3RP Protection Sector

Indicator Guidance Note (2026)

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Introduction

Why the Guidance Notes?

The 3RP Protection Sector Indicator Guidance Note has been developed by the 3RP National Protection Working Group (NPWG) to facilitate reporting via ActivityInfo for partners in the protection sector. The guidance notes aim to address inconsistencies in reporting by clarifying language used within the indicators, as well as when and where to report on the indicator. The Guidance Note was prepared in consideration of the questions received by the sector IM Officer in relation to the sector indicators.

The Guidance Note is an acknowledgement of the importance of reliable data in the sector; data that will be used throughout the year to measure strategic progress in the field of protection and to course-correct when needed.

How to read the Guidance Notes?

Indicator 1.1.1: # of individuals trained on international protection, rights, services and available assistance	**Number: 1.1.1**
Target (3RP)	**2026:** 29,571

Each indicator has a corresponding Guidance Note. The core components of the Guidance Notes are structured as follows:

1. **Definitions:** Definitions of the terms referred to within the indicator. This section clarifies the scope of the indicator and what to report.
2. **Numerator:** The value of the indicator to report on.
3. **Data Sources and Collection Methods:** This section is aimed at identifying the means of verification. It also has a section to clarify when and where the indicator should be reported (based upon the definitions).
4. **Disaggregations:** The Guidance Notes provide an overview of the disaggregation (including sex/gender, age, nationality) that needs to be collected for the indicator. This is aligned with ActivityInfo.
5. **Linked Indicators:** Certain indicators (both within the same objective and across objectives) are inter-linked with each other. This section aims to clarify these linkages. Unlike previous years, partners will not be expected to duplicate reporting across linked indicators as this will be done manually after each monthly reporting cycle by the 3RP Protection Inter-Agency/Information Management team. Information on linked indicators is nevertheless included in the guidance note to promote a shared understanding on types of activities/interventions/programmes that are linked with each other in scope and purpose.
6. **Further Guidance:** This is a section where additional information is being provided to facilitate either M&E or programming around the indicator.

Guidance on Protection Sector M&E Framework (2026)

Objective 1: Access to Effective Protection	
Promote access to effective protection under the Law on Foreigners and International Protection for individuals in need of protection.	
Output 1.1: Access to territory and international protection improved, protection space preserved, risk of refoulement reduced	
Indicator 1.1.1: # of individuals trained on international protection, rights, services and available assistance	**Number: 1.1.1**
Target (3RP)	**2026:** 29,571

Definitions

International Protection: This includes training on refugee law, international protection, relevant National Legal Framework regarding asylum seekers and refugees (i.e., Law on Foreigners and International Protection, Temporary Protection Regulation) and issues related to social cohesion.

Training on rights, services and available assistance: These include trainings on the legal framework and specific rights/entitlements asylum seekers and refugees have in Türkiye (and on how to materialize those rights by accessing the corresponding service). This may take the form of training on referral pathways and the use and interpretation of information platforms (on rights/services), general protection training, etc. Trainings can also be related to delivery of inclusive, accessible and protection-sensitive services to persons with specific needs, in line with age, gender and diversity considerations. As detailed in the Linked Indicators section under this indicator, to avoid duplication in reporting across linked indicators, to be counted under this indicator trainings **should not be** related to legal aid mechanisms, child protection and/or GBV.

Training: Training is a process/event that can be used to perform a given duty and to achieve a specific objective. It requires a close/hands-on approach with the training subjects (as opposed to awareness-raising events whereby information is shared with subjects who may remain largely unknown to the organizer). In order to avoid duplication

in reporting across indicators related to trainings, organizations are expected to report total number of unique individuals that are reached with trainings that are not reported under any of the other thematic training indicators.

Duration: No minimum duration of the training is set. However, a training will only count towards this indicator if it includes at least one session on international/temporary protection, and access to asylum.

Numerator	**Data Source and Collection Methods**
Number of individuals trained (that fall outside the scope of all other thematic training indicators).	Reporting partners (or organizations organizing/conducting the training) should keep training records. Training sign-up sheets should be used. At minimum, these should collect information with breakdown of gender and organization type (public institution/name; organization name/type; etc.). **Reporting** Individuals are reported once they have completed the training. An individual participating in various trainings delivered by different organizations can be counted multiple time.

Disaggregations

Sex/Gender: Male, Female, Non-Binary

Age: -18; +18

Target Group: Public Institutions/Local Authorities; Humanitarian Staff; Community Member (if the individual has a defined role within a service provider, i.e. member of a youth committee).

Total Number of Disaggregation: 12
Linked Indicators In order to avoid duplication in reporting across indicators related to trainings, under this indicator, organizations are expected to report total number of unique individuals that are reached with trainings that are not reported under any of the other thematic training indicators and are related to international protection, rights, services, service delivery/provision to persons with specific needs and available assistance in terms of content/scope. For example, if the organization conducts separate trainings on child protection, GBV and national legislation on international protection, then individuals reached through child protection and GBV trainings should be reported against indicators under **Indicator 3.3.1** and **4.3.1**, while individuals reached with trainings on international protection should be reported against **Indicator 1.1.1.** "Linked Indicators" are nevertheless reflected below to promote shared understanding on activities/interventions that are relevant to each other. **Indicator 1.4.2.** # of individuals trained on strengthening legal aid mechanisms for refugees **Indicator 3.3.1.** # of individuals reached with technical capacity development initiatives on GBV risk mitigation, prevention and response **Indicator 4.3.1.** # of individuals reached with technical capacity development initiatives on child rights and protection

Output 1.2: Protection-sensitive registration and verification is in place	**Number: 1.2**
Indicator 1.2.1: # of data update interviews with foreigners within the scope of Temporary Protection and International Protection	**Number: 1.2.1**
Target (3RP)	**2026:** 2,250,000

Definition The total number of registration data update interviews conducted by PDMMs. Registration data updates refer to changes in an individual's existing registration details including civil status, family composition, address, education, occupation, etc in the GoT registration system (GocNet).	
Numerator Total number of data update interviews conducted	**Data Source and Collection Methods** PMM Data **Reporting** UNHCR will report on a monthly basis. **Protection sector partners, except UNHCR, are kindly requested not to report under this indicator to avoid duplication**. Protection sector partners who provide support to individuals in facilitating their access to registration processes (including data updates) to report under relevant indicators under Objective 2 (2.1.1, 2.1.2, 2.1.3).
Disaggregations Not available	
Output 1.3: Resettlement and protection solutions identified	**Number: 1.3**
Indicator 1.3.1: # of individuals submitted for resettlement by UNHCR	**Number: 1.3.1**
Target (3RP)	**2026:** 5,000
Definition **Submitted:** Case files that are submitted to interested resettlement countries (third	

countries) for processing. All processing (by UNHCR) in Türkiye is finalized when the case-file is submitted to the resettlement country.

Numerator	**Data Source and Collection Methods**
Number of individuals submitted for resettlement.	UNHCR Resettlement Data (ProGres database) **Reporting** UNHCR will report on a monthly basis. **Protection sector partners, except UNHCR, are kindly requested not to report under this indicator to avoid duplication.**

Disaggregations

Sex/Gender: Male, Female, Non-Binary

Nationality: Syrian, non-Syrian, host community

Age: -18; +18

Total Number of Disaggregation: 6

Further Guidance and Resources

There may be substantial time lags between case submission and final departure (to the third country) due to lengthy processes, including security checks. This indicator measures 'submission'; not actual departure.

Indicator 1.3.2: # of Syrian voluntary repatriation interviews observed	**Number: 1.3.2**
Target (3RP)	**2026:** 360,000

Definition

The indicator measures the observation of voluntary repatriation interview – to assess the voluntariness of the decision to return. The indicator does not (and does not intend to) monitor the voluntariness of the movement itself; just of the interview (preceding the movement).

Observed: The indicator measures only voluntary repatriation interviews led by PMM that are physically observed by UNHCR staff (or staff delegated by UNHCR to monitor the voluntariness).

Numerator	**Data Source and Collection Methods**
Number of Voluntary Repatriation interviews observed by UNHCR.	UNHCR Voluntary Repatriation Interview Monitoring Data. **Reporting** UNHCR will report on a monthly basis. **Protection sector partners, except UNHCR, are kindly requested not to report under this indicator to avoid duplication**.

Disaggregations

Sex/Gender: Male, Female, Non-Binary

Age: -18; +18

Total Number of Disaggregation: 6

Further Guidance and Resources

The indicator assumes that UNHCR will have access to PMM/PDMM facilities to observe the voluntary repatriation interview.

Output 1.4: Access to gender-sensitive legal assistance and remedies improved	Number 1.4
Indicator 1.4.1: # of refugees/vulnerable host community members provided with individual legal support	Number: 1.4.1
Target (3RP)	**2026:** 28,223

Definition

Legal support includes legal aid and legal counselling.

Legal Aid: The provision of representation to individuals otherwise unable to afford legal representation and/or access to the court system or accompaniment to administrative authorities (including the National Ombudsman, National Human Rights Institutions, etc.). Legal aid and representation can only be provided by a recognized/registered lawyer in line with the UTBA regulations/Turkish legal framework.

Legal Counselling: The provision of individualized legal information related to the individual's case. Legal counselling can be provided by a lawyer, legal practitioner or a legally trained staff member.

The indicator does not measure the number of individuals reached through (generalized) legal awareness-raising, i.e. legal information (including via material or events) to beneficiaries on legal matters as well as judicial and quasi-judicial processes. Individuals reached with generalized legal information should be reported under **Output Indicator 2.2.1.**

Numerator	Data Source and Collection Methods
Number of individuals provided with legal aid and/or legal counsel.	Individual organizations should have case management systems to track the number of individuals reached with legal aid/counselling. **Reporting** The individual is reported once he/she has **received** the service (legal aid or legal or

	counsel). If the individual receives legal counselling followed by legal aid in the same case, the individual should be reported only once. If one individual seeks assistance for **different (unrelated)** legal issues; then the individual is recorded multiple times.

Disaggregations

Sex/Gender: Male, Female, Non-Binary

Age: -18; +18

Nationality: Syrian, Afghan, Turkish and Other Nationalities

Type of Support: Legal Assistance; Legal Counsel

Total Number of Disaggregation: 12

Note: The age of the principal client should be recorded. For example, in case legal assistance/counsel is being provided primarily to a child (including through the caregivers), the child's age should be recorded, not the age of the parent/legal guardian/caregiver initiating the legal assistance/counsel.

Linked Indicators

In order to avoid duplication in reporting of individuals across indicators related to protection service delivery, organizations are expected to report total number of unique individuals that are reached with legal assistance/counseling under this indicator and Indicator 2.1.1. referring to total number of unique individuals benefiting from protection services. However, if the individual is a child and/or an individual at risk of GBV/GBV survivor, reporting should also take place under Objective 3 and 4.

If the individual is a GBV survivor/at risk, reporting should take place under **Indicator 3.1.1.** # of individual GBV survivors and/or those at risk assessed, **Indicator 3.1.2.** # of individual GBV survivors and/or those at risk provided and referred to GBV specialized services/multi-sectoral services (only in cases where organization directly provides legal

assistance and counseling services), or (if the organization does not directly provide legal assistance and counseling services hence refers to another legal service provider, or if the individual is being referred to legal assistance).

If the individual is a child, reporting should take place under **Indicator 4.1.1.** # of children assessed for protection needs. If the child is also identified to be at risk, then reporting should take place under **Indicator 4.1.2.** # of children identified to be at risk. If the referral to legal assistance/counsel is for children, then reporting should also take place against **Indicator 4.1.3.** # of children referred to specialized/multi-sectoral services.

Indicator 1.4.2: # of individuals trained on strengthening legal aid mechanisms for refugees (bar associations and other stakeholders)	**Number: 1.4.2**
Target (3RP)	**2026:** 12,720

Definition

Training on Strengthening Legal Aid Mechanisms: Trainings under this indicator only target Ministry of Justice legal staff, Bar Associations, judges and/or lawyers. Content should be related to ensuring access to justice for asylum seekers and refugees (3RP).

Training: Training is a process/event that can be used to perform a given duty and to achieve a specific objective. It requires a close/hands-on approach with the training subjects (as opposed to awareness-raising events whereby information is shared with subjects who may remain largely unknown to the organizer).

Duration: No minimum duration of the training is set. However, a training will count towards this indicator only if it is specifically related to strengthening legal aid mechanisms for refugees.

Examples include training on legal aid mechanisms, power of attorney for individuals pending registration and documentation, access to justice under International and Temporary Protection in Türkiye (etc.).

Numerator	**Data Source and Collection Methods**
Number of individuals trained on strengthening legal aid mechanisms for refugees.	The primary data source for this indicator in ActivityInfo. Reporting partners (or organizations organizing/conducting the training) should keep a training record and maintain training sign-up sheets. At minimum these lists should collect information related to **Sex/Gender** and age group of participants as well as the modality of the training (remote, in person, hybrid). **Reporting** Individuals are reported once they have completed the training. Trainings are reported only if it focuses entirely on strengthening legal aid mechanisms for refugees. One individual who participates in different trainings delivered by different organizations can be more than once.
Disaggregations **Sex/Gender:** Male, Female, Non-Binary **Age:** +18 **Total Number of Disaggregation:** 3	
Linked Indicators In order to avoid duplication of reporting across training indicators, organizations delivering trainings on strengthening legal aid mechanisms should not report individuals	

reached through these trainings against **Indicator 1.1.1.** # of individuals trained on international protection, rights, services and available assistance, as this should be reported against **Indicator 1.4.2.** # of individuals trained on strengthening legal aid mechanisms for refugees (bar associations and other stakeholders).

If the training has an element related to GBV, then reporting should also take place for **Indicator 3.3.1.** # of individuals reached with technical capacity development initiatives on GBV risk mitigation, prevention and response.

If the training has an element related to CP, then reporting should also take place for **Indicator 4.3.1.** # of individuals reached with technical capacity development initiatives on child rights and protection.

Objective 2: Community-Based Protection	Number: 2
Support most vulnerable community members in identifying and accessing protection solutions, particularly the most at-risk groups and individuals, persons under international and temporary protection and individuals pending registration and documentation.	
Output 2.1: Mechanisms for the identification of persons with specific needs are enhanced for response and/or referral to appropriate interventions/services	**Number: 2.1**
Indicator 2.1.1: # of individuals benefitting from protection activities	**Number: 2.1.1**
Target (3RP)	**2026:** 1,610,947

Definition

Protection Activities: Activities, interventions and services provided to people with protection concerns to recover from harm, find remedies and seek redress, or help them to become less vulnerable to harm in the future. Protection activities can include information counselling and sessions for individuals or groups, case management and referral services, psychosocial support, legal support, interim alternative accommodation/safe house and (emergency) cash for protection. Protection services provided do not only target persons with specific needs, but also others with protection needs. The protection services mentioned can be provided through any type of office or centre including UN offices, partner or government Community Centers, Multi-Service Centers, Social Service Centers, protection offices, field offices, multi-functional safe-spaces, etc.

Reporting sequencing for Output 2.1 should be as follows: first, reporting under Indicator 2.1.1. Then, upon identification, an assessment would be carried out (Indicator 2.1.2). If the person is assessed to have protection needs, reporting would be under Indicators 2.1.3-2.1.5 as relevant to the individual's needs. The individual may not necessarily be in need of cash/in-kind and/or PSS support for example but may require referral to specialized services (Indicator 2.1.3) that do not fall under these categories.

<table>
<tr><td colspan="2">Hence, reporting partners should not assume automatically that those reported under Indicator 2.1.1. will be reported under Indicators 2.1.4 - 2.1.5.

Important Note: Reporting against this indicator should include all individuals provided with any type of protection service, including as related to child protection and gender-based violence. This is the indicator that reflects total number of unique individuals reached across the sector.</td></tr>
<tr><td>Numerator

Number of individuals benefitting from protection services.</td><td>Data Source and Collection Methods

Reporting partners should keep records for persons benefitting from protection services, through centers, offices, mobile outreach or other service delivery modalities. At minimum, records should note the age, gender and nationality of individuals.

Reporting

Individuals (unique) are reported at the time of recording in the protection service point. This is with the assumption that the service provider will provide at least one service (even if information counselling and referral) to the individual.

If one individual is provided with services more than once for different needs throughout the year, then the individual can be counted more than once. If, however various services are being provided throughout the year for the same need, then the individual should be reported once to avoid duplication.</td></tr>
</table>

	Protection activities include those provided directly by the partner (including through internal referrals) and those provided through referrals to external entities.

Disaggregations

Sex/Gender: Male, Female, Non-Binary

Age: -18; +18

Nationality: Syrian, Afghan, Turkish and Other Nationalities

Service Location/Modality: Public Institutions/Local authorities, Non-government Outreach, Non-Government Centers

This indicator includes a sub-indicator "# of protection services provided". This indicator was added in consideration that an individual may be receiving more than one service. In instances where the same individual received more than one protection services, each service should be reported separately under this sub- indicator (# of protection services provided).

Total Number of Disaggregation: 18

Further Guidance and Resources

For UNHCR, reporting under Indicators 2.1.1-2.1.3 should also be considered for resettlement interviews, assessment towards eligibility for cash-based interventions, individuals identified as PSN through the counseling line, and referred for follow up, amongst other similar interventions.

Indicator 2.1.2: # of individuals with specific needs/vulnerabilities assessed and identified with protection needs	**Number: 2.1.2**
Target (3RP)	**2026:** 403,480
Definition	

Persons with Specific Needs (PSN): Persons who face specific barriers due to discrimination, their identity, or other factors that prevent them from fully enjoying their rights or accessing services they need. A specific need is an attribute or a situation that requires particular notice, intervention or follow up (UNHCR Emergency Handbook, 2024).

Identification of persons with specific needs can be undertaken through outreach, through self-identification at service providers or UN/partner offices, or upon receipt of referrals from other agencies/sectors.

Reporting sequencing for Output 2.1 should be as follows: first, reporting under **Indicator 2.1.1.** Then, upon identification, an assessment would be carried out (Indicator 2.1.2). If the person is assessed to have protection needs, reporting would be under Indicators 2.1.3-2.1.5 as relevant to the individual's needs. The individual may not necessarily be in need of cash/in-kind and/or, PSS support for example, but may require referral to specialized services (Indicator 2.1.3) that do not fall under these categories. Hence, reporting partners should not assume that those reported under Indicator 2.1.1. will be reported under Indicators 2.1.4-2.1.5.

Important Note: In order to avoid duplication across objectives, assessment and identification of GBV/CP related issues should not be included in reporting against Objective 2 (to this end, relevant disaggregation's under indicator removed). Partners are expected to report CP/GBV related assessment/identification under respective and relevant indicators under Objective 3 and 4. 3RP Protection Inter-Agency/Information Management team will be extracting data from Objective 3 and 4 and will include under Objective 2 manually.

Numerator	**Data Source and Collection Methods**
Number of individuals assessed and identified as a person with specific need.	Reporting partners should keep a record of identification/assessment submissions (see below; additional guidance). At minimum, information should be collected on Sex/Gender: Male, Female, Non-Binary, age and specific needs category of individuals. **Reporting** Individuals (unique) are reported after assessment and identification of specific needs are completed by the protection service provider. If the individual approaches the reporting organization at different times where different and new specific needs are identified that individual may be reported more than once.

Disaggregations

Sex/Gender: Male, Female, Non-Binary

Age: -18, +18

Nationality: Syrian, Afghan, Turkish and Other Nationalities

Specific Needs Categories: “Trafficking in person”, “LGBTIQ+”, “Person with disabilities”, “Serious medical conditions”, “Single Parent”, “Older Person at Risk”, “Documentation”, “In extreme poverty and unmet basic needs resulting in protection risks”, “No/Hindered Access to Rights and Services”, “Persons with other vulnerabilities” and “Individuals with no protection risks”.

Total Number of Disaggregation: 70

Linked Indicators

To avoid duplication in reporting, assessments conducted with children and GBV survivors/those at risk (and subsequent identification of protection needs) are to be reported against the following indicators rather than under **Indicator 2.1.2**.

If the individual is a GBV survivor or at risk of GBV, reporting should take place against **Indicator 3.1.1** # of individual Gender-Based Violence survivors and those at risk assessed.

If the individual is a child, reporting should take place against **Indicator 4.1.1** # of children assessed for protection needs. If the child is identified to be at risk (per guidance available under Indicator 4.1.2), reporting should also take place against **Indicator 4.1.2**. # of children identified to be at risk.

Indicator 2.1.3: # referrals (of individuals with protection needs) to specialized/multisectoral services	**Number: 2.1.3**
Target (3RP)	**2026:** 645,105

Definition

Individuals with Protection/ Specific Needs: Persons who face specific barriers due to discrimination, their identity, or other factors that prevent them from fully enjoying their rights or accessing services they need. A specific need is an attribute or a situation that requires particular notice, intervention or follow up (UNHCR Emergency Handbook, 2024).

Referral: a process of formally requesting services for an individual from another organization, service provider or through an internal referral (including another department providing services/support within the same organization which identified the individual). Referrals are to be counted by the referring organisation upon the confirmation by the "receiving" organization, it is highly encouraged that the referring organisations receive the confirmation from the Public Institutions. This is to avoid non-functional referrals. The indicator does not track whether the referred individual effectively receives a *service* from the referred agency. For the indicator, this means that once a person is identified with a specific need, and after a protection risk

assessment, is referred to another service provider who can meet those needs or another department within the same organization, regardless of the risk level. External referrals can include those to basic needs / social assistance (i.e. SASF, SSN), to public institutions, for SNF assistance, medical facilities, other service providers (in livelihoods, education, etc.).

Important Note: In order to avoid duplication across objectives, referrals carried out in the context of GBV/CP should not be included in reporting against Objective 2. Partners are expected to report CP/GBV related referrals under respective and relevant indicators under Objective 3 and 4. 3RP Protection Inter-Agency/Information Management team will be extracting data from Objective 3 and 4 and will include under Objective 2 manually.

Numerator	**Data Source and Collection Methods**
Number of referrals (both internal and external referrals should be reported).	Reporting partners should keep a record of internal/external referrals and referral submissions. At minimum, information should be collected on type of institution and the type of services the individual is referred to. Case referral should be reported only when the organization/department to whom the individual is referred receives the referral (i.e. the referral is successful), rather than receives the services.

Disaggregations

Type of Institution: I/NGO (including RLOs and CBOS) and UN agencies; Public Institutions/Local Authorities

Sector Referred To: Protection, Legal, Economic Empowerment; Basic Needs; Education; Health; Other

Total Number of Disaggregation: 9
Linked Indicators As soon as referrals are complete and the specialized service has been provided (follow-up with the receiving organization is encouraged to the extent possible) to the individual, reporting should also take place against the following linked indicators: If the individual is referred for legal support (both internal and external), reporting should also take place against **Indicator 1.4.1** # of refugees/vulnerable host community members provided with individual legal support. If individuals are referred for in-kind assistance and/or cash for protection (internal/external) this should also be reported against **Indicator 2.1.4** # of individuals receiving cash/in-kind assistance to meet their protection needs. If individuals (+18) are referred for psycho-social support (internal/external) this should also be reported against **Indicator 2.1.5** # of individuals receiving psycho-social support. To avoid duplication in reporting, referrals undertaken for children and GBV survivors/those at risk are to be reported against the following indicators rather than under **Indicator 2.1.3**. **Indicator 3.1.2** # of individual GBV survivors and/or those at risk provided and referred to GBV specialized services/multi-sectoral services **Indicator 4.1.3.** # of children referred to specialized/multi-sectoral services.
Further Guidance and Resources A referral should be of quality, be ethical and be safe. This means that the referring organization who has identified the individual's need, upon receiving informed consent (to refer), refers the individual to another service provider who can meet those needs.

Indicator 2.1.4: # of individuals receiving cash/in-kind assistance to meet their protection needs	**Number: 2.1.4**
Target (3RP)	**2026:** 48,270

Definition

Protection Needs: This indicator aims to measure in-kind and cash assistance provided to address protection needs. In line with the purpose of the indicator, the support provided is limited to assistance that enables protection outcomes for the individual or addresses protection risks. For individuals to be reported under this indicator, they must have undergone a vulnerability assessment and been identified as eligible for "cash for protection" or protection-related in-kind assistance.

Cash for Protection: A form of cash assistance with the explicit and primary objective to support persons at high risk of violence, abuse, exploitation, deprivation, survivors of a protection incident or those experiencing an emergency shock, through adequate financial support enabling to regain an adequate level of protection and safety. Cash for protection is generally provided on an individual basis and tailored to the specific protection needs of the individual through an individualized assessment and action plan regarding its use. It is usually provided as part of a case management approach and in complementarity with other interventions.

In-Kind Assistance (for protection): Humanitarian assistance provided in the form of physical goods or commodities, with the primary and specific purpose of achieving protection outcomes through the assistance. The assistance provided should enhance protection outcomes, including ensuring safety, empowerment and the overall well-being of affected communities. In-kind assistance is restricted by default as recipients are not able to choose what they are given. As with cash for protection, individuals need to undergo a vulnerability assessment and qualify for in-kind assistance for protection purposes.

Numerator	**Data Source and Collection Methods**
Number of individuals receiving cash/in-kind assistance.	Reporting partners should keep records of individuals receiving cash or in-kind assistance. At minimum, information should be collected on Sex/Gender: Male, Female, Non-Binary and age of individual receiving the assistance, as well as the type of assistance provided. **Reporting** An individual (unique) is reported in AI the moment in-kind and/or, cash assistance is received.

Disaggregations

Sex/Gender: Male, Female, Non-Binary

Nationality: Syrian, Afghan, Turkish and Other Nationalities

Age: -18; +18

Type of Assistance: Cash/In-Kind

Total Number of Disaggregation: 12

Linked Indicators

Individuals should also be reported against **Indicator 2.1.1** # of individuals benefitting from protection services.

If the cash programme specifically targets GBV survivors to respond to their needs, then reporting should also take place against **Indicator 3.1.2** # of individual GBV survivors and/or those at risk provided and referred to GBV specialized services/multi-sectoral services. Duplication is allowed between these indicators.

Further Guidance and Resources

For protection outcomes and cash-based interventions please see this link.

For country-level guidance on cash-based interventions within GBV risk mitigation, prevention and response efforts, please check this document.

Children should not be direct recipients of cash. Assistance will be provided through their parents, caregivers and/or legal guardians, and be followed up by a qualified child protection caseworker.

Please refer to UNHCR's "Guidance on Promoting Child Protection Outcomes Through CBI: Full Guidance" for additional guidance.

Indicator 2.1.5: # of individuals receiving psycho-social support	**Number: 2.1.5**
Target (3RP)	**2026:** 212,486

Definition

Psychosocial: "The psychosocial dimension of well-being. Although there is no widely agreed definition, practitioners often use the adjective 'psychosocial' to describe the interaction between social aspects (such as interpersonal relationships and social connections, social resources, social norms, social values, social roles, community life, spiritual and religious life) and psychological aspects (such as emotions, thoughts, behaviours, knowledge and coping strategies) that contribute to overall well-being."[1]

Psychosocial Support: "Psychosocial support includes all processes and actions that promote the holistic well-being of people in their social world. It includes support provided by family, friends and the wider community. It can be used to describe what people (individuals, families and communities) do themselves to protect their psychosocial well-being, and to describe the interventions by outsiders to serve the psychological, social, emotional and practical needs of individuals, families, and

[1] IASC, A Common Monitoring and Evaluation Framework for Mental Health and Psychosocial Support in Emergency Settings.

communities, to protect, promote and improve psychosocial well-being."[2]

- Psychosocial support can be provided at individual or group level.
- Psychosocial support is inclusive of psychological support.

Important Note: In order to avoid duplication in reporting, children receiving psycho-social support should not be reported under this indicator, rather should be reported against **Indicator 4.2.1:** # of children participating in structured and sustained psychosocial support programmes (individuals and in groups). The 3RP National Child Protection Sub-Working Group is promoting structured/sustained PSS programming for children, hence provision of one-off PSS support for children is not encouraged, except under specific conditions for Level 2 (such as in voluntary return procedures at border areas).

Numerator	**Data Source and Collection Methods**
Number of individuals receiving psycho-social support	Attendance sheets of relevant partner activities. At minimum, information should be collected on Sex/Gender: Male, Female, Non-Binary, nationality and age of individuals receiving PSS support.

Disaggregations

Sex/Gender: Male, Female, Non-Binary

Nationality: Syrian, Afghan, Turkish and Other Nationalities

Age: +18

Total Number of Disaggregation: 3

[2] UNHCR Operational Guidance Mental Health & Psychosocial Support, Programming for Refugee Operations, 2013.

Further Guidance and Resources

Mental Health and Psychosocial Support Minimum Service Package

UNHCR Operational Guidance for Mental Health & Psychosocial Support, Programming for Refugee Operations, (UNHCR, 2013)

IASC A Common Monitoring and Evaluation Framework for Mental Health and Psychosocial Support in Emergency Settings

Output 2.2 Information dissemination and awareness-raising mechanisms are strengthened	**Number: 2.2**
Indicator 2.2.1: # of individuals reached through information campaigns and awareness-raising on rights, entitlements, services, assistance including as related to return procedures and conditions	**Number: 2.2.1**
Target (3RP)	**2026:** 670,532

Definition

Information Campaign: Efforts to convey information on rights, entitlements and availability of services to large audiences/the public. This includes public announcements, leaflet distribution, information via websites, etc. The information is not tailored to an individual client, rather is developed for general use (for the public).

Awareness-Raising: For the indicator, awareness-raising means activities/sessions undertaken by protection actors (including outreach teams) to disseminate (generalized) information to the public (see above). This can include information sessions through art, debates and discussions, etc. For the purpose of the indicator, this also includes individual information counselling through Facebook, Whatsapp, digital tools or one-on-one generalized information counselling.

Reached: This means that the individual (refugee/vulnerable host community member) was effectively and directly reached personally by the information campaign/awareness-raising session; i.e. no secondary way to receive the information. In order to count individuals under this indicator, organizations need to be able to

validate/verify that individuals indeed received information. In cases of information campaigns, the individual should directly have received the information. Secondary information dissemination is not counted. As such, only the number of leaflets on rights/services that are received by the (principal) beneficiary is counted (i.e it is not multiplied by the number of people that are potentially reached with the same leaflet); only the number of direct "clicks" to the websites or posts are counted; not the number of potential people reached; etc. With regards to awareness-raising, only the number of people who have directly attended the awareness-raising session are counted; not the number of potential people reached (through the primary recipient of the information).

Important Note: In order to avoid duplication in reporting against information dissemination/awareness-raising indicators, CP and GBV related information campaigns should not be reported under this indicator, rather should be reported against relevant indicators under Objective 3 and 4. If the information campaign includes multiple subjects in terms of content, double reporting across thematic information dissemination/awareness-raising indicators is possible.

Numerator	**Data Source and Collection Methods**
Number of individuals reached through information campaigns and raising awareness efforts.	Reporting organizations (or those facilitating information dissemination / raising awareness sessions) should keep attendance sheets. At minimum, information should be collected on Sex/Gender: Male, Female, Non-Binary and nationality, and age group of individuals participating in the sessions. Where sex/gender disaggregation is not possible for dissemination conducted via digital means, estimated figures shall be accepted. **Reporting** Individuals should be reported once they

	participate in or receive/view the information dissemination/awareness-raising activity/material.

Disaggregations

Sex/Gender: Male, Female, Non-Binary

Nationality: Syrian, Afghan, Turkish and Other Nationalities

Age: -18; +18

Total Number of Disaggregation: 6

Output 2.3: Individuals have increased capacity to exercise their rights and potential fully for self-protection	**Number 2.3**
Indicator 2.3.1: of individuals participating in community-based protection activities/programmes	**Number: 2.3.1**
Target (3RP)	**2026:** 47,399

Scope of the Indicator

This indicator has been developed by merging several indicators previously included in the 3RP Protection Sector M&E Framework prior to 2026. As such, it covers a range of community-based protection interventions contributing to strengthened community mobilization/empowerment, social cohesion and other activities.

Definition

Community-based Protection Activities/Programmes: Structured and sustained protection interventions that place the capacities, agency, rights, and dignity of individuals at the centre of programming. These activities go beyond one-off consultations or events and support meaningful participation of communities across the programme cycle, including the identification of protection risks, prioritization of needs, implementation of community-led actions, and monitoring of outcomes. This may include regular participatory consultations and sessions with community members to assess protection risks and needs or to promote protection principles; recreational activities (e.g. sports, arts) for children and youth with a structured/sustained character;

structured programmes that teach boys and girls self-protection, safety, prevention, or resilience; empowerment and life-skills sessions etc. Community-based protection activities can be conducted in open spaces, community centres/Child Friendly Spaces, etc.

Community Mobilization: Sustained and structured programmes and activities (i.e. not one-off) aimed at empowering individuals and groups by utilizing and building on their capacities, skills, aspirations and local resources. Community mobilization activities aim to actively engage and encourage participation of individuals, including by strengthening their self-protection capacities to identify, develop and sustain solutions to the challenges they face. Through consultative and participatory approaches, communities are able to engage meaningfully and substantively in programmes that affect them and play a leading role as agents of change. Community mobilization activities can include those that aim to strengthen individuals' capacities on rights and services, subsequent to which they would be engaged in information dissemination activities; utilizing community members in identification and referral practices; engagement of individuals in decision making processes, representation and participation platforms.

Empowerment programs: Sustained and structured programs aimed at increasing self-worth and ability to become self-reliant, including through community relationship-building, increasing peer-to-peer interactions, communication skills, organization/mobilization skills, lobbying/advocacy, engagement in decision-making. Empowerment programs are not primarily and explicitly aimed at increasing psychosocial well-being and developing skill sets (even if they could indirectly or secondarily).

Peaceful co-existence: Peaceful co-existence is a term used to promote positive interactions and understanding between host communities and refugees. *Alternative wording*: social cohesion, harmony/harmonization, etc. In the 3RP, social cohesion (of a society), is defined as work towards the well-being of all members of a society/community, addresses exclusion and marginalization, creates a sense of belonging, promotes trust and offers its members the opportunity of upward mobility.

Structured and Sustained Programming: For individuals to be counted under this indicator, the activities through which refugee and host community members are brought together should be sustained over a period of time (i.e. not one-off events) and be part of structured programming.

- Structured Programmes include a curriculum and/or session activity plans which are shared with beneficiaries at the beginning/end of the week or programme cycle.
- Sustained Programmes refer to a) ongoing programmes and b) regular attendance at least once a month to at least one or more of below detailed activities.

Community-Based Child Protection Programmes include recreational, sports, religious, artistic activities, cultural, peer-to-peer, and life skills programmes for children but exclude education activities. These activities can be organized in a dedicated space for children, adolescents and youth or in a general community space, which is physically safe and is supervised by trusted adults. The activities should be available on a regular, ongoing basis and do not include one-off events. Community-based child protection activities should not compete with, substitute for, or be confused with formal/non-formal basic education activities – they should be designed as complementary activities to school (e.g. run in out-of-school hours) or aid children's transition to school or other longer-term learning environments. Nature of activities and the degree to which these activities may vary according to the nature of the activities. Some activities may be largely recreational activities such as sports, arts or cultural activities, while others may be more structured with specific objectives to promote children's protection and/or build life skills. The nature of the activities should be focused on promoting children's social and emotional development and contribute to their protection and in line with children's rights. Children aged 4 to 18 could be recipients of CBCP programmes.

Please do not include structured and sustained Psychosocial Support initiatives under this indicator as they are being measured separately under the indicator 4.2.1. # of children participating in structured and sustained psycho-social support programmes (individuals and in groups).

Numerator Number of individuals participating in sustained and structured community-based protection activities/programmes, including community mobilization, empowerment programmes and peaceful co-existence. .	**Data Source and Collection Methods** Reporting organizations should maintain attendance sheets. At minimum, information should be collected on Sex/Gender: Male, Female, Girls, Boys, Non-Binary, nationality and age group of individuals participating in community mobilization, empowerment programmes and peaceful co-existence activities. **Reporting** The individual is reported in ActivityInfo at the end of the activity/session. Individuals should only be reported if they participate in sustained and structured programming, rather than one-off community events.

Disaggregations

Sex/Gender: Male, Female, Non-Binary

Nationality: Syrian, Afghan, Turkish and Other Nationalities

Age: -18, +18

Type of programming: Mobilization/Empowerment; Social cohesion, Other

Total Number of Disaggregation: 18

Further Guidance and Resources:

For further information on social cohesion programming please refer to the INGEV Toolkit "**Social Cohesion in Türkiye: Programming Model and Guide**".

UNHCR, Community Based Protection

UNHCR, Community-based Child Protection: Issue Brief (2024) (Hyperlink will be

added once completed)

Output 2.4: Accountability to Affected Populations mechanisms established and/or maintained	**Number 2.4**
Indicator 2.4.1: # of feedback, complaints and response mechanisms established and/or maintained	**Number: 2.4.1**
Target (3RP)	**2026:** 116

Definitions

Feedback, Complaints and Response Mechanisms (FCRM): Mechanisms and systems that allow organizations to hear directly from individuals, to have a real time understanding of the protection or otherwise risks they face, and to gauge the effectiveness of protection, assistance and solutions programmes. Key characteristics of such systems/mechanisms include multiple communication channels tailored to the different needs and capacities of individuals; confidentiality safeguards; and, standard operating procedures for collection, acknowledgement, assessment and referral of feedback, and operational response to it, setting out roles and responsibilities. FCRMs can be community based (using community structures such as committees) or run by organizations, such as help desks, call centres, dedicated e-mail accounts, two-way SMS systems, social media, messaging apps, and formal one-to-one counselling.

Numerator	**Data Source and Collection Methods**
Number of mechanisms newly established or those that are already in place and are maintained.	Partners should keep records of feedback, complaints and response mechanisms established or maintained. **Reporting** If a new mechanism is being established, reporting should take place once efforts are complete (including finalization of dedicated SOPs). If a mechanism already exists and is maintained, reporting can take place. If the mechanism and channel are the same, mechanisms should be reported only once (unique) within the reporting year. However, if one organization has multiple FCRMs (i.e. through social media, hotline and committee) with differing purposes, each channel can be reported separately.

Disaggregations

N/A

Indicator 2.4.2: # of feedback and complaints received and followed-up	**Number: 2.4.2**
Target (3RP)	**2026:** 48,745

Definitions

Feedback, Complaints and Response Mechanisms: Mechanisms and systems that allow organizations to hear directly from individuals, to have a real time understanding of the protection or otherwise risks they face, and to gauge the effectiveness of protection, assistance and solutions programmes. Key characteristics of such

systems/mechanisms include multiple communication channels tailored to the different needs and capacities of individuals; confidentiality safeguards; and standard operating procedures for collection, acknowledgement, assessment and referral of feedback, and operational response to it, setting out roles and responsibilities. FCR channels can be community based (using community structures such as committees) or run by organizations, such as help desks, call centers, dedicated e-mail accounts, two-way SMS systems, and social media.

Received and Followed-Up: Per the aim/scope of the indicator, for feedback and complaints to be counted against the indicator it must be received through established mechanisms and responded to. The feedback loop should be closed for the feedback to be counted under this indicator.

Numerator	**Data Source and Collection Methods**
Number of feedback / complaint items received through various channels, and those that are responded to (closed).	Partner tracking systems/databases **Reporting** Reporting should take place once the feedback is resolved, corrective action or response is undertaken, and the feedback loop is closed. Each individual feedback/complaint should be reported separately.

Disaggregations

N/A

Output 2.5: National / local institutions supported to provide services to refugees and host community with specific needs.	**Number: 2.5**
Indicator 2.5.1. # of institutions supported to strengthen capacity on service delivery/provision to persons with specific needs	**Number: 2.5.1**
Target (3RP)	**2026:** 723

Definitions

In the context of this indicator, institutions refer to service providers that deliver a range of protection services, including information sharing/awareness-raising, legal counsel and referral, psycho-social support, recreational activities (to provide emotional well-being), livelihoods development. Institutions supported may include community centres, multi-service centres, multi-functional safe spaces, protection field offices, protection offices, counselling centres. It also includes public institutions such as Social Services Centers (SSCs).

Capacity strengthening support includes support provided to institutions to improve service delivery and provision to persons with specific needs, covering both:

- Physical capacity development support includes infrastructure, material and logistics support provided to institutions.
- Human resources capacity development support includes staffing, such as recruitment of psychologists, social workers and/or translators.

Persons with Specific Needs (PSN): Persons who face specific barriers due to discrimination, their identity, or other factors that prevent them from fully enjoying their rights or accessing services they need. A specific need is an attribute or a situation that requires particular notice, intervention or follow up (UNHCR Emergency Handbook, 2024).

If capacity development support provided to institutions is only related to CP or GBV prevention, risk mitigation and response then reporting should take place against relevant indicators under Objective 3 and 4. However, if the support provided relates to

<table>
<tr><td colspan="2">provision of services to persons with specific needs as well as to support CP and GBV response then reporting can take place across multiple indicators (i.e. duplication in reporting is allowed).</td></tr>
<tr><td>Numerator

Number of institutions supported to improve capacity.</td><td>Data Source and Collection Methods

The primary data source for this indicator in ActivityInfo.

Reporting partners should keep a list of institutions supported (program documents), including the type of institution.

Reporting

Reporting is done once support is provided.

Various (types) of support may be provided; over a period of time, however if the same center is supported over time with different types of support, the institution should be counted only once.

For example, if 10 SSCs are supported with a team of 1 psychologist, 1 interpreter and 1 social worker each, this should be reported as 10 (as the numerator is number of institutions rather than number of staff provided).</td></tr>
<tr><td colspan="2">Disaggregations

Type of Institution: I/NGO (including RLOs and CBOS) and UN agencies; public institutions/local authorities

Total Number of Disaggregation: 2</td></tr>
</table>

Linked Indicators

If the capacity development support is provided to a GBV specialized institution or is provided primarily to improve capacity to deliver GBV risk mitigation, prevention and response interventions, then reporting should take place against **Indicator 3.3.2** # of institutions supported to improve physical capacities on GBV risk mitigation, prevention and response rather than under Indicator 2.5.1.

If the capacity development support is provided to a child protection specialized institution or is provided primarily to improve capacity to deliver child protection interventions, then reporting should take place against **Indicator 4.3.2** # of institutions supported to improve physical capacities on child rights and protection rather than under Indicator 2.5.1.

Objective 3: Prevention and Response to GBV	Number: 3
Contribute to the reduction of risks and consequences of gender-based violence (GBV) against women, girls, men and boys and those with specific needs under international and temporary protection in Türkiye and improve access to quality GBV risk mitigation, prevention and response services.	
Output 3.1: Refugees and most in need amongst the host community members have increased access to safe, confidential and quality multi-sectoral GBV services and support programmes	**Number: 3.1**
Indicator 3.1.1: # of individual Gender-Based Violence survivors and those at risk assessed	**Number: 3.1.1**
Target (3RP)	**2026:** 30,028

Definition

Gender-Based Violence (GBV): GBV is an umbrella term for any harmful act that is perpetrated against a person's will, and that is based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty, whether occurring in public or in private life.

GBV Survivors and Those at Risk: Individuals (women, girls, men and boys) exposed to or with a high risk of being exposed to GBV in all of its forms.

Types of GBV are listed below, extracted from **GBV IMS Classification Tool (English and Turkish):**

Rape: Non-consensual penetration (however slight) of the vagina, anus or mouth with a penis or other body part. Also includes penetration of the vagina or anus with an object.

Sexual Assault: any form of non-consensual sexual contact that does not result in or include penetration. Examples include: attempted rape, as well as unwanted kissing,

fondling, or touching of genitalia and buttocks. FGM/C is an act of violence that impacts sexual organs, and as such should be classified as sexual assault. This incident type does not include rape, i.e., where penetration has occurred.

Physical Assault: an act of physical violence that is not sexual in nature. Examples include: hitting, slapping, choking, cutting, shoving, burning, shooting or use of any weapons, acid attacks or any other act that results in pain, discomfort or injury. This incident type does not include FGM/C.

Forced Marriage: the marriage of an individual against her or his will.

Denial of Resources, Opportunities or Services: denial of rightful access to economic resources/assets or livelihood opportunities, education, health or other social services. Examples include a widow prevented from receiving an inheritance, earnings forcibly taken by an intimate partner or family member, a woman prevented from using contraceptives, a girl prevented from attending school, etc. Reports of general poverty should not be recorded.

Psychological / Emotional Abuse: infliction of mental or emotional pain or injury. Examples include: threats of physical or sexual violence, intimidation, humiliation, forced isolation, stalking, verbal harassment, unwanted attention, remarks gestures or written words of a sexual and/or menacing nature, destruction of cherished things, etc.

Technology-facilitated GBV: An act of violence perpetrated by one or more individuals that is committed, assisted, aggravated, and amplified in part or fully by the use of information and communication technologies or digital media, against a person on the basis of their gender.

Human Trafficking as a form of GBV: Human trafficking may be recognized as a form of gender-based violence (GBV) due to the gender-specific risks or exploitation faced. Often individuals are directed into poorly regulated, low-paid jobs such as domestic work, heightening their vulnerability to exploitation, forced labor, and violence (1). The UN Trafficking in Persons Protocol defines trafficking as the act of recruiting, transporting, transferring, harboring, or receiving persons through threats, force, coercion, abduction, fraud, deception, abuse of power, or exploiting

<table>
<tr><td colspan="2">vulnerabilities, for the purpose of exploitation. This includes, but is not limited to, sexual exploitation, forced labor, slavery, and organ removal.</td></tr>
<tr><td>Numerator

Number of individual GBV survivors and those at risk assessed</td><td>Data Source and Collection Methods

Activity Info / Reporting partners or organizations undertaking individual assessments with GBV survivors and those at risk. Information should be collected through reporting organizations' case management databases. At minimum, information should be collected on Sex/Gender: Male, Female, Non-Binary, age group and nationality of individuals.

Reporting

GBV survivors and those at risk are reported once they are assessed specifically on protection needs at the individual level. GBV survivors or those at risk should be recorded once (unique) and if the survivor/at risk individual reports a GBV incident or risk themselves. Partners should not actively attempt to identify GBV survivors/at risk individuals. Assessments can be facilitated through and/or reporting can take place through activities and programmes including individual consultation sessions, MHPSS support, legal counselling sessions, case management and other community-based protection activities.

If one individual is provided with services more than once for different needs</td></tr>
</table>

	throughout the year, then the individual can be counted more than once. If, however various services are being provided throughout the year for the same need, then the individual should be reported once to avoid duplication. An individual GBV survivor or those at-risk receives support by different organizations may be reported several times, and double-count is likely but acceptable.

Disaggregations

Sex/Gender: Male, Female, Non-Binary

Nationality: Syrian, Afghan, Turkish and Other Nationalities

Age: -18; +18

Type of GBV: Rape, Sexual Assault, Physical Assault, Forced Marriage, Denial of Resources, Opportunities or Services, Psychological / Emotional Abuse, Technology-facilitated GBV, Human Trafficking as a form of GBV.

Total Number of Disaggregation: 48

Linked Indicators

Important Note: All GBV survivors/those at risk referred to/provided with services should be reported against **Indicator 2.1.1**., as reporting against this indicator should include all individuals provided with any type of protection service, including as related to child protection and gender-based violence. Indicator 2.1.1 should reflect the total number of unique individuals reached across the sector.

However, in order to avoid duplication in reporting across linked protection service delivery related indicators (with the exception of reporting of child GBV survivors/those at risk under Objective 4/Indicator 4.1.1), GBV survivors and those at risk should not be reported against Indicators 2.1.2 – 2.1.3 as this will be done manually by 3RP Protection

Inter-Agency/Information Management team.

If the GBV survivor/person at risk of GBV is a child, reporting should also take place under **Indicator 4.1.1** # of children assessed for protection needs and **Indicator 4.1.2** # of children identified to be at risk.

Further Guidance and Resources

Gender-Based Violence Information Management System Classification Tool (English, Turkish)

Indicator 3.1.2: # of individual GBV survivors and/or those at risk provided and referred to GBV specialized services/multi-sectoral services	**Number: 3.1.2**
Target (3RP)	**2026:** 24,552

Definition

This indicator captures both:

- GBV survivors and/or those at risk who are **provided** with GBV specialized services by the reporting organization; and
- GBV survivors and/or those at risk who are **referred** to GBV specialized or multi-sectoral services by the reporting organization.

GBV Specific Response Services: GBV specific response through the identification of issues and problems faced by a survivor or an individual at-risk of GBV, information provided regarding all the options available to them and follow up their needs and wants in a coordinated way. Such response services should be survivor-centred, safe, confidential, non-discriminatory, respecting the decision of the survivor and tailored, including GBV case management, health care, legal assistance, mental health, psychosocial support and security/safety.

Multi-Sectoral GBV Specific Response Services: Multi-sectoral GBV specific response services should be survivor-centred, safe, confidential, non-discriminatory, respecting the decision of the GBV survivors and tailored in all related sectors,

<table>
<tr><td colspan="2">including Protection, Economic Empowerment, Education, Health, and Basic Needs sectors. Referrals should be carried out based on the survivors' preferences and informed consent.</td></tr>
<tr><td>Numerator

Number of individual GBV survivors and/or those at risk provided with and/or referred to GBV specialized or multi-sectoral response services.</td><td>Data Source and Collection Methods
Activity Info / Reporting partners or organizations providing or referring to GBV services. Information should be collected through reporting organizations' case management databases. At minimum, information should be collected on Sex/Gender: Male, Female, Non-Binary, age group and nationality of individuals.

Reporting

Individual GBV survivors are reported once they receive support internally. Support includes GBV specific case management, protection, level 3 MHPSS support (basic mental health care/non-specialized support), health support, legal counselling sessions, legal assistance/counseling, provision of other specialized services in line with GBV specific case management.

There can be multiple support services provided, but the individual can only be counted once.

An individual GBV survivor receiving support by different organizations may be counted several times, double-count is highly likely.

Individual GBV survivors are reported once</td></tr>
</table>

	they are referred to multi-sectoral GBV specific response services such as legal, health, mental health and psycho-social support, security, livelihoods and education. An individual GBV survivor referred to multiple sectors by the same organization can only be counted once. All referrals require the consent of the survivor or those at risk of GBV based on the survivor centered approach. An individual GBV survivor referred to multi-sectoral GBV specific response services by different organizations will be counted several times, double-count is highly likely.

Disaggregations

Sex/Gender: Male, Female, Non-Binary

Nationality: Syrian, Afghan, Turkish and Other Nationalities

Age: -18; +18

Referred to: I/NGO (including RLOs and CBOS) and UN agencies; public institutions/local authorities

Sector Referred To: Protection, Legal, Economic Empowerment; Basic Needs; Education; Health.

Total Number of Disaggregation: 19

Linked Indicators

In order to avoid duplication in reporting across linked protection service delivery related indicators (with the exception of reporting of child GBV survivors/those at risk under Objective 4) GBV survivors and those at risk should not be reported against Indicators 2.1.2 – 2.1.3 as this will be done manually by 3RP Protection Inter-Agency/Information

Management team.

Child survivors of GBV provided with and/or referred to services should also be reported against Indicator 4.1.3.

Output 3.2: Risks to GBV mitigated and reduced through community-based initiatives	**Number: 3.2**
Indicator 3.2.1: # of individuals reached through information campaigns and awareness raising initiatives on GBV risk mitigation, prevention and response including as related to return procedures and conditions	**Number: 3.2.1**
Target (3RP)	**2026:** 77,146

Definitions

Information Campaigns and Activities: Efforts to convey information in order to increase the level of knowledge on rights, entitlements and availability of services and assistance the public. This includes public announcements, leaflet distribution, information via websites, etc. Information dissemination can take place via individual or group counselling sessions; community-based activities; PSS/recreational activities; house visits; community events and campaigns; and women's empowerment activities related to GBV prevention and risk mitigation. The information is not tailored to an individual client through individual consultation, rather is developed for general use. To be counted for this indicator, the information campaigns and activities should be focused on GBV risk mitigation, prevention and response only.

Important Note: In order to avoid duplication in reporting against information dissemination/awareness-raising indicators, general information campaigns or those primarily related to CP should not be reported under this indicator, rather should be reported against relevant indicators either under Objective 2 (2.2.1.) for general information campaigns and 4 (4.2.3) for CP. If the information campaign includes multiple subjects in terms of content, double reporting across thematic information dissemination/awareness-raising indicators is possible.

Numerator	**Data Source and Collection Methods**
Number of individuals reached by information campaigns and activities.	The primary data source for this indicator is Activity Info / Reporting partners or organizations reaching individuals via information campaigns and activities related to prevention and (risk) mitigation of GBV. Information should be collected through attendance sheets or through partner databases. At minimum, information should be collected on Sex/Gender: Male, Female, Non-Binary, age group and nationality of individuals reached. **Reporting** Individual is reported once they are reached via the information dissemination and awareness-raising sessions. An individual can be reached several times by an organization, but the individual can only be counted once. An individual reached by different organizations will be counted several times; double-count is highly likely. The individuals reached/interacted through digital means should only be reported once in the following month of the publishing of the campaign, partners should not update their inputs retroactively for the same post.
Disaggregations **Sex/Gender:** Male, Female, Non-Binary	

Nationality: Syrian, Afghan, Turkish and Other Nationalities

Age: -18; +18

Total Number of Disaggregation: 6

Linked Indicators

If content of the information campaign is also related to child protection, then reporting can also take place against **Indicator 4.2.3** # of individuals reached through information campaigns and awareness-raising initiatives on child rights and protection including as related to return procedures and conditions**.**

However, individuals reported against **Indicator 3.2.1** # of individuals reached through information campaigns and awareness raising initiatives on GBV risk mitigation, prevention and response including as related to return procedures and conditions, should not be reported against **Indicator 2.2.1** # of individuals reached through information campaigns and awareness-raising on rights, entitlements, services, assistance including as related to return procedures and conditions; as this will be done manually by the Information Management team.

Output 3.3: Capacity of government and non-government actors and services in all sectors are strengthened to effectively respond to GBV and PSEA	**Number: 3.3**
Indicator 3.3.1: # of individuals reached with technical capacity development (including trainings) initiatives on GBV risk mitigation, prevention and response	**Number: 3.3.1**
Target (3RP)	**2026:** 1,307

Definitions

Scope of the interventions can include but is not only limited to trainings and can include individuals reached through various tools related to GBV risk mitigation, prevention and response and other systems strengthening efforts (that include elements of technical capacity development on GBV.

Numerator Number of individuals trained/reached with technical capacity development support on GBV risk mitigation, prevention and response	**Data source and collection methods**: Reporting partners (or organizations organizing/conducting training) should keep training records and attendance sheets. At minimum, information should be collected on Sex/Gender and age of individuals trained. **Reporting** Individuals are reported after they have completed the training.

Disaggregations

Sex/Gender: Male, Female, Non-Binary

Age: -18; +18

Type of Institution: I/NGO (including RLOs and CBOS) and UN agencies; public institutions/local authorities; Community member

Total Number of Disaggregation: 9

Linked Indicators

The indicators below are linked in terms of type of intervention (i.e. trainings/technical capacity development). Considering that one training may cover multiple thematic topics (CP, GBV, persons with specific needs etc.) double reporting across training indicators is possible.

Indicator 1.1.1. # of individuals trained on international protection, rights, services and available assistance.

Indicator 4.3.1 # of individuals reached with technical capacity development initiatives (including trainings) on child rights and protection.

Indicator 3.3.2: # of institutions supported to strengthen capacity on service delivery/provision on GBV risk mitigation, prevention and response	Number: 3.3.2
Target (3RP)	**2026:** 51

Definitions

In the context of this indicator, institutions refer to service providers that are specialized in provision of GBV services, including information sharing/awareness-raising, legal counselling and referral, psycho-social support, recreational activities (to strengthen emotional well-being), school registration for girls, cash-assistance and economic empowerment activities including engagement with women's cooperatives. Institutions supported may include community centres, multi-service centres, multi-functional safe spaces, protection field offices, protection offices, safe spaces, women's centres, women community centres, counselling centres or Women and Girls Safe Spaces (WGSS). It also includes public institutions such as Violence Prevention and Monitoring Centers and Women's Shelters (etc.).

Capacity strengthening support includes support provided to institutions to improve service delivery and provision on GBV risk mitigation, prevention and response, covering both:

- Physical capacity development support includes infrastructure, material and logistics support provided to institutions to improve capacity to deliver GBV risk mitigation, prevention and response interventions.
- Human resources capacity development support includes staffing, such as recruitment of psychologists, social workers and/or translators provided to institutions to improve capacity to deliver GBV risk mitigation, prevention and response interventions.

If capacity development support provided to institutions is only related to CP or provision of services to persons with specific needs then reporting should take place against relevant indicators under Objective 2 and 4. However, if the support provided relates to supporting GBV response as well as response for CP and for persons with

<table>
<tr><td colspan="2">specific needs then reporting can take place across multiple indicators (i.e. duplication in reporting is allowed).</td></tr>
<tr><td>Numerator

Number of institutions supported to improve capacity.</td><td>Data Source and Collection Methods

The primary data source for this indicator in ActivityInfo.

Reporting partners should keep a list of institutions supported (program documents), including the type of institution.

Reporting

Reporting is done once support is provided.

Various (types) of support may be provided; over a period of time, however if the same center is supported over time with different types of support, the institution should be counted only once.

Support should be reported only once per institution not by number of staff provided. For example, if 10 SSCs are supported with a team of 1 psychologist, 1 interpreter and 1 social worker each, this should be reported as 10 (as the numerator is number of institutions rather than number of staff provided).</td></tr>
<tr><td colspan="2">Disaggregations

Type of Institution: I/NGO (including RLOs and CBOS) and UN agencies; public institutions/local authorities

Total Number of Disaggregation: 2</td></tr>
</table>

Linked Indicators

Capacity development support for protection service delivery for persons with specific needs should be reported against **Indicator 2.5.1 #** of institutions supported to strengthen capacity on service delivery/provision to persons with specific needs**.**

If the physical capacity development support provided to the institution primarily aims to support child protection interventions, then reporting should take place against **Indicator 4.3.2** # of institutions supported to strengthen capacity on service delivery/provision on child rights and protection.

Objective 4: Child Protection	**Number**: 4
Improve equitable access for children and adolescents under temporary and international protection in Türkiye to quality child protection interventions and protection from violence, exploitation, abuse and neglect.	
Output 4.1: Specialized services for children under temporary and international protection are available	**Number: 4.1**
Indicator 4.1.1: # of children assessed for protection risks	**Number: 4.1.1**
Target (3RP)	**2026:** 144,801

Definition

The focus of this indicator is on **individual child protection assessment.** This requires a formal (initial or comprehensive) assessment procedure that aims to identify whether the child is at any level of risk. Under national Child Protection Specific Risk Assessment and Case Prioritization Tool, risk levels are;

- Emergency
- High
- Medium
- Low
- No-risk

Numerator	**Data Source and Collection Methods**:
Number of children assessed.	Reporting partners should keep records in their case management databases. At minimum, information should be collected on risk level; Sex/Gender: Girls, Boys, Non-Binary, and nationality of children reached. **Reporting**

	The child is reported once the assessment process is completed. Unique individuals are reported under this indicator. Reporting is done to reflect risk levels for each child assessed covering all five levels.

Disaggregations

Sex/Gender: Girls, Boys, Non-Binary

Nationality: Syrian, Afghan, Turkish and Other Nationalities

Risk Level: Emergency, High, Medium, Low, No Risk

Total Number of Disaggregation: 15

Linked Indicators

Important Note: All children referred to/provided with services should be reported against Indicator 2.1.1. as reporting against this indicator should include all individuals provided with any type of protection service, including as related to child protection and gender-based violence. Indicator 2.1.1 should reflect the total number of unique individuals reached across the sector.

However, in order to avoid duplication in reporting across linked protection service delivery related indicators (with the exception of reporting of child survivors/those at risk of GBV under Objective 3), children should not be reported against Indicators 2.1.2 – 2.1.3 as this will be done manually by 3RP Protection Inter-Agency/Information Management team.

If the child is a GBV survivor/at risk, reporting should also take place under **Indicator 3.1.1** # of individual GBV survivors and those at risk assessed.

Further Guidance and Resources

Children face a wide range of child protection risks including family separation, neglect,

trafficking, child labour, child marriage, child recruitment and detention. Violence and exploitation can occur in the family, in communities, schools and institutions, online and can be physical, emotional or sexual, economical among others. Children and caregivers alike commonly experience psychosocial distress[3].

Children pending registration and documentation are assumed as at risk as not having official documentation renders a child invisible and hampers access to services.

Refer to the "Child Protection Specific Risk Assessment and Case Prioritization Tool" endorsed by the CPsWG.

Other relevant tools:

Minimum Standards for Child Protection in Humanitarian Action (2019)

Inter-Agency Guidelines for Case Management and Child Protection, 2nd Edition (December 2024)

Guidance on Child Protection Identification for Frontline Humanitarian Workers (2021)

Guidelines on Best Interest Procedures (2021)

Note: This indicator gives us a trend of the overall caseload and per risk level. One child can be reported under different output indicators.

Indicator 4.1.2: # of children identified to be at risk	**Number: 4.1.2**
Target (3RP)	**2026:** 77,396

Definitions

Identification can occur at different levels of any protection programme but should ideally be connected to a case management cycle and should be carried out by protection officers/specialists who have the technical expertise to conduct assessments. Identification for the purpose of this guidance note does NOT refer to the identification and referral made by, e.g. a frontline worker. For the purpose of this

[3] See UNHCR, Protecting Forcibly Displaced and Stateless Children, What do we know?

guidance note, identification refers to the initial or comprehensive assessment of a child whereby any 'actual' child protection concern has been identified.

The indicator is meant to measure the number of girls and boys who - upon identification - are assessed as low, medium, high or at emergency risk[4] of CP violations (GBV included) and who, based on a case file, receive individualized interventions to address the identified protection risk through the application of the steps within child protection case management. In other words, it's a follow-on from children identified to be at emergency, high, medium or low risk (among those assessed for protection risks as per the indicator 4.1.1).

The child protection incidents per risk levels must be identified in accordance with the Child Protection Specific Risk Assessment and Case Prioritization Tool and **exclude no risk levels**. No risk children assessed can be reported under **4.1.1.**

Types of child protection incidents are, as detailed under Child Protection Specific Risk Assessment and Case Prioritization Tool;

- Physical Violence/Abuse
- Sexual Violence, including rape, sexual assault, and child marriage
- Mental/Emotional abuse
- Neglect or negligent treatment
- Exploitation
- Psychosocial distress, including when parents/caregivers are not cooperative, protective and/or other services are unavailable
- Self-harm
- Denial of Access to Resources

[4] These children are considered as "**children at heightened risk**", i.e. those children who are at heightened risk of violence, exploitation, abuse, or neglect as a result of exposure to risks in the wider protection environment and/or risks resulting from individual circumstances. It includes, but not limited to, unaccompanied and separated children.

Numerator	Data Source and Collection Methods
Number of children identified to be at risk.	Reporting partners should keep records in their case management databases. At minimum, information should be collected on Sex/Gender: Girls, Boys, Non-Binary, age group, nationality of children, and type of CP incident. **Reporting** Reporting occurs once the child is identified to be at risk (low, medium, high or emergency) and per type of CP incident. **Frequency** Reporting on a monthly basis on Activity Info.

Disaggregations

Sex/Gender: Girls, Boys, Non-Binary

Nationality: Syrian, Afghan, Turkish and Other Nationalities

Type of Child Protection Incident: Physical Violence/Abuse; Sexual Violence; Mental/Emotional Abuse; Neglect; Exploitation; Psychological distress; Self-harm; Denial of access to resources

Total Number of Disaggregation: 24

Linked Indicators

In order to avoid duplication in reporting across linked protection service delivery related indicators, children should not be reported against Indicators 2.1.2 – 2.1.3 as this will be done manually by 3RP Protection Inter-Agency/Information Management team. Children benefitting from child protection services should also be reported against Indicator 2.1.1.

# of individuals benefitting from protection activities.

Indicator 4.1.3: # of children referred to specialized/multi-sectoral services	**Number: 4.1.3**
Target (3RP)	**2026:** 64,610

Definitions

This indicator is a follow through from Indicators 4.1.1 and 4.1.2, where children are assessed for a child protection risk and are identified to be at risk (low, medium, high or emergency levels). This indicator aims to identify the number of children who are referred internally or externally to a specialized/multi-sectoral service to address their child protection risks.

Specialized Services: Can include child protection services, social welfare, legal services, judicial services and other multi-sectoral services including psycho-social support, medical and educational services provided by specialists.

Note: Whether a child (upon external referral) effectively receives the service is outside the scope of this indicator. The indicator only measures the referral action itself.

Numerator	**Data Source and Collection Methods**
Number of children referred to specialized/multi-sectoral services.	Reporting partners should keep records in their case management databases. At minimum, information should be collected on Sex/Gender: Girls, Boys, Non- Binary, age group and nationality of children referred, as well as type of referral. **Reporting** Reporting occurs once the child is referred internally or externally to one of the services listed. Partners should keep track of referral requests (excel tracking or case management tool) in information

	management tools/systems. When children are referred internally and externally for the same case/issue, the child will be counted **only once (i.e. number of unique children).** The numerator is the number of children that are being referred, not the number of referrals. **Frequency** Reporting on a monthly basis on ActivityInfo.

Disaggregations

Sex/Gender: Girls, Boys, Non-Binary

Nationality: Syrian, Afghan, Turkish and Other Nationalities

Type of Referral: I/NGO (including RLOs and CBOS) and UN agencies; Public Institutions/Local Authorities

Sector Referred To: Protection, Legal, Economic Empowerment; Basic Needs; Education; Health; Other

Total Number of Disaggregation: 13

Linked Indicators

In order to avoid duplication in reporting across linked protection service delivery related indicators, children should not be reported against Indicators 2.1.2 – 2.1.3 as this will be done manually by 3RP Protection Inter-Agency/Information Management team.

However, if the child is a survivor of GBV and is referred to GBV specific multi-sectoral services, then reporting should also take place against **Indicator 3.1.2** # of individual GBV survivors and/or those at risk provided and referred to GBV specialized services/multi-sectoral services.

Output 4.2: Community based child protection and PSS interventions are available for children under temporary and international protection in targeted locations	**Number: 4.2**
Indicator 4.2.1: # of children participating in structured and sustained psycho-social support programmes (individuals and in groups)	**Number: 4.2.1**
Target (3RP)	**2026:** 43,225

Definitions

Structured Programmes include a curriculum and/or session activity plans which are shared with beneficiaries at the beginning/end of the week or programme cycle.

Sustained Programmes refer to a) ongoing programmes and b) a child's regular attendance over a specific period of time. Participation of each child to a minimum number of 5 sessions constitutes a standard for the CP Sector which is recommended to partners.

Mental health and psychosocial support (MHPSS): The composite term mental health and psychosocial support is used to describe any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental conditions. MHPSS activities may focus on improving subjective wellbeing, functioning, coping, social behaviour, social connectedness, disabling distress, and symptoms of Mental, Neurological and Substance use disorders.

Such programmes include, although not limited to, Child/ youth Resilience Programmes, structured programmes aimed at addressing inter-peer violence and peer bullying, programmes addressing anger, grief, trauma, self-harm, etc.

Activities should only be considered MHPSS activities and reported under this indicator **if they are intentionally designed to address mental health and psychosocial issues** (i.e., the programme explicitly includes MHPSS content and aims to improve mental health and psychosocial wellbeing). While a wide range of activities indirectly improve wellbeing, activities that do not explicitly contain MHPSS content (e.g. general protection messaging campaigns, recreational activities that do not have a planned

MHPSS component built-in at the design stage) should not be counted under this indicator

The sessions can be held inside centers and in communities (for example, schools, neighborhoods, municipalities, through child, girls and adolescent friendly spaces, or mobile outreach units, etc).

MHPSS services and supports can best be conceptualized as a system with layers of intervention as described in the IASC MHPSS Intervention pyramid. Layers of MHPSS interventions are:

Layer 1 - Basic Services & Security emphasizes the importance of addressing social considerations in the provision of basic services and security during humanitarian responses. It recognizes that access to essential services and security for affected populations are fundamental aspects of humanitarian assistance. The integration of an MHPSS approach within basic services and security may include: advocating that these services be put in place with responsible actors; documenting their impact on mental health and psychosocial well-being; and influencing humanitarian actors to deliver them in safe, dignified, socioculturally appropriate ways that promote mental health and psychosocial well-being.

Layer 2 - Community and family supports focuses on community and family support and on activating social networks consisting of relationships and connections within a community or among individuals. In humanitarian settings, this involves strengthening and mobilizing these connections to provide support, resources and a sense of community; and nurturing social networks and individuals and communities that can support one another, share experiences and collectively address challenges. Working collaboratively with communities, local organizations and relevant stakeholders is crucial to the successful implementation and sustainability of these interventions, which can help to mitigate the negative effects of trauma and displacement, foster a sense of belonging and facilitate healing and recovery. L2 community-based PSS Activities are open to children and adolescents regardless of whether they have *identified*

MHPSS problems. They can be facilitated by PSS workers, youth workers, community volunteers, etc.

Examples:

- All adolescents are invited to participate in structured group activities for developing social and emotional competencies, coping with stressful circumstances, and building healthy relationships.
- Mental health discussion groups as part of school clubs
- A peer-support group is organized for young people living in a defined geographical area.
- A social worker provides psychoeducation and key messages on coping skills through a one-to-one conversation with a child who has just arrived at a partner office
- Children provided with one-off PSS session/s in the context of voluntary return at border areas.

Layer 3 - Focused non-specialized supports require enhanced support for individuals with more severe or complex MHPSS concerns. Targeted, structured activities provided by trained and supervised workers who provide support for a smaller number of individuals who additionally require more focused individual, family or group interventions. L3 PSS interventions can be implemented by professional staff trained in conducting counselling with at least a university degree in psychology, social work, education and/or other social science-related courses, as well as trained community providers (humanitarian workers or community volunteers trained on basic counselling and how to provide emotional/practical support, including scalable psychological interventions).

Examples:

- A group of targeted adolescents participate in focused session facilitated by a trained PSS worker because they have been identified as experiencing low mood.
- A child identified as experiencing behavioral challenges participates in a psychological intervention for young children facilitated by a social worker.

Layer 4 – Specialized services involve services provided by mental health specialists/ professionals and social service professionals (e.g. trained social

workers, psychologists, psychiatrists) for individuals with severe and enduring mental health conditions. This may include individual or family psychological counselling, psychiatric treatment, hospitalization and specialized care. Level 4 interventions are reserved for individuals with the most complex and severe mental health challenges that go beyond the scope of general social and healthcare services.

Example:

- A trained psychologist does structured relaxation and grounding exercises with a child who is experiencing high levels of anxiety
- A case manager who has been trained in MHPSS crisis management provides MHPSS to an individual with suicidal thoughts (e.g. jointly developing a crisis management plan, supporting the caregiver to engage in social support networks; identifying positive coping strategies).

These activities and interventions at Layer 3 and 4 refer to structured conversations with individuals or groups of individuals, that have a therapeutic outcome as their goal. Counselling sessions are tailored to the needs of **children at medium/ high/emergency risk** of CP violations survivors of violence or children/adolescents with more structural/severe coping and wellbeing challenges. Layer 3 requires curricula tailored to address specific risks of the target group and cycle approach may be used and depending on complexity and upon completion of curricula, children should have access to community-based PSS as a transition/exit strategy. In Layer 4, focused PSS does not replace the services provided by case management or other CP specialized services; it is complementary and can be provided exclusively by professional staff.

In focused and/or specialized MHPSS, counselling does not include generic counselling or legal counselling as part of protection case management.

The layers are not mutually exclusive; a child who receives support in Layer 4 may also benefit overtime from interventions/programmes in Layers 3, 2 and 1. Similarly, Layers 1, 2 of interventions are critical platforms for early identification and referrals of psycho-social needs to more focused and/or specialized levels of

<table>
<tr><td colspan="2">MHPSS services (L3, L4).</td></tr>
<tr><td>Numerator

Number of children participating in PSS programmes</td><td>Data Source and Collection Methods

Reporting partners should keep records in their case management databases. At minimum, information should be collected on Sex/Gender: Girls, Boys, Non-Binary, age group, nationality of children reached, and Level of MHPSS interventions implemented (L2, L3, L4).

Reporting

Reporting occurs once a child has completed minimum of courses and/or hours that are required as per the CPsWG guidance. All children who receive MHPSS services/benefit from MHPSS programmes will be reported regardless of their risk type/level (i.e. children with no risk benefiting from PSS programmes also to be reported).

Reporting will be done per layer for children attending/benefiting from MHPSS programmes according to the layers of the MHPSS intervention pyramid, covering Layer 2, 3 and 4.</td></tr>
<tr><td colspan="2">Disaggregations

Sex/Gender: Girls, Boys, Non-Binary

Nationality: Syrian, Afghan, Turkish and Other Nationalities

Layer of Intervention: L2 (One-off or Sustained/Structured), L3, L4</td></tr>
</table>

Total Number of Disaggregation: 9

Linked Indicators

Children benefitting from structured and sustained psycho-social support programmes (individuals and in groups) should be reported against Indicator 2.1.1. # of individuals benefitting from protection activities.

Further Guidance and Resources

Other relevant tools:

IASC Guidelines for MHPSS in Emergencies, IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings (English).pdf (2007)

UNHCR, Child protection Issue Brief: Mental health and psychosocial well-being of children (2014)

UNHCR, Operational Guidelines on Mental Health and Psychosocial Support and Child Protection (2024)

UNICEF, Global multisectoral operational MHPSS framework | UNICEF (2022)

Mental Health and Psychosocial Support Minimum Service Package

Indicator 4.2.2: # of individuals reached with positive parenting programmes	**Number: 4.2.2**
Target (3RP)	**2026:** 13,429

Definitions

The indicator captures the number of parents and/or caregivers who receive briefing sessions or standardized curricula on parenting skills.

Parenting programmes are programmes that aim to enhance the confidence of parents/caregivers living in a situation of distress and should contribute to their positive coping strategies, increase their knowledge on child development and positive discipline. Parenting could be part of family counselling services and/or could be part of the care plan of children, including those who receive counselling.

Numerator	**Data Source and Collection Methods**
Number of individuals reached with positive parenting programmes. Partners will/should also count sessions that they conduct with families as part of the Child and Youth Resilience Programme under Positive Parenting indicator.	Organizations should keep registration records - parent is registered for briefing sessions / standardized curricula. Information should be collected on Sex/Gender Men, Women, Girls, Boys, Non- Binary, age group and nationality of individuals participating. **Reporting** The parent/caregiver is only reported after meeting certain minimum requirements (i.e. that parent/caregiver finalizes session/min. number of modules in curricula).
Disaggregations **Sex/Gender:** Male, Female, Non-Binary **Nationality:** Syrian, Afghan, Turkish and Other Nationalities **Age:** +18 **Total Number of Disaggregation:** 3	
Linked Indicators Individuals should also be reported against **Indicator 2.1.1** # of individuals benefitting from protection activities.	

Further Guidance and Resources

Target group: parents or caregivers of all children, including those children at risk

Delivery modality (of positive parenting skills training): delivered by trained staff or highly skilled facilitator.

Package: MoFSS/UNICEF parenting programme packages or any other packages that are tailored to address the specific needs of caregivers.

Other tools: CPMS 2019, Standard 16: Strengthening family and caregiving environments

Indicator 4.2.3: # of individuals reached through information campaigns and awareness-raising initiatives on child rights and protection including as related to return procedures and conditions	**Number: 4.2.3**
Target (3RP)	**2026:** 81,060

Definitions

Information Campaigns/Awareness Raising on Child Rights and Protection:

Information Campaign: Efforts to convey information on rights, entitlements and availability of services to large audiences/the public. This includes public announcements, leaflet distribution, information via websites, etc. The information is not tailored to an individual client, rather is developed for general use (for the public) on child rights and child protection.

Awareness-Raising: For the indicator, awareness-raising means activities/sessions undertaken by protection actors (including outreach teams) to disseminate information on child rights and child protection. This can include information sessions through art, debates and discussions, etc as well as one-off awareness-raising sessions delivered as part of CBCP/CB PSS programmes such as hygiene sessions, child rights, safe touch, oral dental care etc. which is provided in and outside of centres.

Important Note: In order to avoid duplication in reporting against information dissemination/awareness-raising indicators, general information campaigns or those

primarily related to GBV should not be reported under this indicator, rather should be reported against relevant indicators under Objective 2 and 3. If the information campaign includes multiple subjects in terms of content, double reporting across thematic information dissemination/awareness-raising indicators is possible.

Numerator	**Data Sources and Collection Methods**
Number of individuals participating in information campaigns and awareness-raising sessions.	Reporting organizations should maintain attendance sheets. At minimum, information should be collected on Sex/Gender: Male, Female, Non-Binary, age group and nationality of individuals reached. **Reporting** Individuals should be reported once they participate in the information dissemination/awareness-raising activity.

Linked Indicators

If content of the information campaign is also related to GBV then reporting can also take place against **Indicator 3.2.1** # of individuals reached through GBV-related information campaigns and activities to raise public awareness on rights, entitlements and assistance for prevention, mitigation and response to GBV.

However, individuals reported against **Indicator 4.2.3** (# of individuals reached through information campaigns and awareness-raising initiatives on child rights and protection including as related to return procedures and conditions) should not be reported against **Indicator 2.2.1** (# of individuals reached through information campaigns and awareness-raising on rights, entitlements, services, assistance including as related to return procedures and conditions) as this will be done manually by the Information Management team.

Disaggregations

Sex/Gender: Male, Female, Non-Binary

Nationality: Syrian, Afghan, Turkish and Other Nationalities

Age: -18, +18

Total Number of Disaggregation: 6

Further Guidance and Resources

Target group: All vulnerable children, and adolescents and their caregivers

Delivery modality: Face to face, hybrid, online modalities. Efforts should be led by community members, youth workers and by staff who have received training.

Package: Depends on the organization

Duration of intervention/programme: As long as needed (yearly approach).

Output 4.3: Capacity of government and non-government child protection actors are strengthened to effectively implement the existing legislation framework	**Output: 4.3**
Indicator 4.3.1: # of individuals reached with technical capacity development initiatives (including trainings) on child rights and protection	**Number: 4.3.1**
Target (3RP)	**2026:** 7,574

Definition

Scope of the interventions can include but is not only limited to trainings and can include individuals reached through various tools related to child rights and protection and other systems strengthening efforts (with an element of technical capacity development).

Numerator	**Data Source and Collection Methods**
Number of individuals reached with technical capacity development support.	Reporting partners (or organizations organizing/conducting training) should keep training records and attendance sheets. At minimum, information should be collected on Sex/Gender, age and nationality of individuals trained. **Reporting** Individuals are reported after they have completed the training. Double counting should be avoided. One individual who participates in several sessions of a training should, in principle, be counted once. **Location** Individuals should be reported where the training took place. Exception: if the partner is able to track where the individual trained is/ will be deployed.

Disaggregations

Sex/Gender: Male, Female, Non-Binary

Nationality: Syrian, Afghan, Turkish and Other Nationalities

Age: +18

Type of Institution: I/NGO (including RLOs and CBOS) and UN agencies; public institutions/local authorities; Community Member

Total Number of Disaggregation: 9

Linked Indicators

The indicators below are linked in terms of type of intervention (i.e. trainings/technical capacity development). Considering that one training may cover multiple thematic topics (CP, GBV, persons with specific needs etc.) double reporting across training indicators is possible.

Indicator 1.1.1. # of individuals trained on international protection, rights, services and available assistance

Indicator 3.3.1 # of individuals reached with technical capacity development (including trainings) initiatives on GBV risk mitigation, prevention and response.

Indicator 4.3.2: # of institutions supported to strengthen capacity on service delivery/provision on child rights and protection	**Number: 4.3.2**
Target (3RP)	**2026:** 5,195

Definition

In the context of this indicator, institutions refer to child protection service providers that deliver a range of services, including information sharing/awareness-raising, legal counsel and referral, psycho-social support, case management, shelter, care and protection, recreational activities (to provide emotional well-being), livelihoods development. Institutions supported may include community centres, multi-service centres, multi-functional safe spaces/hubs, protection field offices, protection offices, safe spaces, women community centres, counselling centres or Women and Girls Safe Spaces (WGSS), childcare and protection centres. It also includes public institutions such as childcare institutions.

Capacity strengthening support includes support provided to institutions to improve service delivery and provision on child rights and protection, covering both:

- Physical capacity development support includes infrastructure, material and logistics support provided to institutions to improve capacity to child protection interventions and services.

- Human resources capacity development support includes staffing, such as recruitment of psychologists, social workers and/or translators provided to institutions to improve capacity to deliver child protection interventions.

If capacity development support provided to institutions is only related to GBV or provision of services to persons with specific needs then reporting should take place against relevant indicators under Objective 2 and 4. However, if the support provided relates to supporting CP and GBV response as well as for persons with specific needs then reporting can take place across multiple indicators (i.e. duplication in reporting is allowed).

Numerator	**Data Source and Collection Methods**
Number of institutions supported to improve capacity.	The primary data source for this indicator in ActivityInfo. Reporting partners should keep a list of institutions supported (program documents), including the type of institution. **Reporting** Reporting is done once support is provided. Various (types) of support may be provided; over a period of time, however if the same center is supported over time with different types of support, the institution should be counted only once.

Disaggregations

Type of Institution: I/NGO (including RLOs and CBOS) and UN agencies; public institutions/local authorities

Total Number of Disaggregation: 2

Linked Indicators

Capacity development support for protection service delivery for persons with specific needs should be reported against **Indicator 2.5.1 # of institutions supported to strengthen capacity on service delivery/provision to persons with specific needs.**

If the capacity development support provided to the institution also aims to support GBV interventions, then reporting should also take place against **Indicator 3.3.2** # of institutions supported to strengthen capacity on service delivery/provision on GBV risk mitigation, prevention and response.