# Protection Cluster Meeting Minutes
## 29 March 2018

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<th>Agenda</th>
<th>Discussion</th>
<th>Action points</th>
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| 1. **Review of previous minutes** | The last meeting minutes were reviewed and the action points for follow up from the last meeting were discussed:  
- UNICEF confirmed that it shared the endorsed regional response plan for Oromiya.  
- UNFPA sent an invitation to its cluster members re reporting, however a meeting has not yet taken place.  

The minutes were adopted with two action points. | UNFPA to organize a bilateral meeting with its partners to discuss reporting. |
| **Protection monitoring tool & Response monitoring tool** | The proposed **Protection monitoring tool** was shared with cluster members on Tuesday. Feedback is requested by Wednesday, 4 April and a meeting is to be held late next week.  

The **Protection reporting tool** was presented by IMMAP through Report Hub; the tool was made with health cluster members in Afghanistan. The tool was presented to the Protection Cluster to help with reporting needs. EHF based projects presented, monthly reporting, mapping. The tool should come from partners. Below is a summary of the main points of the presentation:  
- Any staff members of the organization can register and use the tool, specifying the Ethiopia Protection Cluster and the respective organization.  
- Project details can be entered into the tool and appear as Active or Complete. Anyone in the organization who is registered can add a project.  
- Projects can be across sectors.  
- The target population were discussed and a few changes were proposed during the meeting, which IMMAP will note. | Protection Cluster to share the report of MPT workshop with action points. Partners to reflect on other activities that could be added per sector. |
• Partners were asked to reflect on other activities that could be added per sector.
• If the tool is accepted, more detailed discussions and trainings will be introduced.
• A discussion on budget input took place. Some suggestions were to enter the entire project budget, while others suggested only protection activities be included and only money allocated for protection be reflected. Consensus was not reached and will warrant further discussion.
• The system can also generate mapping of services. Partners can see other partners’ project. It is possible to select an activity (CFS) and view only these. However an IMO may be required to generate this view.
• On target locations, rows can be added to specify each location.
• The tool will create a dashboard with a map including the locations.
• Data can be exported in excel and used in ArcMap and QGIS.
• Indicators will be included in monthly reporting. Under projects, detailed monthly reports can be added.
• There was a request to have an attachment with narrative; this can be added per needs and can allow people in the field to see the projects.
• The tool goes to the Protection Cluster, which then reports to OCHA.
• Data is stored on a server and it is protected.
• IMMAP is public and open source.
• IMMAP is providing the cluster with an IM so the tool is operational.
• In terms of exit strategy, all information can be exported.

Discussion

Users per organization

Several options were discussed regarding assigning users per organization. One option was that an organization have many users and field staff may enter data, which needs to be reviewed internally and then shared with the cluster. IMMAP explained that there is an admin page to manage this. Each organization should have an admins who review information; it is possible to add a button for the admin user to verify the information before
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<td>it is submitted. It was agreed that only project focal point can submit projects. There can be an admin page with all users and the organization admin can add or delete users. <strong>Reporting</strong> On the 1st of the month, the report opens and focal point will receive an email that the report needs to be submitted. Reminder emails will continue to be sent until the report is uploaded. During the month, report information can be edited, once finished, the report can be submitted. A question arose on how reporting by partners should be done. It was proposed either 1) to ask partners to report on the tool and the funding agency to have access to the reports of the partner. 2) Or only the donor can report to the Cluster on partner projects. This point is yet to be clarified. Reporting should be done on all projects funded under all donors under Protection for IDPs, with a focus on IDP projects. <strong>Avoiding duplicate tools</strong> UNICEF expressed concerns that its team is also working on a tool with the 5Ws. The process already started and feedback is being received in the field, and the feedback should be ready by 9 April. UNICEF had a one day workshop with the Ministry to train them. The draft tool was shared with Somali and Oromia sub cluster, but not yet with other partners or the Protection Cluster. It was agreed that the clusters should explore how to merge the two tools and will continue this discussion bilaterally. UNHCR has received a go-ahead from Geneva to engage in the implementation of the Protection Cluster/IDP activities. Activities include MPTs and strengthening of community-based protection mechanisms. The next step is to identify locations and partners. A call for expression of interest will be put on the web portal. The regions and activities are part of what the cluster already prioritized in the HRD – Somali, Oromia and Gambella. UNHCR can circulate this information again.</td>
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<td><strong>Update on Child Protection/GBV Sub-Cluster</strong></td>
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<td><strong>SGBV sub-cluster update</strong></td>
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<td>ICCG bi-weekly reporting is often incomplete. Action point: CP/GBV sub-cluster to meet with partners on this issue before next sub-cluster meeting.</td>
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<td>▪ UNFPA has a new project in the Somali region in Anfar and Citizo targeting women and girls affected by drought, providing family planning and SRH services through food distributions. Eight women friendly spaces will be constructed in these two zones.</td>
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<td>Protection Cluster to share report of mid-review workshop.</td>
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<td>▪ A MISK training is being planned, 2-3 participants from the protection cluster will be invited. The date is yet to be set.</td>
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<td>UNICEF to share powerpoint of CP Severity Scale in IDP sites. Methodology will be produced in coming days and shared with partners.</td>
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<td>▪ UNFPA has not received any updates from partners on the 4Ws. Reporting is very poor to the sub-cluster and up to date there almost no reporting on SGBV. UNFPA is to improve on follow up and ask partners to respond. Partners noted that they do not receive reminders from UNFPA on reporting.</td>
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<td>▪ Reporting from partners has been an issue for CP sub-cluster as well. UNICEF has not been getting any reports on CP from Save the Children.</td>
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<td>▪ Overall it was agreed that the lack of reporting gives the impression that the Protection Cluster and sub-clusters are not carrying out activities.</td>
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<td><strong>CP sub-cluster update</strong></td>
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<td>▪ BoWCA has registered 527 UASC in 12 IDPs sites, 176 children were unified with families, 7 were placed in foster care in Oromia. Psychosocial services were provided to 326 children and 1 GBV survivors has been referred.</td>
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<td>▪ The CP sub cluster has been working on situation – response monitoring with the global AoR, developing a child protection needs identification framework.</td>
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<td>▪ The CP sub cluster has been working on the CP response monitoring tool. Already received feedback from CP sub clusters in Oromia and Somali regions.</td>
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<td>▪ UNICEF is also working on mapping of services to facilitate stronger referral pathways.</td>
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<td>▪ GBV will be part of CP interventions, especially for child survivors.</td>
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- The CP sub-cluster requested the Protection Cluster to prioritize the review of MPTs. UNHCR to share report from MPT training.
- UNICEF created prioritization of CP response at site level, with 528,283 children estimated in acute need.

**WFP update on IDP and food issues.**
- As of 26 March, 82% of beneficiaries were covered at Round 7, by end of month it will be complete.
- Some conflict IDPs are not getting food. WFP is basing assistance on requests from the government. An initial request was sent for 52,044 IDPs in Koloji 1 and 2 woredas which are already covered 100%.
- A request was received this week for 237,000 conflict IDPs in the Somali region in need of food.
- MPTs are reporting that drought-affected IDPs are not getting food for 3-4 months already.
- WFP is only responding to requests from the government; the DPPB does the food distribution.
- According to the DTM Round 9 findings in process of review, there are 488,154 conflict IDPs in Somali region, 59% are getting food, 49% not getting food according to DTM. WFP is cross-checking data with actual information and will update partners during the next meeting.
- For drought-IDPs in Somali region, according to DTM, 99% are receiving food.
- Due to security access reasons and the border conflict in Somali regions, WFP is facing challenges to access sites.

Participants requested the food cluster or WFP to clarify how targeting is done. Since two years, the PC cluster is asking about vulnerability criteria. Should look at this with NFI cluster.
| 5. IDP Protection | SCI has does not have updates to share during the meeting for Somali and Oromia regions, but will email updates.  

*NRC* continues its legal documentation project in Woder. According to MPT reports, a lot of issues in regard to documentation.

*DTM 10* data collection will finalize on 9 April.

*Oxfam* continues protection monitoring. Two critical needs are:
1) shelter with upcoming rainy season  
2) referral and case management (BoWCA), some improvement is observed in reporting, but once a case is referred to BoWCA, there is no response. There is need for support in case management.

UNICEF is asking for woredas to support BoWCA since they cannot support all woredas, they can focus on response in woredas where MPTs are operating.

*HelpAge* is implementing jointly with Handicap International in locations around Jijiga. Four partners have been identified, the recruitment of staff has been a challenge due to the security situation. Another challenge is limited services including lack of NFIs. Referral pathways have been identified.

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\Rightarrow \text{Help AGE, HI and IRC activities to be included in reports to ICCG.}
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*DRC* has funds to respond to specific cases, basic needs are massive, therefore DRC will focus on basic needs. DRC applied for funds to continue MPT coverage in the Somali region (15 sites), with a focus on community-based protection. There may be a gap until funding is secured. | SCI to include updates on the Somali and Oromia regions in the PC minutes.  

UNICEF to strengthen case management support to BoWCA is woredas where MPTs are operating.  

Help AGE, HI and IRC to sit with sub cluster before next Thursday to discuss reporting expectations. |
IRC is doing GBV programming in the Somali region and they also have MPTs in the Oromia region. The project is funded by UNICEF, both CP/GBV elements. There was a launching workshop with implementing partners. IRC plans to do a SGBV Rapid Assessment once the security situation allows.

- One challenge is that IDPs are being relocated to the outskirts of Mojo town, Adama city, Legeta, and the outskirts of Addis Ababa from Doba. Estimates are at 2,500 IDPs TBC. Therefore it is difficult for IRC to carry out activities in Doba.

If requested, IRC provides information but not on a regular basis.

IRC is encouraged to coordinate with the CP/GBV sub-cluster in the Somali region.