

## Emergency Guidelines to support the provision of psychosocial activities for children<sup>1</sup>

Version 1.1: November 11<sup>th</sup>, 2023

	Qudwa Implementation	Community Based	Focused/ Non-Specialized
<u>LCRP indicator</u>	Number of targeted children, adolescents, parents and caregivers provided with community-based mental health and psychosocial support services		Number of targeted children and caregivers affected by humanitarian situations benefitting from psychosocial support
Objective	<p>Through QUDWAs / Community volunteers, Child Protection partners will ensure the Provision of light recreational interventions to the largest number possible of affected children in times of emergency with the aim of helping affected children regain a sense of normalcy, enhance their resilience, and reintroduce routine in their lives through:</p> <ul style="list-style-type: none"> <li>• helping children to cope with current situation and manage distress.</li> <li>• Support children to identify their emotions and express them in a safe gathering</li> <li>• Supporting children to build friendships and enjoy their time as children despite the situation.</li> <li>• Support children in setting a routine and know where to go to seek help from and refer them as needed.</li> </ul> <p>In an emergency, children often feel alone and scared. Such sessions will serve as platforms for children to play, talk, and</p>	<p>Within the onset of the crisis, Structured group activities will be provided to ensure child protection and wellbeing with the aim of:</p> <ul style="list-style-type: none"> <li>○ Assisting affected boys and girls to attain stable life and integrated functioning through the development of effective coping mechanisms</li> <li>○ Restore hope, dignity, mental and social well-being and a sense of normality through culturally appropriate activities with PSS objectives.</li> <li>○ Support children setting a routine and identifying their emotions and express them in a safe gathering</li> <li>○ Supporting children to build friendships and enjoy their time as children despite the situation.</li> </ul>	<p>This service will be provided for the still smaller number of boys and girls who additionally require more focused group interventions by trained and supervised workers with the following aim:</p> <ul style="list-style-type: none"> <li>○ To decrease psychosocial distress, identify protection risks and refer children to relevant services and improve children's and their caregiver's well-being and their emotional resilience.</li> <li>○ To provide psychosocial support (through tailored focused PSS curriculums) to children at medium to high risk <sup>2</sup>, including survivors of CP violations Includes curricula tailored to address specific risks and targeted specifically to be flexible to reach this group (timing, location, should be flexible)Cycle approach is used but</li> </ul>

<sup>1</sup> Please note that this is a live document that is developed as part of the emergency preparedness plan. To ensure you have the last version, do not hesitate to reach out to the PSS committee and/or to check the PSS folder on: [Emergency Preparedness 2023](#)

<sup>2</sup> Check Annex

	<p>share their emotions, reducing loneliness and creating a sense of togetherness.)</p> <p><b>QUDWAs will also support Outreach efforts and information sharing in addition to distribution of supplies to facilitate the activities where needed.</b></p>	<ul style="list-style-type: none"> <li>○ Support children to seek help and refer them to specialized services as needed.</li> </ul>	<p>depending on complexity and upon completion of cycle, children should also have access to the community-based structured PSS.</p> <ul style="list-style-type: none"> <li>○ Delivered by professional staff trained on CP.</li> </ul>
<p>Who will deliver this activity?</p>	<p>This activity should be delivered by QUDWA members who live in/or close to the geographical spaces where the activity is being delivered and ideally are part of the community. Individuals administering the activities should have strong facilitation and communication skills. This can include individuals 16-years-old and above as co-facilitators including scouts trained by partners.</p> <p><b>Note:</b> QUDWA volunteers will be supported when needed with supplies to deliver to communities. Prioritizing QUDWAs who have a reach to an average of 50+ children per location.</p> <p>Selection Criteria:</p> <ul style="list-style-type: none"> <li>• QUDWAs initially trained of Safe Identification and Referral, Core principals of CP/ GBV &amp; SEA</li> <li>• Experience with the partner agency as QUDWA <i>(for QUDWA who were recently engaged, these can only be given the role of outreach, advocacy &amp; information sharing)</i></li> </ul>	<p>This activity should be delivered by a CBO and or trained animator, Makani partner, who live in/or close to the geographical spaces where the activity is being delivered and ideally are part of the community. Individuals administering the CBPSS activities should have strong facilitation and communication skills and should be trained on the minimum requirements set below. This can include individuals 16-year-old and above as co-facilitators including scouts trained by partners.</p>	<p>This should be delivered by staff who have education and professional experience working with medium to high-risk children. FPSS activities must be delivered by highly skilled, trained, professional staff with CP/GBV experience and MHPSS (Case worker, Psychologist, social worker). FPSS interventions will require close supervision and coaching by specialized and senior Child Protection staff/practitioner (<i>see Annex 11- TOR for Focused PSS Facilitator</i>). With excellent facilitation and communication skills.</p>

	<ul style="list-style-type: none"><li>• Background Checks: ensure QUDWA is verified by community as a safe person to deal with children</li><li>• Willingness and availability of the Qudwa to volunteer for an average of 2 hours per week to support in the implementation of activities</li></ul> <p>How: All actors will need to Set up the below for adequate implementation of the above:</p> <ol style="list-style-type: none"><li>1. <b>Data base compilation:</b> identify potential QUDWAs for such a task (criteria of selection mentioned in following Row)</li><li>2. <b>capacity building</b> (Refreshers + new trainings)</li><li>3. <b>Communication mechanism:</b> Set up of two-way communication mechanisms with QUDWAs: this is to be planned for all Scenarios – partners need to set up a communication plan with QUDWA into consideration the possibility of communication disruption (scenario 3)</li><li>4. <b>Rapid Assessments through QUDWAs</b> on children’s needs (both in affected areas and areas hosting IDPs)</li><li>5. <b>Service mapping:</b> Provide QUDWAs with updated services map</li></ol>		
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	<p><b>6. Linkages of QUDWAs in same areas:</b> plan with QUDWAs collectively and encourage collaboration and cooperation. Set up area based QUDWA What QUDWA groups</p>		
<p>Volunteers? Who and how?</p>	<p><b>To ensure the above, we will work with:</b></p> <ul style="list-style-type: none"> <li>❖ <b>QUDWAs/ Volunteers in affected areas:</b> to be tasked with advocacy, outreach, and information sharing and supplies distribution.</li> <li>❖ <b>QUDWAs in host areas:</b> to be tasked with: <ul style="list-style-type: none"> <li>a. leading recreational sessions for children and caregivers</li> <li>b. advocacy, outreach, and information sharing and supplies distribution.</li> </ul> </li> </ul> <p>To carry on the work above while maintaining quality of interventions and mitigating risks of misconduct and SEA, partners will need to ensure QUDWAs are trained on the below:</p> <p>Additionally, partners must clarify the below to QUDWAs:</p> <ul style="list-style-type: none"> <li>c. Awareness of MHPSS service mapping for referrals</li> </ul>		

	<p>d. CFS Checklist (Preferable) e. M&amp;E Tools (Preferable)</p> <p>QUDWAs are to be monitored by professional frontliners. The supervisors must be trained on:</p> <p>1- MHPSS safe identification and referral (and share the updated service mapping) 2- CFS checklist 3- M&amp;E tools</p>		
Who is this activity for?	This activity targets all vulnerable children affected by the crisis and can be reached by Qudwa/community volunteers at community level.	This activity targets vulnerable children, including: Children at low risk, with prioritization of out of school children (see Annex 1 – Vulnerable versus Medium to High Risk Children for Community Based versus for Focused Non-Specialized PSS)	This activity targets the smaller amount of vulnerable children whose showing a high level of distress including: <ul style="list-style-type: none"> <li>➤ Medium to High-risk children (see Annex 1 – Vulnerable versus Medium to High Risk Children for Community Based versus for Focused Non-Specialized PSS) facing various protection risks</li> </ul>
How long is this activity for? (For Face To face)	This activity will be a continuous activity. It will be available for children <b>at least</b> 1.5- 2 hours per week and/or as per the need and availability of the community volunteer given a clear schedule to children on the availability of the activity. It is recommended for this activity to be open within the community as much as possible through am and/or pm shift.	This activity should follow a specific cycle of an average of three months and should be available for children at least 1.5- 2 hours per week. If a blended approach is followed, the same length/duration of the sessions must be maintained.	This will be a cycle-based activity, depending on the type of vulnerability. FPSS should be implemented for a minimum duration of three months. It should be available for children for one to two hours per week. If a blended approach is followed, the same length/duration of the sessions should be maintained.
In case of communication disruption)	When no physical means of reach are available, Qudwa volunteers will utilize alternative options for disseminating information and providing online activities	This activity will be delivered through online modality when face to face interventions is not possible.	This activity will be delivered through online modality when the face-to-face interventions are not possible. Remote FPSS have the same objectives/topics as the face-to-face

	<p>and key messages to children (Whatsapp messages,...) including alternative options such as distribution of Menkhol Magazine relevant to the group age.</p>	<p>The duration of the remote CBPSS session is: 20 minutes minimum and 30 minutes maximum to check and follow-up on children and sharing of potential online activities. When no physical means of reach are available, alternative options for disseminating information and providing online activities and key messages to children (Whatsapp messages,...) including alternative options such as distribution of Menkhol Magazine relevant to the group age and activities conducted and implemented during COVID-19. Activities can be found on the following link: <a href="#">7 COVID-19 PSS documents</a></p>	<p>curriculum but with different facilitation skills (include more videos and interactive exercises). The duration of the remote FPSS session is: 30 minutes minimum and 45 minutes maximum. Implementation can be similar to COVID-19.</p>
<p>Minimum Standard Trainings and capacity building for staff running the activity</p>	<p>Minimum Package (Refer to section who and how?)</p>	<ol style="list-style-type: none"> <li>1- CP/GBV Early Identification and Safe Referral (and share the updated service mapping)</li> <li>2- MHPSS safe identification and referral (and share the updated service mapping)</li> <li>3- CP Policy and Code of Conduct</li> <li>4-PSEA training</li> <li>5- PFA training</li> <li>6-CFS Checklist (PSS Committee)</li> <li>7-M&amp;E Tools (to be revised)</li> <li>8- Community Based PSS guidelines developed in Lebanon by the PSS committee in Partnership with TDH Italy.</li> <li>9- Related PSS Curriculum</li> </ol>	<ol style="list-style-type: none"> <li>1- CP/GBV Early Identification and Safe Referral (and share the updated service mapping)</li> <li>2- MHPSS safe identification and referral (and share the updated service mapping)</li> <li>3- CP Policy and Code of Conduct</li> <li>4- PSEA training</li> <li>5- PFA training</li> <li>6- CFS Checklist (PSS Committee)</li> <li>7- M&amp;E Tools (SDQ)</li> <li>8- Related PSS Curriculums in which the staff should be fully trained.</li> <li>9- Session on facilitation skills</li> <li>10- Session on how to deal with children with challenging behaviors</li> </ol>

		<p>(Sector Endorsed Tools Community Based PSS NGO Community Based PSS Resources as mentioned below) <i>*These trainings will be delivered with continuous monitoring and supervision of the quality of the session delivery</i></p>	<p>*These trainings will be delivered with continuous monitoring and supervision of the quality of the session delivery</p>
<p>What will be the content of this activity?</p>	<ul style="list-style-type: none"> <li>• Within the onset of the emergency, QUDWA volunteers would support by provision of psychological first aid.</li> <li>• The content of the PSS activities should be recreational with structuring and proper organization. Every session must have a set schedule and activity plan.</li> <li>• Includes culturally appropriate activities with PSS objectives such as drama, crafts, music, traditional storytelling, sports (i.e., sports for development), lego, with key CP messages.</li> <li>• The session must be simple enough that a community member (non-professional) can lead this activity without any confusion or harm to children (e.g., no discussions about abuse, etc.).</li> <li>• Each session should ensure including 1-2 key PSS and child protection</li> </ul>	<ul style="list-style-type: none"> <li>• The content of community-based PSS activities must be structured (not random play) and organized. Structured group activities for child well-being (sometimes known as “guided” or “manualized” programs) involve a series of facilitated sessions, planned according to a curriculum with explicit MHPSS goals. Every session must have a set schedule and activity plan. Content will include structured curricula developed and tested in the Lebanese context as follow: <ul style="list-style-type: none"> <li>• Community based PSS Guidelines: <a href="#">TDH - IIT COMMUNITY BASED PSS Guidelines.pdf</a></li> <li>• <a href="#">Activity Catalogue for Child Friendly Spaces in</a></li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• The content of focused PSS activities will need to be tailored to address psychosocial needs of children who are at medium to high risk. The sessions will include a mix of PSS as well as tailored sessions addressing child protection risks/ needs.</li> <li>• Focused PSS sessions should include sessions focused on emotional wellbeing, and complemented by sessions addressing the vulnerability and the risk of the child using the relevant materials for Child Labor, Early marriage, Violence against children ....</li> </ul> <p>Note: all children who attend Focused PSS can of course also attend community-based PSS activities. Focused PSS should not exclude them from the longer-term support provided in the Community Based PSS services.</p>

	<p>messages delivered alongside the activities.</p> <ul style="list-style-type: none"> <li>• A calendar for activities will need to be developed at the start of the cycle and made available for the community to access.</li> </ul> <p>The following QUDWA tools can be used:</p> <ul style="list-style-type: none"> <li>- Puppet Shows: script to be provided as soon as finalized</li> <li>- Community theatre: script to be provided as soon as finalized</li> <li>- Play with no props: <a href="#">Link</a></li> <li>- Interactive Journal: <a href="#">Link</a></li> <li>- Outdoor Cinema: <a href="#">Outdoor Cinema UNICEF Final with NGO inputs.pdf</a></li> </ul> <p><i>Each QUDWA to implement and assign interventions based on their skillset (Ex. Caregivers toolbox tools – Use toolbox tools)</i></p>	<p><a href="#">Humanitarian Setting</a> (WVI, IFRC)</p> <ul style="list-style-type: none"> <li>• Child Resilience Program (SCI): <a href="https://resourcecentre.savethechildren.net/pdf/6958_0.pdf/">https://resourcecentre.savethechildren.net/pdf/6958_0.pdf/</a> <a href="https://resourcecentre.savethechildren.net/pdf/facilitators_handbook_1.pdf/">https://resourcecentre.savethechildren.net/pdf/facilitators_handbook_1.pdf/</a></li> <li>• Youth resilience (SCI): <a href="https://resourcecentre.savethechildren.net/document/youth-resilience-programme-psychosocial-support-and-out-school/">https://resourcecentre.savethechildren.net/document/youth-resilience-programme-psychosocial-support-and-out-school/</a></li> <li>• WCH: <a href="#">War Child Holland</a></li> <li>• Citadel of Protection (Kafa): <a href="#">Caregivers Toolkit CoP KAF A.pdf</a></li> <li>• UNICEF Adolescent kit : <a href="https://adolescentkit.org/">https://adolescentkit.org/</a></li> <li>• The content of the session should be strongly activity based and inclusive of drama, crafts, music, traditional storytelling, sports etc.</li> <li>• A calendar for CBPSS activities will need to be developed at the start of the</li> </ul>	<p>PSS Committee tool: <a href="#">PSS Sessions for Children and Caregivers PSS Committee AR.pdf</a> <a href="#">PSS Sessions for children and caregivers PSS Committee ENG.pdf</a></p> <p>IRC FPSS Materials : ( Note: this needs prior training and approval from IRC)</p> <p><a href="#">Focused PSS Curriculum FACE AR.pdf</a> <a href="#">Focused PSS Curriculum FACE Eng.pdf</a></p> <p><a href="#">FPSS WVI 6 - 12 years old</a> <a href="#">Focused PSS 12- 18</a></p>
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		<p>cycle and made available for the community to access.</p> <p>Sessions can be made flexible (<i>see Annex III – Format and topics of Community Based PSS</i>).</p>	
<p>How many children per age group can participate in this activity? (face to face) Refer to the resumption of face-to-face activities</p>	<p>Adequate staff numbers are essential to maintain safety for children and communities.<sup>3</sup></p> <p>The child to adult ratio will vary depending on activities and numbers of children with disabilities. The recommended ratios are <b>two</b> adult facilitators per:</p> <ul style="list-style-type: none"> <li>• 20 children aged 5–9 years</li> <li>• 25 children aged 10–12 years</li> <li>• 30 children aged 13–18 years.</li> </ul> <p><b>The above number should take into consideration the space and ensure that all precautionary health measures are taken. Each session should be Co-facilitated by two QUDWAs, one lead and one assistant QUDWA</b></p> <p><b>If the QUDWA/community member cannot find another trained community volunteer to join them during the session, they may ask a community member, including those who are 16 years old or older, to provide support and be present. It is crucial to maintain a ratio of two people per group, regardless of the number of children</b></p>	<p>Adequate staff numbers are essential to maintain safety for children and communities.<sup>3</sup></p> <p>The child to adult ratio will vary depending on activities and numbers of children with disabilities. The recommended ratios are <b>two</b> adult facilitators (One main facilitator and one co facilitator) per:</p> <ul style="list-style-type: none"> <li>• 20 children aged 5–9 years</li> <li>• 25 children aged 10–12 years</li> <li>• 30 children aged 13–18 years.</li> </ul> <p><b>Above number should take into consideration the space.</b></p> <p><i>Note: assigning a day/ hour for a more specific age breakdown will help manage group size and continuity as per point below. (Ex: Am Schedule from group age 5-9. PM schedule for group age 10-12)</i></p>	<p>Adequate staff numbers are essential to maintain safety for children and communities.<sup>3</sup></p> <p>The child to adult ratio will vary depending on activities and numbers of children with disabilities. The recommended ratios are <b>two</b> adult facilitators (one main facilitator and co facilitator) per:</p> <ul style="list-style-type: none"> <li>• 8 to 12 children aged 5–9 years.</li> <li>• 10 to 15 children aged 10–12 years</li> <li>• 12 to 15 children aged 13–18 years.</li> </ul> <p><b>Above number should take into consideration the space and ensure all precaution measures needed are taken (Safe space,...)</b></p>

	<p><b>present that can even be a caregiver from this community.-</b>  <i>Note: assigning a day/hour for a more specific age breakdown will help manage group size and continuity as per point below. (Ex: Am Schedule from group age 5-9. PM schedule for group age 10-12)</i></p>		
<p>How many children per age group can participate in this activity?  (Remotely)</p>	<p>-</p>	<p>Age group number Maximum of:</p> <p>Children ages 5 – 9 years old: Each session must include 8 children, with one animators/ facilitators/ volunteers</p> <p>Children ages 10-12 years old: Each session must include 10 children, with one animator/ facilitator/ volunteer.</p> <p>Adolescents ages 13-18 years old: Each session must include 12 children, with one animator/ facilitator/ volunteer.</p> <p>Safe platforms are to be used for remote sessions such as Zoom application, WhatsApp, Microsoft teams... and regular phone calls in case internet connection is not available.</p> <p>If there's no possibility to reach out to children through an internet platform, as conference call/phone call can be done, with a maximum of five individuals on the call.</p>	<p>Maximum of:  5-9 years – 5 children – 1 animators/ facilitators/ volunteers  10-12 years- 8 children - 1 animators/ facilitators/ volunteers  13-18 years- 10 children - 1 animators/ facilitators/ volunteers</p> <p>Safe platforms are to be used for remote sessions such as zoom application, WhatsApp and regular phone calls in case internet connection is not available.</p> <p>In case the area does not include proper internet and electricity, the number of children may vary accordingly.</p>

<p>Does it have to always be the same group of children?</p>	<p>The following need to be provided to all children within the community and open to all of them accordingly without any discrimination.</p>	<p>Ideally yes, to ensure that the child benefitted from all the information provided within the cycle and within the structured community-based materials but in a community-based approach we need to also be aware of the availability of spaces/community members. Group needs to be open to new attendees during the cycle</p>	<p>It is preferable that no additional children join the component after the second session. Though, if during the process, additional children with the same risks are identified in the area they can be integrated in the group, provided the facilitator should provide orientation on sessions/activities that were missed by new group member/s and request consent from the remaining children.</p>
<p>Where should this activity take place?</p>	<p>In a community space located where the children live and feel safe such as shelter, IS's, The community should provide the space for free. No transportation can be provided for children to attend this activity, as it must be of a proximity to the children and the Qudwa volunteer/community member.</p>	<p>In a safe and accessible space including Makani's, SDCs and other community spaces located where the children live and feel safe. At times, the community can provide the space for free. Transportation can be provided for children to attend this activity only when there's no alternative way for children to reach the facility, as it must follow a community based approach and is easily accessible to children within the community. This needs to be in line with the PSS Committee Checklists.</p>	<p>In safe spaces including SDCs and other locations which are safe and follow appropriate center guidelines and protocols. In some cases, this safe place may be outside the community but closely accessible to all affected children. Transportation can be provided for children to access the activity. Ideally, activities throughout the cycle must be conducted in the same location, for children to feel a sense of routine and comfort. <i>Note: issues of stigmatization and discrimination need to be considered. This needs to be in line with the PSS Committee Checklists.</i></p>
<p>When can we count a child as someone who has participated in the</p>	<p>Occurs once a child has completed a minimum of 3 sessions face to face.  <b>Please note that the above is just guidance for the reporting, However, as mentioned above sessions should be continuous across the crisis or an average of three months.</b></p>	<p>Occurs once a child has completed a minimum of 3 sessions face to face.  <b>Please note that the above is just guidance for the reporting, However, as mentioned above sessions should be continuous</b></p>	<p>Occurs once a child has completed a minimum of 15 hours of participation, which are equivalent to attending six sessions.  <b>Please note that the above is just guidance for the reporting, however as mentioned above sessions should be tailored to the</b></p>

activity? (Face 2 Face)		across the year or an average of three months.	child risk and vulnerability and are continuous for three months.
<b>In case the child will benefit from both services of recreational and structured, the child needs to be counted only once.</b>			
What tools will we use to measure the quality of this activity?	<ul style="list-style-type: none"> <li>• PSS Committee Checklists: <a href="#">Guidance - CFS Checklist FINAL.DOCX</a> <a href="#">CFS Checklist FINAL.xlsx</a> <ul style="list-style-type: none"> <li>○ M&amp;E Tools (to be)</li> <li>○ Attendance sheet and referral sheet: <a href="#">Template for Session Attendance Sheet.xlsx</a></li> <li>○ Satisfaction survey (To be developed)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• PSS Committee Checklists: <a href="#">Guidance - CFS Checklist FINAL.DOCX</a> <a href="#">CFS Checklist FINAL.xlsx</a></li> <li>• Basic M&amp;E Tools (to be revised)</li> </ul>	<ul style="list-style-type: none"> <li>• PSS Committee Checklists: <a href="#">Guidance - CFS Checklist FINAL.DOCX</a> <a href="#">CFS Checklist FINAL.xlsx</a></li> <li>• SDQ</li> </ul>
To add the do's and don't for Qudwa Volunteers	<ul style="list-style-type: none"> <li>• QUDWA volunteers should not be provided (recharge cards, transportation fee,) any incentives beside capacity building</li> <li>• QUDWA volunteers should never attempt to respond to cases of violence. Their role is strictly restricted to referral and reporting to partner focal points</li> <li>• QUDWA volunteers should never exert any form of power on communities or children. Being a QUDWA does not offer an individual</li> </ul>		

	<p>any power as opposed to other community members</p> <ul style="list-style-type: none"><li>• Do reach out if you need any additional capacity building</li><li>• Do reach out and report and specific child protection trends which requires addressing.</li></ul>		
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