



A Community-Based Approach

for the protection of women, girls and boys

Acknowledgments

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About KAFA – Enough Violence & Exploitation

KAFA (enough) Violence & Exploitation is a Lebanese civil, non-governmental, non-profit, feminist, and secular organization seeking to create a society that is free of social, economic, and legal patriarchal structures that discriminate against women.

KAFA has been aiming to eliminate all forms of gender-based violence and exploitation since its establishment in 2005. It seeks to realize substantive gender equality through the adoption of a combination of different approaches, such as:

Advocating for law reform and introduction of new laws and policies, influencing public opinion, changing the prevailing patriarchal practices, mentalities, and concepts, conducting research and training, and empowering women and children victims of violence, and providing them with social, legal, and psychological support.

Acronyms

AFS	Adolescent Friendly Spaces
CB	Community-Based
CBA	Community-Based Approach
CBO	Community-based organization
CBP	Community Based Protection
CoP	Citadel of Protection
CP	Child Protection
CPC	Community Protection Committee
CSO	Civil Society Organization
FPSS	Focused Psychosocial Support
GBV	Gender Based Violence
KAP	Knowledge, attitudes and practice
KII	Key informant interviews
MHPSS	Mental Health and Psychosocial Support
PFA	Psychological First Aid
PHC	Primary Health Clinic
PSS	Psychosocial Support
SRHR	Sexual and reproductive health rights
WASH	Water, sanitation and hygiene

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Introduction

Since 2011, Syria has been the theatre of what has been defined by the United Nations as the worst conflict of modern history.¹ More than 500,000 people have died since the beginning of the conflict,² 30,000 people are wounded every day and 1.5 million individuals have a permanent disability, as a result.³ More than half of the country's total population has been forced to flee their home and seek safety and protection elsewhere.

One and a half million Syrian refugees, 50,000 Palestinians and more than 27,000 Lebanese displaced from Syria have fled into Lebanon, a small country of 10,400 square kilometres already hosting about half a million Palestinian refugees.^{4,5} In only one year, the total population of Lebanon increased by 25%, driving the country towards a devastating socio-economic crisis. The quick and massive influx of refugees has rapidly overwhelmed the capacity of public services and resources, such as electricity, water supply, sanitation and solid waste management, public health, and education infrastructure, causing a shortage of services and negatively affecting the quality of these. At the same time, the regional instability has distressed national revenues by discouraging foreign investment, affecting the tourism industry, and limiting the import export economy between Lebanon and Syria.⁶ Moreover, since 2019, the country has been assailed by compounded crises: the economic and financial crisis, followed by COVID-19 and lastly, the explosion at the Port of Beirut on August 4, 2020.⁷ Lebanon is enduring a severe, prolonged economic depression, poverty is rising sharply as well as unemployment, which is affecting a broader section of the Lebanese population other than Palestinian refugees and displaced Syrians. This is forcing families to resort to negative coping strategies, mostly against the wellbeing of children and women, such as through reduced food consumption, school drop-out, child labour, early marriage and survival sex.⁸ Furthermore, children and women are now at greater risk of domestic violence, already prevalent in each community before the crisis.^{9,10}

Since 2005, KAFA has been actively involved in preventing and responding to violence against women, boys and girls, targeting Lebanese nationals as well as refugees and migrant workers. Its program included ad-hoc research projects on violence against women and children in Lebanon, public campaigns, advocacy for policy change, awareness raising, capacity building of professionals and direct service provision to women and children at risk or survivors of violence and community mobilization including community based advocacy.¹¹ In 2013, KAFA's Child Protection (CP) Unit revised its program gearing it to address the protection risks faced by women and children as a consequence of the protracted humanitarian crisis. KAFA's community-based approach (CBA) was therefore designed to prevent violence against women girls and boys, address harmful social norms, attitudes and behaviours, ensure access to response services for survivors of violence and to engage, mobilize and strengthen community agency to create a safer, more protective environment for women and children.

1 UN. (2017). Syria 'worst man-made disaster since World War II' – UN rights chief. Retrieved from <https://news.un.org/en/story/2017/03/553252-syria-worst-man-made-disaster-world-war-ii-un-rights-chief>

2 Human Rights Watch. (2019). World Report. 2019. Events of 2018. United States of America: Human Rights Watch.

3 UNICEF. (2018). Seven years of war in Syria in numbers. Retrieved from <https://www.unicef.org/mena/stories/seven-years-war-syria-numbers>. Last accessed on December 16, 2020.

4 Human Rights Council. (2015). Report of the Working Group on the Universal Periodic Review. Lebanon. (A/HRC/31/5) United Nations General Assembly.

5 International Organization for Migration. (2015). Returnees at risk: profiling Lebanese returnees from the Syrian Arab Republic four years into the crisis. Geneva: International Organization for Migration.

6 World Bank. (2013). Economic and Social Impact Assessment of the Syrian conflict in Lebanon. Washington, D.C.: World Bank Group.

7 The World Bank in Lebanon. (2021). Overview. Retrieved from <https://www.worldbank.org/en/country/lebanon/overview#1>

8 UN. (2014). 2014 Syria Regional Response Plan. Strategic Overview. (p. 18). Retrieved from <https://www.unhcr.org/syriarrp6/docs/-Syria-rrp6-full-report.pdf>

9 UN. (2007). Common Country Assessment Lebanon. (p. 14-15). Beirut: The Office of the UN Resident Coordinator in Lebanon

10 UNIFEM & Syrian Commission for Family Affairs. (2005). Violence against women Study. Retrieved from <https://evaw-global-database.unwomen.org/fr/countries/asia/syrian-arab-republic/2005/violence-against-women-in-syria-study-2005>

11 KAFA (enough) Violence & Exploitation. (2015). Annual report 2014 Highlights. Retrieved from: <https://kafa.org.lb/sites/default/files/2019-01/PRpdf-82-635689245975040950.pdf>

About this guidance

Community-based (CB) programs are increasingly recognized as an important strategy to enhance the safety and protection of the most vulnerable community members. Humanitarian and development practitioners are continuously looking for new, efficient and sustainable approaches to engage and support communities and their members to protect themselves and realise their rights to safety, assistance, repair, recovery and redress.¹²

Since 2013, KAFA has partnered with UNICEF in a project titled “Protecting children, adolescents and women from gender-based violence (GBV)”. The project aims to engage communities in preventing and responding to GBV and Child protection violations including neglect and exploitation through recognizing the ownership and accountability of the communities toward the protection of women and children.

KAFA's community-based approach was developed over time, learning from continuous discussions with the communities which embarked on the process, and from regular internal evaluations of the programme's impact and efficacy. The program is today being implemented within rural, urban and refugee camp settings, reaching Lebanese, Syrian and Palestinian refugees, as well as minority communities of other nationalities. As such, KAFA's CB work provides an important example of how members of different vulnerable communities can be mobilized, motivated and empowered to take an active role preventing violence against women, girls and boys. The outbreak of COVID 19 further confirmed such important aspect of KAFA's approach, as activities continued being implemented and lead by the community. KAFA's experience is pioneer in the integration of child protection (CP) and gender-based violence (GBV) approaches; very few are community-based mechanisms established to protect women, boys and girls.

For these reasons, KAFA and UNICEF, felt the importance of documenting the CB Approach of KAFA and conceived the idea of developing this guidance, as part of UNICEF's Qudwa Plan, a social and behavioural (SBC) national strategy to prevent violence against girls, boys, women, child labour, and child marriage.¹³

The present guidance aims to contribute to the on-going global discussion of how to support communities building safer and protective environments for women and children. It is thus intended to be a resource for humanitarian and development staff working at field level, in program units or as technical specialists in CP and GBV, who are interested or involved in programs designed to mobilize communities, challenge social norms towards GBV and CP, to initiate a process of attitudes and behaviour change and strengthen support systems at the community level.

The guidance describes the overall approach and the step-by-step operationalization of KAFA's CBA, while explaining the conceptual framework of each step through the formal theories, concepts and empirical findings from literature used to develop the methodology. By so doing, the reader can reflect and be inspired to adapt or contextualize the approach to other realities.

Moreover, throughout the guidance the term ‘violence against women and children’ is used to refer to gender based violence and child protection violations.

¹² ALNAP, Protection – An ALNAP guide for humanitarian agencies, 2005

¹³ As part of the Ministry of Social Affairs (MoSA) Strategic plan (2019-2026) on child protection and gender-based violence, MAGENTA worked in collaboration with UNICEF to develop Lebanon's first national social and behavioural (SBC) strategy to prevent violence against girls, boys, women, child labour, and child marriage under the name of Qudwa Plan. Its focus is on prevention and initiating social change in Lebanon. The execution of this plan includes several Social and Behavioural Change Communications (SBCC) activities. The CBA guidance is one of the SBCC activity that was recommended in the Qudwa Plan.



GENDER-BASED VIOLENCE (GBV)

refers to any harmful act that is perpetrated against a person's will and that is based on socially ascribed gender differences between males and females. It includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty whether occurring in private or public life.

CHILD PROTECTION (CP)

refers to structures and measures meant to prevent physical and emotional violence, sexual abuse, exploitation and neglect against boys and girls under the age of 18 years, and/or respond to it.

How the guidance was developed

The guidance was developed through a review of program documentation, KAFA's internal policies and interviews and focus group discussions (FGD) with field and management staff and members of the communities involved.

The first draft of the guidance outline was elaborated based on a survey of scholarly sources and other literature on CB work in the CP and GBV field and an in-depth analysis of program documentation: project proposals, reports and evaluations; tools used or developed by KAFA for the implementation, monitoring and evaluation of activities; and, KAFA's child safeguarding policy and protocol and staff code of conduct.

Thus, individual and group discussion with KAFA's staff at its headquarters and field offices were held to learn why and how the conceptual framework of the CBA was first developed, and to understand how, over the years, the methodology was revised, highlighting key milestones and lessons learned.

Extensive time was spent in the field shadowing staff and community members at work, therefore, learning how activities are planned organized and implemented and how tools are practically used. The time spent in the field also enabled the observation of the relationship established between staff, the members of the communities and other community stakeholders.

Young children and adolescent boys and girls, women and men from six communities participated in FGDs and individual interviews aimed at understanding communities' feeling of ownership of the process, change and support system established. Furthermore, 42 stories told by children and adult, narrating the most significant change they experienced since they engaged in the CB program were analysed to understand the impact of the intervention on people's lives. The stories were collected as part of UNICEF's national CP strategy evaluation.

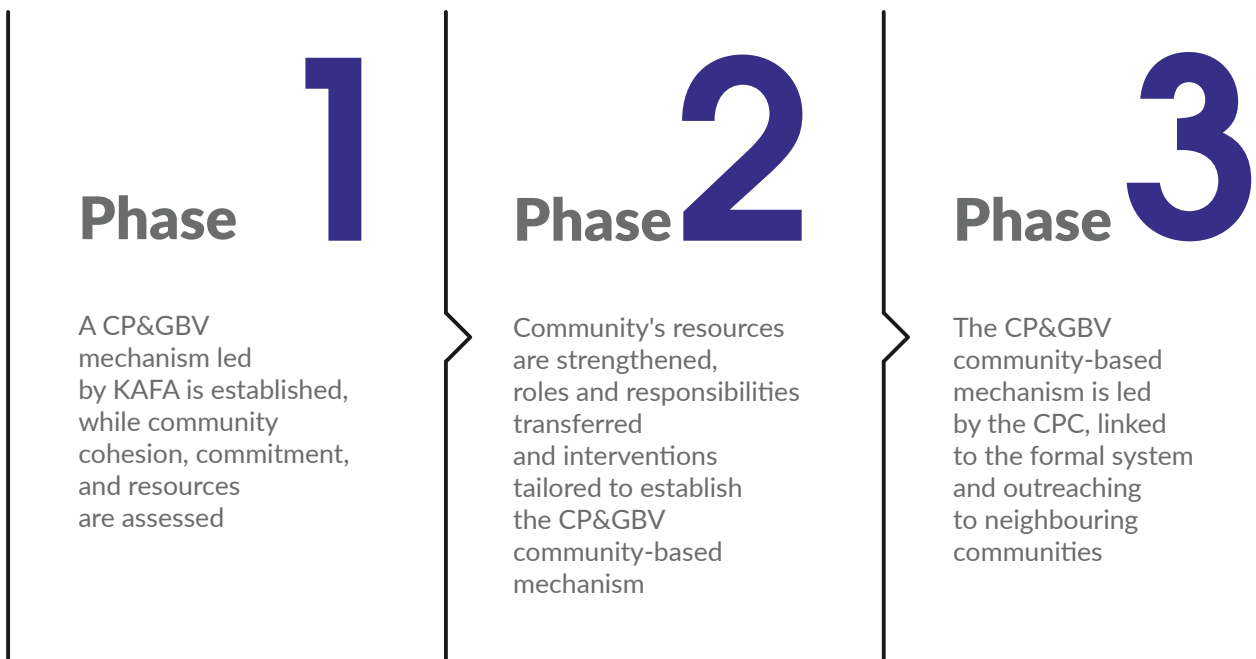
Structure of the guidance

KAFA's CBA can be described in a nutshell as a phased and step-by-step process of empowering and engaging communities to establish a CP and GBV community-based mechanism for the protection of women, girls and boys.

The guidance structure reflects the phases and steps process. Thus, while the first chapter provides an overview of the phases of the CBA developed by KAFA, the following chapters address every step of the approach in more detail.

Each step is explained in detail: the aim, the underlying rationale and the key actions to be implemented, tools used or developed by KAFA, including lessons learned from field implementation and key recommendations when relevant. Moreover, within each step are presented stories narrated by children and adults describing their involvement and impact this has had on their relationships and personal life.

The last chapter provides a list of key recommendations and resources for practitioners intending to implement KAFA's CBA or wanting to learn more about CBA in the CP and GBV field.



AN OVERVIEW OF KAFA's Community-Based Approach > > > > >

A community-based approach and violence against women and children

A CBA involves the members and resources of the community in the collective/collaborative development, implementation and evaluation of actions. The community is therefore recognized as a unit of identity and focal point for programs, the target and the catalyst for change.¹⁴

Community-based protection (CBP) puts the capacities, agency, rights and dignity of persons of concern at the centre of programming.¹⁵ It acknowledges individuals as agents of change, rather than passive beneficiaries. As such, the CBP approach, builds on individuals' and communities' knowledge about the risks they face and their needs, their inner resources and strengths, the solidarity and care for each other. At the same time, the approach recognizes the need for the formal protection of the State, as the primary duty-bearer, or relevant international actors, when the State does not or cannot carry out its duty.

However, in situations where the local and national governments are unable or unwilling to fulfil their obligations, CBP is a key strategic approach in humanitarian and development work to address violence against women and children and for changing social norms and values.¹⁶

Violence against women and children in its various forms, physical, sexual and emotional, is one of the most widespread and socially tolerated form of human rights violations that occurs in every culture and country, regardless of race, class, ethnicity, and religion. Gender based violence and other forms of violence against children is a complex and multifaceted phenomenon, strongly rooted in social and cultural attitudes and norms that privilege men over women, boys over girls and adult domination over children.^{17 18}

To end violence against women and children, experts, researchers, International Conventions such as the Declaration on the Elimination of all forms of Violence Against Women¹⁹ and the Convention on the Rights of the Child²⁰ call for holistic approaches that address each ecological sphere of the society, i.e., individual, interpersonal, community, and societal, through programs that include response services for survivors of violence, and concurrent investment of efforts in prevention, through policy and institutional development, other than addressing cultural and social norms as drivers of violence.

The community is the holder of the system of values and moral codes and identifies itself in these. Sharing symbolic factors such as identity, history and resources leads to sentiments of belonging and solidarity.²¹ Nevertheless, a community which does not regard women and children as rights holders, and justifies or accepts violence, will not express solidarity towards women and children who rebel against violence, but rather condemn them. Interventions that address only the individual and its sphere of interrelation will most probably not succeed in achieving sustainable results or preventing the violence from recurring, unless the group collectively embraces a change in the social and cultural values and norms. Actively involving the community becomes essential within any program which aims to end violence.

¹⁴ Nilsen, P. (2006). The theory of community based health and safety programs: a critical examination. *Injury Prevention*, 12(3), 140–145. doi:10.1136/ip.2005.011239

¹⁵ UNHCR. (2020). *Emergency Handbook* (4th ed.). Retrieved from: <https://emergency.unhcr.org/entry/50478/communitybased-protection#2,1609236727461>

¹⁶ Wessells, M. (2009). *What are we learning about protecting children in the community? An inter-agency review of the evidence on community-based child protection mechanisms in humanitarian and development settings*. London: Save the Children.

¹⁷ García-Moreno, C., Zimmerman, C., Morris-Gehring, A., Heise, L., Amin, A., Abrahams, N., ... Watts, C. (2015). Addressing violence against women: a call to action. *The Lancet*, 385(9978), 1685–1695. doi:10.1016/s0140-6736(14)61830-4

¹⁸ United Nations Children's Fund. (2014). *Hidden in plain sight: a statistical analysis of violence against children*. New York, NY: UNICEF.

¹⁹ UN General Assembly. (1993). Declaration on the Elimination of Violence against Women. A/RES/48/104. Retrieved from <https://www.refworld.org/docid/3b00f25d2c.html>

²⁰ UN General Assembly. (1989). Convention on the Rights of the Child. Retrieved from <https://www.refworld.org/docid/3ae6b38f0.html>

²¹ Cohen, A. P. (2001). *The symbolic construction of community*. Key Ideas (3rd ed.). Taylor & Francis e-Library.

Overview of Kafa's community-based approach

Kafa's CBA has been designed for the purpose of engaging and motivating communities to embrace collective responsibility and agency to prevent violence and protect women, girls and boys; and creating a safe and protective environment for them, where violence is condemned, their rights are respected and they are supported to claim these rights.

Through a phased approach the community is consulted, involved and empowered to:

- **Cyclically tailor the intervention** to the specific drivers of violence against women and children, and needs and priorities highlighted by children and adults within the community.
- **Run prevention programs** which address the different ecological spheres – community, relational and individual – adopting an integrated approach to CP and GBV. The prevention program is developed to address the different drivers of violence at the community, interpersonal and individual level and consequently, unequal gender-power relations shaping individual and collective attitudes, norms and behaviours.
- **Facilitate access to GBV and CP response services** through: sharing quality information, mediation and referral.

The final goal is the establishment of a CP&GBV community-based mechanism, led and owned by the community, which will independently continue acting and advocating for a safe environment for children and women and link to the formal system.

Hence, two fundamental features characterise Kafa's CBA, the first is an **integrated approach to violence against women and children** and the second, is the **conceptualization of community**.

VIOLENCE AGAINST WOMEN AND CHILDREN INTEGRATED PROGRAMMING

Violence against women and children occurs in the same community, home and family. Existing data points to a consistent overlap between these forms of violence and also to a strong interconnection between underlying drivers of violence.

In homes where women are exposed to violence, children are at higher risk of violence. Furthermore, experiencing violence during childhood increases the risk of perpetrating or experiencing violence later in life.²² **Kafa's program is designed to prevent violence in childhood as a strategy for long-term prevention of violence against women.** The program therefore empowers women, mothers, wives, young children and adolescent girls and boys, involving men in collective discourse and stimulating individual and inter-relational critical thinking.

DEFINING COMMUNITIES

Kafa's CBA is implemented in different contexts such as cities, villages or in one or more neighbourhoods of these, and in formal or informal camps in urban or rural settings. Moreover, Lebanese, Syrians, Palestinians and other nationalities, have been engaged separately or otherwise, depending on the specific background and history of the members of the community. When referring to 'communities' the present approach refers to the nature of the social relationship between its members, as defined by Gubbels and Koss:

Community: a concept pertaining essentially to social relations, a group of people, less self-sufficient than society, but who have closer 'associations' and deeper sympathy among members than society in general. Members of a community often share a common identity, tend to use a common language, have clear criteria for membership and understand the social boundaries within which they operate. There are social and psychological ties among members, and often a connection with a geographic area. While one of the functions of community is to promote common interest, relationships of dominance and dependency exist in communities as they do in all human organizations.²³

²² Guedes, A., Bott, S., Garcia-Moreno, C., & Colombini, M. (2016). Bridging the gaps: a global review of intersections of violence against women and violence against children. *Global Health Action*, 9(1), 31516. doi:10.3402/gha.v9.31516

²³ Gubbels, P. & Koss, C. (2000). From the roots up. Strengthening organizational capacity through guided self-assessment. World Neighbors field guide 2. Capacity building. Oklahoma City: World Neighbors Inc.

The three phase process

KAFA's approach is best described as a three phase process in which its role changes as the community increases its participation and agency.

During **Phase 1**, a mechanism to prevent violence against women and children and to facilitate access to prevention and response services is established at the community level by KAFA. The community is engaged in actively participating throughout the process of contextualizing the implementation strategy, identifying the protection issues to be addressed, mobilizing internal resources to organize and host the activities, and being involved in a collective dialogue about violence against women and children in their community. The objective of this phase is to provide specialized services to women and child survivors of violence while initiating a process of individual and collective attitudes and behaviour change, and to encourage activism, motivating adults and children to become agents of change within their community.

Identifying adults and adolescents who feel a collective and individual responsibility towards other women and children and are ready to lead a process of change of social norms, signifies that the community shares sentiments of solidarity. This is the necessary condition to transition to phase 2.

Phase 1

A CP&GBV mechanism led by KAFA is established, while community cohesion, commitment, and resources are assessed

STEP 1 - Engaging and getting to know each other

STEP 2 - Motivating social behavioural change

STEP 3 - Facilitating access to CP and GBV services

During **Phase 2**, the CP&GBV community-based mechanism is discussed with the community. Adolescent girls and boys, women and men 'agents of change' are invited to form a CPC and take an active role safeguarding children and women, thus, become involved in a journey of knowledge transferring, skills development and mentoring. This second phase can last up to eighteen months during which the CPC, step-by-step, takes the responsibility and role of implementing prevention activities, facilitating access of survivors of violence to prevention and response services and regularly revising their strategy to address new risk factors. During this phase, KAFA's staff accompany the CPC through the whole process gradually reducing their presence and time spent mentoring.

The last phase of the process, **Phase 3**, is when the CP&GBV community-based mechanism operates independently, coordinating with KAFA for referrals of women and children in need of specialized services as well as with other service providers, stakeholders and authorities and neighbouring communities. The mechanism is led by the CPC and feeling the ownership of the mechanism. The role of KAFA, from now on will be as technical support to the CPC upon request and as an external agency provider of specialized services.

Therefore, the CP&GBV community-based mechanism is initiated by KAFA and over time, is embraced until it becomes owned by the community. Throughout the process, community participation, engagement and ownership progressively evolves and KAFA's role shifts from lead implementer to external agency providing specialized services and technical support.

The investment of time, human and financial resources follows a similar path. During phase 1 and 2, KAFA dedicates a substantial amount of administrative, field, trust building and case management/PSS resources to directly implementing activities at first, then building capacities and mentoring the CPCs; it is only in the third phase that costs are considerably reduced, and limited to the provision of specialized services. The opposite occurs within the community.

From the beginning, the community offers the space for the implementation of group activities, and is in charge of reaching out to families, inviting them to the activities and ensuring their regular presence at the CPC. Throughout the intervention, the community does not receive any material or financial remuneration; they capitalise their resources voluntarily for the benefit of all.

Phase 2

Community's resources are strengthened, roles and responsibilities transferred and, interventions tailored to establish the CP&GBV community-based mechanism

STEP 4 - Setting up the CP & GBV community-based mechanism

Phase 3

The CP&GBV community-based mechanism is led by the CPC, linked to the formal system and outreaching to neighbouring communities

STEP 5 - The CP & GBV Community-based mechanism at work

PHASE 1

Phase 1

A CP&GBV mechanism led by KAFA is established, while community cohesion, commitment, and resources are assessed

Phase 2

Community's resources are strengthened, roles and responsibilities transferred and interventions tailored to establish the CP&GBV community-based mechanism

Phase 3

The CP&GBV community-based mechanism is led by the CPC, linked to the formal system and outreaching to neighbouring communities

STEP 1 - Engaging and getting to know each other

STEP 2 - Motivating social behavioural change

STEP 3 - Facilitating access to CP and GBV services

STEP 1 - Engaging and getting to know each other

The aim of step 1 is to engage the community in identifying drivers of violence against children and women; and identifying available resources and setting priorities to be addressed.

Step 1 lays the groundwork for all the next steps and phases. This is the preparation phase during which the foundations for the long-term partnership with the community are set and the CB intervention strategy is tailored and contextualized.

Therefore, step 1 comprises:

A preliminary assessment is made to identify the most vulnerable community in a specific geographical location and, most importantly, ensuring they share a sense of community.

KAFA's field team approaches the community and introduces their work to representatives and stakeholders, children and adults, seeking their consent to work together. From the beginning, KAFA's staff will show respect to the community, establishing transparent communication and valuing members' opinions, advice and decisions, to inspire trust and openness.

A community assessment is carried out to understand drivers of violence against women and children at the individual, interpersonal and community level, as well as resources and support networks for individuals and for the collective. Children and adults participate in the community assessment, sharing information and thoughts, highlighting types of violence and drivers to be addressed as priorities.

Finally, members of the community who show interest and availability to support KAFA organizing activities will be invited to take on the role of supporting the operationalization of the activities: mobilizing community members, identifying and ensuring space for implementing activities and arranging the best time for children and adults to participate. They are referred to as focal points.

WHY

A CBA must respect key underlying principles:

1. A community is not defined by the geographical or administrative borders but by inner characteristics that aggregate individuals and inspire a sense of unity, such as its system of values, norms and moral codes.
2. Collective and individual agency is respected and upheld throughout the process of planning, implementation and evaluation.

To identify a community of individuals that feels a sense of group identity is the first and most important action of KAFA's CBA. Feeling part of a whole reinforces attitudes of solidarity and social cohesion. These are key factors when the intervention intends to mobilize a community to embrace the collective responsibility of protecting women and children from violence, and supporting families.

Equally important is to ensure community participation throughout the process, guaranteeing diversity of gender, social status and generations. The active participation of members of the community will determine a sense of community ownership in the long term and stronger contextualization of the strategy in the immediate. The planning stage in a program must capture the specific characteristics of the group to be targeted in order to build a relevant strategy, even more so when the program's aim is to address social norms and change attitudes and behaviours.

Community participation is obviously an essential element within KAFA's CBA. It is sought from the inception, to gain agreement to implement the program and to ensure active involvement in identifying and explaining root causes of violence against children and women.

Drivers of violence are forms of harm that create the conditions in which violence occurs.²⁴ Researchers over the years have tried to map drivers of violence against women and children to better intervene through prevention and response programs. What such studies helped understand is that different factors within each level of the social ecology – society, community, interpersonal, individual – influences the occurrence of violence and, most importantly, programs must holistically intervene and address drivers of violence within each level of the social ecology to be effective.^{25 26}

²⁴ Maternowska, M.C., Fry D., Potts A., Casey T. (2020) Beyond Risk Factors: Structural Drivers of Violence Affecting Children. In: Balvin N., Christie D. (eds) Children and Peace. Peace Psychology Book Series. Springer: Cham. https://doi.org/10.1007/978-3-030-22176-8_9

²⁵ Michau, L., Horn, J., Bank, A., Dutt, M., & Zimmerman, C. (2015). Prevention of violence against women and girls: lessons from practice. *The Lancet*, 385(9978), 1672–1684. doi:10.1016/s0140-6736(14)61797-9

²⁶ Maternowska, M. C. and Potts, A. (2017). *The Multi-Country Study on the Drivers of Violence Affecting Children: A Child-Centred Integrated Framework for Violence Prevention*. Florence, Italy: UNICEF Office of Research.

KAFA's community assessment aims to investigate and understand drivers of violence at the community, interpersonal and individual level, involving women, men, girls and boys.

Selecting communities

The selection of the community is done through a preliminary assessment based on available data on demography, population density and diversity, and risk factors such as poverty, unemployment, school drop-out and child labour, housing and availability or absence of services. This is followed by meetings with key stakeholders in the area such as the municipality, primary health centres, representatives of the decentralized public administration and other organizations working in the area.

The preliminary assessment supports prioritizing the selection of the most vulnerable locations and, most importantly, will guide the identification of the 'borders' of the community, and acknowledging aggregating factors such as history, language, religion, social structure and hierarchical organization. Such information supports the field team preparing to approach the community.



KAFA's team includes people holding different nationalities (Lebanese and Syrian), from different religious and cultural backgrounds. The heterogeneity of its staff composition is intentional and represents a strength for the organization as it has helped to contextualize its intervention to the different communities in Lebanon, understanding background, culture, traditions and social norms.

Meeting the community

Contextualization starts from here. Communities differ from each other in terms of culture and social norms, resources and needs. Each one organizes itself as a social system and hierarchical structure, guided by cultural and social norms specific to the community. Before entering the field, it is important that such characteristics are acknowledged and that the first contact is established through a formal meeting with its representatives who are those individuals entrusted by the group collectively to pursue its common benefit and interest. These could be formally or informally designated to this role.



If there are organizations present in the community or other structures led by or addressing women and children, such as committees, communi-

ty-based organizations (CBOs), associations, clubs etc., they should also be involved in the meeting or approached immediately after. They can be important allies and guide the organization in meeting key decision makers in the community, with a deep understanding cultural and social norms and social dynamics, and support the implementation of the intervention, ensuring the participation of children, families and women most in need.

This meeting is meant to introduce KAFA – its mandate and experience in the field of CP, GBV and CBA – and to explain the intervention in order to obtain the endorsement by decision makers.

Avoid raising any false expectations! An important aspect to highlight from the first meeting is that the project is aimed at addressing and improving community and family dynamics and the wellbeing of children and women and NOT providing material or financial support for those participating or supporting the intervention. Thus, the first meeting should emphasize its significance for the overall community and the social and cultural benefits.



With the endorsement and support of the community representatives, KAFA is introduced to the community's households. The next step is the assessment of the community.

The community assessment

The assessment of the community is carried out by KAFA's field teams guided by their Community Assessment Tool, developed to provide a guide for data collection. It includes the transcription and the analysis of collected information. The community assessment, when completed, is also used as a baseline to measure changes within the community.

The assessment gathers information about drivers of violence, risk factors and resources within the community, and interpersonal and individual spheres. It also assesses community members' willingness to participate in actions meant to address violence against children and women in the community, availability of space and other logistical needs.

The Community - Characteristics, resources, dynamics

- Demographic data
- Aggregating factor between households (area of origin, kinship, employment status, other), relationship between households (positive or conflictual);
- Support network for families, who do they turn to in case of need to solve problems;
- Presence of service providers as decentralized institutional structures or civil society organizations;
- Presence of committees or other CB initiatives, role and implemented activities (formal and informal);
- Human resources available in the community (key influencers, individuals with professional or artistic skills); and
- Relationship with host and neighbouring communities and local authorities.

Drivers of violence and risk factors

- Caregivers and children's knowledge, beliefs and practices about child-learning and discipline, violence, sexual violence, and early marriage, including protective measures;
- Gender roles, access to education and child labour;
- Sexual and reproductive health - access to information available for children and adults;
- Presence of people with specific needs - people with disabilities, single female head of household, unaccompanied or separated minors, children out of school, child labour, child marriage;
- Main problems related to access to water, and sanitation facilities, health, food security and other sectors; and
- Perceived threats to women and children's protection, inside and outside the community location.

Participation

- Community interest to engage in the project,
- Availability of physical space to carry out activities and suitable timing for each group; and
- Individuals interested in becoming focal points supporting KAFA coordinating activities.

Key stakeholders, families, children, women and men are involved in the assessment, participating in key informant interviews (KII), Households Needs and Situation Assessments and FGDs. The variety of data collection methods is intended to ensure broad participation of community members.

KII engage stakeholders within the community and the surrounding area, who play a major role as decision makers, influencers and service providers for children and women: community-based organizations, benevolent associations, case management agencies, schools, other education service providers, etc. The aim of the interviews is to identify and map the resources available in the community, understand major trends in regards to violence against children and women, and involve stakeholders in identifying and understanding drivers of violence.

Each household in the community is involved in the **Households Needs and Situation Assessment**, which is carried out to:

1. Introduce KAFA to all members of the community, providing information about the CP and GBV services provided
2. Introduce and describe the CB intervention and the activities that will be carried out at the community level to obtain their informed consent to participate.
3. Identify and document the presence of women and children at risk in the family, assessing their needs and of those caring for them.

Adolescent girls and boys, adult women and men of different generations are invited to participate in **FGDs**. The group discussions provide important information about personal beliefs and shared norms and practices towards violence against children and women. Children and adults describe the coping strategies generally adopted to prevent violence or seek protection and the support network for women and children at risk, or survivors of violence. Furthermore, participants in the FGD provide insight into community dynamics, highlighting influential members of the community and those most trusted.

This assessment process generally lasts between two and four weeks depending on the population density of the community and the time availability of households - adults and children - to participate in the assessment.

Findings of the community assessment are internally analysed and used to design and contextualize the strategy of Steps 2 and 3.

Step 2 – Motivating social behavioural change

The aim of Step 2 is to empower communities to prevent violence against women and children, encouraging collective and individual critical thinking and inspiring activism to advocate and protect oneself and other women and children in their community.

KAFA's CB prevention program has been developed to address and transform social norms that promote and/or condone gender-based discrimination, unequal power and violence against children and women. Such transformation is achieved by addressing knowledge attitudes and behaviours of individuals as members of a community, as actors in an intimate, family and friendship relationship and as right holders.

The program includes three complementary sets of activities: GBV and CP education, women's empowerment and FPSS. Each activity is attuned to address the specific drivers of violence and risk factors which the community suggested to prioritize during the community assessment (Step 1). Furthermore, they are designed to encourage critical discourse and thinking, and inspire individual and collective activism.

The activities of the prevention program are implemented through gender-specific or mixed group sessions, depending on the topic and specific situation. Participating in the same group involves a common and shared path of knowledge and skills development and most importantly, a safe environment where those who endure violence and gender discrimination and those who use violence and justify or tolerate it can talk, express and compare opinions. The participation of men and boys in the prevention program is strongly supported and considered essential to achieve a long lasting change of social norm, relations and systems that sustain gender and power inequalities and violence.



The **GBV and CP education curriculum**, developed by KAFA and further described below, focuses on GBV and other forms of violence against boys and girls, such as child marriage, physical and humiliating punishment and neglect. It addresses young children and adolescent boys and girls, and parents and other caregivers who hold or share the responsibility for children's care, upbringing, protection and education. It also addresses members of the community who play a formal or informal role supporting, guiding, protecting women, children, families and the most vulnerable, through CB organizations, safe spaces, primary health clinics, childhood primary and secondary education facilities, police stations, organized sport or leisure activities, religious institutions, and others.

The curriculum is designed to build awareness, strengthen knowledge, induce change and encourage collective problem solving about:

- violence against girls and boys, its gendered and power dimension;
- the drivers of violence within each level of the social ecology, and how these are interconnected and often justified or condoned by social and cultural norms;
- the impact of violence, suffered and witnessed, on children's physical and psychosocial development as well in the long turn, during their adolescence and adulthood;
- how to prevent and mitigate the risk of violence, as parents or caregivers to children, as members of a community that does not condone or accept violence and, as a young child or adolescent with the right to live free from discrimination and violence and the responsibility to recognize the same rights for other girls and boys;
- the formal and informal support system in the community for children and families to prevent and respond to violence against children.

The **women's empowerment program**, aims to enhance women's agency, that is, the capacities of women to make choices and transform those choices into desired actions and outcomes.²⁷ To achieve such change, women of different generations living in the community are involved in sessions that are intended to build their critical consciousness about personal and shared beliefs:

Personal

Self-awareness about the situations they are in, about their social worlds, relationships and horizons

Culturally embedded normative beliefs, understandings and ideas about gender, power and change

Changing notions of what a woman or a man should be or do, and challenging understandings of gender identities and relations

Ultimately, empowerment "is about enabling people to stand back and inspect critically the beliefs about themselves and others they take for granted, and then using this expanded understanding to inform an analysis of what needs to change and how they can be part of that process of change".²⁸

Focused Psychosocial Support (FPSS) is meant to promote positive mental health and psychosocial wellbeing and prevent further psychological distress and mental health conditions. Activities are designed to specifically engage children and adults who are experiencing or have experienced violence and emotional distress and are in need of support to address and prevent long-term psychological consequences.

Young children, adolescent girls and boys, women and men in the community, identified by KAFA's staff, are invited to participate in group structured sessions conducted over a specific period of time by staff with a relevant educational and professional background. The aim of the sessions is to equip the participants with the interpersonal skills that enable them to cope with the demands of everyday life, in order to build self-confidence, encourage critical thinking, foster independence, help people to communicate more effectively and avoid harming behaviours towards themselves or others.

WHY

The immediate and long term consequences of violence on boys, girls and women's health, wellbeing and development of their full potential is enormous. The risk and exposure to violence and the need to overcome the physical, psychological and social impact further increases when people undergo distressful events such as conflict, having to flee from their own homes, community and country, the downfall of the national political, economic, welfare and social system, as has happened to Syrian and Palestinian refugees and Lebanese in Lebanon.

Thus, effective prevention programming which addresses underlying causes of violence and actively engages women, children, their interpersonal circle and the community at large, to transform gender-power imbalances and create a safer and enabling environment for equality and non-violence is essential.

This can be achieved when the group collectively embraces the change in social and cultural values and norms, and supports interpersonal transformation. Women and children must be empowered to take an active role preventing or taking action when at risk. Yet, for this to happen, the support and understanding of those close to the individual is often crucial. Family members, neighbours and peer groups are usually the ones first to know when a child or a woman is or has been exposed to violence and their reaction will strongly influence whether or not they seek assistance, and their future safety and wellbeing. Individuals' behaviours and attitudes that accept, justify and condone violence can and must be changed.

Based on KAFA's experience, change to behaviours and attitudes can be achieved through prevention programs that encourage individual and collective critical thinking and activism. The programs provide pathways to critical thinking and open discourse to challenge dynamics related to violence, involving in the discourse, those who justify or use violence. Women, men, younger and older people, all participate since "gender norms and power dynamics are reproduced through generations and operate across the life course and not only among those at risk of current perpetration".²⁹ In other words, the prevention activities direct adults and children to think about their present and future roles as mothers and fathers, as wife and husband and as members of a community. As such, the active involvement of adults and

²⁷ World Development Report 2012: Gender Equality and Development. Washington, D.C. : World Bank. Retrieved from <http://documents.worldbank.org/curated/en/492221468136792185/Main-report>

²⁸ Cornwall, A. (2016). Women's Empowerment: What Works? *Journal of International Development*, 28(3), 342–359.

²⁹ García-Moreno, C., Hegarty, K., d' Oliveira, A. F. L., Koziol-McLain, J., Colombini, M., & Feder, G. (2015). The health-systems response to violence against women. *The Lancet*, 385(9977), 1567–1579. doi:10.1016/s0140-6736(14)61837-7

children, in gender mixed or disaggregated group sessions becomes not only the strategy to stimulate a discourse within and between gender groups but also as part of the integrated CP/GBV approach which characterizes Kafa's CBA. The program provides the motivation for individuals to move from being passive witnesses to becoming active agents of change for themselves and others and ensures attention to everyone's psychosocial wellbeing, providing support to manage distress and activate personal coping strategies. This is essential to equally allow everyone to actively participate in the collective discourse and act as agents of change if they want.

The Citadel of Protection Toolkit - Kafa's GBV-CP education curriculum

Kafa's CP and GBV Education curriculum takes the name of the Citadel of Protection (CoP) to describe the overall goal of the program: to support the establishment of a safer and protective home and community environment for children. This CoP is a child rights based, children and adult friendly structured curriculum, that holistically addresses GBV and CP risks and practices against girls and boys.



As such, the curriculum is designed to engage young children, adolescent girls and boys, parents and other caregivers who hold the responsibility or participate in children's upbringing, and members of the community, upholding their role as right-holders and duty-bearers and further strengthening their skills, knowledge and capacities.

The toolkit includes the **Training Package for Facilitators** and **Facilitators' Guides** for implementing sessions with different target groups.

CITADEL OF PROTECTION TOOLKIT

Facilitator's guides	Training Package
<ul style="list-style-type: none"> - Facilitators' guide for sessions with young children - Facilitators' guide for sessions with adolescent - Facilitators' guide for sessions with caregivers - Parenting skills module - Educational tools - Pre and post test 	<ul style="list-style-type: none"> - Training package for facilitators - Training evaluation form - Pre and post test

The **Training Package** is the primary tool used by KAFA to train its field staff in charge of implementing the CP and GBV education sessions with children and adults. All field staff are also trained in psychological first aid (PFA) and on safe identification and referral.

The **Facilitators' Guides** address, through different modules, the following groups:

- Young children, girls and boys eight to 12 years old;
- Adolescent girls and boys 13 to 17 years' old; and
- Caregivers – Children's parents or their legal guardians; family members, neighbours or friends acting as caregivers of children; and other members of the community who hold the duty to protect children, such as school personnel, sport or leisure activities educators, religious leaders, police officers, social workers and others who play a key role in children's upbringing and keeping them safe.

Each module includes sessions designed to address different topics through age appropriate language and educational means:

Child rights and children's development stages	Being safe at home, outside and online
Physical violence and emotional abuse against children	Being safe in emergencies
Gender equality and GBV	Children's right to education
Sexual development, sexual and reproductive health, sexual abuse	Worst forms of child Labour
Child marriage and early pregnancy	Safe and protective communities for children
	Positive parenting

Only the topics relevant to the specific context of the targeted community are addressed; the findings of the community assessment (Step 1) will guide the contextualization. Furthermore, before starting the cycle of sessions, to further tailor the pedagogical approach, the group of children or adults are involved in FGDs to better understand the group dynamic and are asked to participate in a pre-test to assess their individual level of knowledge, attitudes and practice (KAP).

At the beginning and end of the sessions, a KAP pre- and post-test is administered, which assesses:

Knowledge	The level of awareness and understanding of a particular topic.
Attitudes	How young children, adolescents and caregivers feel about a particular topic, as well as any preconceived ideas or beliefs they may have towards it.
Practices	How young children, adolescents and caregivers apply their knowledge and attitudes of a particular topic through actions.

Focal Points within the community support the operationalization through inviting participants to the sessions and arranging for a space. There is no specific selection criteria to participate in the sessions, except for the age of children; the CoP has been designed as a primary prevention education curriculum; therefore, it is meant for the group as a collective. As for the space, the location identified must match specific requirements such as: safety and accessibility, privacy, sufficient lighting and aeration.

The Toolkit also includes a module for **Positive Parenting Skills**. Unlike the other modules, it was developed to address a specific group of individuals in need of focused support. The module includes nine sessions. Mother and fathers participate together in the sessions.

Arab Women Speaking Out – Women’s empowerment

The Arab Women Speak Out (AWSO) project ³⁰ has been developed by the Near East Division of the Johns Hopkins University Centre for Communication Programs (JHU/CCP) to support women through a process of self-empowerment, informed by stories of other women who resorted to their inner strengths to fight socially imposed roles and achieve their dreams.

The toolkit, in its original version, includes video documentaries and written stories, featuring women from five Arab countries (Egypt, Lebanon, Palestine, Tunisia, and Yemen) who have contributed to social change within their communities. In addition, there is a training manual to promote women’s self-empowerment, incorporating a viewer’s guide to spark discussion and promote critical analysis of images of women in the media.

The version adapted by the International Rescue Committee (IRC) for the emergency response in Iraq, is used by KAFA to involve women in the community in a process of self-empowerment. KAFA’s female field staff in charge of delivering the sessions are trained to use the AWSO toolkit. Participation is open to all adult women in the community, and directly suggested to those women who, during the CoP sessions, reported facing challenges in their family or community. A KAP pre- and post-test is administered at the beginning and the end of program.

³⁰ Developed by the Near East Division of the Johns Hopkins University Centre for Communication Programs (JHU/CCP), the project’s various components were produced in collaboration with the Centre of Arab Women for Training and Research (CAWTAR) in Tunis and the London-based nongovernmental organization Population Initiatives for Peace, Ltd. The project was funded by the United States Agency for International Development (USAID), the European Community, and the Arab Gulf Program for UN Development Organizations (AGFUND). <https://www.thecompassforsbc.org/project-examples/arab-women-speak-out-manuals>

FPSS

Children and adults in need of tailored support to manage stress are involved in structured group sessions, conducted over a specific period of time and implemented by KAFA's psychologists. The FPSS program includes:

Focused Psychosocial Activities for young boys and girls

Emotional wellbeing for adolescent girls

Emotional wellbeing for adolescent boys

Emotional support for adult women

Emotional support for adult men

Participants are children and adults identified and invited by KAFA's field and case management staff (see Step 3 for further details). The sessions are implemented in the community in safe, accessible and private spaces.

The **Focused Psychosocial Activities** engage girls and boys, six to 11 years old. The curriculum, for children presenting signs of psychophysical and emotional distress, is composed of eight sessions of specific activities, meant to:

Create a safe space where children can:

- **Acknowledge** and **express** difficult emotions;
- **Explore** different ways of dealing with them;
- **Develop** coping strategies.

Activate psycho-physical, emotional and social resources

Foster and **strengthen** resilience processes



Toolkit — Focused Psychosocial Activities for Children Experiencing Signs of Distress, IRC Lebanon

Participants — maximum 15 children, boys and girls six to 11 years, in gender-mixed sessions

Sessions — eight sessions, each lasting one hour maximum, once per week

The **Adolescents Emotional Wellbeing curriculum** for boys and girls 12 to 17 years old, involved in gender disaggregated groups aims to foster coping skills while providing the tools to create their own peer support group to strengthen their emotional and mental health wellbeing.

The curriculum is designed with a modular approach, to be adapted based on the needs of the specific group. It includes 15 sessions organized as follows:

5 compulsory introductory sessions

1. Get to Know Each Other
2. Understanding Emotions
3. Introduction to Emotional / Mental Wellbeing
4. Building Resilience and Coping Techniques
5. Introduction to Developing Communication Skills

3 compulsory closing sessions

1. Reaching Out and Creating a Network
2. Recap on Relaxation and Mindfulness
3. Making a Plan for the Future

5 to 7 sessions

Addressing the specific emotions of the participants (e.g., problem solving, fear, sadness, happiness, anger, loneliness)




Toolkit — Adolescent Emotional Wellbeing Curriculum, developed by UNICEF in partnership with the Balamand University, Lebanon

Participants — maximum 10 children, boys and girls 12 to 17 years, in gender disaggregated sessions

Sessions — maximum 15 sessions, each lasting 1.5 to 2 hours maximum, once per week

The **Emotional Wellbeing for women** program is meant to provide women with a safe space to express thoughts and feelings related to challenges and pressures they face, meanwhile, providing them with sound information and guidance to enhance their psychological and emotional health. Therefore, the sessions address the following topics:

- Self-esteem and self-worth
- Stress management
- Defining thoughts and feelings
- Cognitive dysfunction
How to adjust the way we think
- Emotion management
- Adjusting behaviours
- Anger management
- Relationships and boundaries
- Active communication
- Problem solving and decision-making
- Self-care
- My daily routine
- How to deal with stress related to raising children
- Emotional eating
- Relaxation techniques




Toolkit ———— Let's talk about our mental health! Developed by KAFA in partnership with UNICEF

Participants ———— Adult women

Sessions ———— eight sessions, each lasting 1.5 to 2 hours maximum, once per week

The **Emotional Wellbeing for men** program also aims at providing adult men with a safe space to discuss issues related to intimate relationships, sexual and reproductive health, child rearing and role modelling for children, pressure posed by gender roles and their difficulties meeting social expectations. The sessions are developed by a KAFA psychologist building on the previous toolkit.



Participants ———— Adult men

Sessions ———— eight sessions, each lasting 1.5 to 2 hours maximum, once per week

The most significant change



I'm 28 years old and I come from Syria. I lived there until I was 19 years old, that is when I got married and moved to Lebanon because my husband was working there. Nine months after, the war in Syria broke out and I couldn't go back to see my family. At that time, I was also pregnant with my first child.

In Lebanon I was living in a camp with many other families with which we had very little in common. Our traditions and customs were very different... the way other women dressed and interacted with men was totally unacceptable in my community. The only things we all shared was the use of violence to educate the children, early marriage and domestic violence against women.

I was a young woman unaware of how to protect myself, just accepting the role imposed on me, being silent even when my husband was violent towards me or towards our children.

When I started participating in KAFA's activities I felt an inner strength growing inside of me. I started defending myself and opposing the shared beliefs in my community that women are weak creatures. I started protecting my children even if I felt a strong pressure from the people around me who were insisting that I should have kept quiet because I was a woman.

When I became aware of my rights I also became able to express my opinion and discuss.

One of the things that made me most happy at that time was that my husband also started joining KAFA's activities including emotional support sessions and I could feel the change, he began to accept my point of view.

In my family all the decisions were in the hands of my husband, even those matters related to raising our children and what kind of clothes I should buy for them. Also, I was forbidden to express my feelings towards my husband, such as feeling jealous, because I was afraid that if I told him he would divorce me. It is by participating in the emotional support and women empowerment sessions with KAFA that I learned how to express my feelings and I started establishing myself at home, as a wife and as a life partner, rather than a maid whose job is to raise children, cook and clean. I started doing my own activities such as going to the market for shopping and discussing all the details related to raising children with my husband.

I was prohibited from working because my husband was convinced that working is the duty of the man only. When my husband started attending the sessions with KAFA he became a little softer and it was then when I started insisting that I wanted to work. We had long discussions until we reached an agreement and agreed that I could sell vegetables to other women in the camp. Then my husband's thoughts began to change for the better and my life began to improve with these changes. In the past, he used to ask me to wear the traditional dress - the wide dress - but he started giving me the freedom to choose the type of clothes I wear. When I got my first private phone, he stood next to me against other men who tried to convince him that was not right, saying that no one had to interfere with my life and that he trusted me.



**- Woman from Syria
living in Lebanon**

I was 39 years old when the war in Syria began. Back then I lived conditioned by wrong ideas, being physically and verbally violent against my children and wife and feeling angry about anything. We came to Lebanon and I felt overwhelmed by responsibilities and despair and I started to relieve my anger on my family.

Then KAFA arrived at the camp where I was living and I joined activities where we talked about violence and consequences of anger and pressure. I am now dealing with my wife and my children in a different way and I am learning every day more how to reduce stress and control anger by applying some simple strategies that I learned... for example to count until ten before reacting, go out of the house for a walk and to talk to understand the problem and to find a solution.

Because I felt that participating in the activity helped me so much, I decided to share my personal experience with other men I knew were going through the same situation, but were refusing to participate in KAFA's activities because of the fear of being judged by the community. I was able to convince many who started participating in the activities of KAFA. This made me feel very happy and I continue feeling happy every time I am able to positively change someone's behaviour.

**- Man from Syria
living in Lebanon**

STEP 3 - Facilitating access to GBV and CP services

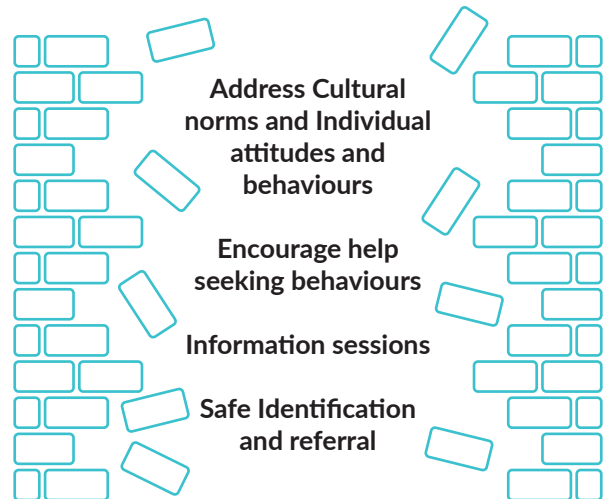
The aim of Step 3 is to support women and children survivors or those at risk of violence, and their caregivers, to receive the professional care they need.

Survivors of violence need a range of professional specialized response and prevention services (health, psychosocial, legal, security) to address their immediate needs, support long-term recovery and mitigate the risk of being exposed again to violence. Hospitals, police stations, CP and GBV case management service providers are not always available within the geographical borders of communities, making it difficult for victimized women and children, or children's caregivers, to reach or to be aware of such services. Moreover, community and family pressure or personal fears might prevent women, children and their caregivers from approaching providers, even when these are available within their community.

Therefore, KAFA's CBA foresees a set of different actions meant to encourage, support and facilitate access to CP and GBV response and prevention services provided by KAFA or other professional service providers. Such actions are designed to address the specific cultural, emotional and physical barriers to services and care that have been identified during the community assessment (Step 1).

The set of actions include:

- Raising awareness about available services and how to approach the providers through information sessions
- Addressing cultural norms and individual attitudes and behaviours to address collective prejudice and lack of awareness and encouraging help seeking behaviours
- Safe identification and referral



KAFA is also a CP and GBV case management agency. Through a team of professionals, KAFA provides case management, legal assistance, psychological support and referral to other specialized services such as health care, safe shelter, etc... Such services are meant specifically for women, boys and girls who are survivors or at high risk of domestic violence, sexual abuse, and other forms of violence. Services are provided only in KAFA's centres, which are not located within the communities targeted through the CBA, to ensure the safety and privacy of the women, children and their families.

WHY

Children and women exposed to violence are at high risk of death or permanent disability and psychological problems. Children severely abused or neglected are often hampered in their physical and cognitive development, are at high risk of experiencing learning difficulties, perceive low self-esteem and suffer from depression and anxiety. Similar distress can be caused by witnessing violence, other than increasing the risk of repeating the pattern of violence and abuse against children and spouses. Ensuring safety and care to violence survivors is therefore very important, yet this is not always the case as violence against women and children is largely underreported. There are many reasons that prevent victimized children and women from seeking help. Survivors and their carers might be unaware of the services available or how to reach them, might not be able to afford the cost of transportation, pay for the service needed or it may be unsafe to reach the service provider. Many are too young or vulnerable to disclose their experience or protect themselves. Often, survivors fear the social consequences and repercussions of reporting violence and seeking help, such as exclusion and stigmatization, especially when the attitude of the community or of the family is to condemn the survivor rather than the perpetrator of violence.^{31 32}

Therefore, response services meant to provide support, care and assistance to women and children survivors or those at risk of violence, such as health care, psychological support, legal assistance, safe shelter etc., are essential to ensure safety, recovery and avoid long term consequences. Equally important is to set in place a mechanism which supports and facilitates access.

Information sessions on available services

Knowing which services are available, who provides such services, where and how these can be reached is a first step to empower individuals and to allow them to seek support, care and redress. Throughout the implementation of activities at community level, individuals are informed about the support system available in the community as well as outside.


Information sessions addressing all members of the community are carried out regularly and throughout the program, leaflets are distributed, indicating the name of the service provider, a general description of the services and the contact details.

An example of leaflets distributed in North Bekaa in Syrian refugee communities can be found at: http://www.refugees-lebanon.org/uploads/poster/poster_153260577094.pdf



However, more detailed information is provided to women and caregivers when the situation and space allows for sharing sensitive information such as during the women's empowerment group sessions and the CoP sessions (each described in Step 2).

On such occasions, the facilitator explains what services are available for women and children survivors or those at risk of violence, in terms of health, psychosocial support (PSS), case management, safety and security, and legal aid, what are the conditions to receive such assistance, who provides it, the measures in place to facilitate receiving assistance and how to approach the service provider (through the helpline or hotline numbers and address of the premises). Furthermore, facilitators provide a service note highlighting contact details of each service provider.

 Safety is an essential element to consider when developing your awareness raising strategy about GBV and CP response services. Information about health care for survivors of sexual violence, safe shelters for women and children exposed to domestic violence, law enforcement interventions to ensure safety and security of survivors and others, might generate resistance by members in the community who believe that violence should be dealt with in the family or through traditional channels of conflict mediation and resolution which are not always in the best interest of the survivor. Such community attitudes might lead to retaliations against women and girls in the community or staff implementing the community based work.

³¹ UNICEF. (2014) Hidden in plain sight. A statistical analysis of violence against children. <https://www.unicef.org/reports/hidden-plain-sight>

³² Freccero, J., Harris, L., Carnay, M., Taylor, C. (2011). Responding to sexual violence: Community approaches. University of California, Berkeley.

Addressing cultural norms, individual attitudes and behaviours, and encouraging help seeking behaviours

Help seeking behaviour derives from personal motivation, yet a positive and supportive attitude of the community and of those close to the individual are determinants for interpersonal change.

The prevention program implemented in the community (Step 2) is designed to guide members in critically thinking about violence against children and women. The different activities raise awareness about the presence of violence, the root causes, the impact, and most importantly, about the duty and rights of each person to prevent violence and protect themselves and others.

Participants are empowered through knowledge and skills and motivated to become activists within their community, relational sphere and individual life, and get involved in identifying their safety net and the support system available within or outside the community.

Safe identification and referral

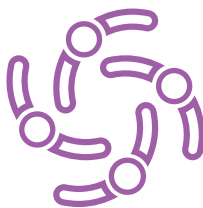
Identification and referral is about becoming aware or recognizing the need of an individual for a specific type of support and care and accompanying the person to receive the needed attention. It builds on the three key action principles of PFA:³³



Look



Listen



Link

KAFA's field staff regularly interact with women, children and caregivers in the community, building a relationship based on mutual respect and trust. During the implementation of the prevention program, when they carry out field monitoring visits or visit the community to organize activities, they become aware of children and women that are at high risk of being exposed to violence or that are survivors of violence. **Identification** occurs either because:

- *The girl, boy, woman, caregivers or other relatives disclose their situation.* In the community all are aware of KAFA's role and work, therefore, field staff may be directly approached by someone who expresses the need for support and care. Also, during the implementation of CP and GBV Education and FPSS sessions, even though this is not encouraged, participants sometimes share their personal experience of violence, they have suffered, witnessed or perpetrated. For example, parents admit to using verbal or physical violence to discipline their children, wives and husbands describe how they react when arguing and how their stress and negative feelings cause violent reactions towards their children.
- *KAFA staff observe behavioural, emotional or physical signs of violence suffered or perpetrated.* Observing and recognizing signs of violence is a key skill for identification and is acquired through specific training. Field staff implementing CP and GBV Education and FPSS are particularly attentive towards such signs.
- *Community members report to KAFA's field staff specific situations of violence against children and women.*

The next step is to confidentially and safely talk with the person to gather the minimum necessary information to better understand the circumstances and **if and how** they would like to receive support. When the person of concern is below the age of 18 years, the primary caregiver should participate in the discussion and decision on the way forward, unless the caregiver represents a threat to the safety of the child; in such cases mandatory reporting is necessary.

After having agreed on how to proceed, the person identified is:

Invited to participate in CP and GBV education or FPSS sessions

KAFA's field staff can invite members of the community to participate in prevention activities implemented in the community only when they are deemed not at risk of being exposed to violence or perpetrating violence towards others.

The situation is also discussed with KAFA's Project Manager or other competent staff for further insight and confirmation of the decision.

Referred to KAFA's case management Team

Women and children (accompanied by a trustworthy caregiver) who are survivors of violence or at high risk of being exposed to violence are always referred to the case management team.

The referral is completed through the inter-agency referral form.

Referred to other service providers within other sectors

When the person expresses the need for other services beyond the expertise of KAFA (health, water, sanitation and hygiene, food or other), field staff can process the referral or provide the necessary information in order for them to directly approach or contact the service provider.

If it is agreed to process a referral, the inter-agency referral form is completed, shared with KAFA's Project Manager or other competent staff for approval then sent.

Each staff member of KAFA is trained on safe identification and referral and PFA. The team in charge of the implementation of the CBA receives the training as part of the CoP Training for Facilitators. Other staff within KAFA receive the training as part of their induction or as refresher training. The training is meant to build skills of staff in **identifying** women and children at risk or survivors of GBV or other forms of violence, neglect and exploitation against children, through observation and listening, **receiving disclosure** and **making appropriate referrals**, ensuring respect to principles of informed and unambiguous consent, confidentiality, safety and best interest of the child.

Response and prevention services through KAFA's centre-based program

KAFA provides a comprehensive set of response and prevention services to violence survivors or women and children at risk, and their caregivers. Such services are provided through a centre-based approach to ensure safety and confidentiality to clients who might be at risk of repercussions by the family, community or perpetrator of the violence because of the decision to seek help and advice.

In order to reach new and the most vulnerable communities, KAFA has decentralized its centre-based structure establishing centre-based activities in the same governorate were they implement the CBA. The program provides financial and transportation support for those facing difficulties to reach the centre. All such measures have been intentionally set in place to facilitate access while addressing physical and security barriers.

KAFA's centres are organized in three main units where prevention and response services are provided.

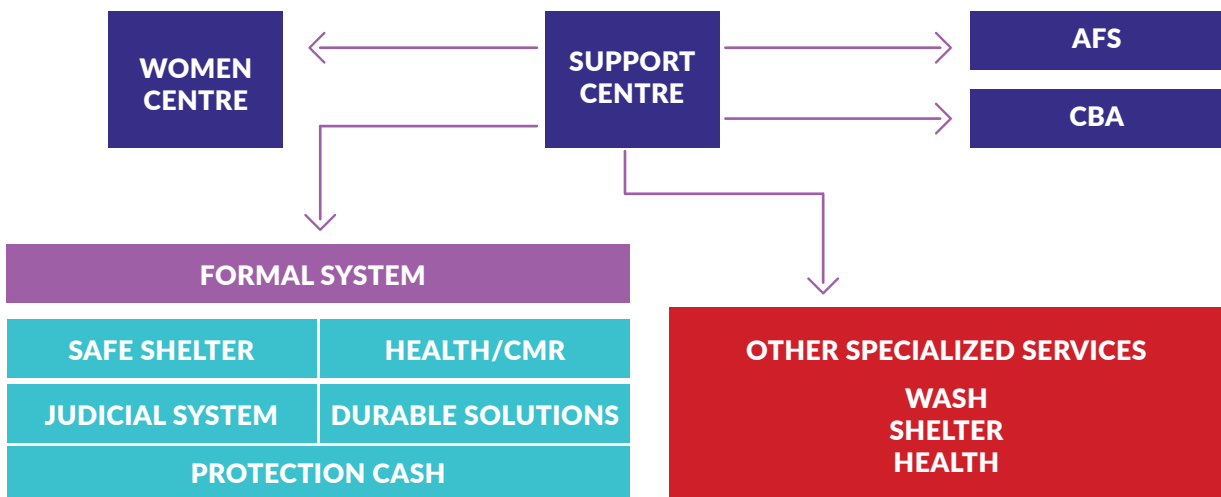


KAFA is a CP and GBV case management agency coordinating its actions with other sectors, such as security, justice, health and social welfare, linked to the formal system. The **Support Centre** is the body in charge of receiving all cases detected, referred or through clients directly approaching the centre because they are at risk, or survivors of GBV and other forms of violence, neglect and exploitation.

Here, a team of case workers, a psychologist, psychotherapist and lawyer provide listening and counselling, case management, psychological support and legal assistance.

Listening and counselling is the first response when a woman or a family reaches the Support Centre; during the meeting, emotional support and information about options available to respond to the specific needs are provided, this can include services provided by KAFA or by other service providers.

Case management is about supporting individuals to identify ways to ensure their protection and recovery, accompanying them through the process by providing emotional support and facilitating access to specialized services.³⁴ KAFA applies a survivor centred approach to case management of women, boy and girl survivors of GBV and a child friendly and child and family centred approach for children at risk or exposed to CP violations. Psychological and legal counselling and support is provided when needed as well as referral to other service providers for specialized services. Survivors and at risk women and children might also be in need of PSS and FPSS activities, and be referred to the Women's Centre or to the Adolescent Friendly Space (AFS), yet, if the woman or child live in one of the communities where KAFA is implementing the CBA and it is safer for them to limit their visits to the Centre, they can be involved in prevention activities within their community.



³⁴ GBV Information Management System Steering Committee. (2017) Interagency gender-based violence case management guidelines. Providing care and case management services to gender based violence survivors in humanitarian settings (1st ed.). Retrieved from <https://gbvresponders.org/response/gbv-case-management/>.

The **Women's Centre** is a safe and structured space for women only, where “their physical and emotional safety is respected and where [they] are supported through processes of empowerment to seek, share, and obtain information, access services, express themselves, enhance [their] psychosocial wellbeing, and more fully realize their rights”.³⁵ In the Women's Centre PSS and FPSS activities are implemented including, but not limited to, awareness raising and education, emotional and PSS through theatre, dancing and other group activities.

The Adolescent Friendly Space (AFS) is a safe space for adolescent girls and boys aged 10 to 17 years to involve them in PSS, educational activities on sexual and reproductive health, educational and awareness sessions on life skills, trainings on child rights, and other group activities such as photography, drama and dance therapy sessions.

The five standard objectives of the Women's Centre and AFS

- Provide a vital entry point for female survivors of GBV to safely access information, specialized services, and referrals to health, protection and other services;
- Serve as a place where women and girls can access information, resources and support to reduce the risk of violence;
- Facilitate women's and girls' access to knowledge, skills and services;
- Support women's and girls' psychosocial well-being, and create social networks to reduce isolation or seclusion, and enhance integration into community life; and
- Generate conditions for women's and girls' empowerment.

IRC and International Medical Corps 2019.

As part of Kafa's strategy on engaging men, a new program has been developed for men named 'CHOICE'. The program is affiliated to Kafa's Support Centre and aims at assisting men who have been abusive towards women and other family members to change their behaviour and mindsets as well as to develop non-abusive relationships. The specific aim of the program is to work effectively with men in order to keep women and other family members safe.

³⁵ UNFPA. (2019). The inter-agency minimum standards for gender-based violence in emergency programming. Gender-based Violence Area of Responsibility. Retrieved from <https://www.unfpa.org/minimum-standards>

The most significant change

“ In the past, my thoughts were irregular, some of them good and some not so good. An example of this is when my sister married before me, she was 13 years old and I considered it a big mistake. But on the other hand, I believed that violence was a useful way to raise children, and followed the popular saying, “A boy is only raised by beating”. Even about gender violence to which I was exposed during childhood, I firmly believed that I should keep quiet about it... the reason was my fear that my parents would prevent me from going to school.

One day my daughter came running to me and told me that she had been harassed by someone close to us. I don't think that I would have believed her or know how to protect her if I did not attend KAFA's sessions. I reported the harasser and asked KAFA to provide psychological support to my daughter.

My husband and I used to be very violent, verbally and emotionally, towards our 11-year-old son. He had hostile behaviour, being violent towards others and often using sexual language that he learned from his father and uncle. People in the camp kept complaining about him. When I realized the gravity of the situation I changed my way of approaching and dealing with him and I asked his father to do the same, but we did not get positive results until we discussed with KAFA and I was referred with my child to follow up with the psychologist.



**- Woman from Syria
living in Lebanon**

PHASE 2

Phase 1

A CP&GBV mechanism led by KAFA is established, while community cohesion, commitment, and resources are assessed

Phase 2

Community's resources are strengthened, roles and responsibilities transferred and interventions tailored to establish the CP&GBV community-based mechanism

Phase 3

The CP&GBV community-based mechanism is led by the CPC, linked to the formal system and outreaching to neighbouring communities

STEP 4 - Setting up a CP&GBV
community-based mechanism

STEP 4 - Setting up a CP&GBV community-based mechanism

The aim of step 4 is to establish a CPC, train and mentor the members until they can take the lead running a CB mechanism for the protection of women and children.

Step 4 marks the transition to phase 2 of the CBA, during which members and resources in the community are mobilized and strengthened to establish a CP&GBV community-based mechanism. The mechanism will include a set of actions meant to address violence against women and children, led by community actors and coordinating with KAFA and other service providers for the provision of professional services. Phase 2 will focus on the preparation of the community to independently run the mechanism.

A key feature and precondition to ensure the long-term sustainability of a CB mechanism is that agents of change within the community take an active role designing, implementing, monitoring and evaluating its activities. Identifying members of the community, who feel a collective and individual responsibility towards other women and children and are ready to lead a process of change, is the necessary condition to transition to phase 2 of the CBA.

During step 4, adult women and men, adolescent girls and boys, and community service providers, agents of change in their community, are mobilized and supported to take an active role safeguarding women and children, establishing and becoming members of a CPC. The committee will be the body responsible for running, monitoring and evaluating the CB mechanism for the protection of women and children.

For the next 18 months or more, they will work closely with KAFA be trained, mentored and accompanied to:

- Organize themselves as a committee
- Strengthen their knowledge and skills to address violence against women and children
- Gradually take over the role of implementing the actions part of the CP&GBV community-based mechanism, developing a clear action plan of specified activities
- Assess drivers of violence and risk factors within the community, evaluate and adjust the overall strategy to reach women, children and families most in need.

Moreover, throughout phase 2 KAFA will continue implementing women empowerment and FPSS sessions other than prevention and response services through its centre-based program.

However, not every community may share sentiments of solidarity and social cohesion. Underlying and existing power dynamics may affect meaningful participation and inclusion of all members of the community.³⁶ A CBA presupposes a sense of community, moreover, a CB mechanism can be established and maintained over time, only if agents of change within the community take the lead. Yet, if this does not occur in the community targeted though the CBA, there are two possible options:

- a) Stop the intervention at community level and invite women, families and children interested and/or in need, to attend activities in the Women's Centre or AFS; or,
- b) Extend phase 1 and continue implementing activities (steps 2 and 3) by KAFA at the community level.

WHY

Practitioners in the field of CP and GBV are increasingly recognizing the positive impact of addressing violence at community and grass-root level through the active involvement of trusted members of the community.³⁷

It is widely acknowledged that

“change will be greatest when programs ‘start where the people are’ and engage community members for their knowledge of what matters to the community population”.³⁸

When the decision-making process is led by a CPC and the implementation strategy is designed by it, there is a higher level of contextualization, appropriateness and relevance of the intervention. By doing this, the community perspectives, priorities and resources are addressed in a culturally respectful way, influential members of the community are involved and members in the community who are the most vulnerable and hard to reach are involved.

Moreover, setting up a mechanism at community level managed by a CPC strengthens the support system for women, children and their families; services become available close to where they live, the members of the committee can be easily approached for guidance and advice and women and children victims of violence or experiencing a situation that increases their risk of exposure to violence can be identified earlier. Furthermore, it empowers communities, decreasing their dependency on NGOs and externally lead initiatives.³⁹

Yet to achieve such impact, it is essential that the committee holds the trust and respect of the community. The capacity building, support and encouragement of the CPC, over the long term, is very important to guarantee the provision of quality services, the safety and respect of women, children and their families approaching the CPC.

Identifying and selecting the community protection committee members

The members of the CPC can be named by community members, children and adults, noticed by KAFA field staff during their interaction with the community or voluntarily propose themselves.

- **Named by community members** – during the CoP and AWSO sessions as well as during the FGDs for the community assessment, children and adults involved name individuals in the community that they trust and to whom they would turn if they needed advice or help to address a personal problem;

- **Noticed by KAFA staff** – one of the key tasks of KAFA staff during phase 1 is to establish relations with community members, including already existing committees and service providers in the community, to better understand dynamics within the community and to identify key individuals who stand out for their motivation to influence and mobilize others against GBV and CP violations and have initiated this process for themselves first; or

- **Voluntarily propose themselves** – when KAFA introduces the idea of establishing a CP&GBV community-based mechanism, discussions are held with the community to know if they are interested and think that is a need for them. At this stage, some people approach KAFA to share their desire to become a member of the CPC.

KAFA's field staff spend time with those identified as potential members of the CPC, involving them in activities such as inviting people, motivating the groups and stimulating discussions. The purpose is to understand if they have a propensity to care for others, good communication skills, knowledge of the community, trust and respect of peers.

³⁷ Wessells, M. (2009). What are we learning about protecting children in the community? An inter-agency review of the evidence on community-based child protection mechanisms in humanitarian and development settings. London: Save the Children.

³⁸ Durham A. (1963). Suggested principles of community development. *International Review of Community Development*; 11:142–51. In Nilsen, P. (2006). The theory of community based health and safety programs: a critical examination. *Injury Prevention*, 12(3), 140–145. doi:10.1136/ip.2005.011239

³⁹ Plan. (2014). Protection in action. Regional evaluation of the effectiveness of community-based child protection mechanisms supported by Plan in Asia. Bangkok: Plan Asia Regional Office.

Furthermore, all 'candidates', are invited to participate in a test meant to gauge personal beliefs towards GBV and CP, understand their willingness to dedicate time and efforts as a member of the CPC and to assess their knowledge and skills. All those in the test who condemned violence against women and children and who consented to embracing responsibilities for safeguarding women and children, are finally invited to become members of the CPC.

There is no set number of committee members, as long as it includes women, men, adolescent boys and girls. Each CPC so far established has a different gender and age composition and number of members. Furthermore, the membership can also be gained later in the process, therefore, new members join when they represent a resource for the community.

Community protection committee role and responsibilities

The members of the committee have shared responsibilities and individual roles. The latter are assigned to those who propose themselves or are invited by KAFA because they have the required personal and technical skills.

All members, adolescent and adults, responsibilities

- Participate in the regular CPC meetings
- Provide PFA
- Carry out assessments of new locations
- Participate in project design

Adolescent members role

- Peer-to-peer GBV/CP education
- Design and implement youth-led initiatives

Adult members shared and individual roles

Shared:

- Participate in ad-hoc meetings
- Community risk assessment and action plan development

Individual:

- Peer-to-peer GBV/CP education
- Facilitate access to response services

The primary role of the CPC is to prevent and mitigate the risk of violence against children and women in their community, bringing forward the process of change initiated during phase 1 and making it their own.

All the adolescent members of the committee and most of the adults take the role of **peer-to-peer educator** and facilitator of the CoP. As such, they are responsible for reaching out to engage their peers, prepare and carry-out the sessions and the KAP pre- and post-test.

One or more adult members are given the role of **referral focal point** providing guidance and facilitating access for women, children and their families to CP, GBV and to other sectors' services.

The CPC cyclically carries-out a **community risk assessment** to monitor or determine risk factors and drivers of violence against women and children and develop an **action plan** defining the response strategy. The action plan can foresee actions such as community and youth-led initiatives, project proposals, link with other service providers or competent authorities requesting their intervention, revise the strategy of the COP sessions to reach a specific target or address other CP/GBV issues, and more. While the responsibility for carrying out the community risk assessment is only for the adult members of the committee, the development of the action plan engages the whole committee. Its operationalization, instead, involves adolescents and adults who propose to take the lead in full or as part of their other responsibilities. For example, all peer-to-peer educators will revise the strategy of the CoP sessions, one or more adolescent members will propose to develop and implement youth-led initiatives and so on.

All CPC members provide PFA and information when needed and participate in the regular meetings of the CPC. Hence, the CPC members will gradually take on their full role in establishing a CP&GBV community-based mechanism tailored to the specific available resources and needs of the community.

Capacity development of the community protection committee

Over a period of approximately 18 months, the members of the committee are involved in three main training sessions, followed by on-the-job mentoring, guidance and further ad/hoc training as requested. Training sessions are delivered by KAFA's senior staff while the mentoring is the responsibility of field staff.

CoP training for facilitators

The training targets all members of the CPC, adolescents and adults separately. The curriculum covers three main components:

- GBV, CP and PFA
- Facilitation skills when working with children and parents
- The CoP sessions

These are addressed through lecture-based sessions, role play and learning games, providing comprehensive information and skills to the participants.

Initially, training sessions were conducted in the community, within a space arranged by a member of the CPC, yet it proved to be difficult to maintain a learning environment for several hours and sessions were often interrupted. Now, members of CPCs from different locations are invited to attend together in a space organized by KAFA. Moreover, bringing together more CPCs created an opportunity to share experiences, learn from others, be further motivated in their role and create networks.

Safe Identification and Referral

The training on safe identification and referral, targets only the Referral Focal Points, and focuses on the following topics:

- Recognizing signs of distress and abuse
- Listening and communication skills
- Handling disclosure
- Informed and unambiguous consent, confidentiality, safety, respect and non-discrimination
- Referral pathways (including referral forms)

The training is designed to develop knowledge and skills to recognize physical, behavioural and emotional signs of abuse and distress, to approach, listen and advise on how to receive support, and access links to service providers.

The Referral Focal Points are also trained on how to process referrals to other sectors; therefore, they are provided with information about the different NGOs and public or private service providers available, and are given the Service Directory, a live document, regularly updated and with guidance on referral pathways.

Community Risk Assessment and Action Plan

The Community Risk Assessment and Action Plan are tools developed by KAFA. Only the adult members of the committee are invited to participate in

the training because of the sensitivity of the information to be collected. Participants are taught how to use the above tools, to determine what and how information will be gathered, documented and analysed to develop an action plan. Moreover, the first risk assessment and action plan are developed together by the CPC and KAFA.

Each training foresees a pre- and post-test to measure acquired knowledge and understand further capacity building needs of participants to be responded to through short ad-hoc sessions or longer training.



Ad-hoc training

Ad-hoc training is provided to further strengthen knowledge and skills of the CPC committee. These sessions focus on specific topics or competences not addressed through previous training or for which the CPC members need further information, for example, sexual and reproductive health rights (SRHR), positive parenting, positive leadership, life skills.

On-the job mentoring and guidance

On-the job mentoring and guidance is meant to build confidence and practical skills of the CPC while fulfilling their responsibilities.

Peer-to-peer educators are coached and mentored on-the-job for a period that can last up to three months. Weekly meetings are held to prepare and rehearse the sessions planned, giving the opportunity to all to practice and receive feedback and guidance. Then, sessions are conducted by the peer educators in teams of two, shadowed by KAFA's field staff, until they feel ready and confident to lead by themselves. Meetings will continue, yet less frequently, to discuss challenges, topics for which the peer educators would like further knowledge or skills and strategies to reach groups or individuals more difficult to involve.

The mentoring of those who act as Referral Focal Points occurs through regular private meetings during which KAFA's staff supports them in developing their identification strategy, discussing individual cases and challenges faced.

Meetings

The CPC holds regular meetings aimed to reflect on their work and how their approach can be further strengthened. These are initially held on a weekly basis, involving KAFA's field staff to facilitate and stimulate discussions. Over time, the CPC is empowered to take the lead in the meetings and invite KAFA if deemed necessary.

PHASE 3

Phase 1

A CP&GBV mechanism led by KAFA is established, while community cohesion, commitment, and resources are assessed

Phase 2

Community's resources are strengthened, roles and responsibilities transferred and interventions tailored to establish the CP&GBV community-based mechanism

Phase 3

The CP&GBV community-based mechanism is led by the CPC, linked to the formal system and outreaching to neighbouring communities

STEP 5 - The CP&GBV community-based mechanism at work

STEP 5 - The CP&GBV community-based mechanism at work

The aim of step 5 is for the CPC to fully embrace its role of safeguarding women and children, by promoting the active participation of the community in the process of social behavioural change, and taking ownership of what is done and accomplished through its work.

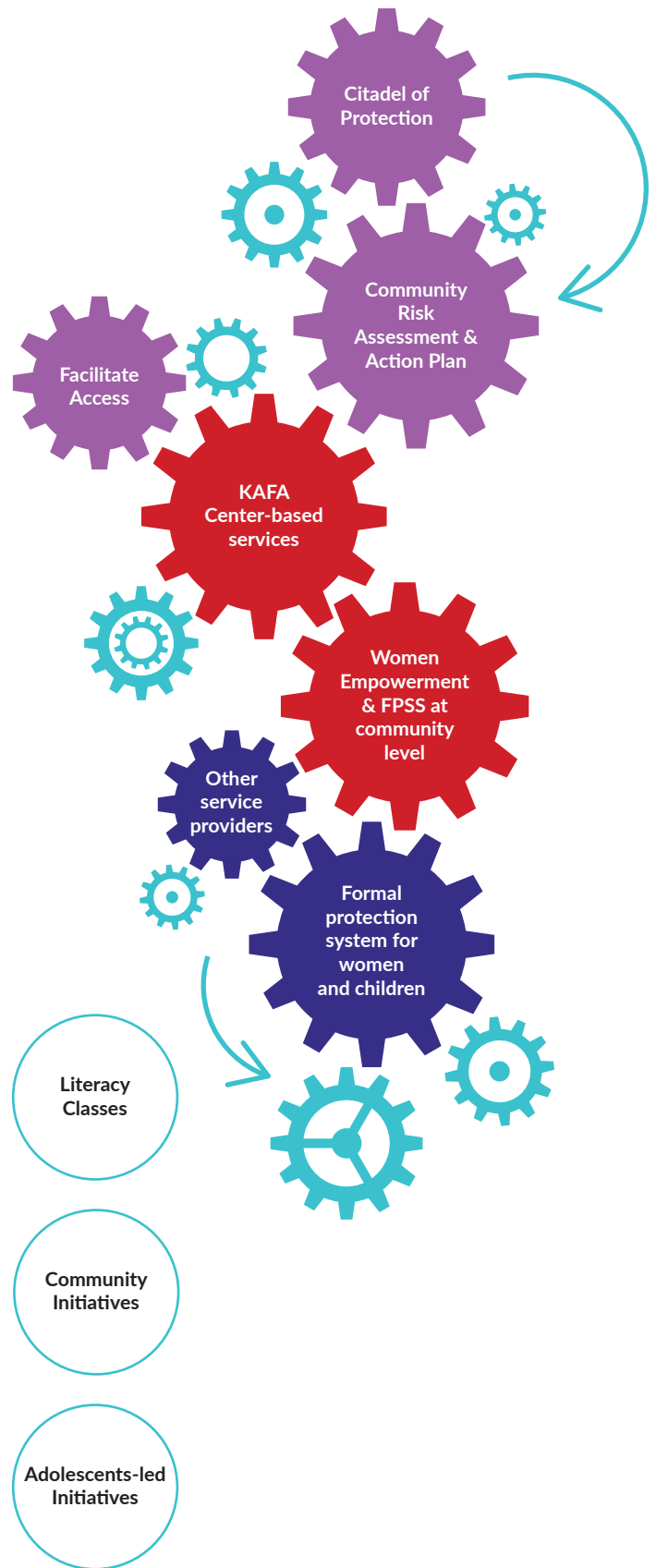
The transition to phase 3 occurs when the CPC feels ready and confident to lead the actions of the CP&GBV community-based mechanism. During step 5 the CPC acts independently, taking decisions, defining their goals and strategy.

Thus, the mechanism is shaped by the CPC to effectively address the needs and priorities specific to their community through prevention and risk mitigation activities while coordinating with other actors to provide responses from professional services.

The community risk assessment, cyclically implemented, identifies risk factors and drivers of violence against women and children to be addressed through the CoP sessions, initiatives designed to involve the community, and partnership or link with KAFA and other actors providing specialized professional services.

In phase 3 of the CBA the partnership with KAFA changes. KAFA is no more the mentor of the CPC but rather the provider of technical support and of CP and GBV professional specialized services upon request. Children and women at high risk or survivors of violence are referred to KAFA's Support Centre to receive the quality professional care and assistance they need, including referral to other service providers such as health facilities, police, safe shelters, i.e., ensuring and facilitating access to the formal system for the protection of women and children. KAFA's specialized staff continues providing women empowerment and FPSS sessions in the community, yet, in coordination with the CPC. The CPC can ask for ad-hoc training or technical support from KAFA, for example, to design community initiatives or to address difficult situations for which the CPC does not feel confident or sufficiently trained.

Once the CPC has adjusted, feels confident in leading and developing the community-based mechanism and has established coordination with KAFA and other service providers, the mechanism will function as described in the diagram below.



WHY

Step 5 represents the last step in the process of empowering communities to protect children and women.

The CP&GBV community-based mechanism and its main actions are meant to facilitate the contextualization of the CPC strategy and to reach most vulnerable children, women and families. Moreover, each action is coordinated and interconnected for the aim of involving the community as a collective and as individuals in a process of social behavioural change, to address underlying drivers of violence through coordination with other sectors providing basic needs or cooperating with KAFA. Nevertheless, its effectiveness and long-term sustainability strongly depends on the commitment and engagement of the CPC.

Community ownership refers to the extent to which communities have strong concerns about children’s issues [and women’s wellbeing], perceive particular work to support vulnerable [women and] children as their own, take primary responsibility for the success of that work and engage in self-motivated action to improve children’s [and women’s] lives. ⁴⁰

KAFA’s CBA, step-by-step, has worked towards building and motivating ownership by: engaging communities, motivating social behavioural change, individual and collective activism during phase one; building skills, capacity and knowledge of agents of change to strengthen collective and individual agency in phase two; and, respecting and supporting the decisions taken by the CPC during phase three.

Community risk assessment and action plan

Every six months the CPC carries out a risk assessment to identify forms of violence against women and children most prevalent in the community and to analyse drivers, risk factors and resources within the personal, relational and community spheres.

The community risk assessment tool guides the CPC collecting information related to:

CHILDREN	Emotional behaviours	Health Disabilities Bedwetting	Access to education Learning difficulties Others	Social relations with peers and relatives Support system and integration in the community
	Health Disabilities Substance misuse	Attitudes and practices of violence between spouses and towards children	Social relations with peers and relatives	Awareness Knowledge Capacities
	Community cohesion Relation with neighbouring and host community Ostracised families Harmful practices against women and children	Service providers: Schools Health facilities CSOs	Barriers to access services	Structural threats in the physical environment
CAREGIVERS				
THE COMMUNITY				

⁴⁰ Wessells, M. G. (2018). A guide for supporting community-led child protection processes. New York, NY: Child Resilience Alliance. (p.11)

Information for the risk assessment is collected by the adult members of the CPC through observation and discussions with children, caregivers, women and other members of the community while carrying out activities or during informal conversations.

Protection risks, drivers of violence and other risk factors identified through the assessment are then addressed through actions initiated, coordinated or implemented by the CPC. Actions include CoP sessions, referral to KAFA for FPSS implemented in the community, referrals to other sectors, advocacy actions towards key stakeholders, awareness raising on additional topics, further capacity building of the committee and the development of community initiatives.

Example of Action Plan

The problem	Goal	Action	Who	When	Follow up
Children are bullied on their way to school by children from neighbouring communities	1. Children have safe access to school	Refer the problem to UNICEF and NRC asking for a means of transportation for the children	CPC Referral Focal Point	14 March	Families of school-aged children had been assessed for eligibility to conditional cash assistance
	2. Sensitize children from neighbouring camps	Two cycles of CoP sessions for young children and adolescents	CPC Adolescent Peer Educators, supported by KAFA staff to enter the community and attend sessions	July to November	The two cycles were implemented, the need to work with all caregivers emerged. To be considered for the future
Caregivers' violent discipline	3. Reducing violence against children through changing knowledge and attitude related to this behaviour	10 CoP sessions to caregivers covering topics related to this problematic	Adult peer educators	25 June	One cycle of activity was provided; additional sessions needed
		11 sessions on positive parenting skills to caregivers	Adult peer educators	25 August	Following the CoP sessions, caregivers have been referred for FPSS
		10 CoP sessions for children	Adolescent peer educators	25 June	10 sessions were provided; additional sessions are needed
		FPSS for children exposed to violence	Referral Focal Point refers to KAFA's psychologist	25 August	Not implemented yet

The action plan sets the work flow of the CPC for a period of 6 months. After this period a new community risk assessment is carried out reflecting on the state of progress achieved so far and new protection issues to be addressed.

Citadel of Protection peer-to-peer sessions

Adolescent boys and girls and selected adult members of the CPC provide peer-to-peer GBV and CP education facilitating the CoP sessions. The adolescent peer educators will address young children aged eight to 12 years' old and adolescent girls and boys from 13 to 17 years' old, while the adult group will involve parents and other caregivers above the age of 17 years.

The CoP includes sessions addressing different CP and GBV topics, providing general or topic-specific information, for example, on child labour, early marriage etc... (see step 2 for further details). The role of the peer educators is to select the topics/sessions most relevant to the specific group involved in the sessions. The community risk assessment and action plan guide peer educators in defining the target group and focus of the CoP sessions, as described above. Vice versa, when girl and boys peer educators observe negative behaviours, attitudes and practices shared by participants, during the implementation of the sessions, they will discuss with the CPC to inform the risk assessment.

Peer Education has proved to significantly increase contact with more members in the community, due to the advantage of being more flexible in terms of time during the day to carry out the sessions but also because they can reach their peers (especially the most vulnerable) during social gatherings, family and community events and motivate them to participate. To meet the needs of working children and parents working long hours or returning only during the weekend, sessions are organized during the late afternoon or evening. Peer Educators described their personal experience as extremely empowering and rewarding.

ANAS adolescent boy Peer Educator:

It feels very empowering to know that you are actually contributing to bring changes to your community, this for me is the best thing of being a member of the Committee. At a personal level, I changed my opinion about early marriage and equity between boys and girls; also, I have become more self-confident to speak in front of others and take a leading role such as during the sessions. Being considered trustworthy and becoming the focal point for others who now ask for my help makes me feel very happy.

HIND adolescent girl Peer Educator:

I became a person trusted by others in the community and many children are coming to me to ask for my support and advice, I learned to talk with others of my age about things I would have never talked about before such as early marriage, sexual harassment or gender equality. I also learned how to interrelate with other children while before I would spend time only with relatives or family friends. I feel I became more independent.

Facilitating access to specialized professional services

The CPC members, collectively and individually, are responsible for ensuring that women, children and caregivers in their community have access to the specialized and professional services they are in need of. Different actions are implemented to support help-seeking behaviours or to facilitate access through referrals, these include raising awareness of community members about services and, safe identification and referral. Ensuring that community members are aware of the CP&GBV community-based mechanism and of specialized services provided by other organizations is a key responsibility of the CPC.

Awareness raising on services available in or outside the community is provided through the CoP sessions and community initiatives designed to provide quality information on ad-hoc topics relevant for the whole community such as about COVID-19 or managing stress and wellbeing of oneself and of others during lock-down and confinement. Furthermore, CPC members do not miss any opportunity to raise awareness in their community, organizing information sessions during social events or gathering such as in the early morning when women meet to have breakfast or in the evening when families come together to chat and drink tea at the end of the day.

All members of the CPC are trained in PFA, therefore, able to understand when a person is in distress or is disclosing harm. In such cases, the CPC members intervene to confidentially listen and raise awareness about services. Each situation is then discussed with the person acting as a Referral Focal Point for further action if deemed necessary. Safe identification and referral is their responsibility and most of the cases are identified during the implementation of the CoP sessions. Moreover, these key persons are often directly addressed by women or parents needing to share problems or ask for guidance.

When in the best interest of the person in need and consent is provided, a referral is processed on their behalf. The Inter-Agency Referral form is filled in by the Referral Focal Point and sent to KAFA's case managers in the Support Centre or to other service providers if the person needs other professional care.

The person acting as the Referral Focal Point also coordinates with KAFA to request FPSS and women empowerment sessions to be carried out at community level.

Community initiatives

Community initiatives are small projects designed by the CPC members and addressing needs expressed by the community or identified by the CPC members themselves. Depending on the type of initiative, the CPC might look for donors for the initiative or engage available community resources.

For example, during the lockdown, adolescents suggested preparing videos to deliver key messages and guidance on how to best take care of themselves and their mental health during highly-stressful moments and approached KAFA for technical and material support.

Another example of community initiatives is the literacy courses for adult women. Classes are delivered by female teachers identified in the community, trained by KAFA to use the Literacy Curriculum developed by the Lebanese Ministry of Social Affairs, integrated with GBV and CP messages from the CoP. The course includes two levels, each delivered through 30, two hour-long lessons. Most of the women attending the course are 25 to 35 years old who want to help their children doing homework, be active communicating through social media with their friends and relatives or want to feel independent when moving from one location to the other. The course targets only adult women, as girls who did not attend school or continued their education can be referred to organizations specifically mandated by the Ministry of Education and Higher Education.

KAFA field staff: *The literacy course was first introduced when we realized that a number of women would not agree to become part of the CPC because they did not feel confident writing and reading. To give equal opportunities to all women we thought of starting literacy classes and we also revised many of the tools and forms developed for the Committees to document their work and follow up. The literacy classes were well attended and more and more women asked to be enrolled. Therefore, it was agreed to make this a regular activity in each community. Yet, at a certain point funds for this activity were no longer available and we had to stop. We were filled with joy and amazement when we found out that many committees decided to continue implementing the course through volunteers.*

Expanding to new locations

Once the CPC is well acquainted with its role and has available time, it starts reaching out and getting involved in preventive activities with children and adults from neighbouring communities. Here, the peer educators carry out the CoP sessions and provide information about services delivered by the CPC and KAFA.

Before starting the activities, a quick community assessment is carried out, limited to general population data, area of origin, resources in the community, other organizations who work or have been working in the community. The assessment is done by the CPC members, adults and adolescents, when deemed safe for them.

Expanding to new locations through the CPC came out as a strategy to reach and sensitize more people on GBV and CP while providing awareness of services available for women, children and their families without overwhelming capacities and increasing costs for KAFA. Furthermore, it helped improving relationships between communities which, in most of the cases, have strengthened their relationship and now support each other when in need.

The most significant change



In 2013 my husband, my children and I were forced to leave Syria, our home, and seek refuge in Lebanon.

In the camp where we settled there was KAFA implementing CP sessions with children and adults. It is thanks to the other women in the camp that I started participating in the activities of KAFA, I was hesitant but the women insisted and finally convinced me. I have loved it since the beginning, waiting impatiently for sessions. I also encouraged my children to participate and they did.

At that time, my husband was under a lot of pressure due to the situation and difficulties he was facing to provide for us, and he opposed my participation in the activities. We argued and once he told me 'your home is first and your children are eternal' telling me that these should have been my priorities. I then told him that participating in the sessions was for the sake of the children and to educate them in the right way. I used to deal with my children nervously and beat them too. I believe it was because I did not have the opportunity to express myself.

I changed my attitude towards my children and also started treating them differently and I think that this is the reason why KAFA asked me to join the CPC. After being trained I started training women and men on violence against children and providing literacy classes to women. I was hesitant at first, ashamed and a little confused but working hard and through a lot of practice I became much better and I kept working on myself.

When my husband noticed how stronger I became and that I was also a decision maker and influencer in our community he started encouraging me and this made me feel even more self-confident. Also, the relationship with my children and between them improved, now it is based on understanding each other.

Moreover, people in my community started approaching me and allowed me to intervene in their personal and private life. I was able to talk directly with parents who decided or thought of taking their daughters out of school; I explained how important education is for a girl and a woman and we discussed their fears.

Once, my husband and I tried to stop the engagement of a 13 years old girl. Her parents are acquaintances to a friend of our family, therefore, we were able to approach them and try to convince the father that he was taking a wrong decision, that the girl should have continued her education and that she was not ready to hold the responsibility of a marriage and motherhood; we also explained the health risks of a pregnancy at her age. But he was very stubborn and did not listen to us. Since the girl got married she continuously quarrelled with her husband and she returned to her family home. Her father now regrets having consented to her wedding and to not waiting.

There is a woman who is always fighting with her husband and neglects, insults and beats her children. Once she came to me saying that she saw me and my family, how my children obey me and love me at the same time and wanted to know how I managed to build a good relationship with them. So I guided and advised her and she improved a lot. She stopped harming them physically and psychologically and I noticed a great difference in the relation with her children, just like what happened to me.

I also helped many women beaten by their husbands, providing them with information and helping them to approach KAFA to receive help and advice. And I cannot hold myself from intervening every time I see a mother hitting her son or daughter.

I became motivated to bring a change and to continuously learn more so that I can intervene in a safe and correct way and at the same time feel useful to my community.



**- Woman from Syria
living in Lebanon**

Conclusions and recommendations

KAFA's community-based work provides an important example of how members of vulnerable communities come together to create a safer environment for children and women, and one of the few which addresses violence against women and children through integrated programming. By following the three phased approach and steps outlined in this guidance and key recommendations summarised below, it is possible to create safer environments for and with communities.

Step 1

To identify a community of individuals that feels a sense of group identity is the first and most important action of KAFA's CBA. Feeling part of a whole reinforces attitudes of solidarity and social cohesion. These are key factors when the intervention aims to mobilize a community to embrace the collective responsibility of protecting women and children from violence, and supporting families.

To be effective, programs addressing violence against women and children must holistically intervene and address drivers of violence within each level of the social ecology. Therefore, it is important that community assessments involve women, men, girls and boys to investigate and understand drivers of violence, risk factors and resources at the community, interpersonal and individual level.

Step 2

Effective prevention programming which addresses underlying causes of violence and actively engages women, children, their interpersonal circle and the community at large, to transform gender-power imbalances and create a safer and enabling environment for equality and non-violence is essential.

Women, men, younger and older people, must all participate in prevention activities since "gender norms and power dynamics are reproduced through generations and operate across the life course and not only among those at risk of current perpetration".⁴¹

Step 3

Response services, such as health care, psychological support, legal assistance, safe shelter etc., to provide support, care and give assistance to women and children survivors or those at risk of violence, are essential to ensure safety, recovery and avoid long term consequences. Yet violence against women and children is largely underreported. Thus, it is important to set in place a mechanism which supports and facilitates access and addresses the specific cultural, emotional and physical barriers to services and care that have been identified during the community assessment.

Safety is an essential element to consider when developing your awareness raising strategy about GBV and CP response services. Information about health care for survivors of sexual violence, safe shelters for women and children exposed to domestic violence, law enforcement interventions to ensure safety and security of survivors and others, might generate resistance by members in the community who believe that violence should be dealt with in the family or through traditional channels of conflict mediation and resolution which are not always in the best interest of the survivor. Such community attitudes might lead to retaliations against women and girls in the community or staff implementing the community-based work.

Step 4

Identifying members of the community, adults, and adolescents, who feel a collective and individual responsibility towards other women and children and are ready to lead a process is key to establishing and maintaining a community-based mechanism.

Setting up a mechanism at community level managed by a CPC strengthens the support system for women, children and their families. Yet to achieve such an impact, it is essential that the committee holds the trust and respect of the community. The capacity building, support and encouragement of the CPC, over the long term, is very important to guarantee the provision of quality services, and the safety and respect of women, children and their families approaching them.

Step 5

For a CP&GBV community-based mechanism to be effective and sustainable in the long term it must be led by individuals who feel the ownership of the program. Ownership refers to the extent to which communities have strong concerns about children and women's wellbeing, perceive particular work to support vulnerable women and children as their own, take primary responsibility for the success of that work and engage in self-motivated action to improve children's and women's lives. Thus, reframing the partnership between the CPC and the organization which supported its establishment is important so that the CPC exerts its agency and leads the CB mechanism; the organization is no longer the mentor of the CPC but rather the provider of technical support and professional specialized services upon request of the CPC.

⁴¹ García-Moreno, C., Hegarty, K., d' Oliveira, A. F. L., Koziol-McLain, J., Colombini, M., & Feder, G. (2015). The health-systems response to violence against women. *The Lancet*, 385(9977), 1567–1579. doi:10.1016/s0140-6736(14)61837-7