequence of conflicts. In some sub-districts of Syria, 17% of victims of explosive weapons are reported to be children.⁴⁹ In Iraq, mines and explosive devices are considered an on-going hazard to children. Devices were said to be intentionally left in civilian areas, including around children's play areas and even inside dolls, presumably to maximise harm.⁵⁰ Mine risk education (MRE) is identified as a critical need in Yemen: In 2016, 113 children died from landmine and unexploded ordnances.⁵¹ Children who survive these explosions are often left with disabilities and significant medical needs that they may not be able to access or afford.⁵²

Table 6. Children affected by armed conflict: *High* and *medium* ratings of capacity and relevance

		Prevention			Response		
CAAFAG (% <i>High+Medium</i>)		R	N	S-N	R	N	S-N
	Knowledge	0	26	26	0	32	32
	Experience	0	21	16	0	21	21
	Relevance (%H)	86	21	32	71	16	32
	Relevance (%H+M)	86	37	53	86	42	63

		MRM			MRE		
MRM & MRE (% <i>High+Medium</i>)		R	N	S-N	R	N	S-N
	Knowledge	0	32	37	29*	45	37
	Experience	0	21	26*	14*	40	32
	Relevance (%H)	57	16	21	43	40	32
	Relevance (%H+M)	86	42	53	71	55	53

* *Medium* ratings only.

⁴⁶ UN Secretary-General (2017). Children and Armed Conflict: Report of the Secretary-General.

⁴⁷ UN Secretary-General (2017). Children and Armed Conflict: Report of the Secretary-General.

⁴⁸ UN Secretary-General (2017). Children and Armed Conflict: Report of the Secretary-General.

⁴⁹ Whole of Syria CP AoR (2017). 2017 Operational Strategy.

⁵⁰ UN Secretary-General (2017). Children and Armed Conflict: Report of the Secretary-General; UNICEF (2016). A Heavy Price for Children: Violence destroys childhoods in Iraq.

⁵¹ UN Secretary-General (2017). Children and Armed Conflict: Report of the Secretary-General.

⁵² UNICEF (2016). A Heavy Price for Children: Violence destroys childhoods in Iraq.

		Prevention			Response		
<i>Justice for children</i> (% High+Medium)		R	N	S-N	R	N	S-N
	Knowledge	29*	40	63	29*	40	58
	Experience	29*	35	53	29*	30	58
	Relevance (%H)	43	35	37	43	35	37
	Relevance (%H+M)	86	70	68	86	70	79

- Regional respondents identified recruitment as highly relevant to the region, and the MRM, MRE and justice for children as having *medium-to-high* relevance.
- Sub-national respondents saw CAAFAG, the MRM and MRE as moderately relevant, with nearly half rating them as *medium* and *high*, and the other half as *low*.
- National respondents assigned lower priority to these areas, with roughly two thirds considering CAAFAG, the MRM and MRE as having *medium* or *low* relevance.

The areas of the survey with the most agreement on capacity are those related to CAAC; specifically, on how extremely *low* capacity is on prevention and response to CAAFAG, and on the MRM and MRE.

- All regional respondents identified capacity in these areas as *low* or *none*, as did over 70-80% of national respondents. MRE capacity was slightly higher, but still *low* overall.
- Most sub-national respondents identified *low-to-no* capacity on CAAFAG, but were split *medium*, *low* and *none* on the MRM and MRE.

Some respondents did note that in the oPt capacity on the MRM and CAAC was higher, attributed to practitioners having more experience working in conflict settings. The reported low capacity in CAAC areas is in-line with other documentation in the sector and the need to strengthen these areas.⁵³ These findings may also be influenced by the number of respondents based in Europe, where the MRM, MRE and CAAFAG are less relevant.

Justice for children was considered relevant by over two-thirds of national and sub-national respondent, more than CAAFAG, the MRM and MRE.

- More than half of regional and national respondents felt capacity in this area is *low*.
- Sub-national respondents reported a broader range: Just over half identified their capacity as *medium*, with the remaining respondents reporting *high*, *low* or *no* capacity.

Those who listed justice for children as a priority framed it as “*not strictly [a] CPiE*” issue.⁵⁴ As with many concerns and risks children face in emergencies, including recruitment, MHPSS, child labour and child marriage, a multi-disciplinary, contextualized and layered approach is required to comprehensively address child protection concerns. Differences in operational contexts, and how these relate to the capacity needs and gaps of practitioners, should be taken into consideration for future investigation and inclusion in regional capacity building initiatives.

⁵³ Alliance (2017). 2018-2020 Strategic Plan Trend Analysis: Survey results; CPWG (2015). Child Protection in Emergencies Capacity Building Mapping and Market Analysis.

⁵⁴ Survey respondent comment.

Table 7. CPiE needs: *High* and *medium* ratings of prevention and response capacity

Prevention	Regional (n=7)		National (n=20)		Sub-national (n=19)	
(%High+Medium)	Knowledge	Experience	Knowledge	Experience	Knowledge	Experience
UASC	57*	0	70	50	89	53
Physical violence	71	71	90	90	79	68
Harmful practice	43*	14*	80	75	68	47
Child marriage	43	29	85	85	74	42
Sexual violence	14	0	95	75	74	53
CAAFAG	0	0	26	21	26	16
MRM	-	-	-	-	-	-
Dangers and injuries	29*	14*	75	65	58	47
MRE	29*	14*	45	40	37	32
MHPSS	29	57*	90	90	68	63
Justice for children	29*	29*	40	35	63	53
Child labour	14*	0	70	65	74	47

* *Medium* ratings only.

Response	Regional (n=7)		National(n=20)		Sub-national (n=19)	
(%High+Medium)	Knowledge	Experience	Knowledge	Experience	Knowledge	Experience
UASC	57*	29*	65	75	89	58
Physical violence	71*	86*	90	75	84	79
Harmful practice	14*	14*	80	70	68	53
Child marriage	43	29*	75	65	58	42
Sexual violence	14*	14*	75	75	68	53
CAAFAG	0	0	32	21	32	21
MRM	0	0	32	21	37	26*
Dangers and injuries	29*	14*	90	75	68	58
MRE	-	-	-	-	-	-
MHPSS	29	57*	85	80	68	68
Justice for children	29*	29*	40	30	58	58
Child labour	0	0	65	60	79	53

Please see ‘*How to read the data tables*’ and figure 1.3 in the [Methodology](#) for a detailed understanding of how to interpret the data tables.

Table 8. CPiE needs: *High* and *medium* ratings of relevance

CPiE Needs - Relevance Prevention (%High+Medium)			
ISSUE	Regional	National	Sub-national
UASC	100	65	74
Physical violence	100	100	79
Harmful practice	100	100	79
Child marriage	100	85	84
Sexual violence	100	100	79
CAAFAG	86	37	53
MRM	-	-	-
Dangers injuries	71	90	58
MRE	71	55	53
MHPSS	86	95	95
Justice for children	86	70	68
Child labour	100	85	74

CPiE Needs - Relevance Response (%High+Medium)			
ISSUE	Regional	National	Sub-national
UASC	100	70	84
Physical violence	100	100	89
Harmful practice	100	95	84
Child marriage	100	80	89
Sexual violence	100	100	79
CAAFAG	86	42	63
MRM	86	42	53
Dangers injuries	71	90	68
MRE	-	-	-
MHPSS	86	95	84
Justice for children	86	70	79
Child labour	100	85	68

CPiE Needs - Relevance Prevention (%High)			
ISSUE	Regional	National	Sub-national
UASC	86	50	32
Physical violence	86	85	63
Harmful practice	71	65	47
Child marriage	71	65	47
Sexual violence	86	75	63
CAAFAG	86	21	32
MRM	-	-	-
Dangers injuries	57	40	42
MRE	43	40	32
MHPSS	71	85	74
Justice for children	43	35	37
Child labour	86	70	63

CPiE Needs - Relevance Response (%High)			
ISSUE	Regional	National	Sub-national
UASC	71	55	53
Physical violence	71	75	68
Harmful practice	71	65	47
Child marriage	71	65	58
Sexual violence	86	70	63
CAAFAG	71	16	32
MRM	57	16	21
Dangers injuries	57	30	37
MRE	-	-	-
MHPSS	71	80	74
Justice for children	43	35	37
Child labour	86	65	63

3.2. Operating Contexts

CPiE practitioners require diverse knowledge and skills to operate in a range of contexts that influence the risks to children and their needs. These include, for example, adapting operations for urban centres or implementing programmes remotely. Some contexts require particular legal considerations, such as the frameworks pertaining to the protection of refugees and internally displaced persons (IDP).

Table 9. Operating contexts: *High* and *medium* ratings of capacity and relevance

Knowledge	(%High+Medium)	Regional (n=7)	National (n=20)	Sub-national (n=19)
Refugee		71	89	79
IDPs		57	63	58
Children on the move		29	70	74
Conflict		86	55	68
Remote programming		67	21	26
Urban		43*	85	79
Natural disasters		14*	37	32
Disease outbreaks		29*	30	5*
Food insecurity		29*	40	32*

* *Medium ratings only.*

Experience	(%High+Medium)	Regional	National	Sub-national
Refugee		71	84	89
IDPs		57	42	37
Children on the move		14*	70	68
Conflict		86	55	63
Remote programming		67	21	21*
Urban		57	85	79
Natural disasters		0	26	21*
Disease outbreaks		0	10	5*
Food insecurity		29*	42	26*

Relevance	(%High)	Regional	National	Sub-national
Refugee		100	79	84
IDPs		71	21	32
Children on the move		86	55	47
Conflict		86	26	58
Remote programming		83	17	16
Urban		71	60	68
Natural disasters		0	11	21
Disease outbreaks		0	11	21
Food insecurity		43	26	26

Relevance	(%High+Medium)	Regional	National	Sub-national
Refugee		100	89	89
IDPs		86	53	53
Children on the move		100	80	74
Conflict		86	68	79
Remote programming		83	39	32
Urban		100	90	89
Natural disasters		43	39	53
Disease outbreaks		43	26	42
Food insecurity		71	58	47

For regional respondents, there is a clear trend that all contexts related to conflict and displacement are highly relevant. National and sub-national respondents consider most of the assessed contexts as less relevant, though there was agreement on relevance of refugee contexts, children on the move and urban settings. It is possible these three are perceived to be the most applicable to practitioners in both the Middle East and Eastern Europe.

Refugees and internally displaced persons

The number of refugees and IDPs in the region is described as “unprecedented”.⁵⁵ There are an estimated 5 million Syrian refugees dispersed across the region, half of whom are believed to be children.⁵⁶ Meanwhile, an estimated 6.5 million people are displaced inside Syria, and another 3 million inside in Yemen.⁵⁷ In addition, there are Iraqi refugees and IDPs from current and past waves of displacement and the region has a long-standing Palestine refugee population. There are 450,000 Palestine refugees registered in Lebanon, and more than 2 million registered in Jordan, accounting for 18% of the Jordan’s total population.⁵⁸

Refugee and IDP contexts have specific sets of legal, technical and operational considerations. Legal status, which relates to freedom of movement and access to services, differs from country-to-country, and is a challenge in the Middle East, where most countries are not party to the 1951 Refugee Convention or its 1967 Optional Protocol.⁵⁹ Certain child protection processes, such as operationalizing best interest procedures, have an important impact on refugee children and require specific knowledge and skills.⁶⁰ And though they continue to reside in their country of nationality, IDP children face numerous risks and types of discrimination.

⁵⁵ Key informant interview.

⁵⁶ UNHCR (2017). Syria Regional Refugee & Resilience Plan (3RP) 2018-2019.

⁵⁷ <http://www.unhcr.org/sy/29-internally-displaced-people.html> [accessed 31 January 2018];

<http://data.unhcr.org/yemen/regional.php> [accessed 31 January 2018].

⁵⁸ <https://www.unrwa.org/where-we-work/lebanon> [accessed 31 January 2018]; <https://www.unrwa.org/where-we-work/jordan> [accessed 31 January 2018].

⁵⁹ Turkey and Yemen are, however, signatories to the 1951 Refugee Convention and Optional Protocol. https://treaties.un.org/Pages/ViewDetailsII.aspx?src=IND&mtdsg_no=V-2&chapter=5&Temp=mtdsg2&lang=en [accessed 31 January 2018]; https://treaties.un.org/Pages/ViewDetails.aspx?src=TREATY&mtdsg_no=V-5&chapter=5&clang=en [accessed 31 January 2018].

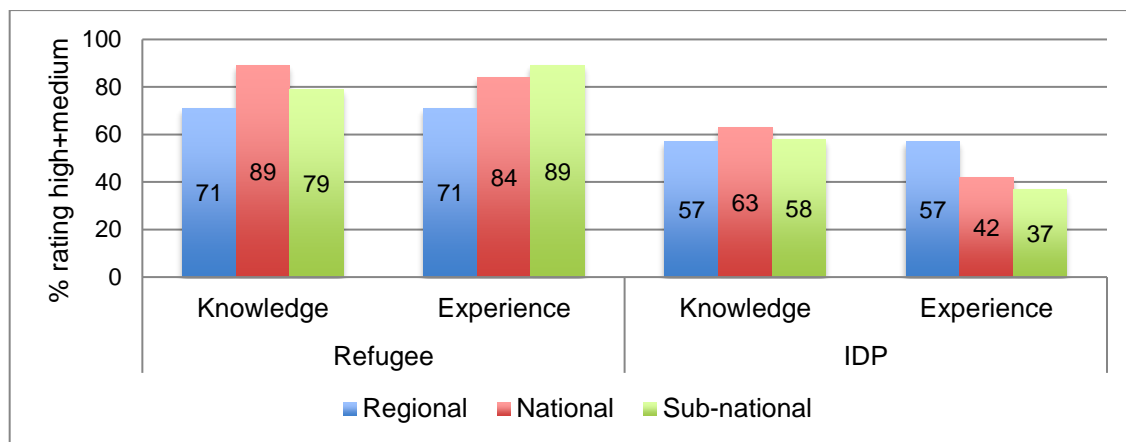
⁶⁰ Alliance (2016). Adapting to Learn, Learning to Adapt: Overview of and considerations for child protection systems strengthening in emergencies.

Survey respondents and key informants identified refugee contexts as highly relevant. Internal displacement was identified as relevant by regional respondents, but less so by national and sub-national respondents. This may be due to the small number of respondents – two in Syria and three in Yemen – in countries with large IDP populations.

There was broad agreement on *medium* and *high* capacity across the respondent groups for refugee contexts, amongst the highest in the survey (see figure 4):

- Regional respondents were split *high*, *medium* and *low* in their perceptions of regional capacity in refugee contexts.
- National respondents viewed capacity as *high* and *medium*.
- Most sub-national respondents assessed both their knowledge and experience working in refugee contexts as *high*.

Figure 4. Refugee and IDP contexts: *High* and *medium* ratings of knowledge and experience



Capacity to work in IDP contexts was considered lower than that for refugee contexts. Ratings were spread out across the four rating levels (*high*, *medium*, *low* or *none*).

- Regional respondents rated capacity equally as *high*, *medium* and *low*, with one *none*.
- Most national respondents considered knowledge of IDP contexts as either *medium* or *none*, and experience as *medium-to-none*.
- Sub-national respondents rated their experience *low*, with over a third having no experience working with IDPs. Knowledge was spread across *high*, *medium* and *low*.

Children on the move

“Children moving for a variety of reasons, voluntarily or involuntarily, within or between countries, with or without their parents or other primary caregivers, and whose movement while it may open up opportunities might also place them at risk (or at an increased risk) of economic or sexual exploitation, abuse, neglect and violence.”⁶¹

Children on the move is a major area of intervention for child protection organizations working in Europe. However, it is not currently known how many children are on the move in the Middle East and Europe. In 2016, 63,300 unaccompanied minors were registered as having arrived in the European Union.⁶² In the first half of 2017, of all UASC arriving in Europe, 56% were from Syria and Iraq, and of those children arriving to Italy through the Central Mediterranean Route, 93% were UASC.⁶³ CPiE practitioners describe challenges in programming for this mobile population of children given that their legal status in Europe is not clear.⁶⁴

Survey respondents identified children on the move as having *medium-to-high* relevance to the region, with the majority of regional respondents identifying this area as highly relevant.

- Regional respondents considered both knowledge and experience as *low*.
- Roughly half of national rated capacity as *medium*, with the other half split *high* and *low*.
- A majority of sub-national respondents assessed their knowledge as *high* and experience as *high* and *medium*.

Remote programming/management

In the Middle East, remote programming primarily relates to Syria, Iraq and Libya. Inherently more difficult than directly managed programmes, the need for remote management can influence operational priorities and raise the need for different competencies and skills.

“... there are specific competencies associated with programming through partnership models compared to direct implementation that need to be considered in the design and content of capacity building programmes (e.g. relationship and trust building, provision of technical assistance...)”⁶⁵

Programmes that are highly technical, such as case management, and which require more intensive and regular supervision, may not be seen as appropriate if local capacity does not exist

⁶¹ The Inter-Agency Group on Children on the Move (2013). The UN High Level Dialogue on Migration and Development 2013: Why children matter? Background Paper. p.2.

⁶² <http://ec.europa.eu/eurostat/documents/2995521/8016696/3-11052017-AP-EN.pdf/30ca2206-0db9-4076-a681-e069a4bc5290> [accessed 31 January 2018].

⁶³ UNHCR, UNICEF, IOM (2017). Refugee and Migrant Children in Europe Accompanied, Unaccompanied and Separated: Mid year overview of trends January-June 2017.

⁶⁴ Key informant interview.

⁶⁵ Whole of Syria CP AoR (2016). Syria Child Protection Capacity Gap Assessment.

and monitoring is not possible.⁶⁶ Remote partnering and management can be challenging for areas of CPiE that require more concentrated human interaction.

Only regional respondents considered remote programming highly relevant. Both national and sub-national respondents considered relevance very *low*.

- Both national and sub-national respondents assessed knowledge and experience in this area as *low*.
- Regional respondents considered it to be *medium*. These disparities may be attributable to respondents' different country contexts.

While challenging, remote programming encourages creative and innovative ways of managing programmes and partners at a distance. For example, WhatsApp groups are being used to communicate with teams in Syria, enabling real-time troubleshooting on technical or operational issues.⁶⁷ One key informant observed that remote programming is an opportunity to really work on strengthening existing protective assets in communities, rather than “*business as usual*” where humanitarian agencies “*helicopter in provide food, register people, leave*.”⁶⁸

Urban settings

Humanitarian actors in both the Middle East and Eastern Europe are increasingly operating in urban or peri-urban contexts, in particular with refugee populations. This is a shift away from predominantly operating in camp settings. Several key informants noted this shift was something agencies were still adjusting to, not least because it is easier to identify and reach vulnerable individuals or groups in camp settings than in urban ones.

Urban settings were reported to have *high-to-medium* relevance by all respondent groups.

- Knowledge and experience in urban settings was considered *medium* and *low* by regional respondents.
- Most national and sub-national respondents considered capacity *medium* and *high*.

Operating in urban contexts is an increasingly common feature in both development and humanitarian settings. It will be important to harness practitioner learning and provide support to those more accustomed to rural or camp settings. Learning to contextualize programmes to environment and population is increasingly important for CPiE practitioners.

⁶⁶ IRC Syria (2016). Remote Management Guidelines.

⁶⁷ Key informant interview.

⁶⁸ Key informant interview.

3.3. CPiE Strategies and Approaches

Child protection issues are closely interconnected and compounding; children rarely experience them in isolation. To effectively and meaningfully engage at both individual and systemic levels, core CPiE strategies are used to strengthen formal and informal systems, and help to strengthen resilience.

Table 10. CPiE strategies: *High* and *medium* ratings of capacity and relevance

Knowledge (%High+Medium)	Regional (n=7)	National (n=20)	Sub-national (n=19)
Case management	86	75	79
Alternative care	29*	60	79
Community-based mechanisms	57*	90	95
Systems building/strengthening	43*	75	74
CFS	71	95	89

* *Medium* ratings only.

Experience (%High+Medium)	Regional	National	Sub-national
Case management	71	70	79
Alternative care	14*	50	58
Community-based mechanisms	43*	95	89
Systems building/strengthening	14*	65	68
CFS	71	95	84

Relevance (%High)	Regional	National	Sub-national
Case management	100	65	79
Alternative care	57	50	58
Community-based mechanisms	86	60	58
Systems building/strengthening	57	80	63
CFS	43	55	74

Relevance (%High+Medium)	Regional	National	Sub-national
Case management	100	100	100
Alternative care	100	70	84
Community-based mechanisms	100	100	95
Systems building/strengthening	100	100	89
CFS	71	95	95

Case management

Case management is a widely implemented strategy in the Middle East. Inter-agency standard operating procedures for case management have been developed in Gaza, Iraq, Jordan, Lebanon, Syria and Turkey. Multiple inter-agency and organizational trainings have been conducted to strengthen capacity in this area, reportedly more than any other technical areas within CPiE.⁶⁹ Regional coordination groups are engaged in the Child Protection Case

⁶⁹ Key informant interviews.

Management Supervision and Coaching Initiative through the global Case Management Task Force of the Alliance for Child Protection in Humanitarian Action (Alliance).⁷⁰ Country-specific teams of qualified trainers have been established to roll out inter-agency trainings.

Several key informants felt that, despite these efforts, case management capacity remains a gap. They reported fragmented understanding of what case management is and how it is implemented.⁷¹ Concerns were raised over the potential to do more harm than good without proper systems and capacity in place.⁷² At times, there seems to be little common understanding of terms such as child protection case management and case work.⁷³

Other key informants emphasized the existing capacity with which to work. High levels of education, even university-level social work programmes in countries like Lebanon, allow for more advanced levels of training to be conducted.⁷⁴ Feedback from the global Supervision and Coaching Initiative identified capacity in this region as higher than in other regions. Participants are reportedly able to take in and apply materials and learning from training, although do require ongoing guidance and coaching.⁷⁵

These mixed perspectives reinforce findings on capacity, as reported by survey respondents.

- Most regional and national respondents rated knowledge and experience in case management as *medium*.
- Most sub-national respondents identified their capacity as *high-to-medium*.

While perceptions differ, the majority identify capacity in case management as *medium* or higher. This is reflective of a region where training and programmes have been initiated and are taking root, but additional growth of expertise is still needed.

Community-based child protection and child protection systems strengthening

Engaging formal and informal indigenous structures through a community-based child protection (CBCP) approach, and strengthening existing systems, are essential elements for delivering a coherent, relevant and sustainable CPiE response. Nearly all survey respondents identified these two strategies as relevant to their contexts. Fewer respondents found them to be highly relevant, which is surprising given their universal applicability and importance.

Key informants in the region stressed that while it is commonly said that organizations are using a CBCP approach, actual understanding and implementation of CBCP is limited.⁷⁶ To date,

⁷⁰ Key informant interviews.

⁷¹ Key informant interviews.

⁷² Key informant interviews.

⁷³ Key informant interview.

⁷⁴ Key informant interviews.

⁷⁵ Key informant interview.

⁷⁶ Key informant interviews.

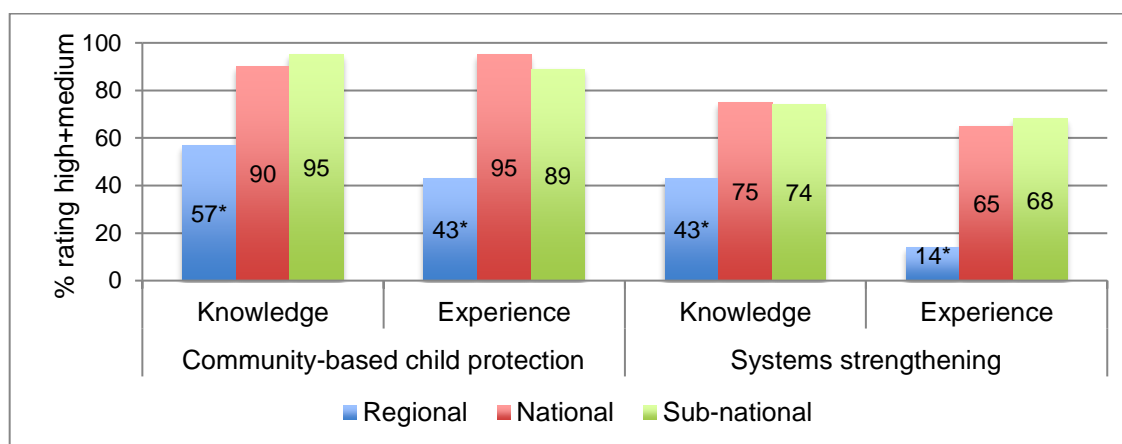
programmes have reportedly not been rooted in community structures, even though they state a focus on CBCP, and there has been a tendency to establish new community-based committees rather than strengthening existing ones. Practitioners do not appear to be familiar with the complexity of CBCP approaches beyond the limited exposure they have had to this type of programming.⁷⁷

These observations may explain differences in perceived capacity between respondent groups.

- Regional respondents saw capacity in this area as weaker than the other groups, identifying it as *medium-to-low*.
- National rated capacity in CBCP as *medium-to high*.
- Sub-national respondents viewed their capacity as *high* and *medium*.

If understanding of CBCP is pegged to limited programming approaches, higher perceptions of capacity may be attributable, as one key informant said, to “*not knowing what you don’t know*”.⁷⁸

Figure 5. CBCP and systems strengthening: *High* and *medium* ratings of knowledge and experience



* *Medium* ratings only.

There were similar differences in capacity ratings for systems strengthening (see figure 5).

- Regional respondents considered knowledge of CBCP as *medium* and *low*, and experience as *low*.
- Half of national respondents rated CBCP capacity as *medium*, with the remaining half divided on *high* and *low* for knowledge, and mostly *low* for experience.
- Two thirds of more of sub-national respondents assessed their CBCP capacity as *medium* and *high*.

⁷⁷ Key informant interviews.

⁷⁸ Key informant interview.

Many key informants spoke about the lack of linkages to existing systems - in a region where strong, even sophisticated systems exist.⁷⁹ They stressed the need to expose practitioners to functional systems, and develop the skills needed to work with and within existing systems.

“...[I] fear if people don’t have that [exposure to different child protection systems], they tend to assume there is nothing in place and have to start from scratch. [You] hear again and again, there is no system here. I don’t know any context where there is no component of a system in place. There is always something to start from. It will vary from one country to another, it could be a system to care of UASC, others a child protection unit within police, others focusing on street children, but there is always an element that is already there and that is worth strengthening and building around, in order to organically encourage and develop something more comprehensive. This approach of strengthening national systems is often not there.”⁸⁰

In the Middle East, the establishment of parallel systems raises concerns for sustainability, and has possibly contributed to capacity gaps.⁸¹ The lack of transition planning, coupled with heightened restrictions on access to national services, is leaving refugees in the region increasingly vulnerable. In addition, practitioners reportedly lack the skills needed to work with communities and existing, informal local child protection systems have not been strengthened.⁸² Instead, additional and duplicative child protection mechanisms may have been established. As responses scale down, national systems are not ready or unable to take on the roles and services that humanitarian systems have been providing.⁸³

“There has been little focus on building local capacity, little focus on strengthening CBCP. This has left significant gaps in capacity of [the] systems surrounding children, especially as NGO services reduce. Inter-agency groups and coordination bodies worked in parallel to existing national systems – completely separate coordination systems. Now seven years on, there is less funding, NGOs are scaling down, and [there are] fewer services in place. Now there is a shift to working more with the national systems. For example, in the regional response plan, there is recognition that refugees need to be more embedded in social protection schemes. There is a realisation that humanitarian aid will not be sufficient... We are in a bit of limbo with aid going down and nothing to replace it... We have an important role in lobbying for policy change rather than just providing services. [It] Needs a long-term approach, which we should have had from the outset, not [as] an after-thought.”⁸⁴

For European responses, key informants stated that practitioners, often more accustomed to working with ‘weak’ national systems, found it challenging to adjust their approaches to settings

⁷⁹ Key informant interviews.

⁸⁰ Key informant interview.

⁸¹ Key informant interviews.

⁸² Key informant interview.

⁸³ Key informant interviews.

⁸⁴ Key informant interview.

with robust systems in place.⁸⁵ These experiences are similar to other findings in the sector that indicate that humanitarian practitioners tend to establish parallel systems as opposed to working within existing formal and informal systems.⁸⁶ Assumptions are frequently made as to whether systems exist or are functional. As one key informant noted, “*there is always a system,*” whether at the national, local, community or family level.⁸⁷

The findings speak to gaps in the analytical and contextual skills needed to assess environments, identify systems and CBCP mechanisms and initiate appropriate responses. CPiE practitioners need to be able to recognize and work with existing systems, however limited, to ensure greater sustainability of the response and stronger outcomes for children.

Child-friendly spaces

Child-friendly spaces, and the PSS activities linked to them, are one of the primary, and perhaps largest, areas of CPiE intervention in the region.⁸⁸ The majority of national and sub-national respondents saw CFS as highly relevant, although fewer than half of regional respondents thought the same. For capacity, CFS was one of the highest rated areas assessed in this analysis.

- Just over half of regional respondents rated CFS capacity as *medium*.
- Half of national respondents rated capacity as *high*, and half *medium*.
- Half of sub-national respondents assessed their capacity as *high*, and just over a third rated it as *medium*.

Key informants stated that there has been an over-reliance on establishing CFS, with a tendency to use a ‘cookie-cutter’ approach to programming and implementation.⁸⁹ A recent multi-year, systematic review looked at the outcomes and impact of CFS globally, and included Lebanon and Jordan as case studies.⁹⁰ It found that CFS, like other areas of CPiE, require contextualizing to be fit for purpose.

“Approaches suited to isolated camp environments where there are few options for children appear to have been less effective in urban environments where there is a broader range of opportunities. Also the nature of the risks faced by children hosted in urban refugee settings are profoundly different from those faced in an IDP camp, with significant implications for the design of CFS.”⁹¹

⁸⁵ Key informant interviews.

⁸⁶ Alliance (2016). *Adapting to Learn, Learning to Adapt: Overview of and considerations for child protection systems strengthening in emergencies*.

⁸⁷ Key informant interview.

⁸⁸ Key informant interviews; UNHCR (2017). Syria Regional Refugee & Resilience Plan (3RP) 2018-2019; Government of Lebanon and the UN (2017). Lebanon Crisis Response Plan 2017-2020; UNICEF (2017). No Lost Generation Updated: January-September 2017.

⁸⁹ Key informant interviews.

⁹⁰ Metzler, J. *et al.* (2015). Evaluation of Child Friendly Spaces: An inter-agency series of impact evaluations in humanitarian emergencies.

⁹¹ Metzler, J. *et al.* (2015). Evaluation of Child Friendly Spaces: Summary of findings.

With large refugee populations in a mix of camp and urban settings across the region, CPiE practitioners must have the skills to adapt CFS to make them more effective. Investigation into why such a commonly used intervention has seemingly not resulted in stronger capacity development is warranted, perhaps providing lessons applicable to future capacity initiatives and programme implementation.

Integrated programming and mainstreaming

Key informants cited integrated programming and child protection mainstreaming as important tools for effective and quality CPiE response. To mitigate risks and address children's needs holistically, practitioners must work collaboratively with other sectors. For example, livelihoods, cash, education, nutrition and health, including mental health, all work in areas that overlap with CPiE and share common risks and concerns.⁹² These collaborations are seen as necessary for addressing root causes and strengthening the resilience of families and communities, as well as the overall protective environment, in order to best contribute to the protection and well-being of children.

Mainstreaming was also raised as a complementary approach, engaging other sectors to help protect children across different environments. However, challenges in understanding the difference between integrated programming and mainstreaming, and how to operationalize them, were raised:

“Understanding mainstreaming and integration and how that works are big gaps. Staff have difficulty understanding integrated programmes and how [you] can have two different programmes in the same location. This understanding is key to being able to have integrated programmes and mainstream CPiE into other sectors.”⁹³

To date, integrated programming has been perceived as a challenge.⁹⁴ However, it is increasingly acknowledged as essential for the delivery of higher quality services. Mainstreaming, too, requires a more nuanced understanding of how it can be undertaken for best results. Developing the theoretical and practical capacity of CPiE practitioners in these areas will be necessary. A combination of technical skills and soft skills will be required in order to effectively work across sector silos and implement joint approaches.

3.4. Cross-Cutting Issues

“Cross-cutting issues are those which relate to and must be considered within other categories to be appropriately addressed, e.g. gender, age, equality, disability, and HIV and AIDS.”⁹⁵

⁹² Sectors raised by key informants in the course of their interviews.

⁹³ Key informant interview.

⁹⁴ Key informant interviews.

⁹⁵ Global Education Cluster (2010). The Joint Education Needs Assessment Toolkit, p.115.

Cross-cutting issues, such as gender and disability, can increase the risks that children encounter in humanitarian contexts.⁹⁶ Conflicts in the region are undermining families' coping mechanisms, negatively affecting children, with visible gender dynamics. Girls are at increased risk of child marriage and sexual violence and exploitation, while boys are at risk of exploitation in hazardous work and recruitment into armed groups.⁹⁷ Displaced children can be at increased risk of exclusion. Syrian refugee children have faced discrimination and harassment, reportedly resulting in them dropping out of school to avoid this harassment.⁹⁸ The discrimination is worse for refugee children with disabilities.⁹⁹

Conflicts also put children at higher risk of injury and disability. Children are disproportionately the victims of explosive remnants of war, comprising 46% of casualties by one 2013 estimate.¹⁰⁰ CAAFAG are at additional risk because of their proximity to the front line. These children potentially face a double stigma post-conflict, firstly from their involvement in the conflict and, secondly, due to a disability resulting from the hostilities.¹⁰¹

*"It's important to consider regional differences in how cross-cutting issues, for example gender, apply differently across regions and how to integrate them [into programming]."*¹⁰²

Key informants spoke of the importance of cross-cutting issues in the region. They noted the difficulties in providing services to children living with disabilities in urban settings, as well as the differing gender dynamics across countries and the need for gender-sensitive programme approaches. In both cases, the lack of technical skill and capacity to cater to these needs was raised.¹⁰³ They further highlighted youth and adolescents, including UASC, and the necessity of adjusting programmes to cater to their specific needs. Finally, the importance of child participation was raised. In Syria, child participation has reportedly been limited. What is in place focuses mostly around a child rights and governance framework, not CPiE.¹⁰⁴

Table 11. Cross-cutting issues: *High* and *medium* ratings of capacity and relevance

Knowledge	(%High+Medium)	Regional (n=7)	National (n=20)	Sub-national (n=19)
Protecting excluded children		29	84	74

⁹⁶ CPWG (2015). A Matter of Life or Death.

⁹⁷ CPWG (2015). A Matter of Life or Death; OCHA (2017). Yemen Humanitarian Needs Overview 2018; Girls not Brides (2017). Thematic Brief: Child Marriage in Humanitarian Settings; Whole of Syria CP AoR (2016). Syria Child Protection Capacity Gap Assessment.

⁹⁸ Human Rights Watch (2016). Growing Up Without an Education: Barriers to education for Syrian refugee children in Lebanon.

⁹⁹ <https://www.hrw.org/news/2016/05/16/war-no-excuse-depriving-children-disabilities-education> [accessed 31 January 2018].

¹⁰⁰ The International Campaign to Ban Landmines (2014). *Fact Sheet: The Impact of Mines/ERW on Children*.

¹⁰¹ UNICEF (2017). Guidance- Including children with disabilities in humanitarian action: Child Protection.

¹⁰² Key informant interview.

¹⁰³ Key informant interviews.

¹⁰⁴ Key informant interview.

Children living with disabilities	29*	65	68
Gender	43*	80	89
Adolescents/youth	43*	75	74
Child participation	57*	74	89

* *Medium ratings only.*

Experience	(%High+Medium)	Regional	National	Sub-national
Protecting excluded children		29*	79	63
Children living with disabilities		0	60	58
Gender		14*	75	74
Adolescents/youth		43*	75	74
Child participation		43*	84	79

Relevance	(%High)	Regional	National	Sub-national
Protecting excluded children		71	47	58
Children living with disabilities		86	55	47
Gender		86	70	68
Adolescents/youth		100	70	79
Child participation		71	84	68

Relevance	(%High+Medium)	Regional	National	Sub-national
Protecting excluded children		100	95	95
Children living with disabilities		100	90	89
Gender		100	90	100
Adolescents/youth		100	90	89
Child participation		100	95	100

All survey respondents considered cross-cutting issues to be relevant or highly relevant to their contexts, although several gaps in capacity were identified by key informants and by survey respondents, alike.

- Regional respondents perceived capacity on cross-cutting issues across the region to be *low*, or *low-to-medium*.
- National respondents, rated capacity as *medium* in general, though three-quarters rated gender and child participation as *high* and *medium*.
- Sub-national respondents assessed their capacity as *medium* and *high* for adolescent programming and child participation, and *medium* for gender. For protecting excluded children and children living with disabilities, just under half identified as having *medium* capacity, with the remaining respondents spread *high* and *low*.

One initiative for the Syria response focused on many of these issues is the *No Lost Generation* (NLG). The NLG works to provide a platform for joint advocacy and programmes, notably in areas that require collaboration across sectors, such as child labour and child marriage.¹⁰⁵ Initially focused on education and child protection, youth was added as a third pillar to help promote and strengthen programmes focused on, and led by, youth.¹⁰⁶ This additional focus has helped identify

¹⁰⁵ UNICEF (2016). No Lost Generation: January-December 2016.

¹⁰⁶ UNICEF (2017). No Lost Generation Updated: January-September 2017.

the limited engagement of adolescents in all stages of programming in Syrian Regional Refugee and Resilience Plan (3RP) programmes, and has resulted in increased focus and action to address this gap.¹⁰⁷

Key informants also raised three other relevant cross-cutting areas: Child safeguarding, statelessness and culture. Child safeguarding was raised specifically with regards to Syria - though broadened by one key informant to the entire region - as an organizational-level capacity gap, noting the increased risks of not having strong child protection policies in place, particularly in complex and remote operating environments.¹⁰⁸ This was raised as an area requiring urgent attention and that needs to be mainstreamed into capacity and partnering efforts.

Statelessness was specifically linked to birth registration and the increasing number of displaced children not being registered as a consequence of conflict.¹⁰⁹ Coordinated birth registration campaigns have been undertaken in the region, though it remains a challenge.¹¹⁰ Two key informants also raised the long-term consequences and increased vulnerability of children in this position.

Lastly, culture was identified as a critical soft skill area. Working with a community, its culture, norms and practices, is necessary for addressing cross-cutting issues through a community-based and systems-focused approach. Furthermore, key informants raised the need to consider cultural differences across regions, and across the countries within them, and to customize programme approaches accordingly.

“The need to work with it [culture] and not against it. Sensitivity to national context, cultural context, religious context is super important...Agencies or individuals that have not worked in the region can be out of touch. They come talking about the child rights framework as though every child is the same. The laws may not reflect that. It’s not a matter of snapping fingers to make it different, as some of the issues are deeply entrenched in laws, norms and customary practice. It’s not a question of saying this region has bad laws and practices either, as all countries have room for improvement...You have to know why laws are the way they are, understand cultural norms, and meet people where they are.”¹¹¹

3.5. Areas Affecting the Quality of CPiE Response

The areas affecting the quality of humanitarian response are universal, with each sector having its own added perspectives or specific needs. For CPiE, these include using child-

¹⁰⁷ UNICEF (2016). No Lost Generation: January-December 2016.

¹⁰⁸ Key informant interviews.

¹⁰⁹ Key informant interviews.

¹¹⁰ NRC (2015). Birth Registration Update: The challenges of birth registration in Lebanon for refugees from Syria; NRC (2017). Syrian Refugees’ Right to Legal Identity: Implications for return; <https://data2.unhcr.org/en/documents/details/40938> [accessed 31 January 2018].

¹¹¹ Key informant interview.

friendly/sensitive approaches and methodologies, taking into account the best interest of the child in all actions and being guided by the principles and approaches outlined in the CPMS.¹¹²

Table 12. Quality response: *High* and *medium* ratings of capacity and relevance

Knowledge	(%High+Medium)	Regional (n=7)	National (n=20)	Sub-national (n=19)
Coordination		71	80	89
Advocacy		43*	70	74
Communications		43*	75	79
Feedback mechanisms		29*	75	68
Accountability to affected populations		43*	75	58
Assessments		43*	68	68
Response monitoring		57	75	68
Monitoring programme quality		43*	68	74
Indicator development		0	68	68

* *Medium ratings only.*

Experience	(%High+Medium)	Regional	National	Sub-national
Coordination		86	75	74
Advocacy		43*	75	63
Communications		71*	80	79
Feedback mechanisms		14*	70	74
Accountability to affected populations		43*	70	63
Assessments		57*	63	63
Response monitoring		57	75	47*
Monitoring programme quality		43*	74	53
Indicator development		14*	53	63

Relevance	(%High)	Regional	National	Sub-national
Coordination		71	85	74
Advocacy		71	55	42
Communications		71	60	58
Feedback mechanisms		86	70	63
Accountability to affected populations		86	65	63
Assessments		86	53	53
Response monitoring		57	45	47
Monitoring programme quality		86	68	47
Indicator development		57	37	42

Relevance	(%High+Medium)	Regional	National	Sub-national
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¹¹² CPWG (2012). Minimum Standards for Child Protection in Humanitarian Action.

Coordination	100	100	84
Advocacy	100	100	74
Communications	100	100	95
Feedback mechanisms	100	95	89
Accountability to affected populations	100	95	95
Assessments	100	100	95
Response monitoring	100	100	95
Monitoring programme quality	100	100	95
Indicator development	71	89	89

The region currently hosts multiple large-scale, complex coordination mechanisms, differing in size, leadership and structure, depending on the type of emergency. For regional mechanisms, like the regional refugee response for Syrian refugees, coordination can be further complicated by having to coordinate nationally and regionally, with countries that may have different needs and priorities.¹¹³ It is within these structures that CPiE practitioners coordinate, advocate, raise funds, undertake assessments, design, implement and monitor programmes and maintain feedback and accountability mechanisms. Their ability to undertake these functions, based on having the requisite knowledge and skills needed to engage in these areas, will determine the quality, efficacy and, ultimately, the success of the CPiE response.

Advocacy and communication are important for the sector, which generally recognises that it needs to explain its work more effectively than other sectors that are visibly meeting basic needs or life-saving.¹¹⁴ The NLG has helped in coordinating advocacy and communication efforts on the needs of Syrian children to stakeholders regionally and globally, bringing profile and attention to areas that are often overlooked and the least funded.¹¹⁵

Dedicated coordination mechanisms for child protection exist throughout the region, bringing together dozens of international and national actors to coordinate programmes and technical approaches, undertake common monitoring frameworks and collaborate on adherence to standards. The CPMS have been used in nine countries across the region, and contextualization exercises undertaken in four (Jordan, Lebanon, Ukraine and Germany) in support of the refugee crisis.¹¹⁶ Joint needs assessments have been conducted, as well as a recent CGA specific to the Whole of Syria.¹¹⁷ For the 3RP, much of the reporting on monitoring occurs through Activity Info, an online tool that gives real-time access to response data.¹¹⁸

¹¹³ UNHCR (2017). Syria Regional Refugee & Resilience Plan (3RP) 2018-2019.

¹¹⁴ CPWG (2015). A Matter of Life or Death; CPWG (2015). Child Protection in Emergencies Capacity Building Mapping and Market Analysis.

¹¹⁵ UNICEF (2017). No Lost Generation Updated: January-September 2017.

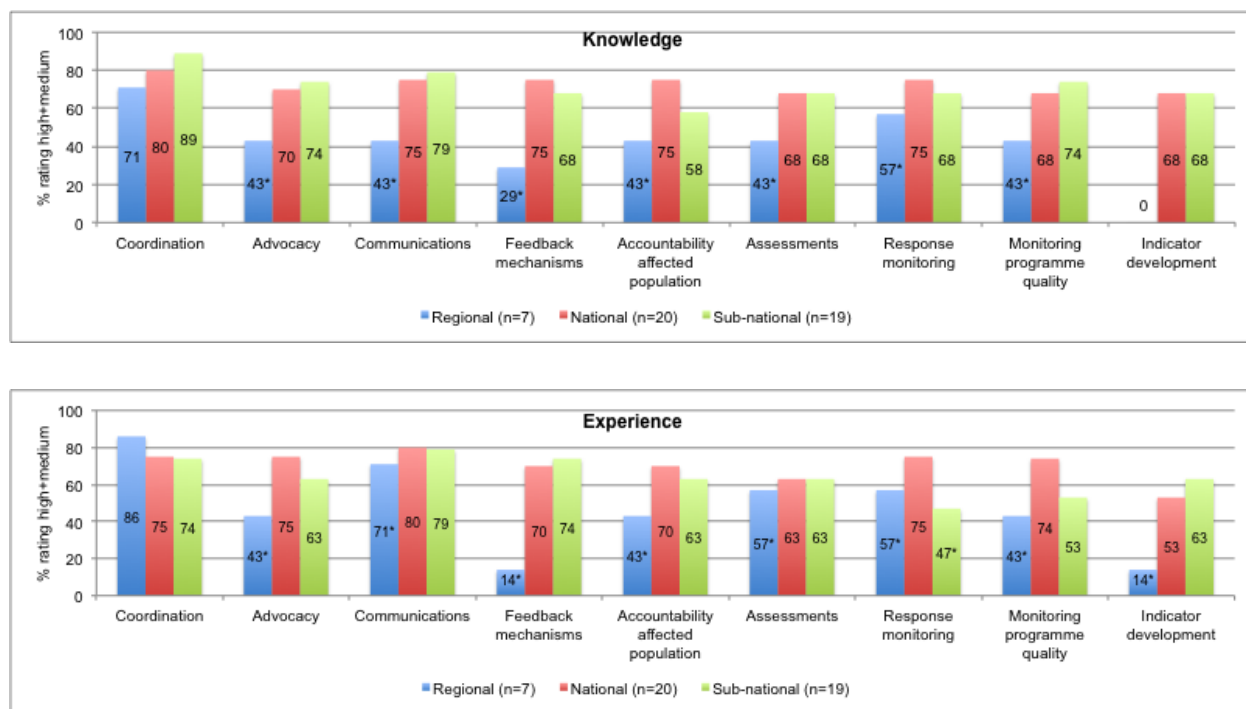
¹¹⁶ The nine countries are: Iraq, Jordan, Lebanon, Occupied Palestinian Territories, Serbia, Syria, Turkey, Ukraine, Yemen, as well as Germany. Alliance (2017). Minimum Standards for Child Protection in Humanitarian Action: Implementation review, Nov 2012-Oct 2016.

¹¹⁷ Whole of Syria CP AoR (2016). Syria Child Protection Capacity Gap Assessment: Strengthening the child protection workforce.

¹¹⁸ <https://www.syrianrefugeerresponse.org> [accessed 31 January 2018].

Nearly all survey respondents found all areas relating to quality as *relevant* or *highly relevant*. Indicator development and advocacy were perceived slightly less so, with 71% of regional respondents and 74% sub-national respondent, respectively, identifying these as relevant. It is possible that these areas were perceived to be primary responsibilities for others, such as monitoring and evaluation colleagues for the indicators, or colleagues at national or global levels for advocacy.

Figure 6. Quality response: *High* and *medium* ratings of knowledge and experience



Most respondents rated most quality response areas as *medium* or lower, with more agreement between national and sub-national respondents (see figure 6). Agreement was highest on coordination capacity: Over 70% of all respondents identified capacity as *medium* or higher.

- Regional respondents rated almost all areas as split between *low* or *medium* - lower on indicators and feedback mechanisms, and higher on coordination.
- National respondents identified *medium* capacity for most areas, though slightly lower for assessments, monitoring programme quality and experience developing indicators.
- Sub-national respondents generally assessed their capacity as *medium*, though *medium-to-low* for accountability, assessment and knowledge of monitoring. Monitoring experience, for both coverage and quality, were split half *medium* and half *low-to-none*.

Although it is not surprising to find a range of capacity within these diverse areas, it is notable that the areas of assessment and measurement were generally rated lower. These findings are in keeping with documentation on assessment and measurement capacity being low globally across

the sector, and where the most requests are received for further training and remote and deployment support.¹¹⁹

The investments in coordination, information management and evidence generation in the Syria response have resulted in the ability to undertake large-scale research and programming initiatives, such as those underway to address child labour and child marriage through the NLG. One key informant raised the question of how to bring this level of quality to smaller responses, which receive less attention and fewer resources, both human and financial.¹²⁰ While beyond the scope of this exercise, similar questions on how to increase capacity and opportunities for development in smaller, less funded responses were raised by key informants as an important area to consider and include in the CPiE PDP.¹²¹

Given that the humanitarian responses in the Middle East have been in place for many years, and the sizeable investments made into them, it is disappointing that capacity in some of the assessed areas was not rated higher. While it is outside the scope of this exercise to draw conclusions on whether perceptions of lower capacity translates to lower quality responses, it is clear that strengthening skills and knowledge in these areas will help reinforce CPiE responses, and help practitioners to develop transferrable skills essential for any humanitarian operation.

¹¹⁹ Alliance (2017). 2018-2020 Strategic Plan Trend Analysis: Survey results; CPWG (2015). Child Protection in Emergencies Capacity Building Mapping and Market Analysis; Child Protection Area of Responsibility (CP AoR) (2017). Child Protection Area of Responsibility (AoR) Helpdesk Dashboard: November 2017.

¹²⁰ Key informant interview.

¹²¹ Key informant interviews.

4. Opportunities and Challenges for Professional Development in the Region

4.1 Barriers to Professional Development

As the CPiE PDP seeks to increase capacity and response capability, it was important to investigate perceived barriers to accessing professional development opportunities in order to mitigate these in designing the programme.

Table 13. Barriers to professional development: *Major* and *moderate* ratings

Barriers	(%Major+Moderate)	Regional (n=7)	National (n=20)	Sub-national (n=19)
Logistics		57	53	63
Internet		14	18	16
Language		57	35	58
Availability		71	53	63
Access to opportunities		71	53	95
Funding		86	94	100
No time		71	76	63
Human resources/Management		71	59	68

Although no single barrier was considered *major* by all respondents, the lack of funding was cited as the most significant barrier to professional development by all survey respondent groups. Time, management support and access to opportunities were also identified as the main barriers.

“[Given the] Nature of work of in CPiE, staff don’t have a lot of time to dedicate to learning, resulting in lots of re-inventing of wheel.”¹²²

Limited staff time was raised overwhelmingly by key informants as one of the most significant barriers to professional development.¹²³ Nearly all described how the heavy workloads of practitioners in the region did not allow time to participate in professional development opportunities. Practitioners, especially those in emergency contexts, were described as being “*overwhelmed*” and “*barely able to breathe*”.¹²⁴ While all three survey respondent groups identified limited staff time as a barrier, it was considered a *moderate* one.

“Lack of management support could be a barrier – especially for those coming from emergencies, [with] large workloads, deadlines, participating in the CPiE PDP could become too much a burden. Management may not want them to participate.”¹²⁵

¹²² Key informant interview.

¹²³ Key informant interviews.

¹²⁴ Key informant interviews.

¹²⁵ Key informant interview.

“Can’t get permission from supervisor – there aren’t enough CP staff, [and we] need to be able to follow-through on project commitments.”¹²⁶

Key informants considered the commitment of management to be a significant barrier, while survey respondents deemed it a *moderate* barrier.¹²⁷ Professional development opportunities were often not approved by line-managers due to heavy workloads. This barrier was considered greater for those in emergency contexts. Without a reduction in workloads, many key informants expressed it was unrealistic to expect that practitioners would be able to participate in professional development opportunities. One raised the importance of having learning and development included more systematically in individual work plans.¹²⁸ Senior management buy-in is integral to the success of the CPiE PDP.¹²⁹

Language was cited as an important barrier to professional development.¹³⁰ Trainings were described as “*Western centric*”, and mostly delivered in English.¹³¹ Survey respondents identified language as a *moderate-to-limited* barrier. This may reflect the number of respondents based in Europe, for whom language may be less of a barrier. However, the importance of having materials and trainings in Arabic, even for those who have English language abilities, was underscored by many.¹³²

Key informants and survey respondents noted a lack of access to opportunities as a barrier. Access included the limited number of opportunities available, and a lack of awareness of existing opportunities and resources, particularly amongst more junior practitioners.

“I’m often approached on where can I find materials on CPiE? How can I strengthen my skills; what kind of degree/programme is there to strengthen that? There is a real thirst for these tools. People don’t know how to find/access them. [They are] not being made sufficiently aware of what is available out there.”¹³³

“...gap in child protection trainings in general in the region. The last CPMS ToT was in March 2015. There are no opportunities.”¹³⁴

While the majority of regional and national respondents considered the lack of opportunities a *moderate* barrier, 95% of sub-national respondents identified it as a *moderate* and *major* barrier. This may reflect that existing opportunities are not ‘trickling down’. In addition, smaller or national

¹²⁶ Key informant interview.

¹²⁷ Key informant interviews.

¹²⁸ Key informant interview.

¹²⁹ Save the Children (2017). Child Protection in Emergencies Capacity Gap Analysis: South East & East Asia.

¹³⁰ Key informant interviews.

¹³¹ Key informant interview.

¹³² Key informant interviews.

¹³³ Key informant interview.

¹³⁴ Key informant interview.

organizations may have fewer opportunities, limited by a lack of in-house options or the limited ability to access external opportunities due to funding or logistics issues. Overall, it was felt that the lack of opportunity for staff to participate in learning and professional development initiatives created a significant “*knock-on*” effect on the quality of CPiE programmes.¹³⁵

National and sub-national respondents considered logistics a *moderate* and *limited* barrier. Regional respondents saw it as either a *major* or *limited* barrier. This barrier was identified as most relevant to practitioners from Syria, Yemen, Iraq and Palestine, who often experience restrictions on movement, such as difficulties obtaining visas or the inability to travel to other countries without risking their refugee status.

Over 80% of all respondents identified internet access as an unlikely barrier, although it was suggested that this might be more relevant for some parts of Syria.

A number of additional barriers were raised by key informants. Several stressed the need for a more inter-agency approach to learning and development, in particular to create opportunities for national and local organizations.¹³⁶ Staff retention was also perceived as problematic, with investments in capacity strengthening being short-lived due to staff turnover. One key informant felt that access to professional development opportunities was likely to encourage staff retention.¹³⁷

4.2 Learning Approaches

The CPiE PDP is grounded in reflective, practitioner-led learning and uses a blended learning approach. This includes the use of a combination of different learning formats, including face-to-face training; online learning, both instructor-led and self-directed; experiential learning, such as simulations and role play; mentoring and coaching; site visits and job placements.

The findings in this report are generally consistent with wider global and regional findings regarding most appropriate and preferred learning methods. A global study of CPiE practitioners identified in-person, short learning approaches as the most preferred method, followed by online learning.¹³⁸ The CGA conducted in SEEA further underscored the preference for a mix of short face-to-face courses, peer exchange and digital instructor-led learning.¹³⁹ In a recent global survey, practitioners selected face-to-face training and online training as preferred learning approaches, followed by mentoring and coaching.¹⁴⁰

Table 14. Learning approaches: Preferences by survey respondent group

¹³⁵ Key informant interview.

¹³⁶ Key informant interviews.

¹³⁷ Key informant interview.

¹³⁸ CPWG (2015). Child Protection in Emergencies Capacity Building Mapping and Market Analysis.

¹³⁹ Save the Children (2017). Child Protection in Emergencies Capacity Gap Analysis: South East & East Asia.

¹⁴⁰ Alliance (2017). 2018-2020 Strategic Plan Trend Analysis: Survey results.

Learning approaches	Regional (n=7)	National (n=20)	Sub-national (n=19)
Face-to-face	86	88	84
Online: Instructor-led	71	35	26
Online: Self-directed	57	29	16
Experiential	100	82	63
Mentoring	71	76	68
Job placement	71	76	74

All survey respondent groups identified face-to-face opportunities as the preferred learning approach in the region. Key informants corroborated this, while noting that in places where travel and logistics are major barriers, additional considerations may be required. For countries like Syria, access, operational and logistical constraints underscore the importance of using blended learning approaches that can incorporate a range of methods for reaching participants.¹⁴¹

Experiential learning was the second preferred learning approach, identified by 100% of regional and 82% of national respondents, although only 63% of sub-national respondents. Job exchanges and placements were noted a useful medium for learning, as was the use of simulations and role play as part of face-to-face trainings.¹⁴²

Job placements and mentoring were the third and fourth preferred learning approaches. Job placements were identified by over 70% of respondents as a useful learning approach. Key informants also identified job placements as useful, noting that it allows for exposure to different ways of doing things.¹⁴³

Mentoring was raised by many key informants as an important component of learning and professional development.¹⁴⁴ Having contact with someone who could provide regular and systematic support, answer questions and advise on work challenges was perceived as valuable. Online mentoring was also described as useful as part of online instructor-led learning, helping to strengthen relationships between online facilitators and participants.¹⁴⁵

Figure 7. Learning approaches: Preferences by survey respondent group

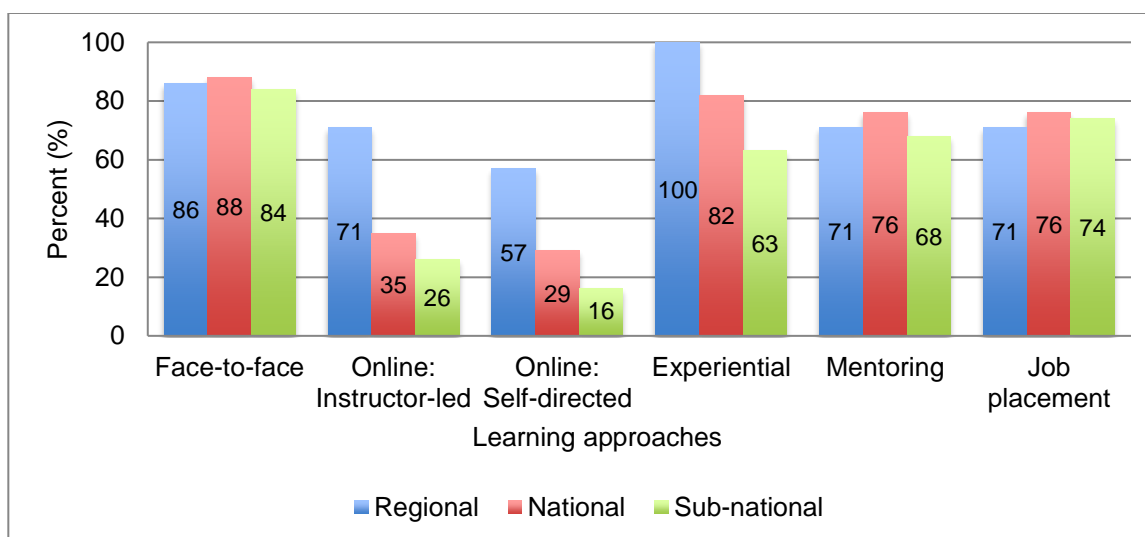
¹⁴¹ Whole of Syria CP AoR (2016). Syria Child Protection Capacity Gap Assessment.

¹⁴² Key informant interview.

¹⁴³ Key informant interviews.

¹⁴⁴ Key informant interviews.

¹⁴⁵ Key informant interview.



Online learning was the least preferred learning approach identified by all respondent groups. Key informants however raised online learning as a remote option for Syria, noting that even while instruction was online, it was useful to have a qualified facilitator present at the location with participants if possible in order to facilitate the exercises in-person.

Several key informants stressed the importance of learning that was tailored directly to the day-to-day work of participants.¹⁴⁶ This was cited as much more engaging, adding a practical dimension to learning and useful for securing management buy-in.

Taking an incremental approach to learning and professional development was repeatedly raised by key informants.¹⁴⁷ Many emphasised that the content and methods should be developed over time, as the programme is implemented, rather than being pre-determined at the outset. This will enable the programme to be thoroughly contextualized, while also meeting the on-going and evolving needs of CPiE in the region, and of participants themselves.

4.3 Key Considerations and Things to Avoid

Key informants and survey respondents were asked to share their suggestions, or simply things to avoid, in the design and implementation of a capacity building initiative in the region. Detailed and thoughtful insights were shared, many of which complement the overall report findings. They are presented in the tables below, grouped by category, without altering the content in order to maintain the perspectives of the respondents. Similar responses are only presented once. These inputs highlight specific learning approaches, content for capacity building, notably non-technical skills areas and a focus on inclusion of national organizations and participants.

Table 15. Key considerations and things to avoid for regional CPiE PDP

¹⁴⁶ Key informant interviews.

¹⁴⁷ Key informant interviews.

Key Considerations

Learning Approaches

- **Comprehensive programme**, including many learning approach[es].
- **Continual nature of learning** using multiple modalities. Not one-off, include **follow-up** and continuation plan.
- Include **intensive coaching** and **mentoring**.
- **Placements** are valuable, and good to be exposed to different ways to doing thing.

Structure

- **Have trainer(s) go to participants** for training, especially for those who can't travel.
- Have **dedicated focal point** to go **work with participants individually in country**.
- Ensure **continuous assessment of participants**.
- Have **good communication with stakeholders, including government** line ministries.
- Include an **accreditation** scheme or form of **certification**.
- Availability of **training opportunities and resources in the suitable language (Arabic)**.
- **Lots of training happening in region**. Take time to find out what's there, get feedback, and decide on **niche** and **value-added**.

Soft skills

- **Create space for reflection**, both personal and professional. Give opportunity to process different issues and needs worked on. Helps to develop empathy, reflection, and introspection. Need all these to handle the heavy field.
- Include an element of **self-care**/mental health for staff to support reflection on demands and contexts of work.

Content

- **Include at least one module on systems strengthen[ing]**. It's key to introduce them to existing, functioning systems: Present (simply) what a good system looks like in different contexts, from different countries. Highlight what works, why. **Give holistic view of systems from policy to delivery**, so they have understanding and examples.
- Have **practical examples from field** – have participants bring examples to use in training to make it more connected to their work; learn how to apply and contextualize there.
- **Be skills focused**.
- Focus on **project management and non-technical skills**: Budget, logframe, skills for other areas, coordination, humanitarian systems and response.
- **Linking programme** and material to areas relevant to context.
- **Tailor programme** to context and systems in place there.
- Include **legislation and implementation** from countries involved, with approaches and best practices.

Participants

- Prioritize **participants from partners, national organizations**, or from region itself. Try to make programme an incentive for retention (both for organization and sector).
- **Build participation into work-plans**.

- **Link programme with roles/response**, so participation is a part of job.
- Build on experience of mid-career professionals to **create sense of ownership**. Build links and relate back to their work and knowledge.
- **Select participants based on their will** and passion to do CPiE in their work regardless of which organization they work for. Selection based on organization assignment is tokenistic.
- Include **feedback and information to participant organizations** for support during programme and to know progress of participants, new capacity levels and deployment functions.
- Consider **participants with less experience** for participation.

Syria/Remote

- Look into **emerging training practices** from the region on best modalities for remote contexts.
- Inside Syria, lots of **considerations for safety and security**, especially when organizing meetings/trainings – choosing secure space, transport, logistics (even for remote).
- **Inter-agency approach to staff development**, facilitate movement within and across organizations (across sector more broadly).

Other

- Consider framing of **how value experience**: International versus national experience, and not to prioritize or make more valuable than long-term (national) experience in one country.

Things to Avoid

- Avoid only **theoretical sessions**.
- Avoid **using years of experience** as basis for consideration, and assumption of solid knowledge.
- Avoid **prioritization of international staff** (prioritize national staff and Arabic speakers).
- Don't take **silo-ed approach to themes** (of training), incorporate into other areas.
- Try not to have facilitators with heavy accents – harder for those who struggle with English.
- Avoid **facilitators who have not worked extensively in region**. Have 'currency' in the region.

4.4 Opportunities and Learning on Capacity Building in the Region

Feedback from those who have been engaged with the SEEA CPiE PDP, as well as those involved in capacity building initiatives in the Middle East and Eastern Europe, provided valuable insight and learning that can be taken forward to strengthen the design and planning of the CPiE PDP (or other similar initiatives looking to increase CPiE capacity) in the region. These complemented detailed perspectives from key informants experienced in working and delivering capacity and learning programmes in the region.

Two specific capacity building initiatives underway in the region – the Remote Capacity Strengthening in Syria for Better Child Protection (RISE) initiative, led by Save the Children, and the inter-agency Child Protection Case Management Supervision and Coaching Initiative of the global Case Management Task Force of the Alliance – provide opportunities for partnership and collaboration, and the chance to leverage efforts towards better and stronger capacity outcomes.

RISE seeks to build capacity at an organizational level, strengthening internal systems and processes, and includes a child protection-specific component. It uses a blended learning approach, similar to that of the CPiE PDP. It employs approaches identified in this analysis as preferred in the region, such as face-to-face training, coaching and experiential learning, however these are organized or delivered remotely.¹⁴⁸ Two key areas to its success are customizing its approaches to the specific needs of its partners and linking capacity initiatives to their current work.¹⁴⁹ Partners in the programme reportedly appreciated this customized approach to their learning the most.¹⁵⁰

“We really didn’t want to do a blanket approach. We really wanted to focus on tailoring things.”¹⁵¹

Furthermore, these efforts were linked with actual needs. For example, RISE offers a learning grant to partners, who apply by developing a concept note, including a budget and workplan, putting to use the skills they have learned in the programme. The grant is applied to meet actual organizational needs, such as undertaking assessments.¹⁵² This experiential and on-the-job form of learning, contextualized to each organization’s situation, applies in practice many of the findings from this CGA. RISE is also intensive in its support requirements. Beyond the programme manager, multiple technical advisors support the programme, in the absence of dedicated focal points. Both elements – the concentrated level of support and the customized approach to learning for individual participants (organizations in this case) – are seen as essential and successful elements of this programme.¹⁵³

RISE offers the potential of a strong and relevant partnership for the CPiE PDP, in particular the opportunity to work simultaneously at strengthening capacity of an organization and its systems, as well as the individuals working within it. This complementarity could yield benefits as technical, strategic, soft and organizational skills are strengthened simultaneously and collaboratively. Partnering in this way may also provide the opportunity to include more focus on some of the gaps identified in this report in organizational and soft skills, as well as areas related to quality response. Such an initiative may also help to improve upon, or avoid, some of the barriers to learning identified in this analysis.

The Child Protection Case Management Supervision and Coaching Initiative also concentrates on the current needs of practitioners to develop response-wide case management capacity by working through coordination mechanisms.¹⁵⁴ It provides highly skilled technical assistance in an

¹⁴⁸ <https://www.savethechildren.net/rise-remote-capacity-strengthening-syria-better-child-protection> [accessed 31 January 2018].

¹⁴⁹ Key informant interviews.

¹⁵⁰ Key informant interview.

¹⁵¹ Key informant interview.

¹⁵² Key informant interview; Save the Children (unpublished). Save the Children’s Partner Capacity Strengthening Approach in Syria.

¹⁵³ Key informant interview.

¹⁵⁴ Key informant interview.

inter-agency setting. As a modular programme involving a mix of face-to-face trainings and remote coaching through assigned focal points, the initiative takes a 'learning-by-doing' approach to strengthen practitioner capacity. Its unique approach of using a hands-on learning model that engages different levels of practitioners in an inter-agency setting is perceived as a positive and effective tool to employ in the region.¹⁵⁵

These two initiatives are natural partners for the CPiE PDP, and can share valuable learning as the CPiE PDP looks to expand into the region. Both programmes raised the need to coordinate and not duplicate efforts. Reaching out to the management of these programmes, and other actors providing capacity support in the region, at the earliest point in the design, will allow for better cooperation. Similarly, in a region with many actors and internal initiatives, it will be essential to establish and maintain regular contact with other agency focal points to agree how different organizations can contribute to the CPiE PDP. Many key informants raised the idea of collaborating on implementation, working to embed capacity initiatives into workplans and developing feedback loops between the CPiE PDP and home organizations.¹⁵⁶

One other area identified as crucial by both initiatives was language, specifically the need to work and train in Arabic, even for a programme of 'mid-career' designation.

*"A very strong demand has been frustration at the global level that we continue to produce in English and English and English and English...and they want things in Arabic. This is way beyond case management. We have to be serving them and providing them quality resources and guidance in Arabic."*¹⁵⁷

This finding ties closely to recommendations from multiple key informants who not only stressed the importance of language, but also cultural and regional understanding for those planning to support capacity development. They stated the need for those involved in design and facilitation to be either *from* the region [for the Middle East] or at least have significant knowledge and experience working there.

*"Bring someone who understands the region, who has worked in the region. Have the mentors, facilitators, trainers be people who are linked to the region and have worked in the region. This is really important. They at least have to understand the region and context, and have worked there for certain number of years."*¹⁵⁸

*"People think that certain skills are universal and transferrable --- if you haven't worked in or on [the Middle East], then it will be difficult to be effective in a capacity building or training role."*¹⁵⁹

¹⁵⁵ Key informant interview.

¹⁵⁶ Key informant interviews.

¹⁵⁷ Key informant interview.

¹⁵⁸ Key informant interview.

¹⁵⁹ Key informant interview.

Finally, a number of key informants raised questions on the definition of ‘mid-career professionals’ proposed by the CPiE PDP, defined as having 3-5 years of CPiE experience. First, many suggested that this range is quite junior for ‘mid-career’ and pointed out the subjective nature of the definition, which varies between different organizations and structures. Second, it was suggested that the CPiE PDP would be of greater benefit to junior practitioners in the region. Third, a better way to identify participants may be to use the level of skill, knowledge and experience required, and seek participants based on those, rather than attributing these to a range of years of experience or a career stage that in practice may not match the desired criteria. A programme like the CPiE PDP may benefit those with a variety of years of experience who require a more diverse exposure to CPiE technical areas, and support in developing the knowledge and soft skills required to transition into a ‘mid-career’ phase. This was in particular reference to the number of new practitioners who joined the sector around the Syria crisis, but who have almost exclusively focused on a very limited number of programming areas (predominantly CFS and PSS). Given the gaps identified in this analysis, the CPiE PDP may find a niche area in applying its blended learning approach to help address these gaps and contribute to the development of a broader ‘well-rounded’ CPiE workforce in the region.

5. Implications of the Analysis and Findings

The Middle East and Eastern Europe have experienced large-scale protracted humanitarian crises in recent years, which have exacerbated existing child protection concerns in the region and given rise to new challenges. The CGA found multiple areas where gaps in capacity exist, some significant, others less so. However, these gaps need to be addressed for the development and strengthening of a regional workforce of competent and skilled practitioners.

Technical capacity in CPiE response areas was reported to be limited, especially in areas requiring highly specialized skill sets. Capacity gaps were also identified in the technical knowledge and skills required to effectively implement core CPiE strategies, in the knowledge and analytical skills needed to adapt programmes to different populations and operating contexts and in the array of non-CPiE technical skills that contribute to improving response quality. Above all, the major gap identified was a lack of the soft skills essential to all aspects of humanitarian response.

Foremost amongst the major gaps identified was the issue of contextualization. Specifically, practitioners tend not to know *how* to contextualize. Practitioners must be able to undertake a thorough and critical situational analysis; they must know how to communicate with and relate to families and communities about their needs, perspectives, norms and cultures; and they must then have the ability to make the needed adjustments while still maintaining the technical integrity of the programme. Building capacity to contextualize programmes enables practitioners to be more creative and innovative in their programming and problem-solving approaches. It helps reinforce the fact that not all countries in a region, populations of a shared language or contexts of a similar type are the same. Children's needs are diverse and interventions must reflect the uniqueness of each situation.

It is important to tailor learning programmes to the capacity needs of the participants and the contexts in which they work. As these environments are fluid, an iterative approach is recommended. Layers and stages of the programme should build on one another, like building blocks that can be added, changed or developed based on an ongoing assessment of needs, rather than having a rigid structure with a sequence of modules to be followed from beginning to end.¹⁶⁰ A 'one-size-fits-all' approach will not suffice. A more customized, step-by-step approach is suggested to support better learning outcomes and overall professional development.

In order to improve capacity within the sector, two crucial overarching factors must be addressed. Firstly, building capacity needs to be prioritized at a systemic level. Secondly, operational approaches to programming and implementation need to promote, not hinder, growth, development and learning. Addressing these two areas is needed to effectively improve the gaps

¹⁶⁰ Based on several key informant interviews.

in knowledge and skills – technical, analytical and soft – identified in this report, which are essential for implementing quality and sustainable CPiE programmes and response.

Capacity is systemically under-prioritized

Practitioners are overstretched with their programming demands. Learning and development opportunities are reportedly not prioritized by management, who tend to focus on programme delivery. Project budgets, it is often perceived, cannot accommodate investments for professional development of staff, who in turn feel under-supported and undervalued. Resources cannot be ‘taken away’ from the response, particularly when resources are limited. It is one or the other, the response or capacity building, but not both. The paradox, of course, is that if capacity development is not prioritised, then delivery and quality of the response will continue to be compromised. And so a cycle exists, where to improve programme quality, increased capacity is needed, but capacity building is not prioritized, and consequently programme quality suffers.

“To build capacity...in the interim, it’s a drain on capacity.”¹⁶¹

Capacity building must be prioritized to improve the quality of CPiE responses, taking a medium- and longer-term view to the benefit of these investments, over the short-term gain. This perspective must be taken across the sector. A cost-benefit exercise tracking the initial drain on resources and capacity, and any subsequent upward gain and benefit, may be of value to support management buy-in for such initiatives.

Operational approaches hinder growth and development

“[Major gap:] Staff ability to think outside box. They’re so focused on what’s written in the proposal and what they know best, that’s all they think of and it’s the direction they go it. It’s difficult when you’ve been in the response for so long to think outside box, but if [we] can develop specific skills to do that, it would be very important for developing programmes on long-term. More the analytical and critical skills, not specific to CPiE only.”¹⁶²

“[There are] so many different manuals (positive parenting, etc.). Some staff and local partners say they have lost confidence – eroded confidence – in how do you design something contextualized. [They have] not been given the permission to design something. Sometimes all they are expected to do is regurgitate what is in a manual. We should empower them to be thinking creatively about programme design and delivery. Let them articulate ideas and provide feedback. Local staff and partners are, after all, best placed to understand the context and will be there long after we leave. Instead, it’s almost like we disempower them. When we build skills, it’s about ‘allowing’ people to become practitioners, not robots.”¹⁶³

¹⁶¹Key informant interview.

¹⁶²Key informant interview.

¹⁶³Key informant interview.

While standardized programming guidance is designed with the stated intention of being adapted and contextualized before use, the reality is that practitioners are under such time pressures to implement, with an overload of responsibilities and often limited technical capacity, that these tools and examples are used ‘as is’, without the adaptation and contextualization required. This results in the implementation of programmes that may not be fit for purpose. CFS programmes are set-up immediately and identically from one response to another. Strategies such as case management, and the services that accompany such processes, tend to be implemented without comprehensive situational analysis or even cultural understanding. This potentially results in the undermining of existing community mechanisms or the establishment of parallel systems. Unfortunately, these ‘cookie-cutter’ approaches impact how practitioners learn to think about programming, from design to implementation to monitoring. This replication of approaches stifles their ability to think creatively and innovatively and to develop tailored solutions.

It is not surprising to find that gaps across one area contributed to lesser capacity in another, as many CPiE skills are interconnected. Increasing the knowledge and understanding of the evidence base for CPiE, as well as the theoretical frameworks, such as the social-ecological model, may help child protection practitioners to better understand and comprehensively address the complex and layered challenges in emergencies. While capacity building initiatives understandably focus on improving concrete skills (the *how*), the incorporation of theory would improve understanding on *why* certain practices and approaches are taken.

Findings with broader implications for the sector

Many of the capacity gaps and solutions discussed in this regional report speak more broadly to challenges faced across the sector. The gap in specialized skill sets for highly technical areas of CPiE has been raised repeatedly in the literature. Despite mounting evidence for the efficacy and quality of programmes brought about through use of sector strategies, the strength and breadth of their implementation remains in question. The requisite skills and general competencies relating to quality project management and humanitarian response are repeatedly identified as gaps, with limited coordinated efforts to address these.

If the child protection in emergencies sector aims to further professionalize and solidify its reputation as an essential, indeed life-saving, area of humanitarian response, significant investments are required to build the necessary and needed capacity amongst its workforce. This will mean reconsidering current approaches so that implementing responses and developing capacity are more intertwined and harmonised. If the majority of practitioners are learning from experience rather than through formal professional development initiatives, and the bulk of responses focus on the same few areas of programming, the sector will stagnate. Initiatives customized to practitioners’ needs, and delivered through inter-agency modalities, seem to be improving collective capacity through prioritization of the needs of the sector over the individual needs of each agency. More of this innovative and out-of-the-box thinking around professional

development is needed. What is clear is that the *status quo* will continue to reinforce these gaps, rather than address them. A collective commitment and approach is required if the sector is to grow and secure the capacity and skills required to meet the needs of children and families in humanitarian settings.

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