



CHILD PROTECTION - LCRP 2017 – Activity Info Output Indicators

OUTCOME 5: Boys and girls at risk and survivors of violence, exploitation and abuse have access to an improved and equitable prevention and response								
Result Structure	Results Statement		Indicator	Definition	Unit	DSG	GEO	FRQ
OUTPUT 5.2	OUTPUT 5.2 Displaced and host community boys and girls at risk or survivors of violence have access to an integrated package of quality prevention and response services	Indicator 5.2.2	# of boys and girls accessing CP and focused psychosocial support	<p>Objective: To provide tailored psychosocial support to children at medium to high risk of CP-GBV violations</p> <p>Target group: Children at medium to high risk or who have experienced a child protection violation already and those who may not be at high risk for child protection but are highly distressed</p> <p>Delivery modality: Delivered by professional staff trained and with experience on CP-GBV</p> <p>Package: Includes curricula tailored to address specific risks and targeted specifically to be flexible to reach this group (timing, location, should be flexible).</p> <p>Duration: Cycle based approach is used (with a minimum of 15 hours) but depending on complexity and upon completion of cycle, children should have access to the community-based structured PSS as a transition/exit strategy.</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.</p> <p>Please note; if a child attends both focused and community based they can be double counted, once minimum attendance requirement is met.</p> <p>Disaggregated by: population cohort, sex and age (0-5, 6-11 , 12-17) and the following risks: child labor, child marriage and child subject to violent discipline (other risk factors may be present but only these 3 risks categories will disaggregated for AI)</p> <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: Please also reference PSS Committee "PSS interventions for Children and Caregivers Guidance Feb 2017 Version".</p>	Children	Age / Cohorts / Sex / Risk type	S	M



OUTPUT 5.2	OUTPUT 5.2 Displaced and host community boys and girls at risk or survivors of violence have access to an integrated package of quality prevention and response services	Indicator 5.2.3	# of boys and girls assisted through CP case management services	<p>Objective: To provide <i>non-judicial and judicial protection</i> to high risk children (in line with National SOPs)</p> <p>Target group: <i>Children at high risk</i> as per National SOPs</p> <p>Package: Cases must be managed under the <i>framework of the National Standard Operating Procedures</i></p> <p>Duration: As long as necessary to close case</p> <p>Reporting on AI: Occurs once a case plan is opened for a child to receive case management support</p> <p>Disaggregated by: population cohort, sex and age (0-5, 6-11 , 12-17) and following vulnerabilities: <i>*(child labor, UASC, child with disability, child in contact with the law, child subject to violent discipline).</i></p> <p>Referral: Children should be <i>referred to focused PSS and their caregivers to caregiver programs.</i></p> <p>*Note:</p> <ul style="list-style-type: none"> - This does not capture referrals, but only children for whom a case file has been opened by the reporting organization. - Regarding disaggregates: these vulnerabilities should not be the drive or reason to enroll the child in case management. A child with disability might not be in need for case management if s/he is with supportive parents, in a supportive environment. S/he will be reported if a victim of child protection and also disabled. This also applies to the other categories of vulnerability. The drive should be the child being victim or at risk of violence, neglect, abuse and/or exploitation. Thus, the disaggregation aims capture case management reach to children with specific vulnerabilities. The vulnerability is reported only if the child being case managed has it. A child can be reported under several vulnerabilities if s/he combines more than one. For example a child subject to violence that is unaccompanied, living with a disability and engaged in begging should be reported under child labor, UASC and child with disability). 	Children	Age / Cohorts / Sex	G	M
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OUTPUT 5.2	OUTPUT 5.2 Displaced and host community boys and girls at risk or survivors of violence have access to an integrated package of quality prevention and response services	Indicator 5.2.4	# of partners and government staff provided with general training on child protection and children's rights	<p>Objective: To enhance capacity of staff on child protection notions Target: <i>Civil servants and civil society with a focus on CBO staff</i> Delivery modality: <i>By highly skilled facilitators, UN or NGO</i> Package: Includes training on the Standard Operating Procedure for child protection (SOPs for CP) in Lebanon and its operational tools for case managers (30 hours training); Includes partners/UNRWA working in Palestinian camps; Includes training on early identification and safe referral as per SOPs for CP in Lebanon delivered by USJ and IRC (10 hours training) and includes partners working in Palestinian camp; Includes trainings and coaching delivered by USJ to MoSA staff engaged in case management; Includes training and coaching provided by IRC to UPEL; Includes training to Internal Security Forces and the security sector on children in contact with the law; Includes trainings on worst form of child labor; Includes ToT on community based and focused PSS curriculums; Includes trainings delivered by NMHP to child protection actors. Other trainings include sector endorsed tools such as joint advocacy toolkit with CP/GBV messages; focused PSS; parenting training; Duration: Has to be a full training package, not a 1 off. Reporting on AI: Occurs once a full training package has been delivered. Reported occurs based on number of persons receiving training, not number of trainings delivered. For example, if a person receives 2 trainings by the same organization, they are only counted once. Note: <i>this DOES NOT include short trainings (eg 1 hour training in house) and internal trainings within the NGO</i> Disaggregated by: population cohort, sex and type of employment: Civil Servant Staff or Civil Society Staff</p>	Individuals	Cohorts / Sex / Type	G	M
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OUTPUT 5.3	OUTPUT 5.3 Vulnerable children, families and communities supported to promote practices that protect them	Indicator 5.3.2	# of girls, boys accessing CP prevention (for girls and boys: community based PSS)	<p>Objective: To increase the <i>capacity and awareness of children to negotiate risks</i> and know where to go for help</p> <p>Target group: Open to <i>all vulnerable children/adolescents</i> as long as they need to attend and focus on out-of-school, low risk children</p> <p>Delivery modality: Community members/structures and CBOs with support of NGOs.</p> <p>Package: Includes culturally appropriate activities with PSS objectives such as drama, crafts, traditionally storytelling, sports (i.e. sports for development), life-skills training with key CP-GBV messages.</p> <p>Duration: Should be open to children as long as they need to attend, <i>yearly approach</i>.</p> <p>Reporting on AI: Occurs after full registration of the child is completed and once 3 sessions are attended.</p> <p>Disaggregated: population cohort, sex and age (0-5, 6-11, 12-17)</p> <p>Referral: At risk children identified in this activity should be identified and referred to focused PSS and/or case management as appropriate.</p> <p>Note: Please also reference PSS Committee "PSS interventions for Children and Caregivers Guidance". Please note that if a child attends focused and community based they can be double counted.</p>	Children	Age / Cohorts / Sex	S	M
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OUTPUT 5.3	OUTPUT 5.3 Vulnerable children, families and communities supported to promote practices that protect them	Indicator 5.3.3	# of caregivers accessing CP prevention (caregivers' programs)	<p>This activity can take 2 forms: 1. Caregiver Support Groups 2. Parenting Skills/Positive Discipline Training, caregivers can participate in both:</p> <p>1. Caregiver Support Groups Objective: To <i>provide caregivers with a safe space where they can exchange share positive experiences, difficulties and doable solutions</i> with peers whilst raising awareness about mental health and child protection and GBV concerns or problems Target Group: Parents or caregivers of children (including but not limited to those in PSS) Delivery modality: Delivered by <i>trained community members/volunteers and non-professional staff</i> Package: Includes key messages on MHPSS and child protection and GBV, topics of discussion are selected by the members of the group Duration: Ongoing basis as long as the group is active, monthly meetings are recommended. <i>However, a minimum of 3 sessions should be attended.</i> Reporting on AI: occurs once a minimum of 3 sessions is attended Disaggregated by: population cohort and sex. Referral: Caregivers of children benefiting from case management, community based and focused PSS should be referred to caregiver programs.</p> <p>2. Parenting Skills/Positive Discipline Training Objective: To <i>enhance confidence around parenting skills</i> for caregivers living in a situation of profound distress Target Group: Parents or caregivers of children with <i>priority/targeting to parents/caregivers of high risk children/ children in focused PSS</i> Delivery modality: Delivered by <i>trained staff or highly skilled facilitators</i> Package: Includes curricula tailored to address specific needs identified by caregivers including positive discipline Duration: Cycle based activity with 8-12 sessions recommended. <i>However, a minimum of 6 sessions should be attended.</i> Reporting on AI: occurs once a minimum of 6 sessions is attended Please note that if caregiver attends both support groups and training they <u>CANNOT</u> be double counted. Disaggregated by: population cohort and sex. Referral: Caregivers of children benefiting from case management, community based and focused PSS should be referred to caregiver programs. Note: Please also reference PSS Committee "PSS interventions for Children and Caregivers Guidance".</p>	Caregivers	Cohorts / Sex	S	M
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OUTPUT 5.3	<p>OUTPUT 5.3</p> <p>Vulnerable children, families and communities supported to promote practices that protect them</p>	Indicator 5.3.4	# of girls & boys reached on key CP issues	<p>Objective: Provide information to enhance the protection of children and their families, this <i>should be delivered by community members themselves</i>.</p> <p>Target Group: Children in communities</p> <p>Delivery modality: Verbal communication which varies from household visits (with the aim of sensitization, assessment or referral etc) to large events.</p> <p>Package: Information has to be <i>specific to child protection and related to services</i></p> <p>Duration: This has to be done once per person. Multiple sessions/events are encouraged but <i>the person can only be counted once</i>.</p> <p>Reporting on AI: Occurs upon attendance of a minimum of 1 session</p> <p>Disaggregated by: population cohort, sex (0-5, 6-11, 12-17) and age.</p> <p>Referral: Referral of children to <i>community based PSS, focused PSS</i> or case management activities as appropriate <i>and referral of caregivers to caregivers programs as appropriate</i>.</p>	Children	Age / Cohorts / Sex	G	M
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OUTPUT 5.3	<p>OUTPUT 5.3</p> <p>Vulnerable children, families and communities supported to promote practices that protect them</p>	Indicator 5.3.5	# of caregivers reached on key CP issues	<p>Objective: Provide information to enhance the protection of children and their families, this <i>should be delivered by community members themselves</i>.</p> <p>Target Group: Adults in communities.</p> <p>Delivery modality: Verbal communication which varies from household visits (with the aim of sensitization, assessment or referral etc) to large events.</p> <p>Package: Information has to be <i>specific to child protection and related to services</i>.</p> <p>Duration: This has to be done once per person. Multiple sessions/events are encouraged but <i>the person can only be counted once</i>.</p> <p>Reporting on AI: Occurs upon attendance of a minimum of 1 session</p> <p>Disaggregated by: population cohort and sex.</p> <p>Referral: Referral of children to <i>community based PSS, focused PSS</i> or case management activities as appropriate <i>and referral of caregivers to caregivers programs as appropriate</i>.</p>	Caregivers	Cohorts / Sex	G	M
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