



Child Protection Working Group

2020/2021 Workplan

| **Objectives** | **Planned activities** | **2020/2021** | **Budget** | **Progress**  | **Responsible and location** |
| --- | --- | --- | --- | --- | --- |
|  |  | **Q1** | **Q2** | **Q3** | **Q4** | 9,100,000USD |  |  |
| **Strategic Objective 1:** Protection environment for 240,000 crisis-affected people is improved by mitigating threats to Health, mental wellbeing, physical and legal safety. |
| **Specific Objective 1.1:** 833,100 people (267, 000 displaced, migrant and 566,100 other crisis affected people) in targeted locations are protected from further harm and the risks the face are mitigated and/or responded to through improved access to quality life saving protection and health services, including COVID-19 health services, MHPSS, Child Protection, GBV services and Mine Action activities. |
| **Sectoral Objective: 1.1.1:** More than 833,000 COVID-19 and other crisis-affected people have improved access to inclusive protection and Health services | CPWG capacity support to advocacy for prevention of GBV in health facilities, prevention of family separation and child friendly health services for children affected by COVID-19. |  | X | X | X |  |  | GBV Sub Cluster, CPWG, MoH, DSW, Health Cluster, WHO |
| Support to Localized interventions for service delivery. |  |  |  |  |  |  | CPWG Coordinators, Field Coordinators, local leaders |
| Strengthened coordination with Inter Cluster Coordination Group, Area of Responsibility (AoR), Field CPWG Coordinators and local actors through meetings, regular updates and capacity support. |  | X | X | X |  |  | Local Coordination groups, CPWG Coordinator, UNICEF CPWG Coordination Group and AoR |
| **Sectoral Objective: 1.1.2:** The protection environment for more than 833,000 crisis affected people is improved by mitigating threats to mental wellbeing, physical and legal safety. | CPWG capacity support to enhancing community based, center based and acute MHPSS services to children affected by COVID-19, conflict and other disasters |  | X |  |  |  |  | MHPSS WG, CPWG and all CPWG members |
| Advocacy and capacity building for health, education, child services andMHPSS staff on COVID-19-related CP risks |  | X | X | X |  |  | MHPSS WG, CPWG members |
| Identify strategies for providing COVID-19 safe psychosocial support to children and parents in communities and in health facilities |  | X | X |  |  |  | MHPSS WG, AoR, CPWG, Field Coordinators, CPWG members |
| Conduct remote, COVID\_19 safe, age- and gender-appropriateawareness raising | X | X | X | X |  |   | CPWG Members  |
| Adapt and/or revise existing referral pathways to ensure reflection of strategic services to respond to the needs of people in need. |  | X | X |  |  |  | CPWG Field coordinators and partners |
| Provide targeted support to interim care centers and families, including child-headed households and foster families, to emotionally support children and engage in appropriate self-care |  | X | X |  |  |  | Case management Task Force, CPWG members |
| Provide financial and material assistance (cash or NFIs) to families whose income-generatingopportunities have been affected |  | X |  |  |  |  | Case management Task force, CPWG Members  |
| Encourage and create safe opportunities tosupport routine contact between children andfamily members who are physically separated |  | X |  |  |  |  | Case management Task force, CPWG, MHSPP WG |
| Work with other sectoral actors, includinggovernments, to put in place measures toprevent child-family separation |  | X | X | X |  |  | DSW, Case Management Task Force |
| Identify flexible strategies to communicatewith communities remotely |  | X | X | X |  |   | CPWG member |
| Together with communities, carry out activitiesto end stigmatization, promote safe copingmechanisms, and support affected populations |  | X | X | X |  |   | CPWG members |
| Work with traditional and religious leaders toadapt traditional practices, if necessary (i.e.greetings, burial and grieving ceremonies and other COVID-19 safe behaviors  |  | X | X | X |  |  | CPWG members, Field Coordinators and partners |
| **Strategic Objective 2:** Protection environment for 240,000 crisis-affected people is improved by mitigating threats to mental wellbeing, physical and legal safety.   |
| **Specific Objective: 2.1:** The resilience of 835,100 people affected by conflict or disaster in targeted locations is further strengthened and national capacities reinforced to prepare for and respond to potential future emergencies |
| **Sectoral Objective 2.1.1:** More than 833,000 crisis affected people have improved access to inclusive protection and health services | Revise or develop SOPs with the health sectorand others to ensure the safe identificationand referral of children at risk |  | X |  |  |  |  | CPWG, Health Cluster, WHO |
| **Strategic Objective 3:** Durable solutions for 4,400 IDPs are promoted and realized in line with international protection standards for all |
| **Specific Objective 3.1:** Respect for Human Rights and the Protection of Civilians is promoted for more than 833,000 people (276,000 displaced and 566,100 other crisis affected people) in target locations, and durable solutions in line with international standards are supported wherever feasible and appropriate in all targeted locations. |
| **Sectoral Objective .3.1.1:** durable solutions for more than 9,500 ADPs are realized in line with international protection services**.** | Advocacy: CPWG support for evidence-based advocacy  |  |  |  |  |  |  | Protection Cluster, Protection SAG, CPWG, CPWG members |
| Advocacy strategy for durable solutions |  |  |  |  |  |  | CPWG, Protection Cluster, ICCG, HCT |
| Capacity building for local actors to strengthen localization strategy and implementation plan |  |  |  |  |  |  | CPWG |