



CHILD PROTECTION - LCRP 2020 – Activity Info Output Indicators

OUTCOME 4: Provide boys and girls at risk and survivors of violence, exploitation and abuse access to an improved and equitable prevention and response services

Result Structure	Results Statement	Indicator reference	Indicator description	Definition	Unit	Disaggregation	GEO	FRQ
OUTPUTS 4.2	<p>OUTPUT 4.2</p> <p>Holistic and integrated CP services offered to boys and girls at risk and survivors of violence, abuse and exploitation</p>	Indicator 4.2.2	<p>a.# of boys and girls assisted through CP assessment</p> <p>b.# of boys and girls assisted through CP case management services</p>	<p>Objective: To provide non-judicial and judicial protection to children at medium and high risk (in line with Government of Lebanon National Case Management Standard Operating Procedures for the Protection of Juveniles (SOPs).</p> <p>Target group: At risk or subject to abuse, neglect, violence and exploitation as per National SOPs</p> <p>Package: Cases must be managed under the framework of the National SOPs</p> <p>Duration: As long as necessary to close case (average of 6 months), however please note children with more complex protection needs are likely to require support for longer periods of time.</p> <p>Reporting on AI: Please only report under this category once a case plan has been opened for a child to receive child protection case management support. Prior to a case plan being opened, the child should have received a systematic evaluation of her/his situation in the form of an assessment. The assessment should have considered the vulnerabilities, risks and harm factors, and also the protective influences, strengths and resilience of the child and their family.</p>	Children	<p>Risk Level</p> <p>Age / Cohorts / Sex/ Risk Type/ Vulnerability</p>	Gov	M



Sub-category: Case does not require CP CM
Child's situation assessed however case did not require case management or did not meet the agencies criteria for child protection case management. Efforts made to refer case onwards for other services not CP CM related and involved work from the referring agency.

Disaggregated by:

- 1- Population cohort- nationality, sex and age (0-5, 6-11, 12-17)
- 2- Risk Level –Medium, High (is determined at the time of initial assessment)
- 3- Judicial, Non-Judicial processes (please note you can only select one. Please note cases managed by UPEL are part of the judicial pathway)
- 4- Risk criteria (minimum of 1 or more required):
 - Risk/Victims of physical abuse/violence
*Please select this sub sector if child is subject to violent discipline. Physical discipline means children aged 1-17 years who experienced any physical punishment and/or psychological aggression by caregivers.
 - Risk/victim of exploitation (the use of children for someone else's advantage, gratification or profit- example child labour reported here)
 - Please select this sub sector if the child is subject to the Worst Forms of Child Labour (WFCL ONLY)- (all forms of slavery or practices similar to slavery, such as the sale and trafficking of children, debt bondage and serfdom and forced or compulsory labour (including forced or compulsory recruitment of children for use in armed conflict) children engaged in street related activities. Please note partners should further disaggregate by age groups: 0-5, 6-13,



			<p>14-17 (the specific age categorization does not apply for other vulnerabilities below).</p> <ul style="list-style-type: none"> • Risk/victim of emotional abuse (includes persistent emotional ill-treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development e.g. humiliating and degrading treatment such as bad name calling, constant criticism, belittling, persistent shaming, solitary confinement and isolation) • Risk/victim of neglect (Child neglect encompasses abandonment; lack of appropriate supervision; failure to attend to necessary emotional or psychological needs; and failure to provide necessary education, medical care, nourishment, shelter, and/or clothing. • Risk sexual abuse/Child survivor of sexual abuse (Please note if reported here then the agency cannot report under AI in GBV. Child protection agencies which do not have specialized expertise in GBV or clinical care for survivors should refer case to GBV agencies and not report the case here). <p>5- Vulnerabilities (more than one possible): (Unaccompanied-UA separated child-SC, Child with disability, Child in contact with the law- includes both children in conflict with the law and children in need of protection in contact with judicial system, and child at risk of child marriage (not yet married)).</p> <p>Regarding vulnerability disaggregation:</p> <p>Only children at risk or subject to violence, neglect, abuse and/or exploitation should receive child</p>			
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protection case management. Vulnerabilities alone should not be the reason for a child to receive child protection case management. The aim of including vulnerabilities in AI is to capture the disaggregation of the specific vulnerabilities of all the children who are receiving child protection case management as they are exposed to risks/danger.

For example, children with disabilities, separated children or working in light forms of work may not need child protection case management if s/he is with supportive parents, lives in a loving and supportive environment and is safe overall- these children may only need referrals to other services (which doesn't necessarily entail case management). S/he should only receive CP CM if s/he is at medium or high risk of harm due to a protection issue which could be in their home or work environment.

Vulnerability is reported only if the child receives child protection case management. A child can be reported under several vulnerabilities if s/he combines more than one. For example, a child at high risk because s/he is engaged in the worst forms of child labour may be especially vulnerable because s/he is also unaccompanied and living with a disability.

6- Case Status:

- Cases reported to judicial pathway: please include cases that were reported to the judicial pathway for a specific service but that continue



to be fully case managed by the reporting organization. i.e: The case was reported to UPEL or Himaya for a specific judicial intervention, but the non-governmental organization continues to manage all other aspects of the case.

- Cases transferred to another agency: Please only report cases where the case file is completely transferred to another non-judicial case management agency.
- Cases transferred to Judicial Pathway (please note that cases that are completely transferred to UPEL or Himaya and no longer managed by your agency should be reported here).
- Cases reopened (after being reported as closed):
 - include the transfer back from judicial pathway after three months.
 - Include cases reopened for other reasons for example protection risks increased non-judicial pathway
- Cases closed due to:
 - sub-category; case closed due to child being unreachable (the child changed his residency location, child left the country of residence, and when CP agency can't reach the child through phone calls, home visits, reaching his caregivers, extended family members, neighbors, searching for new contacts on database, and any possible resource that can lead to find the child; the duration of search for the child is 3 months.
 - sub-category; case closed due to end of funding by donor - no available service provider in the area
 - sub-category; case closed due to end of funding by donor - transferred to another agency for case management



- sub-category; case closed child moved to another country
- sub-category; case closed because the child turned 18
- sub-category; case closed because of death of the child
- sub-category; case closed with positive outcomes: to be further disaggregated by; population cohort, nationality, sex, age disability, engagement in CL & WFCL and violent discipline. Positive outcomes generally are: e.g. the objectives of the case plan are met, identified vulnerabilities and risks are addressed and no new child protection risk arose, and parents are resorting to positive parenting.
- sub-category; case closed reduced harm however child continues to be exposed to risk and may have other complex needs that cannot be addressed as a result of numerous challenges in the environment and absence of specialized services.

Please note: Children at risk or victims should be also referred to focused PSS and their caregivers to caregiver programs.

*Note: This does not capture referrals, but only children for whom a case file has been opened by the reporting organization:



<p>OUTPUT 4.2</p>	<p>OUTPUT 4.2</p> <p>Holistic and integrated CP services offered to boys and girls at risk and survivors of violence, abuse and exploitation</p>	<p>Indicator 4.2.3</p>	<p># of boys and girls accessing CP and focused psychosocial support</p>	<p>Objective: To provide tailored psychosocial support to children at medium to high risk of CP-GBV violations which focuses on emotional support and complements the outcomes of children in case management with peer support.</p> <p>Target group: Children at medium to high risk or who have experienced a child protection violation and their peers</p> <p>Delivery modality: Delivered by professional staff trained with CP/GBV experience (Case worker, Psychologist, etc.).</p> <p>Delivery modality through COVID-19: <i>Delivered through an online platform and/or through an adapted direct/face to face delivery. (Reference guidelines currently under development for the adapted direct/face to face delivery).</i></p> <p>Package: Includes curricula tailored to address specific risks and/or vulnerabilities with a focus on the Emotional Support Curriculum developed by the PSS Committee via UNICEF. (Please refer to guidance note)</p> <p>Duration: Cycle based approach is used with an average of 12 sessions (24 hours) as per the Emotional Support Curriculum.</p> <p>Reporting on AI: Occurs once a child has completed a minimum of 15 hours of attendance. All children who attend 15 hours will be reported regardless of their risk type. Please note if a child attends both focused and community-based they can be double counted.</p> <p>Reporting on AI during COVID-19: <i>Occurs once a child has completed a minimum of 4 remote</i></p>	<p>Children</p>	<p>Age / Cohorts / Sex / Risk type</p>	<p>Site</p>	<p>M</p>
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				<p><i>sessions (Time adapted to the need and group age) and/or adapted direct/face to face delivery</i></p> <p><u>Disaggregated by:</u></p> <ol style="list-style-type: none"> 1. Population cohort, sex and age (6-11, 12-17) 2. Vulnerabilities of the child (more than one possible): *(child labor (including WFCL), OR child with disability, child subject to violent discipline, child at risk of child marriage). Other vulnerabilities may be present, but only these categories will be reported on AI. We are not capturing sessions content, but rather the vulnerabilities of the child. <p>Referral: Children should be referred if appropriate to case management and upon completion of cycle, children should have access to the community-based structured PSS as a transition/exit strategy.</p> <p>Note during COVID-19: <i>Adapted to respond to COVID-19 (As per the sector requirements to report during COVID-19 period).</i></p> <p>Note: Please refer to “PSS Committee Guidance Note –Prevention and Response Activities for Children and Caregivers” - 2018.</p>				
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<p>OUTPUT 4.3</p>	<p>OUTPUT 4.3 Vulnerable children, families and communities supported to promote practices that protect them</p>	<p>Indicator 4.3.2</p>	<p># of girls and boys engaged in Community based Child Protection activities</p> <p>Age / Cohorts / Sex</p>	<p>Objective: To enhance interpersonal relations and self-protection and increase the capacity and awareness of children to negotiate risks and know where to go for help.</p> <p>Target group: Open to all children/adolescents living in areas of extreme need including out-of-school children</p> <p>Delivery modality: Community members/structures or CBOs with support of NGOs.</p> <p>Delivery modality during COVID-19: <i>The delivery is through online platform (e.g. WhatsApp groups of adolescents, caregivers, conference calls) and/or adapted direct/face to face delivery.</i></p> <p>Package: Includes culturally appropriate activities identified by community, including but not limited to; Community based PSS objectives through activities as drama, crafts, traditionally storytelling, sports (i.e. sports for development)/ other curriculums that look at preventing risks associated with child labor, child marriage, violent discipline / other key CP-GBV messages/ peer to peer support models.</p> <p>Package during COVID-19: <i>Includes culturally appropriate activities including but not limited to: sharing/implementation of activities that emphasize the identification and expression of emotions, organizing time and routine, identifying strengths, understanding and coping with physical distance, positive communication skills and other relevant contents associated with children’s well-being in the current context.</i></p>	<p>Children</p>	<p>Age/cohorts/sex</p> <p>Session content</p>	<p>SITE</p>	<p>M</p>
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			<p>Duration: Should be open to children as long as they need to attend, yearly approach. Reporting on AI: Occurs after a child has attended a minimum of 3 sessions.</p> <p>Duration during COVID-19: <i>Should be provided throughout the emergency context as long as children are out of school. Reporting on AI occurs after contact with child occurred once per week and continues for a minimum of three weeks.</i></p> <p>Disaggregated by: 1) Population cohort, sex and age (0-5, 6-11, 12-17) Children with disabilities Vulnerabilities when addressed in the content of activities: child labor, child marriage, positive discipline, COVID-19.</p> <p>Note during COVID-19: <i>Adapted to respond to COVID-19 (As per the sector requirements to report during COVID-19 period).</i></p> <p>Referral: <i>At medium to high risk children identified in this activity should be referred to focused PSS and/or case management services as appropriate. At low risk, should be referred to appropriate services.</i></p> <p>Note: Reporting under this indicator aims to capture on-going CP activities in a community. It does not include one-off sensitization sessions or activities. Please refer to “PSS Committee Guidance Note –Prevention and Response Activities for Children and Caregivers” – 2018. Please note that if a child attends Focused and Community Based they can be double counted</p>				
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<p>OUTPUT 4.3</p>	<p>OUTPUT 4.3</p> <p>Vulnerable children, families and communities supported to promote practices that protect them</p>	<p>Indicator 4.3.3</p>	<p># of caregivers engaged in activities to promote wellbeing and protection of children.</p>	<p>Parenting Skills/Positive Discipline Training</p> <p>Objective: To enhance psycho-social support and wellbeing and support positive parenting skills for caregivers living in a situation of high stress</p> <p>Target Group: Parents or caregivers of children with priority/targeting to parents/caregivers of high-risk children/ children in focused PSS</p> <p>Delivery modality: Delivered by trained staff or highly skilled facilitators</p> <p><i>Delivery modality during COVID-19: Delivered by trained staff or highly skilled facilitators through an online platform and/or hotline or through adapted direct delivery.</i></p> <p>Package: Curricula tailored to address specific needs identified by caregivers including IRC Positive Parenting package and other tailored curriculum depending on the needs of the caregivers.</p> <p><i>Package during COVID-19: Curricula tailored to address specific needs identified by caregivers including IRC Positive Parenting package and other tailored curriculum depending on the needs of the caregivers with focus on the following themes:</i></p> <ul style="list-style-type: none"> • Reducing stigma and social exclusion that may result from COVID-19. • Decreasing the level of stress on caregivers. • Providing caregivers with positive discipline tools to support with their children. 	<p>Caregivers</p>	<p>Cohorts / Sex / Session content</p>	<p>Site</p>	<p>M</p>
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				<ul style="list-style-type: none"> • <i>Identification and referral of cases in need of additional support such as general referrals, COVID-19 referrals, case management etc. (Reference to the Guidelines of the provision of Remote PSS to caregivers)</i> <p>Duration: Cycle based activity with 8-12 sessions recommended.</p> <p>However, a minimum of 6 sessions should be attended.</p> <p>Reporting on AI: Occurs after the caregiver has attended a minimum of 6 sessions.</p> <p>Reporting on AI during COVID-19: Occurs after the caregiver has attended a minimum of 4 remote sessions (Average of 30 to 45 minutes each) and/or adapted direct/face to face delivery (reference to the Remote PSS with Caregivers guidance).</p> <p>Disaggregated by:</p> <ol style="list-style-type: none"> 1. Population cohort, sex and age (18, 19-25, 26-59, 60+) 2. By the content of the sessions when addressing: child labor, child marriage and positive discipline. Other topics may be addressed in sessions, but only these 3 will be reported., COVID-19. 				
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				<p>Note during COVID-19: Adapted to respond to COVID-19 (As per the sector requirements to report during COVID-19 period).</p> <p>Referral: Caregivers of children benefiting from case management, community-based, and focused PSS should be referred to caregiver programs.</p> <p>Note: Please refer to “PSS Committee Guidance Note – Prevention and Response Activities for Children and Caregivers” – to be updated 2018</p>				
Output 4.3	<p>OUTPUT 4.3</p> <p>Vulnerable children, families and communities supported to promote practices that protect them</p>	Indicator	<p># of caregivers sensitized during COVID-19 to promote their wellbeing and protection of their children.</p>	<p>Objective: To provide information on the importance of addressing caregivers wellbeing and protection of their children psychosocial wellbeing.</p> <p>Target Group: Parents or caregivers of children in high vulnerable areas.</p> <p>Delivery modality: Delivered by frontliners through an online platform and/or hotline or through adapted direct delivery.</p> <p>Package: Messaging to address the coping mechanisms and psychosocial wellbeing of the caregivers including tips to support caregivers to address the emotional wellbeing of their children. Includes but not limited to message to address the coping mechanism of caregivers,....</p>				



				<p>Duration: Ongoing awareness sessions to caregivers.</p> <p>Reporting on AI: Occurs after the caregiver has attended a minimum of 1 session.</p> <p>Disaggregated by:</p> <ol style="list-style-type: none"> 3. Population cohort, sex and age (18, 19-25, 26-59, 60+) <p><i>Disaggregation during COVID-19: This indicator is added to address the reporting requirements of COVID-19 and will be used during that period ONLY.</i></p> <p><i>Activity adapted to respond to COVID-19.</i></p> <p>Referral: Caregivers should be referred to any needed service as deemed necessarily such as case management, community-based, focused PSS, caregiver programs...</p>				
Output 4.3	<p>OUTPUT 4.3</p> <p>Vulnerable children, families and communities supported to promote practices that protect them</p>	Indicator	# of boys, girls sensitized during COVID-19 to promote their psychosocial wellbeing .	<p>Objective: To provide information to boys and girls on their psychosocial wellbeing.</p> <p>Target Group: Boys, girls with priority/targeting medium to high-risk children.</p> <p>Delivery modality: Delivered by frontliners through an online platform and/or hotline or through adapted direct delivery.</p>				



			<p>Package: Messaging to address the coping mechanisms and psychosocial wellbeing of boys and girls including tips to address their emotions, coping mechanisms, time management, communication skills....</p> <p>Duration: Ongoing awareness sessions to caregivers.</p> <p>Reporting on AI: Occurs after boys, girls has attended a minimum of 1 session.</p> <p>Disaggregated by: 1) Population cohort, sex and age (0-5, 6-11, 12-17) Children with disabilities.</p> <p><i>Disaggregation during COVID-19: This indicator is added to address the reporting requirements of COVID-19 and will be used during that period ONLY.</i></p> <p><i>Activity adapted to respond to COVID-19.</i></p> <p>Referral: Boys, girls should be referred to any needed service as deemed necessarily such as case management, community-based, focused PSS, caregiver programs...</p>				
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<p>OUTPUT 4.3</p>	<p>OUTPUT 4.3</p> <p>Vulnerable children, families and communities supported to promote practices that protect them</p>	<p>Indicator 4.3.4</p>	<p># of child protection initiatives conducted to prevent child marriage, child labour and violence against children and women in communities</p>	<p>Objective: As a preventative intervention, the aim of the community initiatives is to enhance the capacity of communities to promote child protection rights and address key CP issues including child labour, child marriage, violence against children and women.</p> <p>Target group: Level 1, 2, 3 most vulnerable communities</p> <p>Delivery modality: Community members/structures or CBOs with support of NGOs.</p> <p>Package: Includes community level dialogues and information campaigns with key CP right holders and duty bearers to challenge harmful social and behavioral practices and identify community-based activities to prevent child protection issues and promote child rights.</p> <p>It can include community led local level advocacy, initiatives or activities to address child labor, child marriage, violence against children and women and other key CP-GBV issues. UNICEF partners report QUDWA activities under this indicator.</p> <p>Duration: yearly approach (throughout the year)</p> <p>Reporting on AI: Number of initiatives where Geographical location; Site level Cadaster / Village, locality / ITS</p> <p>Note: The initiative\activity could be a one-time activity or repeated more than once. The number</p>	<p>Communities</p>	<p>Content</p>		<p>M</p>
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			<p>reported is on the type of the activity conducted in a specific locality and not its frequency.</p> <p>Disaggregated by:</p> <ul style="list-style-type: none"> • Type of CP duty bearers and right holders engaged i.e; caregivers, adolescents and children, Municipalities, Religious leaders, Employers/land-owners, community leaders, community groups/ other gate keepers • The following issues when addressed through community led initiatives activities: *(child labor, child marriage, positive discipline). <p>Type of initiatives; community-led advocacy; information/outreach sessions; community event; establishment of community/children safe play areas (parks, playgrounds,...); child safety / protection mechanisms; other (please describe) QUDWA activities</p>				
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