



TOWARDS EFFECTIVE CHILD FRIENDLY SPACE  
PROGRAMMES IN EMERGENCIES:  
**PARTICIPANT TOOLKIT**

- Included in this participants' toolkit are a range of resources and tools edited, adapted and compiled from various sources, or developed specifically to accompany the Child Friendly Spaces training
- The facilitator's guide identifies when you should refer participants to their toolkits, so they can become familiar with the material included

Sources include: Action on the Rights of the Child Training Modules, Plan International Training Modules, and publications by Child Fund, Save the Children, UNICEF, World Vision as well as interagency research reports and guidance

## CONTENTS –

INTRODUCTION	PAGE 5
CHILD DEVELOPMENT, ADOLESCENCE & EMERGENCIES	PAGE 6
PSYCHOSOCIAL SUPPORT FRAMEWORK	PAGE 9
DIFFERENT AGE GROUPS REACTIONS TO TRAUMATIC EVENTS	PAGE 12
RESILIENCE AND CHILDREN	PAGE 14
COMMUNICATION FOR COPING: DISCUSSING THE EMERGENCY WITH CHILDREN	PAGE 16
THE BASIC PRINCIPLES OF PSYCHOSOCIAL WORK	PAGE 18
CHILD FRIENDLY SPACES – PURPOSE AND PRINCIPLES	PAGE 20
FUNCTIONS OF CHILD CENTRED SPACES	PAGE 21
COMMUNITY MOBILISATION	PAGE 23
ADVANTAGES OF WORKING WITH COMMUNITIES	PAGE 24
EMERGENCY PREPAREDNESS	PAGE 27
NEEDS ASSESSMENT	PAGE 30
PROGRAMME PLANNING	PAGE 33
MONITORING, EVALUATION, ACCOUNTABILITY & ADMINISTRATION	PAGE 39
A GUIDE TO THE DEVELOPMENT OF INDICATORS	PAGE 41
ETHICAL PRINCIPLES FOR CONDUCTING PSYCHOSOCIAL EVALUATIONS	PAGE 47
CHECKLIST TO ENSURE CHILD FRIENDLY SPACES ADHERE TO MINIMUM STANDARDS AND GUIDING PRINCIPLES	PAGE 52
ACCOUNTABILITY: FEEDBACK MECHANISMS	PAGE 58
APPROACHES AND WAYS OF WORKING	PAGE 60
COORDINATION CHECKLIST	PAGE 60

MAKING CHILD FRIENDLY SPACES INCLUSIVE	PAGE 63
INCLUSION CHECKLIST	PAGE 63
RESOURCES	PAGE 69
HIV CONSIDERATIONS THROUGHOUT THE CHILD FRIENDLY SPACE PROJECT CYCLE	PAGE 71
CHECKLIST OF KEY CONSIDERATIONS	PAGE 72
WATER SANITATION AND HYGIENE (WASH) IN THE CHILD FRIENDLY SPACES	PAGE 76
BASIC GUIDANCE ON CHILD PROTECTION REFERRAL PATHWAYS	PAGE 77
STAGES OF CASE MANAGEMENT	PAGE 83
ACTIVITY SCHEDULING	PAGE 86
RESOURCES & LOGISTICS	PAGE 91
MINIMISING PHYSICAL RISKS IN AND AROUND CHILD FRIENDLY SPACES	PAGE 94
CHILD FRIENDLY SPACE TRANSITION	PAGE 99
STAFFING YOUR TEAM	PAGE 105
STAFF MANAGEMENT AND WELL-BEING	PAGE 118
STRENGTHENING YOUR TEAM	PAGE 120

## INTRODUCTION –

In 2010 the Child Protection Working Group, Global Education Cluster, Interagency Network for Education in Emergencies, IASC Reference Group on Mental Health and Psychosocial Support and Gender Based Violence Area of Responsibility started to work together to support a process of inter-agency reflection, analysis and learning that aims to improve practice concerning Child Friendly Spaces as part of a wider program of learning for the strengthening of practice that interconnects CFS, school-based psychosocial support and peace-building.

### OUTPUTS OF INTERAGENCY PROJECT TO DATE:

- A systematic analysis of inter-agency commonalities and differences of approach in developing, implementing, and evaluating CFSs.
- Principles for implementing CFSs developed that drew on written materials and practitioner insights from many different countries and emergencies.
- A preliminary, draft toolkit referencing and reviewing tools from many different sources, including the four agency manuals that had been reviewed as part of the inter-agency analysis of commonalities and differences

### ON GOING WORK INCLUDES:

- Capacity building and tool development, which includes the development of the current training
- Development of a checklist for Field Workers – an accessible, user friendly tool that can be used by workers in the field in the aftermath of an emergency

This participants' toolkit is developed to accompany the training modules that, as of May 2013, are under development and pilot testing.

### DEFINITION OF CHILD FRIENDLY SPACES: (As established in the Guidelines for Child Friendly Spaces, 2010)

- Are safe spaces where communities create nurturing environments in which children can access free & structured play, recreation, leisure and learning activities - try and be as safe as possible, sometimes in some contexts, cannot guarantee safety
- May provide educational and psychosocial support and other activities that restore a sense of normality and continuity
- Designed & operated in a participatory manner, often using existing spaces in the community and
- Variable in design and target group - may serve a specific age group of children, or a variety of age ranges, different abilities. They may be a designated physical space, or maybe an activity in an open space, as well as mobile activities to create outreach in remote locations

# CHILD DEVELOPMENT, ADOLESCENCE & EMERGENCIES

## CHILD DEVELOPMENT

### **Child development / child and adolescent development**

Refers to the process of growth and maturation of the human individual from conception to adulthood.

Development is the gaining of skills in all aspects of the child's life.

The different types of development are often split into 4 areas:

1. Physical development: this refers to the body increasing in skill and performance and includes:
  - Gross motor development (using large muscles), for example legs and arms
  - Fine motor development (precise use of muscles), for example hands and fingers.
2. Social and emotional development: this is the development of a child's identity and self-image, the development of relationships and feelings about him or herself and learning the skills to live in society with other people.
3. Cognitive:
  - Intellectual development: this is learning the skills of understanding, memory and concentration.
  - Communication and speech development: this is learning to communicate with friends, family and all others.

Examples:

- From a length at birth of about 35 cm at birth, height changes to more than 155 cm for a young man.
- From being a relatively immobile baby, the child is able to walk, run, skip and climb.
- From not being able to talk, the child becomes an able communicator.
- From being fully dependent, the child learns to dress, feed and think for him or herself.
- From wide arm movements and automatically grasping everything that is put into the hand, the child learns to pick up and use a pencil

NOTE: It is important to realise that all the areas of development (physical, social, intellectual and communication) all link together.

### **Adolescence**

- The term "adolescence" refers to a specific phase within the process of child development. It has different connotations or meaning in particular cultural and social contexts. We are using it to describe young people who are in the stage of development that occurs between the beginning of puberty until adulthood.
- A period of rapid & profound physical & mental change. This affects relationships among peers, family & community, resulting in major changes in activities they engage in & responsibility levels. Changes take place at biological (physical), intellectual (including cognitive), emotional (including psychological) & social levels

- For UNFPA/ WHO: 10 – 19 years old, World Bank, ILO and World Programme of Action for Youth: 15 – 24, Early adolescence is in the range of 10 to 14 years and late adolescence 15 to 19 years. For ARC (Action on the Rights of the Child) 11 – 18 years old.
- There is cultural variation in how this is defined. In many situations certain physical changes (e.g. a girl starting her menstruation) may be considered entry point into adulthood. Need to remember legally still defined as a child until 18 irrespective of cultural norms.
- Irrespective of which specific age category you consider to be adolescence, the key thing to remember is that a distinction between children and adolescents is useful as it highlights the particular issues facing older children / young people, whose needs are different, complex and because they are ill-defined they can frequently be overlooked in programming.

### **Milestone**

Key term often used in discussions on Child Development is MILESTONE: these are ages by which children should be able to do a certain activity. A 'milestone of development' refers to the age at which most children should have reached a certain stage of development. Based on scientific research.

- Though each child is different and may do things at different ages, the MILESTONE is the oldest age by which any child should have learnt a specific skill. Examples include: walking alone by 18 months, or smiling at six weeks, by 12 months move around, either by crawling or shuffling or some may be standing with support and a small number walking alone, by 3<sup>rd</sup> birthday they can run and climb, by seventh birthday they can throw, kick and control a ball, etc
- Many children will have reached that stage of development much earlier, but what matters is whether a child has reached it by the milestone age. You will also read about average ages for developmental stages, and these will be different. An average age is in the middle of the range of ages when all children reach a certain stage, for example, for walking the range can be from 10 months to 18 months which makes the 'average' age for walking 14 months. The important thing to remember is that all children develop at different rates and may be earlier in achieving some aspects of development and later in others.
- It is a warning sign if a child does not reach milestones

### **Patterns in child development relevant to CF Spaces**

1. Most development happens in the same order, but can occur at different rates. A baby has to hold his or her head up, learn to sit with support, and then without support, before he or she can stand by holding on to things and then eventually walk alone. No baby can learn to walk before sitting up. But it is perfectly normal for one baby to walk at ten months and another not to learn this skill until the age of 18 months.
2. All areas of development are linked together – progress in one area of development is needed in order to achieve another. For example: The speech development of a child is affected if the child has difficulties in hearing clearly or if no one talks directly to him or her. A child who does not develop intellectually may fail to develop walking skills.
3. Support and guidance: MOST IMPORTANTLY FOR US: To develop to their full potential, children need huge amounts of support and guidance from others in their lives. Failure to meet all of the needs of a baby or

child can have serious consequences on his or her development. E.g. a child who does not receive love and support will not develop intellectually, will not gain physical and communication skills, etc.

The first 3 years of children's development are very important because this is the time the brain develops most, although it continues to change slowly throughout childhood. These patterns can act as flags for concern in a child's development. The process of development underpins why it is essential to provide care and support through a range of activities (creative, active, etc.) in CF spaces

### **Risk and protective factors**

- **Protective factors** are those psychological or social factors that protect children exposed to difficult situations from harm – they are also the factors we discussed earlier which help a child's development
- **Risk factors** are elements that increase the chance of problems occurring – they are the factors we discussed earlier which hinder or prevent a child's development to full potential.
- **Resilience** is a person's ability to overcome difficulties and adapt to change - The term "resilience" describes the characteristics of those who cope relatively well - their personal attributes, the quality of their family life, their social supports etc. It is important to emphasise that resilience is not just about personal qualities, but about the way in which these qualities interact with external factors within the family and wider environment.
- **Coping strategies** refer to the specific efforts, both behavioural and psychological, that people employ to master, tolerate, reduce, or minimize stressful or difficult events

### **EMERGENCIES**

- **Emergency / Disaster**: A disaster is a calamitous event resulting in loss of life, great human suffering and distress, and large scale material damage. (Sphere, 2011) An event becomes an emergency when local families, communities or a nation state cannot cope or recover from it on their own (Save the Children)
- **Man-Made Disasters or Conflicts**: "The use of armed force between the military forces of two or more governments, or of government and at least one organised armed group, resulting in battle-related deaths of at least 10 deaths or 100 affected in one year." IFRC 2001. Including civil unrest, war, occupation and economic blockage
- **Natural Disaster**: Hydro-meteorological and/or geophysical emergency (Plan, 2005). While they are called "natural", human factors often exacerbate the original natural causes. Include hurricanes, earthquakes, tsunamis, droughts, cyclones, epidemics, floods, landslides & volcanoes
- **Complex Emergencies**: Can be natural and/ or man-made emergencies or a combination of both. They are protracted situations where significant damage has occurred and multiple systems of protection are disrupted. Disruptions that prevent or significantly harm the ability of local communities to help themselves during the crisis
- Emergencies can be either rapid onset events or slow onset - occurring more slowly over time.

# PSYCHOSOCIAL SUPPORT FRAMEWORK

## DEFINITION OF KEY TERMS

- **Mental health** is a term used by medical practitioners to refer to the psychological state of individuals. Being in good mental health is defined by WHO as: "a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community." Health workers will refer to work they are doing to help address psychological concerns or mental health problems in the same way child protection or education workers refer to psychosocial problems. More clinical and severe concerns (e.g. post-traumatic stress disorder, schizophrenia and bipolar disorder) would be categorised as mental health concerns rather than psychosocial distress
- **Distress:** is anxiety, sorrow, or pain, is a normal and common reaction to an abnormal event
- **Psychosocial** indicates direct relationship between psychological & social, each influencing the other continually. Where...
  - Psychological: mind, thoughts, emotions, feelings and behaviour
  - Social: context in which we live, culture, traditions, spirituality, relationships with immediate and extended family, community, school and professional activities
- **Psychological first aid** (PFA) describes a suitable, supportive response to a fellow person who is suffering and who may need support. (IASC, 2007) It is a communication tool, a way of communicating and supporting an individual to help them to get better
- **Trauma:** is a clinical term requiring specific clinical responses. Its general use counterproductive to healing
- **Non psychological professions cannot diagnose trauma**
- Sometimes people receive such a strong dose of stress that they have a very difficult time recovering. Surviving such stress can mean a longer time to recover, recurring symptoms of stress-related illness, and occasional set-backs whenever exposure to extreme stress occurs. Troublesome memories or dreams make it particularly difficult for people to get on with their lives because they feel stuck in the past. Furthermore, because they have little or no control over these intense and unwelcome memories, they may feel that they have lost control of their minds.
- Describing large numbers of the population as traumatized is inaccurate
- Signs of a traumatic stress reaction:
  - Being unable to stop thinking about the event
  - Being easily reminded of the event by things that are not very related
  - Continuing to react fearfully even when the danger has passed
  - Increased difficulty controlling emotions
  - Nightmares about the event

- Being easily irritated
- Having a low tolerance for stress
- Being easily startled
- Losing a sense of reality
- Refer on cases where individuals:
  - Shows strong signs of distress,
  - 6-8 weeks after response begins see no change or improvement, when others are recovering, and/or
  - Threaten physical harm to themselves or others

### **Key Summary Points**

- All children go through psychological and social development as they grow up
- To develop healthily, children need a stable and secure environment for their psychological and social development
- Emergencies may have a severe impact on children's psychological and social development because they may disrupt the stable and secure environment
- Distress is a normal reaction to abnormal events

CATEGORY	SYMPTOMS OF DISTRESS
PHYSICAL	<ul style="list-style-type: none"> <li>• Excessive alertness, on look-out for danger, easily startled</li> <li>• Fatigue / exhaustion and disturbed sleep</li> <li>• General aches and pains, stomach ache, bed wetting</li> </ul>
BEHAVIOURAL	<ul style="list-style-type: none"> <li>• Avoiding places / activities that are reminders, social withdrawal, isolation</li> <li>• Loss of interest in normal activities, stops playing games</li> <li>• Naughty, regressing in skills/ behaviour, stop speaking</li> <li>• Crying, overly clingy or independent</li> <li>• Change in appetite or eating habits</li> </ul>
EMOTIONAL (FEELINGS)	<ul style="list-style-type: none"> <li>• Fear, numbness, detachment, depression or sadness</li> <li>• Guilt or regret, overwhelmed, hopeless</li> <li>• Anger and irritability, anxiety and panic</li> </ul>
COGNITIVE (THOUGHTS)	<ul style="list-style-type: none"> <li>• Intrusive thoughts and memories of the event / flashback</li> <li>• Visual images of event / nightmares</li> <li>• Poor concentration / memory or disorientation / confusion</li> <li>• Performance at school suffers</li> <li>• Change in religious beliefs, loss of faith</li> </ul>

- The way distress manifests itself differs by age – refer participants to the relevant handout
- Some signs of distress are universal, others vary from one context to another depending **on culture**

## DIFFERENT AGE GROUPS REACTIONS TO TRAUMATIC EVENTS

### COMMON REACTIONS FOR 0-4 YEARS OLD CHILDREN:

- Clinging to parents
- Worries that something bad will happen to you whenever you leave the room
- Changes in sleeping patterns: fear of the dark or sleeping alone
- Changes in eating pattern (eats too much or too little)
- Increase in crying and irritability: toddlers may have temper tantrums
- May have no interest in playing and become listless
- Afraid of things that did not frighten them before
- Hyperactivity and poor concentration
- Plays aggressively and in a violent way: fixated on disaster
- Stubborn and demanding in a controlling way
- Older ages in range might regress to younger behaviour or forget how to do things they were previously able to do: e.g. bed-wetting, thumb sucking, stop talking, etc.

### COMMON REACTIONS FOR 4-6 YEAR OLD CHILDREN (PRE-SCHOOL CHILDREN)

- Inactive: unable to follow usual routines: helpless and submissive
- Does not play or plays repetitive games that re-enact the disaster
- Anxiety; fear of things and situations; afraid of losing or breaking objects
- Stops talking
- Sleeping problems (including nightmares)
- Eating problems
- Clinging behaviour or over independence
- Confusion or impaired concentration (may ask the same questions repetitively) and thinks that danger is not over and will return
- Regression to younger behaviour or forget how to do things they previously were able to do: resumption of bed-wetting, thumb sucking, or stops talking, etc
- Tries to comfort the parents/ siblings sometimes talking an adult role
- Physical symptoms like stomach aches
- Irritability – blames her/himself
- Little to no understanding that death is permanent (might keep asking when someone will return)
- “Magical thinking” may believe that what they wish for will come true.

### COMMON REACTIONS FOR 6-12 YEAR OLD CHILDREN

- Swinging level of activity sometimes from passive to overactive,
- Confused with what happened,
- Withdraws from social contact with family or friends,
- Talks about the event in a repetitive way (keeps returning to details),
- Reluctant to go to school or underachieves,
- Fear, especially when he/she is reminded of the shocking events; maybe unwilling to recall the event (triggered by sounds, smells, etc),
- Fear of being overwhelmed by feelings; emotional confusion or mood swings,
- Impact on memory, concentration and attention,
- Sleep and appetite problems, Aggression, irritability or restless,
- Self-blame and guilt feelings,
- Somatic complaints: or complaints that have no apparent cause (headaches, muscles, stomach, etc.),
- Concerned about other survivors, Concrete reasoning begins and may lead to abstract thinking for ages 9-11.

### COMMON REACTIONS FOR 13-18 YEAR OLD CHILDREN

- Feels self-conscious, exposed, and different, guilt or shame,
- Sudden change in interpersonal relationships with family, friends,
- Major shift in view of world, philosophy, and attitude,
- Attempt to make major life changes to become an adult,
- Increase in risk-taking behavior (feeling invincible or self destructive),
- Substance abuse or other self destructive behavior,
- Avoids people, places or situations that remind him/her of the shocking events, fears reoccurrence,
- Aggression,
- Intense grief (understands the consequences of loss better than that of a younger child),
- Feeling hopeless,
- Defiant of authorities/parents,
- Concerned about other survivors; tries to be involved; re-establish a sense of mastery and control over his/her life to be useful,
- May become self-absorbed and focus on how death has affected them with self-pity,
- Often rely quite heavily on peer groups in socializing, constructing views of the world and learning new coping skills to deal with their needs.

## RESILIENCE AND CHILDREN

While all children are vulnerable in emergency situations, children also have the ability to meet, bear and recover from exposure to violence and losses. This capacity to cope and “bounce back” after stressful experiences is called resilience.

Resilience is made up of the same factors that contribute to well-being, adjustment, adaptation and development of children that we have discussed already. The capacity for resilience is internal and external. It comes from both:

- Biological traits children are born with, known as innate traits
- Protective factors built over time by the child’s family and his or her relationship with the environment

Resilience depends on both internal and external factors. Some of these factors are innate but many can be developed and strengthened through psychosocial support. Some characteristics of resilience that help children cope with adversity include:

- A feeling of emotional and physical security
- A sense of belonging to a family
- Feeling socially connected to a community and part of a larger world
- The capacity to search for and obtain emotional support from others
- The capacity for to experience joy
- A sense of mastery over one’s environment
- A feeling of competence
- Life goals and the ability to imagine the future
- Intellectual capacity
- The ability to understand crises and derive meaning from events
- Curiosity
- Confidence and trust in adults and peers
- The need and ability to assist others
- A sense of altruism and empathy
- Self-control
- Physical health

Resilience has a lot to do with how well children are connected to their families and communities, with their learning and problem-solving capacities, with their deepest beliefs and values, with their capacities for internal control, with the approval they receive from the people around them and with opportunities to engage in activities that develop their intellectual abilities.

While resilience is essentially innate, there are many things that we can do to strengthen and develop children's "inner resources." Teachers can have an impact on some of the protective factors outlined above. For example, we can act to:

### **Improve the quality of interaction and relationships between a caring teacher and the child**

- Provide opportunities for intellectual development, including problem-solving skills
- Enhance a sense of self-esteem and self-worth through helping the child achieve some success on specific tasks, skills, or sports
- Help strengthen and develop the child's link with his or her community and sense of belonging

### **Family and Community Resilience**

We often consider resilience as an individual trait, but we can also consider the resilient qualities of families and communities. As teachers, we can contribute to enhancing these qualities and increasing the protection that families and communities afford children in adverse circumstances.

#### ***Some characteristics of resilient families***

- Good communication between members
- Shared hopes and goals
- Respect, caring and love between all members: adults and children
- There are sufficient resources to meet basic material and physical needs of family members

#### ***Some characteristics of resilient communities***

- Good communication among members
- Leadership truly represent the people, including women
- Community members take responsibility and action to improve community life
- People see themselves as resourceful
- Basic structures and services exist: schools, health, community groups, and religious organizations (where organized religion exists)

**Resilience is made of ordinary processes – not extraordinary magic.** While emergency situations can present severe risks to the psychosocial well-being of children, the presence of protective factors within children, their families and communities can play an important role in mediating potentially harmful effects. Internal capacities of children can be strengthened by the existence of supportive persons and structures within their environment.

## COMMUNICATION FOR COPING: DISCUSSING THE EMERGENCY WITH CHILDREN

It is a great source of support for children to find that they are not alone in experiencing certain problems and worries. Children often feel that their problems are shameful, and live in fear that these problems will be discovered by others. Learning that other children share similar problems and experiences can help children relax and feel “normal.” This knowledge also promotes a supportive sense of “brotherhood” or “sisterhood” among children.

Emergencies are usually confusing to children. Adults often talk little about the emergency with their children, and they may hide or change the facts. Children hear more than parents know, however, and some children end up worrying about or imagining situations that are worse than the reality. Communicating accurate information about the emergency – in a way that is tailored to children’s age – helps prevent or mitigate children’s confusion. This also recognizes the intellectual capacity of children, (giving them the necessary elements to make meaning out of the events), one of the psychosocial protective factors discussed previously.

The points below provide some ideas for helping students discuss their worries, exchange experiences, feel listened to, dispel damaging rumours, and promote positive thinking about the future.

### *Ways to create a classroom environment conducive to sharing concerns and information:*

- Recognise that children need as much factual information as possible.
- Initiate group discussions about distressing events that many children may have experienced. Even children who have not personally experienced these events may have heard about or been affected by them.
- Speak in the third person rather than directly asking individual children questions about their experience with emergency events. For example, you can say: “I know that this has happened. Have any of you heard about it? What does your family (or other children) say about it?”
- Some children will probably respond and engage in discussions about the subject. Allow them to tell their own theories and ideas about what happened before providing more accurate information. Even if some children choose not to engage in discussions, hearing that others have also experienced distressing events will help affected children feel less alone in their suffering. Remember that for some children, talking is not helpful.
- **Do not ask children to tell their own individual stories.** Recounting distressing events is usually beneficial to the speaker only if this is done spontaneously, within an environment where the child feels emotionally secure and in the presence of adults who are professionally trained to support the child. A classroom is not the place for this.
- If a child spontaneously volunteers information concerning severely distressing events, listen carefully, but do not allow him or her to go on for long or give gruesome details. **Sharing distressing events is okay – using the classroom as a place to dig deeper into extremely painful stories is not.**

- Validate what the child has said by reflecting back, but do not allow the child to continue with frightening details of his or her story. Talk to the child after the class, and make sure the child participates in some of the specific psychosocial activities organized outside regular class time.
- Tell children that it is okay to feel afraid, confused, angry or guilty. These are all normal responses to a crisis or tragedy. Acknowledge that you have been shocked or afraid at certain times. Emphasize that different reactions are all okay; people are all different.
- Encourage children to ask questions about the emergency or other recent events that have affected the community. Remember to listen carefully and to respond honestly. Answer only the questions that students ask you. Admit to them when you don't have specific answers.
- Use realistic terms with children when discussing aspects of an accident, injury, and loss. Avoid euphemisms. Tell children how and where they can obtain information
- In some contexts, it may be necessary to hold sex- and age-segregated discussion groups. In particular if incidents of gender-based violence are prevalent, you may want to create safe but separate space for girls and boys to discuss issues of concern. Female facilitators should lead discussions with girls-only groups.

## THE BASIC PRINCIPLES OF PSYCHOSOCIAL WORK

In all aspects of psychosocial work, including assessments, programming, monitoring and evaluation, there are basic principles that should be applied. These are as follows:

### BEST INTERESTS OF THE CHILD

The best interests of the child should be the primary consideration for all activities, taking into account what will be the impact for children, and avoiding doing harm. For example, groups for separated children may be designed to support them, but may also cause discrimination if these children are seen as different.

### CHILD, FAMILY AND COMMUNITY PARTICIPATION AND EMPOWERMENT

The most effective and sustainable approach for promoting psychosocial well-being and recovery is to strengthen the ability of families and communities to support one another. Relief efforts can make matters worse if they reinforce a sense of powerlessness by treating those affected as helpless victims. Girls, boys, women and men should be active partners in decisions that affect their lives e.g. via involvement in relief efforts, older children working with younger children, parent committees.

### BUILD CAPACITIES AND STRENGTHEN RESILIENCE

Successful psychosocial programmes integrate into and build the capacity of community structures, civil society and governmental organisations. This means focusing activities on building strengths e.g. via training, awareness, community support groups, partnerships with local structures. Provision of direct support to community members by those not deeply familiar with the context, or stand-alone services or activities that deal with only one specific issue (such as post-traumatic stress disorder) should be avoided.

People have more natural resources than we think...  
*"You don't see resilience if you don't look."* Child Protection Advisor, UNICEF

#### FROM THE FIELD: Example of a capacity building project

Groups of refugees in former Yugoslavia wanted to start pre-schools once again. In collaboration with local community groups, and assisted by an international NGO, sites were selected and staff drawn from local and refugee teachers. An expatriate psychologist was teamed with a local psychologist to provide training and supervision. The pre-schools also served as a catalyst for other activities (e.g. discussion groups for parents and youth groups). The international NGO has since been able to hand over full responsibility for several of the pre-schools to local associations and a national refugee organisation.

(Source: Promoting psychosocial well-being among children affected by armed conflict, Save the Children Alliance, 1996)

### **STRUCTURE AND CONTINUITY IN DAILY LIFE**

Programs should attempt to bring some 'normality' to daily life by re-establishing family and community connections and routines, enabling children to fill the social roles that are customary for children, strengthening predictability in daily life, and providing opportunities for affected populations to rebuild their lives. For example, schooling for all children should be re-established at the earliest stage.

### **UNDERSTANDING OF CULTURAL DIFFERENCES**

Cultural practices give people a sense of meaning and continuity with the past, which are considerable sources of psychosocial support. Grounding all psychosocial interventions in the culture, except where it is not in the best interests of the child, is both ethical and more likely to produce a sustained recovery. Those who wish to help with psychosocial healing should have a deep understanding of and respect for the societies in which they are working. Aside from the basic principles of child development and local beliefs about children, they should also understand local cultural beliefs and practices. This includes the rites and rituals related to becoming an adult as well as those associated with death, burial and mourning.

### **APPROPRIATE TRAINING IN WORKING WITH CHILDREN AND FAMILIES**

Exploring sensitive issues with children requires skills, local knowledge, and experience. This kind of work risks tearing down a vulnerable child's defences and leaving him/her in a worse state of pain and agitation than before. Any such work should only be carried by trained and experienced staff who can ensure appropriate support and follow-up, and work within agreed standards. In addition, any counselling related work should take place in a stable, supportive environment with the participation of care-givers who have a solid and continuing relationship with the child.

## CHILD FRIENDLY SPACES – PURPOSE AND PRINCIPLES

### What are Humanitarian Principles?

Humanitarian principles provide the fundamental foundations for humanitarian action.

Humanitarian principles are central to establishing and maintaining access to affected populations whether in the context of a natural disaster, an armed conflict or a complex emergency. Promoting compliance with humanitarian principles in humanitarian response is an essential element of effective humanitarian coordination. It is also central to the role of OCHA.

### Humanitarian Principles

Humanity	Neutrality	Impartiality	Operational independence
Human suffering must be addressed wherever it is found. The purpose of humanitarian action is to protect life and health and ensure respect for human beings.	Humanitarian actors must not take sides in hostilities or engage in controversies of a political, racial, religious or ideological nature.	Humanitarian action must be carried out on the basis of need alone, giving priority to the most urgent cases of distress and making no distinctions on the basis of nationality, race, gender, religious belief, class or political opinions.	Humanitarian action must be autonomous from the political, economic, military or other objectives that any actor may hold with regard to areas where humanitarian action is being implemented.

1

<sup>1</sup> OCHA on Message: Humanitarian Principles, April 2010

## FUNCTIONS OF CHILD CENTRED SPACES<sup>2</sup>

CFSs promote children’s protection and wellbeing in the following ways:

**CHILDREN RECEIVE IMMEDIATE PROTECTION & SECURITY:** The CFS helps to prevent exploitation & abuse of children by providing adult-supervised activities for children in a safe space. The CFS also helps reduce the risks of harm to children in their environment (such as landmines, vehicular accidents, and fighting) by providing information to children about these risks.

**CHILDREN ARE HELPED TO REGAIN A SENSE OF NORMALCY, STABILITY, and HOPE:** It is important for children whose lives have been disrupted because of the war and violence to regain a sense that “life is returning to normal again.” Structured activities and routines provide safety and order in children’s lives. Having familiar routines and a familiar place to come every day is comforting and reassuring for children.

**CHILDREN ENGAGE IN EXPRESSIVE ACTIVITIES THAT HELP MITIGATE NEGATIVE IMPACTS:** Opportunities for children to express themselves through creative activities, such as play, drawing, and storytelling, are useful in helping them release bottled up feelings. Expressive activities help children understand and make sense of stressful events.

**CHILDREN ENGAGE IN SOCIAL INTEGRATION WITH PEERS AND RECEIVE SUPPORT FROM CARING ADULTS:** Relationships with peers and caring adults is crucial for children’s social and emotional development, and helps foster resilience and positive ways of coping with stressful experiences.

**CHILDREN ARE PROVIDED OPPORTUNITIES FOR NON-FORMAL EDUCATION:** Non-formal education is an important way to help re-establish everyday routines such as learning together with other children and socializing. Non-formal education can also include learning about hygiene and other important life skills. Through non-formal education, children build competencies for resilience.

**CHILDREN RECEIVE HEALTH SUPPORT:** Following emergencies, children are more vulnerable to sickness and disease, both immediately as well as long term. Children may be malnourished, or lack important nutrients for their development. CFSs provide health & hygiene information and support for children and caregivers.

**CHILDREN ENGAGE IN CULTURAL ACTIVITIES:** Cultural activities, such as song, dance, and rituals, are an important resource for children, helping to restore identity, belonging, and the flow of normal activity.

**CHILDREN WHO ARE SEVERELY AFFECTED ARE REFERRED FOR APPROPRIATE SERVICES:** Some children may be severely affected by the emergency and need specialized assistance. Adults are trained to identify children who have been severely affected by the emergency and refer them for appropriate services.

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<sup>2</sup> Kathleen Kostelny for Child Fund International (Date Unknown) Functions of Child Centred Spaces

**COMMUNITIES ARE MOBILIZED ON BEHALF OF CHILDREN:** CFSs are a platform for community mobilization and capacity building. Engaging families and communities rapidly around the needs of children helps to protect and support children, and also to mobilize communities in recovery activities.

**CHILDREN'S NEEDS ARE ABLE TO BE ASSESSED AND PROGRAMS PLANNED ON THEIR BEHALF:** Through community assessment, as well as through on-going monitoring and evaluation, communities can identify goals for their children and influence design of programs that help build a positive future.

**COMMUNITY NEEDS ARE ADDRESSED:** CFSs can be used as a central meeting point for families and community leaders to organize around the needs of children, and to begin the planning process to address other critical needs for the community.

## COMMUNITY MOBILISATION –

**TABLE OF CHARACTERISTICS OF COMMUNITY-BASED APPROACHES<sup>3</sup>**

APPROACH	PROCESS OF INITIATION	SERVICE DELIVERY PROCESS	SERVICES	RESOURCE BASE	CONTINUITY	COST PER BENEFICIARY
1 DIRECT SERVICE APPROACH	Agency submits proposal to funder, contract is negotiated for delivery of specific services to targeted beneficiaries	Paid staff of a funded agency provide specific direct assistance to targeted beneficiaries	Predetermined by funder and agency	Funding and possibly technical assistance from donor(s) to agency	Determined by the availability of funding	High
2 SERVICE DELIVERY THROUGH COMMUNITY PARTICIPATION	As above, then agency persuades specific community members to carry out specific activities with agency training and support	A funded agency supports community volunteers to provide specific direct assistance to targeted beneficiaries	Predetermined by funder and agency, possibly with consultation with communities	As above, with addition of volunteer action by community members and possibly the use of community resources (eg. land, expertise, facilities)	As above	Moderate
3 COMMUNITY OWNED AND MANAGED ACTIVITIES MOBILIZED BY EXTERNAL AGENCY	Community owned and managed activities mobilized by external agency: The agency is a catalyst, capacity builder, a facilitator of linkages, and a funder after community ownership has developed.	The community members are analysts, planners, implementers, assessors, and also beneficiaries.	Partly predetermined by mobilising agency. Agreed and finalised by community.	As above, with addition of volunteer action by community members and possibly the use of community resources (eg. land, expertise, facilities)	Determined by community commitment and availability of local resources, or ability to mobilise further external resources	Moderate / low
4 COMMUNITY OWNED, LED, AND MANAGED ACTIVITIES	Community analyses its own situation, decides what and who it is most concerned about, and initiates action. May be catalysed (mobilised) by one or more community members or an external agency. May include capacity building of community group and/or designated members	Community members carry out and manage activities they have planned	Determined by community, often in dialogue with mobilising agency. Cannot be predetermined by mobilising agency	Basis is community resources (as above), possibly with additional resources from external body(ies) (eg. funding, material inputs, expertise, training, information)	Determined by community commitment (closely linked to concern about problems addressed and sense of ownership of the response) and availability of local resources	Low

<sup>3</sup> Table taken and adapted from the Action on the Rights of the Child (ARC) training modules, integrating learning from the report "What Are We Learning About Community-Based Child Protection Mechanisms? An Inter-Agency Review of the Evidence From Humanitarian and Development Settings," Wessells, 2009

## ADVANTAGES OF WORKING WITH COMMUNITIES

When communities are invited into CFS planning, implementation, monitoring, and evaluation, the programs are:

- Relevant to the beneficiaries' lives – based on their values, reflecting their needs
- More sustainable as beneficiaries are empowered, invested, and engaged in the program processes – possibility of handover
- Can create prevention action for future emergencies
- Can lead to greater mobilisation of resources
- Engaging community resources, values & support
- Developing contextually appropriate, sustainable supports
- Low cost means of supporting large numbers of children

### HOW TO MOBILISE COMMUNITIES

#### QUICK CHECKLIST: INITIAL VISIT TO THE COMMUNITY<sup>4</sup>

- Meet with local leaders
- Meet with other groups or structures, especially those that represents sections of society who may be marginalised – disabled people's groups, HIV platforms or working groups, mothers' clubs, children's clubs, youth groups, etc
- Explain your mission and strategy
- Ask to understand communities' primary concerns for children
- Ensure that leaders support idea of setting up a CF Space
- Talk with groups of women, youth, and men about CF Space
  - Ask what the protection-needs are in the community? What individuals there are in community who are experienced in working with children? Where there are spaces that can be used for CF Space activities?
  - Ask which children are in the community who do not engage in community activities? Who are the most vulnerable and excluded? And how can they be encouraged to come to the CF Space?
- Agree on a day and time to return to the community to start looking at where a CF Space can be set-up and activities can be started?

*Once it is agreed that a CF Space is wanted in a community, you can engage in Community Sensitisation with a wider group...*

#### STEPS IN COMMUNITY MOBILISATION

Not a definitive list, some of these actions may be broken down into several steps, or merged into one. Several actions may take place at same time.

1. Coordinate with other agencies and other sectors. Use CP working group or sub cluster & Inter-Cluster meetings – make sure you're working together, not duplicating efforts
2. Mapping & power analysis: Map pre-existing structures & systems, leaders & focal points for

<sup>4</sup> Taken and adapted from CCF, Starting up child centred spaces in emergencies, 2008

actions that support children or other parts of community: PTAs, children's clubs, youth groups, women's groups, village elders, etc. What actions are they doing? How are they organising themselves? Can this be built on to support children's needs? Power analysis: Identify groups/segments of society with ability to influence or those excluded from decision making. Excluded may be: women, youth, adolescents, girls, disabled children, marginalised ethnic, religious or social groups. They can have parallel systems for organising. Over medium/ long term can seek to directly incl. in existing community structures. Forcing immediate participation can be negative

3. During needs assessment ask communities what primary concerns for children are, work with existing groups to identify priorities (objective). Plan what they want to do to address concerns & how they propose to do this. Implement response based on this, don't impose your vision on them. For excluded groups identify ways they're organised or would like to be & support these efforts. Don't raise expectations of financial/ material support
4. Allow groups to organise themselves & set up management structure way they wish to. Present alternatives that may challenge power dynamics, but let them recognise these concerns & find solutions. E.g. imposing a rule that 2 children must attend meetings may frustrate children (forced to attend in silence) & won't change concern
5. Capacity strengthening or awareness raising activities where necessary – work with these groups to identify their training needs. Support this.
6. Develop a plan: implement plan as developed together.
7. Create links between the different groups at diff. levels. Try to tie structures identified & supported into wider support systems established at regional or national level
8. M&E: Monitor progress against plans continuously. Check for levels of participation of marginalised groups. Engage communities (and children) in the M&E process

#### COMMUNITY SENSITISATION CHECKLIST

- Explain approach and programmes of your agency
- Hold dialogue about community needs and priorities for children
- Confirm there is a need and desire to have a CF Space
- Explain the concept of the CF Space
- Explain need for inclusive approach throughout. Need for process that is flexible and adaptable to needs of diverse group of children
- Agree and discuss criteria for targeting, especially in contexts where more children are present than can attend your CF Spaces. Prioritise children jointly by establishing vulnerability criteria
- Look for invisible or marginalised children. Discuss strategies to include them
- Explain the support needs from the community (space, human resources, equipment). Discuss with community the role they can play
- Discuss alternate uses they may wish to see for the space

PROMOTE	LIMIT <sup>5</sup>
<ul style="list-style-type: none"> <li>• Sense of collective responsibility</li> <li>• Community ownership over time</li> <li>• Ensure high level of skill in facilitation</li> <li>• Create a sense of identity</li> <li>• Mobilise community resources</li> </ul>	<ul style="list-style-type: none"> <li>• Early introduction of sums of money</li> <li>• Agency oriented engagement with community</li> <li>• Didactic, top-down approaches</li> <li>• Failure to build on local ideas &amp; resources</li> </ul>

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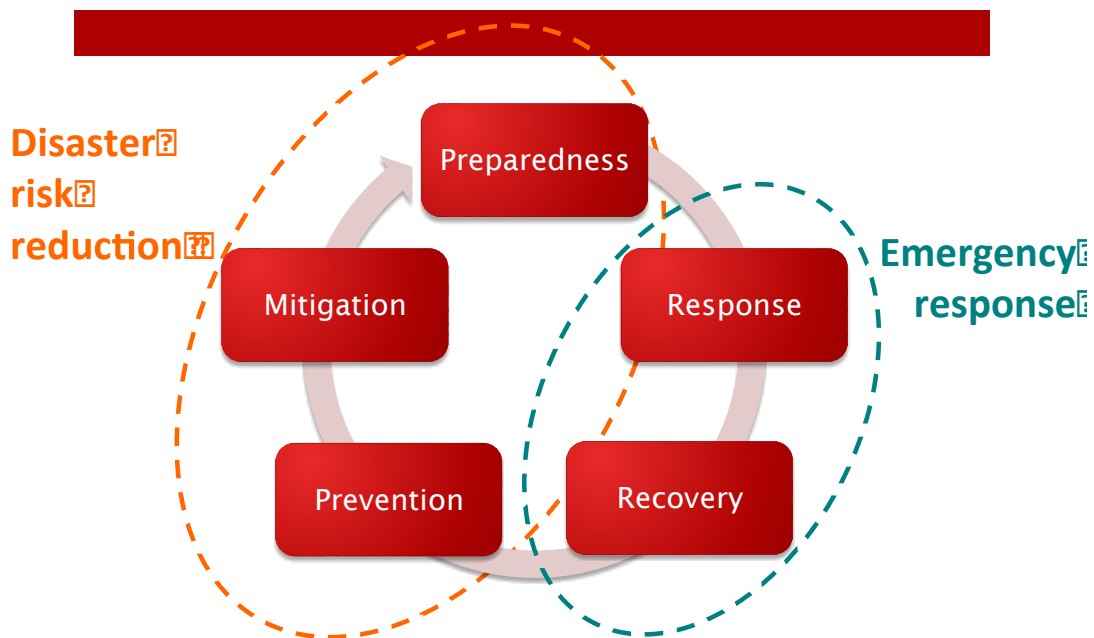
<sup>5</sup> "What Are We Learning About Community-Based Child Protection Mechanisms? An Inter-Agency Review of the Evidence From Humanitarian and Development Settings," Wessells, 2009

## EMERGENCY PREPAREDNESS

### DEFINITION OF KEY TERMS

**Disaster Risk Reduction** is an approach where the likelihood & potential impact of disastrous events are assessed by identifying & analysing:

- Hazards
- Vulnerability of communities to these hazards
- Their capacities to deal with events
- If possible, where disaster risk is significant, activities are developed that will increase the resilience of communities



## Risk management cycle

**Preparedness:** is knowledge and capacities developed to...

- ... recognise hazardous events that are potentially coming,
- ... cope and deal with the effects of the event(s), and
- ... get ready for the next phase in the emergency project management cycle

It is a continuous cycle of planning, organizing, training, ensuring availability of supplies, evaluating response and improving activities

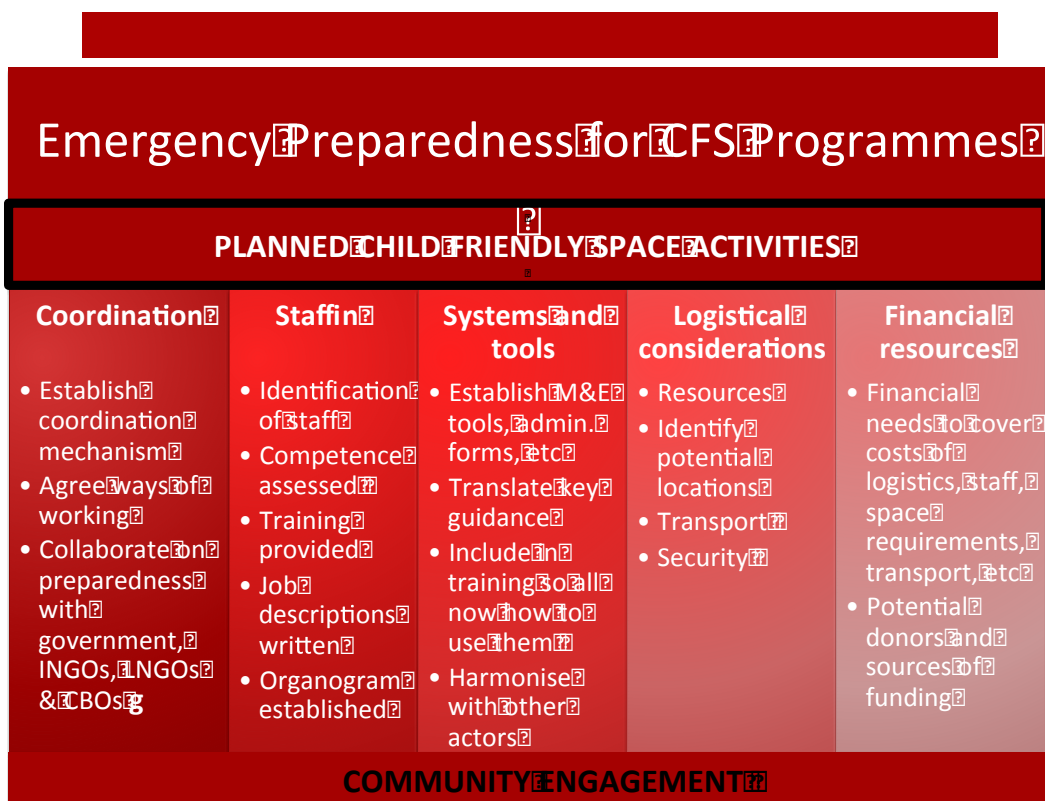
**CORE ELEMENTS OF CF SPACE PREPAREDNESS**

**Five building blocks:**

- i. Coordination
- ii. Human resources
- iii. Tool development
- iv. Logistical considerations
- v. Financial resourcing

**Foundation:**

- Community engagement



**DEVELOPING PREPAREDNESS PLANS**

**Step 1: PEOPLE**

- Bring together different people involved, from within the organisation and externally – those who would understand the needs of the population, the context, the outcomes of previous emergencies, who have run CF Space before, who represent different agencies, who represent voices of children and communities.
- Make sure this plan fits with wider Emergency Preparedness Plans by getting views of other sectors & seeing how you can link & support each other. CF Space can be an important way to engage children & hear their voices to influence the rest of the emergency response plans.

### Step 2: INFORMATION

- Ensure you have information on what children's perspectives are, population demographics, cultural issues, finances (costs), procurement, logistics, security concerns, community based networks, mapping of agencies (List of agencies - UN, INGO, LINGO, CBO, government, committees, groups and clubs - working on children's and with mandate to address Mental Health issues - hospitals, clinics, trained psychologists in University departments), idea of which of the agencies operate where (this may change a lot in the event of an emergency, but having an initial idea of areas of operation can help a lot) and note their contact details.

### Step 3:

- Analyse potential emergencies and thus possible impact – decide what is likely. Plan against different scenarios

### Step 4:

- Establish clear objectives and strategies – for the various scenarios you have identified. Make sure that your planning is broadly addressing needs of children. CF Spaces are just one of a range of responses, and should only make up part of your child protection, education, or mental health and psychosocial support response

### Step 5:

- Develop a shared document (ideally interagency, certainly at the very least agency wide knowledge and understanding) which contains the plan:
  - Where, Who, When and How
  - Resources needed (financial, staff and material inputs)

### Step 6:

- Make sure all those who would be involved are aware of the plan – children, communities, local, national and international NGOs, government, donors, other sector staff, operations staff, disseminate and familiarise those who would need to implement the plan, train on the content of the plan, use the plan for mobilisation and awareness raising prior to emergency, so others understand why there be a need for CF Spaces

# NEEDS ASSESSMENT

## WHAT IS A NEEDS ASSESSMENT?

A process of establishing:

- Impact of a disaster or conflict on a society
- Priority needs & risks faced by those affected by disaster
- Available capacity to respond, including coping mechanisms of affected population
- Report suggests:
- Most appropriate forms of response given needs, risks & capacities
- Possibilities for facilitating & expediting recovery & development

Set of activities necessary to understand situation

- Include collection, up-dating & analysis of data pertaining to affected children (needs, capacities, resources, etc.) as well as the state of infrastructure and general socio-economic conditions in a given location/area
- Including information derived from consultation with those affected by disaster

## THE PURPOSE OF NEEDS ASSESSMENT INFORMATION

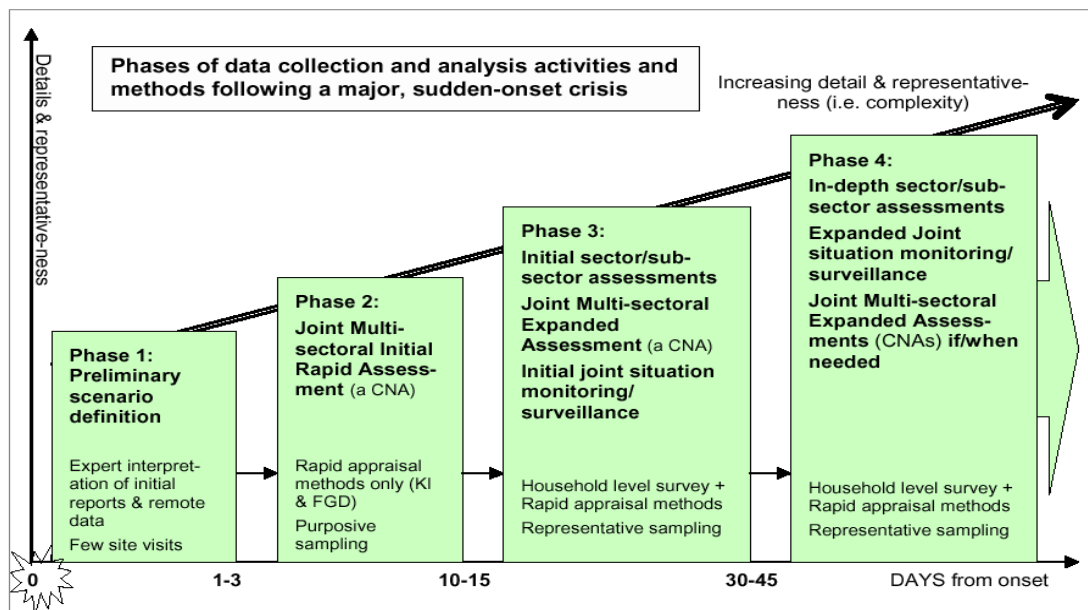
- To be clear on the needs of the children & their families for psychosocial support – maybe for example PSS needs are limited, children are being well taken care of or communities have sufficient skills and resources to support the children and they don't need our support
- To plan responses suitably – to adapt to the specific culture and context, to build on what already exists, to tailor the response to the population group needing help, to enable us to identify the especially vulnerable, etc
- To have baseline data against which you can monitor progress of programme activities
- To be able to justify to donors our activities – to demonstrate there is a need and thus get leverage for resources
- For advocacy and awareness raising – giving hard evidence on psychosocial situation of children enables greater action beyond direct programme activity, for example at system-wide level can influence policy change, or change in community behaviours

## WHAT INFORMATION DO WE NEED?

- PSS wellbeing of children – which children affected? Where? How badly?
- Who are the children with greatest needs
- PSS wellbeing of adults / parents
- Protection concerns
- Access to community
- Security situation
- Community structures, willingness, responses so far

## WHEN DO YOU DO YOUR NEEDS ASSESSMENT?

- Will happen alongside multi-sectorial rapid needs assessments & sector-specific assessments
- Initial observations will be coming in in the first 1 - 3 days.
- 10 – 15 days Focus Group Discussions and Key Informant Interviews as part of multi-sectorial needs assessment may give richer data
- 30 – 45 ++ days you can start to get data from protection, education and health assessments as well as multi-sectorial information



## EXAMPLE KEY QUESTIONS

### GENERAL:

- What is the PSS wellbeing of children – which children are affected? Where are they? How badly are they affected?
- Who are the children with greatest need?
- What is the PSS wellbeing level of adults / parents?
- What protection concerns are exacerbated or have been created by the emergency?
- How easily are we able to access the community?
- What is the security situation?
- What community structures exist? What have communities done to respond to needs of children so far? How willing are communities to work with external agencies?

### RISKS:

- What are children doing in the day?
- What are children doing in the evening?

- Where are children going?
- What and where are the risks they are facing (pre-existing and new)?
- Are there stigma, discrimination or reintegration issues?
- What stresses are children exposed to?

#### **PROTECTIVE FACTORS:**

- What support is available to children?
- Who are usual care-givers? Where are they now? What are they doing?
- How are communities helping children?
- What facilities are available to children?
- What activities will help to restore normalcy, provide opportunities for expression and strengthen children's ability to overcome adversity?

## PROGRAMME PLANNING –

### OBJECTIVES

- The objectives tell us what we want the impact of the programme to be
- When you are planning a journey you do so with your destination in mind, you make the journey in order to achieve something when you get there. So it is with a project. We know where we are now (due to information from needs assessments). Now we need to begin our work with the end in mind. What is it we want to achieve by carrying out the project? The plan helps us to map out a route, keep track of the aim, make sure we complete each step along the way fully, and track how we get there.

### WHAT IS AN OBJECTIVE?

- A statement that expresses what you expect to achieve by doing something
- Objectives have two parts: an expression of what is to be achieved and an expression of how it will be achieved. The ends and the means.
- A programme or project goal is a general objective - Expresses overall goal of the project. You need to ensure this fits with your organisational plans and objectives. The project cannot wholly achieve this, it is aspiration, and the project should contribute to this.
- Purpose is a specific objective – they express ends that are wholly achieved by the activities of the project – when the project is completed, you expect to have achieved the specific objectives
- Why you have objectives?
- You have a project in order to have impact on children’s lives. What changes do you intend? What is the project’s purpose? Objectives document this information in one short sentence.
- To make it clear to ourselves that the project aims to achieve something intended
- To make it easier to design the project – to decide on the what, how, when and how much
- To make it easier to present to others so they understand your work and purpose, they support your efforts and collaborate with you and they provide you with funding

### WRITING YOUR OBJECTIVES

Content of your objective:

- What are the ends to be achieved?
- What are the means to be used?
- Who are the main beneficiaries / stakeholders?
- How will they benefit?

Style of your objective:

- Make them SMART
  - Specific, Measurable, Attainable / Agreed, Relevant, Time-bound
- **Write them in a single sentence**

### EXAMPLE OF OBJECTIVE DEVELOPMENT

ATTEMPT	ENDS	MEANS	BENEFICIARIES	HOW THEY BENEFIT
1	Reduce use of violence against school children	Training	School students	Reduced violence
2	Reduce use and sanction of violence against school children	Training of teachers and administrative staff	School students	Reduction in incidence of violence
3	Reduce use and sanction of violence against school children in yy schools in district xx	Training of teachers and administrative staff on Codes of Conduct and Child Rights Act	Girls and boys in yy schools in xx district	Reduction in incidence of violence and abuse against children in the school environment

## LOGICAL FRAMEWORK TEMPLATE

The Logical Framework Approach (LFA) is a management tool mainly used in the design, monitoring and evaluation of international development projects. It is also widely known as Goal Oriented Project Planning (GOPP) or Objectives Oriented Project Planning (OOPP). The logic behind the framework is as follows: If these Activities are implemented, and these Assumptions hold, then these Outputs will be delivered. > If these Outputs are delivered, and these Assumptions hold, then this Purpose will be achieved. > If this Purpose is achieved, and these Assumptions hold, then this Goal will be achieved. > These are viewed as a hierarchy of hypotheses.

	SMART Outcomes / Expected results	Outcome, output or process Indicators	Means of verification	Milestones / Key Performance Indicators	Baseline	Assumptions / risks
<b>Project Goal:</b>	To xxxxx					
<b>Project Purpose:</b>	To xxx					
<b>Objective 1:</b>						
Outcome 1.1:						
Outcome 1.2:						
Activities:			<b>Inputs /resources:</b>	<b>Materials:</b>	<b>Staff:</b>	<b>Costs:</b>
<b>Objective 2:</b>						
Outcome 2.1:						
Outcome 2.2:						

	SMART Outcomes / Expected results	Outcome, output or process Indicators	Means of verification	Milestones / Key Performance Indicators	Baseline	Assumptions / risks
Activities:			<b>Inputs /resources:</b>	<b>Materials:</b>	<b>Staff:</b>	<b>Costs:</b>
<b>Objective 3:</b>						

### ASSUMPTIONS / RISKS:

Assumptions / Risks	Means of mitigation

LOGICAL FRAMEWORK (LOGFRAME) – DEFINITION OF TERMS <sup>6</sup>			
OBJECTIVES (WHAT WE WANT TO ACHIEVE)	INDICATORS (HOW TO MEASURE CHANGE)	MEANS OF VERIFICATION (WHERE / HOW TO GET INFORMATION)	ASSUMPTIONS / RISKS (WHAT ELSE TO BE AWARE OF)
<b>Goal</b> The long-term results that an intervention seeks to achieve, which may be contributed to by factors outside the intervention.	<b>Impact Indicators</b> Quantitative and/or qualitative criteria that provide a simple and reliable means to measure achievement or reflect changes connected to the goal.	How the information on the indicator will be collected ( <i>can include who will collect it and how often</i> ).	External conditions necessary if the Goal is to contribute to the next level of intervention.

<sup>6</sup> Taken and adapted from logical framework guidance produced by the International Federation of Red Cross and Crescent Societies (IFRC)

LOGICAL FRAMEWORK (LOGFRAME) – DEFINITION OF TERMS <sup>6</sup>			
OBJECTIVES (WHAT WE WANT TO ACHIEVE)	INDICATORS (HOW TO MEASURE CHANGE)	MEANS OF VERIFICATION (WHERE / HOW TO GET INFORMATION)	ASSUMPTIONS / RISKS (WHAT ELSE TO BE AWARE OF)
<b>Outcomes<sup>7</sup></b> The primary result(s) that an intervention seeks to achieve, most commonly in terms of the knowledge, attitudes or practices of the target group.	<b>Outcome Indicators</b> As above, achievement as connected to the stated outcome.	As above	External conditions not under the direct control of the programme, though necessary if the outcome is to contribute to reaching intervention goal.
<b>Outputs</b> The tangible products, goods and services and other immediate results that lead to the achievement of outcomes.	<b>Output Indicators</b> As above, connected to the stated outputs.	As above	External factors not under the direct control of the programme that could restrict the outputs leading to the outcome.
<b>Activities<sup>8</sup></b> The collection of tasks to be carried out in order to achieve the outputs.	<b>Process Indicators</b> As above, connected to the stated activities.	As above	External factors not under the direct control of the programme that could restrict progress of activities.

<sup>7</sup> When there is more than one outcome in a project the outputs should be listed under each outcome

<sup>8</sup> Activities may often be included in a separate document, e.g. activity schedule / Gantt chart, for practical purposes

## GANTT CHART OR ACTIVITY PLAN

A Gantt chart is a type of bar chart, developed by Henry Gantt that illustrates a project schedule.

Gantt charts illustrate the start and finish dates of the main elements and summary elements of a project. Gives time and place detail to the activities outlined in your logical framework.

COMPONENTS OF PROGRAMME	LOCATION				MONTH 1				MONTH 2				MONTH 3				RESOURCES REQUIRED (Name item & quantity)	COST	TARGET GROUP / NUMBER OF CHILDREN SERVED	MONITORING INDICATORS	STAFF FOCAL POINT	IMPLEMENTING PARTNER
	DISTRICT				WEEK				WEEK				WEEK									
	S	E	N	W	1	2	3	4	1	2	3	4	1	2	3	4						
<b>Coordination</b>																						
1.																						
2.																						
Set up of spaces																						
1.																						
2.																						
Staff the teams																						
1.																						
2.																						
Kits for the CFS																						
1.																						
2.																						
Activities in the CFS																						
1.																						
2.																						
Phase out																						
1.																						
2.																						
Linking with other sectors																						
1.																						
2.																						

## MONITORING, EVALUATION, ACCOUNTABILITY & ADMINISTRATION

### DEFINITION OF KEY TERMS<sup>9</sup>

#### Monitoring

- The systematic and continuous collecting and analysing of information about the progress of a project or programme over time. It is useful for identifying strengths and weaknesses in a project or programme and for providing the people responsible for the work with sufficient information to make the right decisions at the right time to improve its quality by helping to provide an understanding of the reasons for the various strengths and weaknesses. The main elements of monitoring are project inputs, performance and progress. A good monitoring system should include both process monitoring and impact monitoring:
- Process monitoring includes: Process Monitoring, for: Reviewing and planning work on a regular basis, Assessing whether activities are carried out as planned, and Identifying and dealing with problems as they arise
- Impact Monitoring, for: Measuring progress towards meeting objectives, Identifying any changes needed to programming in particular in response to shifting circumstances

#### Evaluation

- Assessment at one point in time of the progress of a project or programme. Somewhat like a review. The difference between an evaluation and a review. However an evaluation is usually more formal than a review, often carried out by external researchers in order to ensure independence. It is an assessment at one point in time that can have different purposes, including verifying whether objectives have been achieved, what impact the project had on different stakeholders and how it can improve in the future.

#### Accountability

- In general terms, means "responsibility for actions". Humanitarian Accountability Partnership (HAP)<sup>10</sup> International defines accountability as "the responsible use of power". In a humanitarian context, this means that the power of agencies is exercised responsibly with regards to disaster-affected communities. When implemented effectively, accountability implies the fact that people affected by disasters or other crises can participate in decisions that affect their lives and can complain if they feel the help they receive is not adequate, if a decision is made poorly or has unexpected and unwelcome consequences

#### Learning

- Is used in the humanitarian sector to refer to the acquisition of knowledge or skills through experience, or practice. It refers to the process of reflecting upon programme progress, both achievements and challenges, to identify ways in which we can improve practice in the future and better reach our objectives and goals

#### MEAL

- Monitoring, Evaluation, Accountability & Learning (Save the Children)

<sup>9</sup> Definitions taken from UNICEF, (2011) Inter-Agency Guide to the Evaluation of Psychosocial Programming in Emergencies, as well as Save the Children, 2003, "Toolkits: A practical guide to monitoring, evaluation and Impact Assessment" unless stated otherwise

<sup>10</sup> Established in 2003, HAP International is the humanitarian sector's first international self-regulatory body made up of member agencies committed to meeting the highest standards of accountability and quality management

## LEAP

- Learning through Evaluation with Accountability & Planning (World Vision)

### Baseline

- A baseline is a measure of something before programming begins. Good baseline measures provide a basis for measuring these same things at the end of the project, and seeing what change has occurred.

### Milestone

- A well-defined and significant step towards achieving a target, output, outcome or impact, allowing a group to track progress

### Comparison group / control group

- A group of people that receives no intervention that in every way — except their not receiving an intervention — is as similar as possible to those receiving the intervention

### Indicator

- Objective ways of measuring (indicating) that progress is being achieved with regard to the implementation of your programme or initiative. A set of indicators we need to decided upon that are 'objectively verifiable' (i.e. that more than one observer would come to the same conclusion regarding progress/or not). These must relate to the aims and objectives of the project.

### Output indicator

- The tangible products, goods and services and other immediate results that lead to the achievement of outcomes. Planned achievements 'put out' in the process of implementing a project (such as newly trained staff or improved services or facilities) that signal that work is on track. The actual deliverables; what the operation can be held accountable for producing.

### Outcome indicator

- Change in the lives of beneficiaries (individuals, families & communities) that come about during project as a result of programming. Primary result(s) that intervention seeks to achieve. Commonly change with regards to knowledge, attitudes or practices of target group

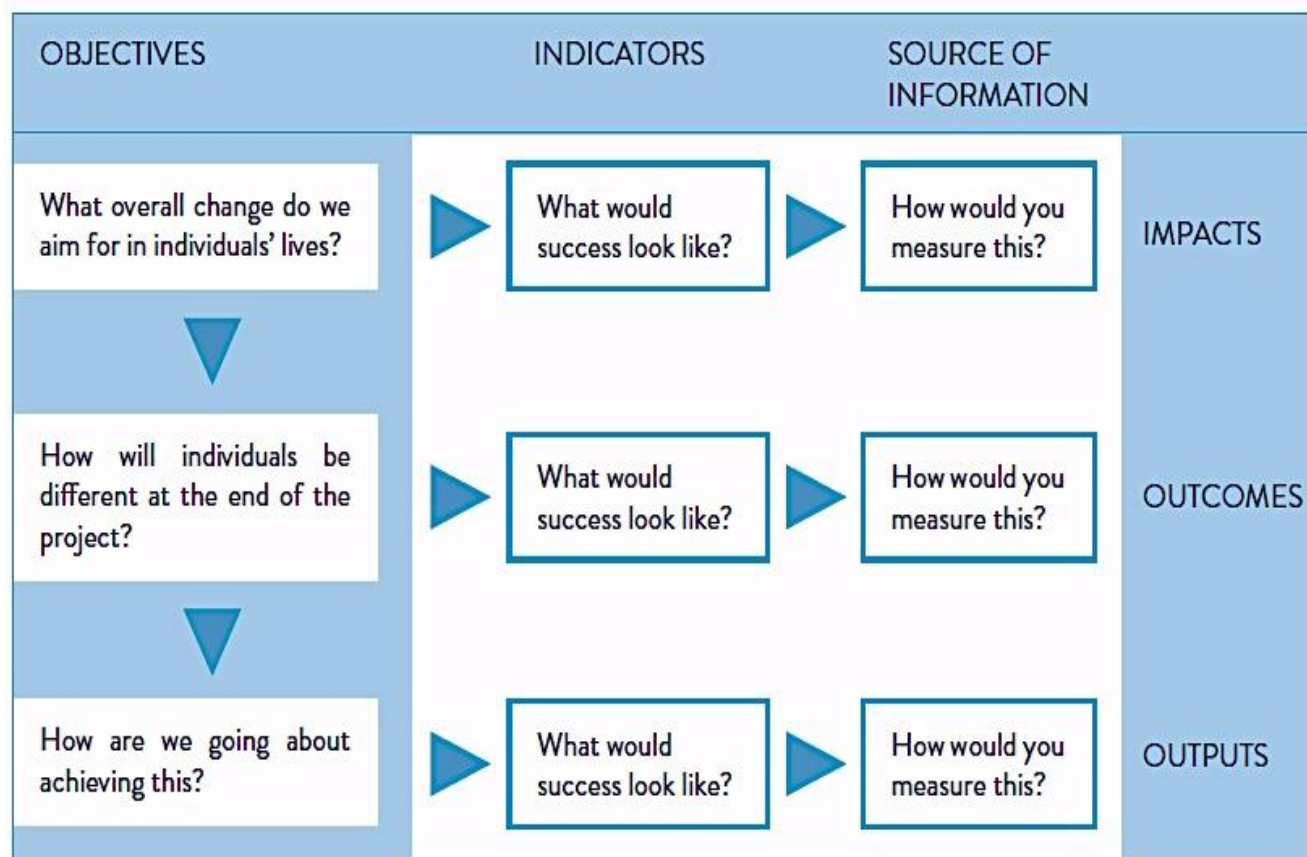
### Objective

- A statement that expresses what you expect to achieve by doing something. The objectives tell us what we want the impact of the programme to be

### Review

- This is the assessment at one point in time of the progress of a piece of work or a particular aspect of a piece of work. Reviews can be extensive or in-depth, formal or informal and can be carried out internally or externally.

## A GUIDE TO THE DEVELOPMENT OF INDICATORS<sup>11</sup>



Consider desired changes in families and communities also

At minimum, specify culturally relevant indicators of  
 (1) skills & knowledge,  
 (2) emotional well-being and  
 (3) social well-being

Suggest the choice of indicators of local relevance that link to the critical domains of skills and knowledge, emotional well-being and social well-being which were highlighted in the introduction to psychosocial programming. For most psychosocial programs it should be possible to specify outcome and impact indicators for each of these domains:

DOMAIN	CORE INDICATORS
Skills and knowledge	Some measure of acquisition of skills
Emotional Wellbeing	Some measure of improved emotional adjustment
Social wellbeing	Some measure of improved social functioning

<sup>11</sup> Annex A, page 126 of: Ager, A, Ager, W, Stavrou, V. & Boothby, N. (2011) Inter-Agency Guide to the Evaluation of Psychosocial Programming in Emergencies. New York: UNICEF

## EXAMPLE PURPOSE, OBJECTIVES AND INDICATORS FOR CF SPACES

**PURPOSE:** purpose of CFSs is to support the resilience and well-being of children and young people through community organized, structured activities conducted in a safe, child friendly, and stimulating environment.

**SPECIFIC OBJECTIVES** are to:

1. Mobilize communities around the protection and wellbeing of all children, including highly vulnerable children;
2. Provide opportunities for children to play, acquire contextually relevant skills, and receive social support; and
3. Offer inter-sectoral support for all children in the realization of their rights

### EXAMPLE OUTPUT INDICATORS FOR CHILD FRIENDLY SPACES<sup>12</sup>

OUTPUT OBJECTIVE	OUTPUT INDICATOR	DATA SOURCE
Establish X number of Child Friendly Spaces to reach affected population of children	Number of Child Friendly Spaces established	Operating reports
	Number of Child Friendly Spaces established during the first month of the emergency	Operating reports
	Number of children attending Child Friendly Space each week, disaggregated by gender and age	Attendance register
	Evidence that affected population of children have close and safe access to Child Friendly Spaces	Community focus group discussions
	Evidence that all vulnerable groups of children are represented in attending Child Friendly Spaces, particularly disabled children, girls etc	Community focus group discussions
Train X number of staff and volunteers to help support the Child Friendly Spaces	Number of Child Friendly Spaces staff and volunteers trained	Training register; operating reports
Train X number of individuals from Partner Organizations	Number of individuals from partner organizations trained	Training register; operating reports
Develop training modules for children, community, volunteers, and staff	Number of training modules completed	Operating reports
Operate Child Friendly Spaces regularly	Number of days per month with regular operating hours	Operating reports
	Number of activity sessions conducted per day	Operating reports; activity plans
Establish a Monitoring and Evaluation system	Number of Monitoring and Evaluation analysis meetings per month	Operating reports; M&E records

<sup>12</sup> Save the Children, 2008, Child Friendly Space Handbook

## EXAMPLE OF OUTCOME OBJECTIVES AND INDICATORS FOR CFS<sup>13</sup>

OBJECTIVES	OUTCOMES	INDICATORS	DATA SOURCE
<b>1. To offer children opportunities to develop, learn, play, and build/strengthen resiliency after an emergency or crisis, or during a protracted emergency</b>	Children are offered appropriate activities and materials given their age and developmental stage	Children and parents report that activities were appropriate	Child and parent focus group discussions
	Children are offered quality activities to play, learn, develop and build resilience	Children and parents report that activities and opportunities offered were of high quality	Child and parent focus group discussions
	Children enjoy center activities and opportunities	Children and parents reports children's engagement and enjoyment of center activities	Child and parent focus group discussions
	Children report positive thoughts of their life and hopes for the future	Children and parents report children's positive thoughts of their life and hopes for the future	Child and parent focus group discussions
	Children report positive social connection and interactions	Children and parents report children's positive relationships with peers, family and community members	Child and parent focus group discussions
	Children have increased knowledge relating to protection (or other issues covered by learning activities)	Children and parents report that children have increased knowledge of local protection issues	Child and parent focus group discussions
<b>2. Identify and find ways to respond to particular threats to all children and/or specific groups of children after the emergency/crisis, or during a protracted emergency</b>	Key child protection issues are identified in the course of the intervention	Reports that key protection related issues are identified	Self-assessment by Child Friendly Spaces staff and volunteers (interviews or focus group discussions)
	Key protection related issues identified are responded to in an appropriate and adequate way	Reports that key protection issues are responded to	Self-assessment by Child Friendly Spaces staff and volunteers (interviews or focus group discussions)

<sup>13</sup> Save the Children, 2008, Child Friendly Space Handbook

## MONITORING AND EVALUATION METHODS

### QUANTITATIVE METHODS:

Quantitative research methods are used to collect data that can be analysed in a numerical form. They pose the questions: who, what, when, where, how much, how many, how often? Things are either measured or counted, or questions are asked according to a defined questionnaire so that the answers can be coded and analysed numerically. Statistical analysis can be used on quantitative data to give a precise description of the findings in terms of averages, ratios, ranges,

**Surveys:** The most common quantitative research tool is the survey. Surveys are often used in development work to:

- Look at the size and distribution of a specific problem
- Look at the relationship between different variables to see if there is a pattern
- Collect baseline data on selected indicators early in a programme which can be compared with data collected later on, to see whether the programme has had any impact
- Identify the project beneficiaries: household surveys can be used to identify the people who fit pre-defined criteria to receive assistance

### Specific examples used in CF Spaces include:

1. **Individual Psychosocial Observation Form:** A random sample of 10 attendees per child friendly space, once per monitoring cycle, should be selected from attendance records at the start of the cycle. Each of these children should be observed carefully throughout the cycle using a “Group psychosocial behavior observation form”. You can also do a one-on-one interview with the sample of children for self-reported change in behavior.
2. **Parent Surveys:** A “parent monitoring survey” may be administered to the parents of a sample of children, as they come to the center, or through a visit to their homes. This will enable a triangulation of data, that includes animators observations, children’s self-assessment and parents’/guardians’ assessment of children’s wellbeing over time.
3. **Group Psychosocial Observation Form:** The group observation form is used at different periods in the monitoring cycle to receive a “snapshot” of the psychosocial wellbeing of all the children in the space.

Data for the sample of children should be entered into a “Monitoring Data entry spreadsheet” and the resulted collated in order to be able to report on the indicators over time. This gives a longitudinal assessment of change in wellbeing over time.

## QUALITATIVE METHODS

Qualitative research methods are designed to help build up an in-depth picture among a relatively small sample of how the population functions. The research poses the questions how and why. The essence of qualitative research is that it is flexible. Questions are asked in an open-ended way and the findings are analysed as data is collected. This means the design of the study can be continuously modified to follow up significant findings as they arise. A range of techniques are used: interviews, focus groups, and other forms of enquiry such as mappings, seasonal calendars, video diaries, drawing, drama, analysis of secondary data, and so on.

Whilst you can quantify the data generated by qualitative methods those taking part in the process would need to be selected through random sampling methods and representative of the wider population for the dataset to be viable. The nature of FGDs, where not everyone will necessarily have had equal chance to speak and people's views can be influenced, make these forms of data collection harder to consider unbiased.

**Specific example used in CF Spaces includes Supervisor Reports:** The supervisory report is for general observation of center volunteers/staff and activity and are to be used by supervisor during a visit during the monitoring cycle

## PARTICIPATORY METHODS

Participatory methods are designed to provide an opportunity for people to analyse their own situation and reach their own conclusions about possible solutions. Participatory approaches are based on qualitative research techniques, but are fundamentally different from conventional 'research' because outsiders do not extract the information for analysis. Insiders, who then have ownership of the findings, do the whole process of designing the research, and collecting and analysing information. Participatory methods are also often used at different stages of a non-participatory process. These can include stakeholders in gathering data through many of the methodologies discussed above, such as: ranking exercises, mappings, FGDs, key informant interviews, in-depth interviews, observation, etc.

One of the most participatory ways to evaluate a programme is through a child-led evaluation.

**Child-led evaluations** these are evaluations where children themselves design the way the programme is to be evaluated, from deciding the indicators, tools for measuring process and impact to carrying out the evaluation and analysing the results to draw conclusions about the quality of the programme. They can also choose how to present the information, in pictures, in writing, through photographs or in video format for example.

## WHEN TO USE DIFFERENT METHODS?

Qualitative and quantitative methods do not exclude each other and are often best used together. Qualitative methods can also be used to identify the issues that need to be investigated more

widely by a broad-based survey.

Ask yourself, “What is the purpose of the exercise?”

Quantitative methods are more appropriate if the main purpose is to gather highly accurate and precise data (for example, in a demographic census or family enrolment, or as a baseline for future reference and comparison), or when sophisticated statistical analysis is needed. They are particularly helpful in identifying averages and correlating different factors statistically. Quantitative findings are more widely believed to be objective, and so may be needed to support requests for assistance from donors.

Qualitative methods can illuminate nuances and highlight diversity. They are often more useful for understanding an issue or situation than quantitative methods, since no statistic is self-explanatory. If the main purpose is to build links between agency staff and community members, to transfer skills in information-gathering and analysis, or to pave the way for further development activities, qualitative methods are usually more appropriate.

**NOTE:** A quality evaluation should explore any unintended positive and negative impacts of a Child Friendly Space project. This can be undertaken through focus group discussions (FDG) with children, parents and community members, by asking for feedback on positive and negative aspects of the Child Friendly Space.

## ETHICAL PRINCIPLES FOR CONDUCTING PSYCHOSOCIAL EVALUATIONS<sup>14</sup>

### Define the purpose of the evaluation

- Ensure the evaluation activity is necessary and justified, with a clearly defined purpose: careful advance planning is crucial — evaluators are responsible for thinking through all possible consequences and for anticipating the effect on children, families and communities.

### Coordinate the evaluation

- Coordinate evaluation activities with other organizations so that children, families and communities are not subject to repeated questioning covering the same or similar issues.

### Clarify aims and procedures

- Design the evaluation activity to get valid information: develop protocols to clarify aims and procedures for collecting, analysing and using information.

### Ensure the evaluation is a participatory and collaborative process

- Ensure that the evaluation activity is a participatory and collaborative process with stakeholders and affected populations: include diverse sections of the affected population; make every effort to ensure participation is voluntary; clarify limits and consequences of the evaluation to avoid raising unrealistic expectations.

### Seek informed consent and conduct interviews appropriately with adults and / or children

- Informed consent should be documented for specific evaluation activities and limited to an agreed time period; interview procedures should reflect the need to protect children's (and other groups') best interests.

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<sup>14</sup> Extract from UNICEF, (2011) Inter-Agency Guide to the Evaluation of Psychosocial Programming in Emergencies

## EXAMPLE WELL BEING INDICATORS

### COVER SHEET: DOCUMENTATION AND FOLLOW-UP FORM<sup>15</sup>

<p><b>NGO:</b></p>  <p><b>Site:</b></p>  <p><b>Case number:</b></p>  <p><b>Date of registration:</b></p>  <p><b>Registered by:</b></p>
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<b>Key case actions</b>		
<b>Actions</b>	<b>Deadline for action</b>	<b>Person responsible for action</b>

<sup>15</sup> Adapted from the translation included in "Measuring the Unmeasurable: Community Reintegration of Former Child Soldiers in Cote d'Ivoire" by Tomo Hamakawa and Katherine Randall, April 2008

## MONITORING OF THE CHILD: WELLBEING INDICATORS

	B	A	G
<b>1) HEALTH</b>			
A. Hygiene / cleanliness .....			
B. Frequency of illness.....			
C. Use of contraception.....			
D. Responsibility for medical care of child .....			
<b>2) ECONOMIC CONDITION</b>			
A. Frequency of meals.....			
B. Ability to purchase essentials.....			
C. Ability to budget.....			
D. Sources of income (who helps you)			
<b>3) RELATIONSHIP WITH THE FAMILY</b>			
A. Life in the family arena.....			
B. Acceptance by the family.....			
C. Financial support of the child by the family.....			
D. School support of the child by the family.....			
E. Listened to by the family.....			
F. Punishment methods of the child within the family .....			
<b>4) ACCEPTANCE BY THE COMMUNITY</b>			
A. Access to leisure and recreational activities.....			
B. Participation in community activities .....			
C. Perception of the child in the community.....			
D. Listened to by the community.....			
<b>5) PSYCHOLOGICAL AND INTERPERSONAL COMPETENCES</b>			
A. Politeness.....			
B. Sense of sharing.....			
C. Abilities in communication and expression.....			
D. Ability to motivate others.....			
E. Ability to plan for the future.....			
F. Identification with and imitation of models.....			
G. Assumption of responsibilities.....			
<b>6) SEXUAL LIFE</b>			
A. Choice: ability to say yes / no to a partner .....			
B. Changing of partners .....			
C. Protected sex.....			
D. Do you have anything else to say about your sex life.....			

B = Bad

A = Acceptable

G = Good

## INDICATOR INTERPRETATION GUIDE

	BAD	ACCEPTABLE	GOOD
<b>1. HEALTH</b>			
A. Hygiene and cleanliness	She washes rarely, dirty skin, hair not braided (not every day). Dirty, old clothes.	She is clean, but her clothes are torn (every day – but only once a day)	Hair well-braided, clean (several times a day)
B. Frequency of illness	At least twice a month	Once every 3 months	Not ill during the school year
C. Use of contraception	Never	Rarely	Abstinence or all the time
D. Responsibility for medication of child	Nobody is responsible in case of illness	Her boyfriend, the teachers	The parents
<b>2. ECONOMIC CONDITION</b>			
A. Frequency of meals	Once per day	Twice	3 times
B. Ability to purchase essential products	No power to buy	Her boyfriend	The parents
C. Ability to budget	None	Average management of the little she receives (uncle, boyfriend...)	Good management
D. Sources of income	None, prostitution, Asks everyone	Temp work (waitress, work in the fields)	Petty commerce Donations from parents
<b>3. RELATIONSHIP WITH FAMILY</b>			
A. Life in the family arena	Lives with friends or takes care of herself, head of her own household	Lives with her boyfriend or with a guardian (adult)	The parents or legal guardian
B. Acceptance in the family	Accepted out of self-interest, rejected by the family, injured by the family.		Good family relations with brothers, sisters...
C. Financial support given to the child from the family	None at all	Rarely	Regularly
D. School support given to the child from the family	Never	Sometimes	Regularly until the time she gave up school
E. Listened to by the family	Doesn't speak / does not have the right to speak in the heart of the family	Listened to by one of the parents	Listened to by both the parents
F. Punishment methods of children within the family	Hit till she bleeds regularly or public humiliation,	Depriving of pocket money, games, watching a TV	Give advice

	deprived of food.	program she likes	
<b>4. ACCEPTANCE BY THE COMMUNITY</b>			
A. Access to leisure and recreational activities	Never	Often	Plays regularly with friends
B. Participation in community activities	Denied right to participate	Often	Regularly
C. Perception of the child in the community	Stigmatised by the community	No major problems	Seen well
D. Listened to by the community	Not in the least	Often	Regularly
<b>5. PSYCHOLOGICAL AND INTERPERSONAL COMPETENCES</b>			
A. Politeness of the child	Often fights, offends everyone	Responds when she's offended	Respects a great deal
B. Sense of sharing	Never wants to share with the others	Shares when someone asks her to	Shares regularly
C. Abilities in communication and expression	Never talks	Talks little	Talks when it's necessary
D. Ability to motivate others	Never takes the initiative	Often encourages others	Always encourages others
E. Ability to plan for the future	No plan for the future	More or less good plan of action for the future	Good projection of the future
F. Identification with and imitation of models	No good role models	Has a star/performer as a role model	Copies the good in adults nearby
G. Assuming responsibility	Never assumes responsibility	Assumes responsibility often	Always assumes responsibility
<b>6. SEXUAL LIFE</b>			
A. Ability to say yes / no to a partner	Doesn't know how to say no	Is often able to say no	Says no when it's no
B. Changing of partners	Often does this	Doesn't change but has a partner	No partner
C. Protected sex	Never	Often	Always

## CHECKLIST TO ENSURE CHILD FRIENDLY SPACES ADHERE TO MINIMUM STANDARDS AND GUIDING PRINCIPLES<sup>16</sup>

TOPIC	Yes	No	Action
<b>Policies and procedures</b>			
CF Space's Child Protection Policy is printed out and on display			
Code of Conduct is printed out and on display in both word and picture form			
A locally relevant referral pathway to indicate health, nutrition, education services, and psychosocial support available to survivors of violence, abuse and exploitation in the area is on display			
A policy on alternative forms of punishment, including banning of corporal punishment, exists and is on display			
All staff have signed the CP policy and Code of Conduct			
Child Friendly Space rules have been agreed between children and facilitators and are on display			
All policies and guidance are displayed in local language			
Child Protection Messages appropriate for children are on display			
<b>Coordination</b>			
Community level coordination mechanisms are in place to ensure gaps and duplication are addressed and approaches are harmonised across agencies			
Messages and subjects of discussion of coordination mechanisms are shared with all levels of staff and volunteers engaged in CF Space programming (from Senior Management, to animators / facilitators)			
Coordination and collaboration with education representatives is at least fortnightly & on-going throughout the life of the CF Space. This includes engagement with administrative staff, school directors, teachers and those at the Ministry level			
<b>Children's participation</b>			
The full range of children – girls boys, those with disabilities, children affected by HIV and AIDS, children from minority religious, ethnic and linguistic groups, children at all ages and stages of development, etc – are consulted in ways suitable to their level of ability, on all decisions that affect them			
Children know who to talk to about child protection concerns			
Children know to whom they should report if they have any problem with CF Space staff			
Children are involved in rule setting at the CFS			

<sup>16</sup> This checklist is adapted from UNICEF's Minimum Standards for Child Friendly Spaces and Children's Centres in Darfur

TOPIC	Yes	No	Action
Children are involved in selection, development, planning and implementation of activities and events at the CFS			
Children are able to choose which activities they engage in at any given time. They are able to opt out of activities			
Community and child needs are re-assessed every 3-6 months (depending on the nature of the emergency and the pace at which it is changing) to ensure CF Spaces are suitable and appropriate			
Exit and transition plans have been discussed with children from the outset and on-going discussions is taking place about transition plans			
<b>Wider community participation</b>			
Community groups identified during needs assessment processes are engaged in the management and running of the CF space			
Representative members of the community are involved in all new decisions being made about the running, management and implementation of the CF Spaces through meetings			
Parents and community are involved in sensitisation and awareness raising activities and events in the CFS at least once a month			
Exit and transition plans have been discussed with community from the outset and on-going discussions is taking place about transition plans			
<b>Facilities</b>			
The CFS is enclosed on all sides and has a specific entrance through which people can enter and exit			
There is enough indoor and outdoor space for the number of children attending sessions to do the full range of activities scheduled			
There is a space for staff, parents and other visitors separate from that used by children where administrative tasks can be done and private discussions can take place			
All measures have been taken to ensure physical access for children with physical disabilities			
There is an outdoor space allowing for team sports			
Separate outdoor play area for infants and toddlers			
Indoor play areas have proper ventilation/air circulation			
Indoor play area is organized so that children can choose and access play materials with minimal assistance			
Shaded area is available			
<b>Equipment &amp; resources</b>			
Toys and equipment are all in good condition			
Equipment, materials and resources used in the CF Space are all culturally appropriate			

TOPIC	Yes	No	Action
Equipment, materials and resources suit the full range of ages and abilities of children attending the CF Space			
Equipment, materials and resources are available and suited to both girls and boys			
Children’s artwork and crafts are on display			
There are no sharp edges on equipment			
One person is responsible for daily safety and cleanliness inspection of equipment			
Systems are in place for weekly monitoring of material usage and replenishing needs			
A system for ordering materials before stock is fully depleted is in place			
<b>Activities</b>			
The activity schedule includes psychosocial support/wellbeing, recreation/ games, crafts and art, non-formal education, life skills and traditional / spiritual games in every week’s schedule			
Activities are adapted for children with disabilities where possible			
There are separate activities for pre-school children (0-5 years old)			
There are separate activities for children of primary school age (5-12 years old)			
There are separate activities for children of high school age (13 – 18 years old)			
Safe hygiene practices (hand washing) is part of a daily activity			
Children are taught life skills suitable to their age group, stage of development, ability and gender at least once per week			
Peace building activities adapted to different ages, stages of development and abilities are being carried out with children at least once a week			
<b>Staffing and volunteers</b>			
There is a gender balance of staff and volunteers			
Staff and volunteers members are at least 18 years of age (though 15 – 18 year old children can facilitate certain activities for younger children if supervised)			
<p>Suggested Ratio of Child to Caregiver per Age Group</p> <p>Age of Child: Number of Children to Child Friendly Spaces</p> <ul style="list-style-type: none"> <li>• Under 2 y.o: Should not be attending without an adult caregiver</li> <li>• 2-4 y.o: 15 children to at least two adult caregivers</li> <li>• 5-9y.o.: 20 children to two adult caregivers</li> <li>• 10-12y.o.: 25 children to two adult caregivers</li> <li>• 13-18y.o.: 30 children to two adult caregivers</li> </ul>			

TOPIC	Yes	No	Action
Animators/caregivers know the children's names			
Staff has written agreements stating the hours they work and the salary/incentive they receive			
Record of every staff including volunteers are kept in organised manner			
All staff members are subject to a background check			
There are staff / volunteers at each CFS on a permanent basis who have supervisory responsibilities for other volunteers and for reporting			
Staff are periodically reviewed and training needs identified			
A volunteer / staff capacity building plan is in place			
On-going, inservice training is given to volunteers and staff to meet needs of staff			
Clear grievance structures for staff members are in place and on display			
<b>Inter-sectoral supports</b>			
Coordination meetings are happening with nutrition, health, GBV, WASH, shelter, camp management and education actors to ensure services are integrated at least once every 2 months			
Mechanisms to facilitate the sharing of children's views on the wider humanitarian response are in place and enable influencing of other sector activities at least every 3 months			
<b>Water, sanitation, health &amp; hygiene</b>			
Latrines and hand washing facilities are accessible. If facilities are some distance away a mechanism is in place to monitor/accompany children's use of them			
Toilet facilities are regularly cleaned			
There are separate toilets for boys and girls			
There are separate toilets for adults			
Drinking water is available			
Water and soap is available for hand washing			
The environment is safe, free from hazards, clean and tidy			
There is access to a space for the treatment of any injury or minor illness			
At least 1 first aid box is available and any medicine is safely stored away from the children			
Proper facilities for waste disposal (rubbish bins are provided)			
Water, Sanitation and public health awareness activities are being carried out in a child friendly manner			
Sexual and reproductive health messages, suitable to the age of the children, are being shared with the children			
<b>Inclusion</b>			

TOPIC	Yes	No	Action
Outreach activities are taking place to encourage and enable vulnerable, marginalised and frequently excluded children to come to CF Space activities			
The Child Friendly Space and activities being run within the space are adapted to the needs of vulnerable, marginalised and frequently excluded children			
A proportionately representative number of vulnerable, marginalised and frequently excluded children including for example children with disabilities, adolescent girls, working children, child mothers, survivors of GBV, pre-school children and those from ethnic, religious and linguistic minorities are enrolled at the CF Space (a percentage of children in the CFS should be established based on data of the community as a whole)			
Each vulnerable child registered is attending at least x sessions per week			
<b>Outreach</b>			
Focal points / volunteers providing services including (depending on needs) registration and tracing for separated and unaccompanied children, case management support for survivors of violence and exploitation, are linked with the CF Spaces			
Activities are organised in remote and under-serviced communities			
Volunteers linked with child friendly spaces are doing outreach in the community to identify vulnerable children currently unable to attend CF Space activities (e.g. may include children with disabilities, adolescent girls, working children, child mothers, etc)			
<b>Monitoring, Evaluation &amp; Accountability</b>			
Feedback methods are in place to ensure communities and families can give inputs on problems, challenges and successes of the CF Space			
A child friendly feedback mechanisms is set-up and being used by children			
Monitoring and evaluation systems are in-place monitoring wellbeing indicators for children at least at 3 monthly intervals			
Data collected on children is stored in a lockable space			
Data collected at the CF Space level is shared with senior staff for analysis			
Feedback on the outcomes child friendly spaces monitoring and evaluation processes is shared with facilitators / animators, families, communities and children in a suitable way			
<b>Administration</b>			
Records are kept for each child attending the CF Space. These records include information including age, gender, name and contact details for parents, any special needs, any services accessed, days they attend the CF Space, wellbeing indicators			
Records of children are updated every 6 months			

TOPIC	Yes	No	Action
Indicators of wellbeing are elaborated and measured for each child or a sample of children attending the CF Space			
Daily records of attendance are kept, noting which children came on which days			
There is a place to keep records of any incidents such as injury, fire, breakages, etc, noting details of the incident, children or adults involved and actions taken			
A weekly or monthly activity plan listing the activities, responsible animators/caregivers, specifying group of children, and resource needs is displayed within the CFS			

## ACCOUNTABILITY: FEEDBACK MECHANISMS

### HOW TO SET UP A COMPLAINTS AND RESPONSE MECHANISM<sup>17</sup>

Feedback can be positive or negative. Receiving complaints & responding is central to accountability, impact & learning

**Information:** Tell people how to complain and that it is their right to do so.

- Use staff and notice boards to give information about complaints processes
- Be clear about the types of complaint you can and can't deal with
- Know your agency's procedures on abuse or exploitation of beneficiaries
- Explain details of the appeals process

**Accessibility:** Make access to complaints process easy & safe. Consider:

- How will beneficiaries in remote locations be able to make complaints?
- Can complaints be received verbally or only in writing?
- Is it possible to file a complaint on behalf of somebody else (owing to their illiteracy, fears for their personal safety, inability to travel, etc.)?

**Procedures:** Describe how complaints will be handled.

- Develop a standard complaints form
- Give the complainant a receipt, preferably a copy of their signed form
- Enable an investigation to be tracked. Keep statistics on complaints & responses
- Keep complaint files confidential. Ensure discussion about the complaint cannot be traced back to the individual complainant
- Know your agency's procedures for dealing with complaints against staff

**Response:** Give beneficiaries a response to their complaint.

- Make sure each complainant receives a response and appropriate action
- Be consistent: ensure similar complaints receive a similar response
- Maintain oversight of complaints processes and have an appeals process

**Learning:** Learn from complaints and mistakes.

- Collect statistics and track any trends
- Feed learning into decision-making and project activities

<sup>17</sup> Tool 12 from the Emergency Capacity Building Project's, "Impact Measurement and Accountability in Emergencies: The Good Enough Guide." Refer also to: Save the Children, 2011, "Guide for setting-up Child Friendly Complaints and Response Mechanisms (CRMs): Lessons Learnt from Save the Children's CRM in Dadaab Refugee Camp" to ensure your complaints mechanism enables input from children

## WHAT MAKES A COMPLAINTS MECHANISM CHILD FRIENDLY<sup>18</sup>

1. Design & nature of the Complaints & Response Mechanism (CRM): Mechanism informed by children's ideas & needs about what is preferable to them
2. Environment & location of the CRM: needs to be a place known to children, easily accessible, safe for them, where confidentiality is guaranteed. A place where they are treated with respect, understanding & calmness; allowing children to freely share their concerns
3. Approach to the Complainant: child friendly language and approach need to be used, this means you should keep it simple, clear and understandable
4. Staff and skills: the CRM needs to be led by people with skills to work with children. This includes: child friendly 'interviewing' skills, active listening, tolerance and patience. Staff need to give time to children to communicate or make a point. Need to be happy and show kindness to the child & a willingness to help. Use visual materials or images on the desks so that younger children understand.

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<sup>18</sup> Ibid

## APPROACHES AND WAYS OF WORKING

### COORDINATING WITH OTHER AGENCIES, ORGANISATIONS AND STRUCTURES

An important starting point in implementing Child Friendly Spaces (CFSs) in a given area is the need to identify other local, national and international NGOs, government agencies, civil society groups and community organisations that are working on child-related issues, or are addressing other humanitarian needs which may complement the activities planned for in the CF Spaces.

It is important to coordinate with others in order to ensure any efforts to support children do not:

- i. Duplicate or undermine activities being carried out by others,
- ii. Create inappropriate or excessive competition for funding and staff, or,
- iii. Leave any significant gaps where vulnerable populations go unreached.

Identifying linkages to other initiatives or organizations working with children will enhance the overall functioning and sustainability of the Child Friendly Spaces and also build a base for sustaining a coordinated response in all phases of the work. Involving these institutions at the outset will help guide the organization of a CF Space and the activities it offers to meet the priority needs of children and youth.

Assuming coordination is comprised of:

- Meetings
- Sharing and harmonising policy and practice
- Developing joint or complementary plans for implementation

Potential Outputs from Coordination Mechanism

- Coordinated Assessment
- Shared contact lists
- Shared documentation
- Shared and harmonised plans – who is doing what and where
- Jointly agreed indicators and monitoring and evaluation tools
- Joint agreed advocacy messages
- Joint agreed programme guidance
- Agreed exit strategy

### COORDINATION CHECKLIST

The following checklist identifies key issue to consider in order to ensure effective, efficient and ethical coordination takes place when developing and planning child friendly spaces as part of an emergency response.

**Establish one overall coordination group on Mental Health and Psychosocial Support, ensuring that there is a working group within this body focusing on harmonising programming regarding Child Friendly Spaces:**

- Identify any pre-emergency, existing coordination mechanisms looking at Child Protection, Mental Health and Psychosocial Support (MHPSS) and /or Education already present in the location (district, regional or national level). Build on these rather than duplicate coordination efforts. Establishing a coordination mechanism in line with what already exists enables greater sustainability and efficiency
- Review pre-existing coordination mechanisms. If coordination mechanisms already existed before the response you need to consider how they worked, what the purpose was, who was attending, how often, who chaired and managed the coordination structure. If it was working effectively consider how it could be adapted for the current purpose
- Establish whether the Cluster approach been initiated since the emergency. In particular: Is there an Education Cluster, a Health Cluster, and / or a Child Protection Sub-Cluster? If yes, and there is no Mental Health and Psychosocial Support group work with these actors to establish a Inter-cluster, multisectoral, interagency working group addressing issues on Mental Health and Psychosocial Support. And more specifically within that group, establish a technical working group on Child Friendly Spaces. This will help you to establish a process for coordination, coordination leadership and decision-making on Child Friendly Spaces.

#### **MAKING THE COORDINATION MECHANISMS EFFECTIVE**

- Ensure the coordination mechanism is bringing together key actors from child protection, health, education and mental health groups. Different coordination mechanisms, technical working groups and/ or Clusters can exist for each of these area of the emergency response, all will be heavily involved in managing and responding to psychosocial support needs of children in different ways.
- Ensure that government representatives (MoH, MoE, MoSW, etc) are taking part in the planning and coordination meetings of this group where appropriate. Cooperation with the government can begin a process of sustainable capacity building. Furthermore, depending on the context, permission from regional leaders may be required before setting up in an area.
- Ensure the coordination mechanism is linking in with other elements of the humanitarian response. This is achieved through:
  - Representation of the working group at inter-cluster meetings, meetings with the Humanitarian Coordinator, Donors, etc
  - Producing the key products needed for coordination, such as humanitarian response plans, indicators, the “Who, What, Where” database, contact lists, project appeal sheets, early recovery strategy, etc.
  - Close collaboration with OCHA.
- Adhere to the Principles of Partnership when establishing ways of working.
- Have clearly laid out roles and responsibilities of the different members of the coordination group. These should be documented in the form of a mutually agreed Terms of Reference. This needs to establish who the chair is and how leadership works, who the members are, how decisions are made, who provides information management support, etc.
- Have focal points from the MHPSS or CFS working group attend other Cluster Coordination meetings to explore ways of inter-sectoral working, support the set-up of inter-sectoral referral pathways and ensure the mainstreaming of MHPSS responses.
- Include costs of coordination into overall budget plans and programme proposals submitted to donors.

Ensuring that costs for your individual organisations participation are covered (transport) but also that costs of running coordination (staffing the coordination mechanism, providing facilities and resources – paper, refreshments, etc) are being met.

- Evaluate the efficiency and inclusiveness of the coordination mechanism at intervals. Check that it is meeting the needs of the participants.
- Set-up a flow of information to ensure all are informed of what discussions are taking place, what decisions are going to be made when, what plans are, etc.
- Ensure that this flow of information is through a means of communication accessible to all. E-mail and internet may not be feasible in all locations, certain colleagues may not speak certain languages, etc
- Support agency staff to roll-out plans and information within their organisations so that information is reaching stakeholders at all levels. Staff and volunteers all the way from CF Space animators to Senior Management need to receive information about decisions made in coordination meetings

### **INCLUSIVITY**

- Ask yourself if your coordination mechanism is inclusive. For example: Are there disabled people's organisations? Are there individuals and organisations representing different language, socioeconomic, religious and ethnic groups? Are national as well as international staff attending? Having representation from these different groups will enable generation of strategies for greater beneficiary inclusion.
- Seek inputs from individuals and organisations that address issues of diversity.
- Ensure that the location, language and culture of the meetings are encouraging participation by all. Language barriers can cause certain groups to exclude themselves, consider use of interpreters or parallel meetings to include different groups. Certain locations may feel less welcoming to certain groups. Choose a neutral location wherever possible.
- Make sure that coordination meetings are taking place at different geographical locations and levels, at the regional (cross border), national, provincial and district and or local level. Mechanisms for information exchange need to in place to ensure these different tiers of coordination are sharing and harmonising their planning and implementation.

### **ACTIVITIES TO BE HARMONISED THROUGH THE COORDINATION MECHANISM**

- Jointly plan rapid assessment of MHPSS needs. Either by jointly developing tools, managing the assessment, and collating and analysing the data collected. Or by establishing a mechanism for individual agencies to carry out assessments and share the resulting analysis in a way that enables harmonisation.
- Share implementation plans to ensure harmonised service delivery and enable clarity on who is doing what, where and when? Harmonisation of service delivery enables greater accountability to beneficiaries. Mapping who is doing what and where reduces duplication and enables greater reach.
- Create contact lists of members of the MHPSS and CFS working groups, sharing it with all members, enabling bilateral coordination and referral as necessary

## MAKING CHILD FRIENDLY SPACES INCLUSIVE

The objective of this checklist is to support those implementing Child Friendly Space programmes to improve the identification and response to psychosocial support needs of specific vulnerable and marginalised children who are often excluded from child friendly space activities. These vulnerable and often forgotten children include those living with disabilities, girls, certain age groups (such as adolescents or pre-school aged children), specific religious, ethnic or linguistic minority groups, HIV or TB status – all children have the same rights and deserve equal respect, and acknowledgement of differences.

An inclusive Child Friendly Space programme would:

- Acknowledge that all children can participate in psychosocial support activities
- Recognise that all children – those living with disabilities, girls, certain age groups (such as adolescents or pre-school aged children), specific religious, ethnic or linguistic minority groups, HIV or TB status – have the same rights and deserve equal respect, and acknowledgement of differences
- Have structures, systems and methodologies to meet varied needs of all children
- Be a dynamic programme, listening to the voices of all children and the community and adapting to any new and different needs identified as they are identified

Addressing the immediate psychosocial support needs of a diverse range of children during emergencies is often seen as challenging, especially during the initial response phase. Questions about how inclusion can be ensured, what an inclusive CF Space looks like in practice, and how it translates into emergency settings, are common. This checklist identifies actions that everyone involved in an emergency can take, from the start, to ensure they include a wider range of children.

### INCLUSION CHECKLIST

#### ACTIONS TO BE TAKEN THROUGHOUT THE PROJECT CYCLE

- Raise awareness and build community support so that community members recognise the rights of excluded and marginalised children, help identify excluded children, suggest solutions and give support to all children, especially the most marginalised
- Ask the full range of community leaders, community groups, women's groups, religious leaders and elders to help identify children who may not be attending CF Spaces
- Engage disabled people's organisations, orphans and vulnerable children's (OVC) platforms, women's groups, indigenous people's forums and other groups or committees that represent frequently marginalised groups in each stage of the project cycle when you are consulting community members
- Coordinate with other agencies and other sectors on the issues of marginalised groups, identification of populations, and meeting of needs, on a regular basis and throughout the project cycle
- Work with other programme sectors and other agencies to try to address factors beyond child protection, education and mental health and psychosocial support – such as those related to poverty, poor health, etc. – that may prevent children from participating in child friendly spaces

- Consider the needs of marginalised parents. Whilst the children themselves may have the necessary language skills, ability, or maybe included in community action, the parents of the children may belong to a more marginalised group (parents may be disabled, belong to a linguistic minority, living with HIV, etc.) consider at each step of the way how you will ensure these parents and members of the community are also able to:
  - Participate in decisions regarding their children, and the CF Space
  - Can be supported in parenting classes or alternative activities,
  - Can be reached by essential messages regarding CF Space facilities and activities, closure, and awareness raising
- Design activities in a way that they are adaptable to needs of different groups. When feedback is given, or children explain different ways activities can be delivered to meet those needs, the CF Spaces must then be open to change. Schedules should be adaptable, the space movable, the layout of the space flexible, budgets available for purchase of any specific resources needed, etc.
- Be committed to challenging resistance to greater inclusion – emphasise the benefits of even very small changes and acknowledge any achievements

## NEEDS ASSESSMENT

- Gather pre-existing baseline data that may indicate which groups are frequently marginalised in this context (for example children from specific linguistic, ethnic or religious groups) and may be hidden during the emergency response activities
- Ensure needs assessment activities for the child protection and education responses gather data on these marginalised children and all those who are frequently excluded in emergency responses
- Assess existing and initial programme activities by all sectors and identify which groups of children are not attending any activities provided by humanitarian agencies. Map out the action of mental health, psychosocial support, education, GBV, health or child protection actors as all of them could be engaged in some form of action to address psychosocial support needs of marginalised children
- Ask communities, parents and children which children were marginalised before the emergency
- Ensure all data gathered is disaggregated by age and sex, and also reflects other factors that may marginalise children and communities, such as religious, ethnic or linguistic minority group, HIV and TB status, religion, disability, etc
- Ensure data is gathered on what risks children from marginalised groups are facing post emergency

## INITIAL SET-UP OF CF SPACES

### Identify vulnerable children living in the community and encourage their participation

- Ask yourself if there are certain groups of children - those with disabilities, certain age, gender, ethnic, religious or linguistic group, or other marginalised children - who are not being included in existing psychosocial support or counselling programs
- When establishing community child protection committees, ensure the involvement of children and young people themselves, so that they can support the identification of at-risk, vulnerable and excluded children, monitor risks, intervene where possible and refer cases to relevant to the Child Friendly Spaces, protection staff or authorities as necessary.

- Encourage children who are identified as often excluded in the community or group to set up their own support groups, where necessary and where they wish
- Carry out participatory activities with children to illicit information on who is being excluded. Activities could include focus group discussions, drawing or improvised acting. Whatever participatory methods are used, they should address or ask the following questions:
  - Ask children attending the CF Space which children (any individual, girl or boy, aged between 0 – 18) in their community / camp/ etc. are not attending school, play or psychosocial support activities after the emergency. Children should be able to respond
  - Ask them what stops these children from coming to the CF Spaces?
  - Ask what can be done by the CF Space managers/ supervisors and facilitators/ animators to encourage these children to come
- During meetings with community groups, parents, mothers' clubs, elders, and religious groups underscore that excluded children are welcome in the CF Spaces and that activities will be adapted to their needs. The list of often excluded children covers:
  - Children with disabilities including physical, mental, intellectual and sensory impairments
  - Girls
  - Adolescents (boys or girls)
  - Children from within certain religious, ethnic, or linguistic minority groups
  - Children under 5 years old

#### **Ensure site selection and CF Space design are fully accessible and allow for all children to participate**

Consider the route to the Child Friendly Space, location and design of the CF Space and ensure it is accessible for all children

- Engage children from vulnerable and marginalised groups in risk assessment and mitigation discussions, as they may identify different issues during site selection and design processes
- Consult with marginalised children, disabled people's organisations, indigenous people's groups, women's groups and Orphan and Vulnerable Children platforms, when selecting sites and designing CF Spaces
- Ensure CF Spaces are easy to get to and accessible for children with disabilities (i.e., close to homes; on flat ground; wide doors for wheelchair access; ramps instead of stairs, etc.)
- If the route is not accessible to children with disabilities, or those communities of children living in more remote locations, consider ways to support these children to have access:
  - One possibility is to provide transport to and from the CF Space. It is possible to provide low cost forms of transport that are locally suitable such as wheelbarrows, carts, donkey carts, tricycles, rickshaws or buses and vehicles in higher income settings where resources are available and road networks make this possible
  - Alternatively ensure peer support and support from parents who can be enlisted to assist such children to reach the CF Space
- Ensure the facilities for children in and around the CF Spaces are accessible for children with disabilities (e.g., are latrines accessible and appropriate; are classrooms and classroom furniture appropriate and accessible; can children with disabilities reach water points; are playgrounds safe, accessible and appropriate)

### Equipment

- Provide sufficient and appropriate play and stimulation materials, teaching aids, and other resources and materials for children with varying abilities, language skills and from various cultural groups
- Support animators, facilitators, children and parents to make low-cost play, recreation, sport and learning materials suitable for a range of children, drawing from locally available material and culturally appropriate resources that promote inclusive play
- Support facilitators and animators to understand how to use the equipment and materials they have in ways that are adapted to the different children they are working with

## RUNNING THE CF SPACE

### Activities for children

- Carry out sensitisation and awareness raising activities, including adapted life-skills training, for children
  - This should create understanding and respect for children with different vulnerabilities, increase tolerance and encourage peer support.
  - These should in particular discuss and address issues of peer bullying and violence among children
  - As a result of these activities children can identify ways in which they can as individuals support often excluded children to engage in CF Space activities
- Ensure that scheduling is designed to provide activities that address needs of all different groups of children, simultaneous activities allowing different groups of children to engage in different things at the same time regardless of ability levels
- Ensure that your scheduling does not create prejudice by having activities for one or two often excluded children, thus highlighting their difference and creating the possibility of being ostracised, bullied or humiliated by other children
- Enable children with disabilities to join in with be included in mainstream social, cultural and sporting activities (e.g., sports lessons/cultural events/field trips) rather than creating separate activities

### Activities with the community

- Encourage the establishment of support groups for parents and family members of the children who are often excluded or marginalised, who have extra support needs or need specific guidance on dealing with distress. This can include set up of mothers' clubs, mother & child groups or parent support groups where parents can meet and children can play
- Ensure that children of varying skills, abilities, and representing the full range of minority and marginalised groups are all involved in any community activities, such as awareness raising events, theatre, dance or cultural events

### Protection monitoring and referral

- Include children with disabilities, children affected by HIV or TB, of a range of ages, different genders and religious, ethnic or linguistic groups in all protection monitoring, in order to improve the identification and response to specific protection risks faced by excluded or marginalised children. A particular focus can be given to identifying and preventing neglect, abandonment, concealment, physical restraint, isolation, physical and/or sexual abuse, exploitation, trafficking, discrimination and

stigmatization of marginalised children.

- Ensure that the referral pathway considers the identification, referral, service provision and psychosocial, and communication needs of marginalised groups of children including those with disabilities, children affected by HIV, girls and boys, those at different ages, and the different minority, ethnic, religious or linguistic groups present in the community

## HUMAN RESOURCES

### Staffing the team appropriately

- Ensure that CF Space staff and volunteers selected include those from a range of marginalised groups and are representative of the population of children they are working with – that they are a mix of genders, ethnic, religious or linguistic groups, disability, etc. They will then better understand the needs of the children, will be able to work with them more appropriately and will serve as positive role models to the children from more marginalised groups
- Consider having focal points (individuals with specific responsibilities included in their role, or who fill this function 100% of their time), who build links with groups that represent more marginalised segments of the community, identify more excluded children, visit their families, build links, promote inclusion and maintain a flow of information

### Skills and competencies

- The team of staff that are recruited should have the full range of skills to work with diverse groups. That is for example, at least one member of staff should speak each of the languages of the children, one should know sign language, one should have previous experience of working with disabled children, etc.
- All staff should understand and be able to apply inclusive participatory approaches, and know the options on how to adapt activities for different ages and stages of development, consider differing needs of girls and boys, and different levels of ability
- Support CF Space animators or facilitators to develop understanding and confidence for working with a diverse range of children by building on what they already know and do
- Encourage peer support: animators, facilitators and supervisors should all support each other with identifying vulnerable and marginalised children or those with developmental delays or learning disabilities and find solutions
- Address language issues by supporting facilitation of activities in mother tongue and sign language

## MONITORING & EVALUATION

- Ensure all on-going data collection methods allow for disaggregated information and analysis by age and sex, and also reflects other factors that may marginalise children and communities, such as religious, ethnic or linguistic minority, disability, HIV and TB status, etc
- Have systems for continuous data analysis and ensure programming is adapted according to new data collected on marginalised groups and vulnerable children
- Make sure someone with knowledge on inclusion is tasked with monitoring inclusion throughout the project cycle
- Regularly monitor progress on who is participating in the CF Spaces

- Involve the children, and the community, in particular those representing and belonging to minority and marginalised groups, in data collection processes
- Mention inclusion issues in your plans and reports to your organisation or to donors

### **TRANSITION**

- Ensure that you identify ways to reach out to the most marginalised children and their families to ensure they are aware of the planned closure of activities. They may attend CF Spaces less regularly, maybe less able to receive messages about activity plans and may count on the services provided for respite care more than others
- Consider a transition model that enables some form of on-going support to marginalised children and their families, especially those who were not engaged in community activities or enabled to go to school prior to the emergency
- Any details of specific cases, and information on on-going support needs of marginalised and vulnerable children should be handed over to qualified individuals for continued care

## RESOURCES:

### Key sources of material for the preparation of this checklist were:

- INEE (2009) Education in Emergencies: Including Everyone: INEE Pocket guide to inclusive education
- Women's Refugee Commission (2008) Disabilities Among Refugees and Conflict-Affected Populations: Resource Kit for Fieldworkers

### Further resources, including material for activities with marginalised children:

#### Adolescence

- Save the Children, Oak Foundation, Norwegian Ministry of Foreign Affairs, Partners Bulgaria Foundation (2011) Adolescent-related risks and dangers: Peer Education Training Manual
- War Child's IDEAL modules available at: <http://www.warchildlearning.org/>

#### Children Affected by HIV and AIDS

- UNICEF (2011) Taking Evidence to Impact: Making a Difference for Vulnerable Children Living in a World with HIV and AIDS
- IRC & UNICEF (2012) Caring for Child Survivors of Sexual Abuse: Guidelines for health and psychosocial service providers in humanitarian settings

#### Disability

- Handicap International, Medico International and GTZ (2003) Fun inclusive! Sports and games as means of rehabilitation, interaction and integration for children and young people with disabilities
- INEE (2010) Pocket Guide to Supporting Learners with Disabilities
- The International Online Resource Centre on Disability and Inclusion has an online resource library at: <http://www.asksource.info/index.htm>
- Handicap international lists key resources at: <http://www.handicap-international.org.uk/OneStopCMS/Core/TemplateHandler.aspx?NRMODE=Published&NRNODEGUID={625502B1-7E90-4AA3-A152-803B0A4957CB}&NRORIGINALURL=%2fresources%2flibrary&NRCACHEHINT=NoModifyGuest#emergencies>

#### Early Childhood

- Plan (2012) Early childhood care and development in emergencies: A programme guide
- UNICEF (2010) Early Child Development Kit: A Treasure Box of Activities – includes activities for children 0 – 6 years old
- Christopher Cuninghame, Tina Hyder, Donna Kesler (2006) ECD Guidelines for Emergencies – for activities to do with young children aged 2 – 7 years old, see especially pages 40 – 50
- See further resources on the Early Childhood in Emergencies Working Group (EEWG) website: <http://www.ecdgroup.com/emergencies.asp>

#### Gender

- War Child (2011) Big Deal: Gender Relations – includes activities to discuss gender relations with children
- Coalition for Adolescent Girls (2012) Missing the Emergency: Shifting the Paradigm for Relief to

#### Adolescent Girls

- The ACQUIRE Project/ Engender Health and Promundo (2008) Engaging Boys and Men in Gender Transformation: The Group Education Manual

#### **Religious, ethnic and linguistic minorities**

- UNESCO / International Institute For Educational Planning (2010) Guidebook for planning education in emergencies and reconstruction – especially Chapter 2.3 Ethnicity / Political Affiliation / Religion, Available at: <http://www.iiep.unesco.org/?id=1475>
- Save the Children (2008) Making Schools Inclusive: How change can happen

## HIV CONSIDERATIONS THROUGHOUT THE CHILD FRIENDLY SPACE PROJECT CYCLE

### TERMINOLOGY<sup>19</sup>:

**Orphan:** A child under 18 years old whose mother died (maternal orphan), whose father died (paternal orphan), or whose parents both died (double orphan).

**Orphans and vulnerable children (OVC):** Orphanhood, both single and double orphans, or the presence of a chronically ill adult in the household. National Plans of Action often extend OVC to include children in poor families, street children and children with disabilities, among others.

**Most-at-risk adolescents (MARA):** Refers to those at heightened risk of HIV infection associated with their risk behaviour.

**Children affected by HIV and AIDS (CABA):** Children living with HIV, as well as those whose well-being or development is threatened by HIV and AIDS because they live in HIV-affected households and communities.

**HIV Post-Exposure Prophylaxis:** Post Exposure Prophylaxis (PEP), commonly referred to as a PEP Kit, is an emergency medical response used to protect individuals exposed to the HIV virus. A PEP kit consists of preventive medicine and laboratory tests. There are PEP kits adapted to the needs of children, which have different doses of medication.

In many settings Children affected by HIV and AIDS (CABA) are some of the most vulnerable members of the community, a situation that can be exacerbated by the on-set of an emergency. Recent evidence shows CABA have many of the same needs as other vulnerable children but that children living with and affected by HIV may still have additional needs to take into consideration.<sup>20</sup> In addition, due to heightened risks of gender-based violence, transactional, commercial and exploitative sexual behaviour in emergency settings, all children and adolescents have an increased chance of being exposed to HIV, either directly or as their parents contract the virus.

Thus all staff and volunteers working in CF Spaces need to know:

- i. How to respond and refer CABA and cases where HIV infection is suspected
- ii. Prevention action that can be taken to reduce vulnerability of children & adolescents

<sup>19</sup> UNICEF, Taking Evidence to Impact, 2011

<sup>20</sup> Some specific actions include access to testing and treatment, access to PEP Kits, support for disclosure, psychosocial support, support to address stigma and discrimination.

This checklist outlines specific consideration for Children affected by HIV and AIDS within Child Friendly Space programmes in emergencies. For further information on working with children affected by HIV and AIDS and survivors of GBV refer to the following key resources:

- UNICEF (2011) Taking Evidence to Impact: Making a Difference for Vulnerable Children Living in a World with HIV and AIDS
- IRC & UNICEF (2012) Caring for Child Survivors of Sexual Abuse: Guidelines for health and psychosocial service providers in humanitarian settings

### CHECKLIST OF KEY CONSIDERATIONS

#### All stages of project cycle

- Consider issues of stigma and discrimination about working with children and families affected by HIV and AIDS. Keep their status confidential. Do not advertise that you are targeting CABA when carrying outreach. Include children with a wide range of vulnerabilities in your targeting
- Ensure that there is no discrimination affecting CABAs and other children's ability to attend CF Spaces

#### Preparedness

- Ensure child protection staff receive training on identification, response, and referral of children living with and affected by HIV and AIDS

#### Coordination

- Consider how pre-existing HIV, Children affected by AIDS (CABA) or Orphans and Vulnerable Children coordination groups or platforms may be able to support the work of the CF Space programmes. Specific considerations are listed below

#### Needs assessment

- Draw from baseline data on HIV and sexually transmitted infections to be able to understand the pre-emergency prevalence rates
- When carrying out a mapping of services available, include reference to support available for those exposed to HIV including through sexual violence and exploitation

### CF SPACE SET UP

#### Staffing the team

- Confirm if there are pre-trained community focal points that worked on HIV programmes before, especially those who have had training on working with vulnerable children, sexual and reproductive health issues, or psychosocial support and who are able to facilitate access to HIV services
- Consider staff wellbeing, if you suspect a staff member is living with HIV, check your agencies procedures regarding their entitlements. As a minimum:<sup>21</sup>
  - Ensure confidentiality

<sup>21</sup> See for example: <http://www.uncares.org/UNAIDS2/>

- Allow time off for medical visits
- Consider financial allowances for ARV treatment, whilst ensuring this does not expose their HIV status to others on the team

#### Staff development

- Confirm if any pre-existing HIV or OVC programmes had developed locally specific training modules on psychosocial support for vulnerable children

#### Identifying beneficiaries

- Check for any pre-existing, locally specific vulnerability criteria that had previously been developed for OVC programmes and work with those organisations to identify beneficiaries
- Crosscheck lists of named vulnerable children identified during the emergency with those who were benefitting from OVC programmes pre-emergency. Try to encourage the participation of these children, whilst ensuring their confidentiality to prevent any stigma due to the fact that they are CABA

### PROGRAMME IMPLEMENTATION

#### Sexual and reproductive health awareness and life-skills building

- Activities should be planned with children to explore issues of sexual and reproductive health, prevention and response
  - Activities can include theatre, dance, song, discussion groups, participatory learning activities, information sharing sessions, etc. Subjects to be covered should include both girls and boys, and should discuss issues of rights, entitlements, confidence, exploitation, gender discrimination, complaints mechanisms, HIV transmission, prevention, behaviours, risks, etc. See toolkits on sexual and reproductive health life skills
  - Options should be discussed and explored with children so they engage in activities they have helped to choose
  - Boys and girls may need certain sessions apart and some together
- Consider the distribution of condoms recognising that adolescent girls and boys are often sexually active. If it is not considered culturally appropriate in the CF Space, inform children of where they can access prevention

### REFERRAL PATHWAYS

#### Sexual reproductive health services to be included in referral pathways:

- Children, especially adolescents, should have access to:
  - Protective commodities (condoms, clean needles, etc)
  - Information regarding sexual and reproductive health
  - Services providing child and/or adult PEP kits<sup>22</sup>
  - Psychosocial support
- Children, parents and community members should be made aware of available facilities staffed by individuals that have training in how to work with children who have possibly been exposed to HIV

<sup>22</sup>Type of PEP Kit needed (adult and child) depends on the weight of the child

### Response to cases of possible exposure to HIV:

- Follow guiding principles of mandatory reporting, best interests of the child, confidentiality, safety and security, non-discrimination, and participation whenever you support a child being referred to support services
- Children who report a case of exposure to HIV should be referred to:
  - Medical facilities able to deliver necessary treatment including paediatric PEP Kits. Risk of HIV can be reduced if a survivor is referred for medical care to receive HIV post-exposure prophylaxis within 3 days (72 hours)
  - Prevention of pregnancy: The risk of unwanted pregnancy can be reduced if a survivor is referred for medical care to receive emergency contraception within 5 days (120 hours)
  - Treatment for STIs: STIs can increase the risk of HIV infection during unprotected sex with HIV infected partners
  - Specific psychosocial support
  - Other services, such as legal support, depend on the nature of the case, consent and wishes of the child and any guardians

Children who are identified as having carers living with HIV may need additional assistance, depending on their situation, they should have access to the following forms of support based on individual need:

- Psychosocial support
- Livelihoods, NFIs, or food support
- Care arrangements
- Case worker style monitoring of wellbeing

### Monitoring and Evaluation

- Include child wellbeing indicators in monitoring and evaluation tools
- Use and adapt monitoring tools developed for long-term HIV or OVC programmes targeting children where these exist
- All case files for children need to be kept confidential, and in a safe place. This is especially the case for OVC or children affected by HIV and AIDS
- Where possible, harmonise case management files and systems with those used in OVC programmes that existed prior to the emergency, to enable easier referral

### Programme closure

- Ensure on-going support for children living with HIV by handing over to long-term HIV support programmes in-country when closing your CF Space programming

### KEY RESOURCES:

- UNICEF, 2011, Taking Evidence to Impact: Making a Difference for Vulnerable Children Living in a World with HIV and AIDS
- [http://www.unicef.org/aids/files/WHO\\_UNICEF\\_Testing\\_Policy\\_web.pdf](http://www.unicef.org/aids/files/WHO_UNICEF_Testing_Policy_web.pdf)
- <http://www.uncares.org/UNAIDS2/>
- Save the Children: Family Centred HIV Programming, <http://www.savethechildren.org.uk/resources/online-library/family-centred-hiv-programming-children>

- <http://www.caregiversactionnetwork.org/web/guest/home>

## WATER SANITATION AND HYGIENE (WASH) IN THE CHILD FRIENDLY SPACES

### Water

- Fresh clean water for consumption should be available to the children - 3 liters per child per day of CLEAN drinking water
- A system of water treatment and regular testing needs to be put in place
- Clean cups are available for use by children. Cups are washed on a daily basis
- There should be a place where cups can be washed in chlorine solution to ensure they are clean

### Sanitation

- 1 toilet per 30 girls, separated from adult use
- 1 toilet per 60 boys, separated from adult use
- 1 toilet for male staff, 1 toilet for female staff, both should be away from toilet facilities made available for children
- Toilets should be designed for children. Note for example that adult-sized squatting plates often pose a threat to children.
- Adequate drainage from either sinks or toilets must be established and isolated from children
- Latrines are within 20 meters of the Child Friendly Space and in clear line of site
- Hand washing water should be available at the the latrine point (1-2 liters per child per day)
- Hand washing water should be available at Child Friendly Spaces (1-2 liters per child per day)
- Soap should always be available at washing points
- Cleaning staff should be hired to regularly the Child Friendly spaces and associated latrines.
- Cleaning products should be provided and replenished on a regular basis. These products must be kept out of reach of children

### Hygiene

- All toys should be disinfected on a daily basis. The toys should be placed in a 0.05% chlorine solution (0.1L of bleach diluted in 10L of water for 30mins before use, if the bleach is a basic 5% concentration) for 30mins
- Children must be engaged in hygiene promotion activities appropriate to their age and stage of development
- Children must be taught how to properly wash their hands before eating and after going to the toilet

→ For all cleaning 0.05% chlorine solution may be used. This is made up as follows:

- 0.1L of bleach diluted in 10L of water for 30mins before use, if the bleach is a basic 5% concentration

## BASIC GUIDANCE ON CHILD PROTECTION REFERRAL PATHWAYS

### TERMINOLOGY<sup>23</sup>:

A **child protection referral mechanism** indicates the roles and responsibilities of agencies participating in service provision for children. It specifies the agencies and authorities responsible for providing which service to whom and where. It should also indicate what order and how the referrals should be conducted, referred to as the “referral pathway.”

The **referral pathway** gives a sense of the order in which the services are generally needed and thus should be provided. Hence the first point on the pathway will be an agency that can take reports of cases for identification and assessment (see below). This is a case entry point. Referral pathways are part of a case management process.

**Case management** is ‘the process of assisting an individual child (and their family) through direct support and referral to other needed services, and the activities that case workers, social workers or other project staff carry out when working with children and their families to address their protection concerns. The goal of case management can be described in various ways such as achieving ‘wellbeing’, ‘recovery’, ‘self-reliance’, ‘the full enjoyment of rights’ and ‘opportunities to develop full human potential’.

Case management involves both direct and indirect services. A direct service means that the caseworker is the person directly meeting a family’s or child’s needs through very regular support visits, dialogue, etc. An indirect service means that the caseworker has referred the ‘client’ to another organisation or department for support

A **case** is an individual or family who is being assisted in order to resolve a protection concern. And a **caseworker** is the staff member in any agency who is directly managing a particular case.

### REFERRAL PATHWAYS

- A referral pathways is a visual representation of the path children need to take if they have been subjected to a child protection concern
- A referral pathway shows the order of services and support a case should receive and have access to in the order you should access them
- It should be specific and adapted to local context

<sup>23</sup> The following definitions and explanations are notes edited and extracted from a Save the Children publication: McCormick, C. “Case Management Practice within Save the Children Child Protection Programmes,” Save the Children, 2011.

- It should contain names & and contact information for all service providers
- It should be agreed across organisations
- You need to be clear on what support and services you are able to provide within your own organisation before you need to seek support from others. In some cases maybe you can do nothing to help the child, in other cases – depending on the type of child protection case you confront and the programmes you have in-country – you may be able to help

## STEPS TO SET-UP A REFERRAL PATHWAY

1. Map out existing services & assess capacity of existing and new organisations to respond and deal with child protection concerns:

Assess service providers' capacity to respond to the needs of children. Ask yourself if service providers trained in supporting children? What services do they provide? What categories of children can they support? Do they work with some of the most vulnerable and often excluded children such as children with disabilities, children affected by HIV and AIDS, etc.? See if there are referral pathways already in place that could be adapted to the new context and situation

2. Capacity building:

Service providers may be identified and included in referral pathways as they have the procedures for and experience of providing suitable services for children in a manner that protects them, includes them and respects their rights. Alternatively assessment may identify service providers who need further capacity building. All should receive some training on the referral process being set-up and some service providers may need extra support on how to work with children, especially the most vulnerable and excluded children

3. Carry out a risk assessment:

Ask yourself what are the risks to staff of all different service providers and to those who are reporting the cases – start to think about how you will overcome these challenges and risks – plan for this in training, system development and in development of protocols

4. Build relationships:

Build relations across agencies and, importantly, across sectors. Set-up coordination mechanisms and forums. Methods for exchange. Respect the skills each service provider brings to the wellbeing of the child.

5. Design new referral pathway:

Build on existing mechanisms and develop a system to prioritise the most urgent cases for immediate follow-up; wherever possible, support existing governmental or community-based structures – make sure this is multi-sectoral and interagency agreed - Ensure all service providers are

aware of the pathway. Develop a document which clearly outlines the referral pathway – with a diagram / flow-chart and explanatory notes and contact details for all key agencies

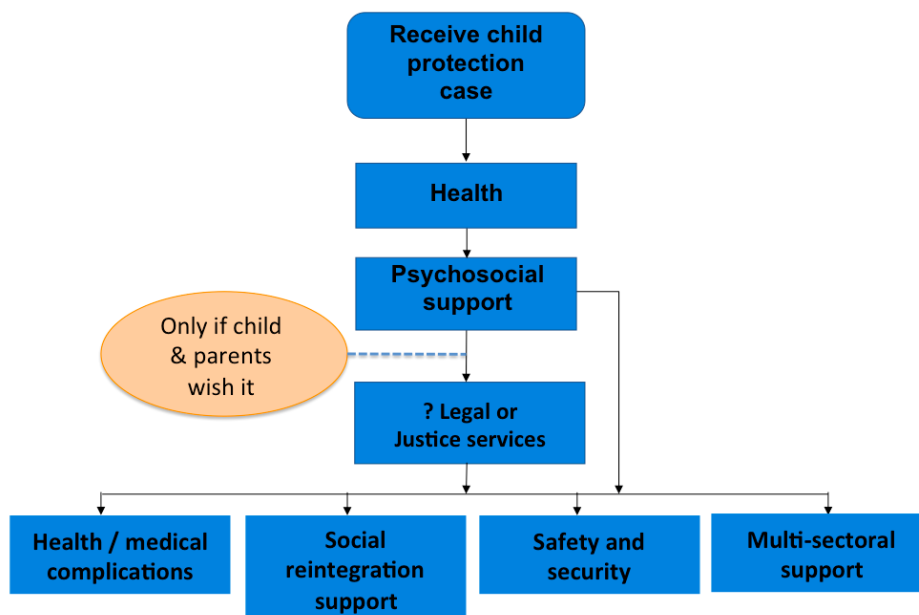
6. Develop standard operating procedures with other sectors:

Defining criteria (shared criteria between everyone involved (including the children) about who is a vulnerable child and when to close a case, etc) and processes for registration, referral and follow-up linked to best interest including dealing with sensitive issues such as child sexual abuse. Protocols for referral also need to explain roles and responsibilities and cover subjects such as – how costs are to be covered, who accompanies children and their family, who provides case management support, what are the data collection methods ... etc

## EXAMPLE GENERIC REFERRAL PATHWAY

- Access to health care is the number one priority, if and when needed (e.g. case of a separated child may not need medical support)
- Psychosocial support: Can include one or more of the range of the following: One-on-one counselling, play activities, Child Friendly Spaces, peer counselling, "Safe Place" identification, group support activities, medical social workers or individual therapy
- If the survivor and carers / guardians choose to seek Legal or justice services. In some child protection cases, children will not need legal / justice services and you can skip to the next level of support
- Social reintegration support. Including for example community reintegration, awareness raising, livelihoods support
- Safety and security. You may need to identify a safe place for the survivor to live away from perpetrator
- Multi-sectoral support. Such as food security livelihoods, nutrition, education, food, shelter, etc., to meet range of basic needs and ensure child is not exposed to further/ different child protection concerns such as sexual exploitation
- Health and medical complications may require re-referral to health services at any point in the process

### REFERRAL PATHWAY DIAGRAM



## ACTIVITIES TO COMPLEMENT REFERRAL PATHWAY AND ENSURE IT IS WELL-FUNCTIONING

You need to have the following in place to be able to support child protection cases identified and ensure that the referral pathways established function well:

- Set up referral pathways – or adopt one of another agency in the area – so you know where to take which kind of CP case – need to contain contact information for service providers and outline expectations of staff on what they have to do in case of a case being found
- Train all CF Space staff and other sector staff on the referral pathways identification and response to child protection cases
- Have a focal point among the CF Space staff – someone who is selected and trained who is given the specific responsibility of referring of CP cases for each site or location (offices, sites of intervention, etc)
- Post referral pathways in visible locations – put them up in CF Spaces, offices, on walls, in public and visible locations for the public to see
- Raise awareness among children and the community on the referral pathway established and what the entry points are, in particular the role CF Space has in enabling children to access supports identified
- Raise awareness in communities on what you and other agencies can do to help children who have experienced a child protection concern
- Work with child protection committees, children’s clubs, CFSs – training them or raising awareness on common CP issues, how to identify them, and services available to them and how to refer, as well as guiding principles
- Be aware of and support existing case management processes or set up your own. Be clear what Plan is willing to do in your context. Case management, the process whereby you document cases and support them through the referral pathway, needs to be done by someone. In some instances this is government, another NGO or maybe even Plan. Setting up a case management programme requires a lot of staffing and considerable amount of time, so should only be done if funding is available. If you are not going to be running your own system, you need to be familiar with some of the elements of another agencies case management system.

### PROCESS OF CASE MANAGEMENT

- The goal of case management can be described in various ways such as achieving ‘wellbeing’, ‘recovery’, ‘self-reliance’, ‘the full enjoyment of rights’ and ‘opportunities to develop full human potential’
- Stores entered information on children in separate “case files” that can be adjusted and edited, as the child’s case progresses over time.
- Organizes children’s information in a coherent and accessible system. Similarly, organizes social workers caseloads.
- Reminds case-workers of tasks that are due or over-due for each child in his/her case load, thereby ensuring timely management and follow-up of cases.

- Indicates the status / progress of each child's case, allowing case workers to quickly identify children who continue to remain vulnerable, allowing case managers to prioritize actions related to follow-up and referral for children.
- Allows social workers to transfer out or receive electronic case files to/from other organizations (as needed)

## STAGES OF CASE MANAGEMENT

Four basic stages of the case management process:

1. Identification and assessment
  - Opening of a case and
  - Start of documentation
2. Individual support planning – the planning of response and care
3. Referral and liaison with other support services, where required
4. Monitoring and review
5. Case closure

1. Identification and assessment	How referral pathways help
<ul style="list-style-type: none"> <li>– Identification</li> <li>– Assessment and registration</li> <li>– Opening a case file</li> </ul>	1. Children and their carers know where to refer cases for entry into the case management system
<b>2. Individual support planning</b> <ul style="list-style-type: none"> <li>– Case worker assigned</li> <li>– Risk assessment carried out</li> </ul>	2. Service providers know what support is available where
<b>3. Referral &amp; liaison with other support services</b>	
<b>4. Monitoring and review</b> <ul style="list-style-type: none"> <li>– Case conferences</li> <li>– Follow-up and monitoring visits</li> </ul>	4. Service providers in different geographical locations can help with follow-up
<b>5. Case closure</b>	5. Cases can be handed to another agency then closed

## PRINCIPLES GUIDING CASE MANAGEMENT AND CHILD REFERRAL

- If a case should present itself, make sure that the best interest of the child is prioritised throughout
- Child Participation:
  - Get the views of children and their families. Ensuring you communicate with them in an appropriate way, so they know the services available to them and are able to give informed perspectives on what they want and need. Do not promise anything you cannot deliver
  - Give them feedback on the process and decisions that have been made
- Ensure safe reporting systems at all time. Keeping the case as confidential as possible and not drawing unnecessary attention to the child and their family is an essential part of this. But also considering if reporting to legal services will place them at risk, if accessing services will require them to cross a dangerous area, if returning them to their current care arrangements will leave them exposed to further abuse, etc
- Non-discrimination – ensure equity. Give all children equal access to the same level of services, in line with their individual needs
- Ensuring confidentiality so as to protect children – by sharing information on a need-to-know basis only, and having procedures for safe storage of records
- Dignity and respect for children and their families – treat the child and their family with dignity and respect at all times. Trusting their story, respecting their views and values

## CHILD CASES REQUIRING REFERRAL

Children who disclose or are showing signs of having survived the following forms of child protection concern should be referred to necessary services depending on individual case needs:

- Children showing signs of protracted psychosocial distress (see notes below)
- Engaged in dangerous or exploitative child labour
- Children separated, unaccompanied or in inappropriate care arrangements
- Survivors of gender-based or physical violence
- Children associated with armed forces and groups
- Survivors of physical violence

If children display any of the reactions below they should be referred to a mental health professional:

- Signs of protracted psychosocial distress - Persistent signs of distress that are not reducing within 6-8 weeks after the end of the emergency, or are persisting longer than symptoms are being demonstrated by other children
- Are disoriented (e.g. not knowing where they are)
- Not responding to conversation
- Put themselves or others in danger - threaten to harm themselves or others
- Are unable to do the most basic activities of daily life (i.e., walking, talking, taking care of themselves, eating) appropriate for their age. Severe delay in their development e.g. not talking by three.

Note that individual children may have experienced more than one of these forms of child protection concern. Each case should be treated as unique, and services provided should be tailored to their needs and wishes

### KEY RESOURCES:

The material presented above draws from the following key sources:

- Save the Children (2011) Case Management Practice within Save the Children Child Protection Programmes”
- Resources and material developed by the Inter-agency Child Protection Information Management System (IA CP IMS) project available at: <http://www.childprotectionims.org/service.php>
- Plan International (2012 / 2013) Child Protection in Emergencies Training Modules

## ACTIVITY SCHEDULING –

### TYPES OF ACTIVITIES<sup>24</sup>

Try to mix the types of activities in a Child Friendly Space, alternating structured, and less structured, physical and quiet, and indoor and outdoor.

#### Activities you can Organise for Different Purposes

TYPE OF ACTIVITY	EXAMPLES	PURPOSE – HOW IT HELPS CHILDREN	WHAT WE CAN DO
Creative	Painting, drawing, clay, collages, making dolls, puppets, and animals, pasting pictures using grains of wheat, corn, sand, etc., bookmarks / greeting cards from dried flowers, finger painting, posters	<ul style="list-style-type: none"> <li>• Helps children to express their feelings and ideas</li> <li>• Externalizes emotions, promotes understanding, self-esteem, and empathy</li> <li>• Promotes experimentation</li> <li>• Promotes creativity and respect for the resources available by using local materials or materials from nature</li> </ul>	<ul style="list-style-type: none"> <li>• Guide children with a theme – their family, the mountains, the ocean/beach, nature, etc.</li> <li>• Encourage children to decorate an area</li> <li>• Organize displays and invite parents/community members to see them</li> </ul>
Imaginative	Dance, theatre/drama, music, singing, role play acting performances (dance, drama, singing)	<ul style="list-style-type: none"> <li>• Develop creative and social skills, coping skills, self esteem</li> <li>• Helps children understand what happened/happens in their lives as they act out experiences</li> <li>• Creates fun, relaxes, and promotes team spirit, active participation</li> </ul>	<ul style="list-style-type: none"> <li>• Invite community members to perform and hold workshops with the children</li> <li>• Organize performances for the community</li> </ul>
Physical	Sports – football, volleyball, outdoor team games, handball,	<ul style="list-style-type: none"> <li>• Develops self confidence</li> <li>• Builds relationships and team work skills – interaction with peers, rules, and</li> </ul>	<ul style="list-style-type: none"> <li>• Designate specific safe areas for sports and games</li> <li>• Create a rotation system for sports equipment</li> <li>• Form teams</li> </ul>

<sup>24</sup> Taken from Save the Children, 2008 “Child Friendly Spaces Handbook”

	local traditional children's games	<p>cooperation</p> <ul style="list-style-type: none"> <li>• Develops motor skills, muscles, co-ordination</li> </ul>	<ul style="list-style-type: none"> <li>• Hold tournaments</li> <li>• Schedule different times for boys and girls if needed</li> </ul>
Communicative	Story telling – books/ oral, reading, story time, conversation time, discussion groups	<ul style="list-style-type: none"> <li>• Helps children express feeling in words without personalizing</li> <li>• Appreciates local culture and tradition</li> <li>• Develops imagination</li> <li>• Allows children to discuss issues that are important to them</li> </ul>	<ul style="list-style-type: none"> <li>• Have a story telling hour, encourage children to make up stories</li> <li>• Start a story with one sentence and ask the children to continue (add on) to the story</li> <li>• Use a story to start a discussion</li> <li>• Facilitate discussions with groups of children, following their areas of interest and / or guiding them through a theme such as one of the risks they or their peers face</li> <li>• Encourage children to develop key messages for others in the community, authority figures, and other actors; facilitate the communication of these messages to these audiences by children, e.g. through performances, discussion, scheduled meetings, or written / visual media such as posters, letters and pamphlets.</li> </ul>
Manipulative	Puzzles, building blocks, board games,	<ul style="list-style-type: none"> <li>• Improves problem solving skills</li> <li>• Builds self-esteem and cooperation</li> </ul>	<ul style="list-style-type: none"> <li>• Children can work alone or in groups</li> <li>• Set aside a quiet area</li> </ul>

## CULTURAL, LIFE SKILLS, LEISURE, AND PUBLIC AWARENESS ACTIVITIES YOU CAN USE IN CHILD FRIENDLY SPACES

TYPE OF ACTIVITY	EXAMPLES	PURPOSE – HOW IT HELPS CHILDREN	WHAT WE CAN DO
Cultural/ Traditional	Traditional dancing/ singing/ storytelling/ poetry, celebrating traditional holidays, traditional games (Can be integrated with any of the above activities)	<ul style="list-style-type: none"> <li>• Builds self-esteem, self-respect and respect for others (peers, family, and community)</li> </ul>	<ul style="list-style-type: none"> <li>• Integrate activities with activities mentioned in the table above</li> <li>• Ask people from the community to come and tell stories, lead dances, songs, etc. from their culture</li> </ul>
Life Skills	Literacy, numeracy, landmine awareness, health education, problem solving skills, communication skills	<ul style="list-style-type: none"> <li>• Enhances resilience</li> <li>• Gives children a sense of mastery</li> <li>• Ensures restoration and development of cognitive functioning</li> <li>• Enhances the existing support systems for children when involving caretakers</li> </ul>	<ul style="list-style-type: none"> <li>• Organize literacy and numeracy based on written materials, games or play with a purpose</li> <li>• Involve local capacity and partners in awareness sessions</li> <li>• Teach conflict resolution can be taught through structured games and in formal classes</li> <li>• Enhance positive coping through targeted activities</li> <li>• Promote peer support and safety awareness as an efficient protection tool</li> </ul>
Leisure	Children’s clubs, free play	<ul style="list-style-type: none"> <li>• Empowers children and youth through participation</li> <li>• Promotes resilience and healthy adaptation through relaxation and fun</li> </ul>	<ul style="list-style-type: none"> <li>• Games are not structured, but supervisor ensures a positive environment and enhances a validating, inclusive and safe environment with positive discipline</li> </ul>
Public Awareness	Radio spots, community events, open days at Child Friendly Spaces	<ul style="list-style-type: none"> <li>• Cooperate with community leaders to organize relevant initiatives</li> </ul>	<ul style="list-style-type: none"> <li>• Plan for advocacy and information dissemination from the beginning</li> <li>• Promote/support child-led activities</li> <li>• Facilitate well-planned parents meetings (that can include structured activities, case studies and group work on identified children/ family issues, sharing experiences and discussing possible actions); Be sure <u>not to raise expectations</u> or make promises</li> </ul>

## EXAMPLE CHILD FRIENDLY SPACES PLAN AND SCHEDULE

TIME	PRE-SCHOOL	SCHOOL AGE	YOUTH
09:00-09:15	Registration /meet and greet	Registration /meet and greet	Registration /meet and greet
09:15 – 10:30	Psychosocial games and activities	Psychosocial games and activities	Service learning
10:30 – 10:45	<b>Snack</b>	<b>Snack</b>	<b>Snack</b>
10:45 – 12:00	Puzzle, games, centers	Puzzle, games, centers	Life skills/conflict resolution training
12:00 – 12:30	<b>Lunch</b>	<b>Lunch</b>	<b>Lunch</b>
12:30 – 13:00	Story time	Reaching circle	Reading circle
13:00 – 15:00	Arts and Crafts	Exam preparation	Exam preparation
15:00 – 16:00	Outside time/ parachute game	Outside time / Sports	Outside time/ Sports
16:00	Parent/guardian pick up	Parent/guardian pick up	Parent/guardian pick up

MORNING	SHIFT 1: CHILDREN AGED 5 – 10 YEARS OLD				
09:00 – 09:15	Registration/meet and greet				
9:15 – 10:30	Psychosocial and local games and activities				
10:30 – 10:45	Snack break				
10:45 – 11:45	<u>Monday</u> Active games & sports	<u>Tuesday</u> Health promotion	<u>Wed.</u> Arts & crafts	<u>Thursday</u> Active games & sports	<u>Friday</u> Reading, math, school work
11:45 – 12:00	Shift 1 parent/guardian pick up				
12:00 – 13:00	Lunch for Child Friendly Spaces staff				
AFTERNOON	SHIFT 2: CHILDREN AGES 11 – 18 YEARS OLD				
13:00 – 13:15	Registration/meet and greet				
13:15 – 14:30	Psychosocial and local games and activities				
14:30 – 14:45	Snack break				
14:45 – 15:45	<u>Monday</u> Active games & sports	<u>Tuesday</u> Health promotion	<u>Wed.</u> Arts & crafts	<u>Thursday</u> Community service projects	<u>Friday</u> Reading, math, school work
15:45 – 16:00	Shift 2 parent/guardian pick up				

## FACTORS TO CONSIDER WHEN SELECTING ACTIVITIES

<b>ST</b>	Take into consideration Space & Time constraints, and work within the limits you have
<b>T</b>	Traditional and culturally relevant – make sure all the activities you run are suitable and appropriate according to local custom. In addition try to integrate traditional song, dance and ceremonial activities into your schedule
<b>A</b>	Age appropriate – ensure you have activities to suit different ages and stages of development. Have different time slots for different categories of children. Do not forget those groups of children who most frequently excluded by emergency responses, those 0-5 years old, and adolescents.
<b>Ge</b>	Gender, provide activities that appeal to both boys & girls. Ask them what they like to do
<b>D</b>	Consider the diverse needs of different religious and ethnic group, different levels of physical and mental ability, and different language groups etc. Adapt the space and activities to this. Again, ask them what they would like to do, what their needs are and for ideas on how to overcome certain challenges.
<b>C</b>	Capacity of facilitators. Ensure that you take into account the skill level of the facilitators working in the space. What experience do they have already, what support will they need to be able to deliver some of the activities you are planning. How many and which animators will you need to be able to facilitate certain activities?
<b>P</b>	Participation. Create ways in which you can illicit a full range of children's views and thoughts on what activities they would like to see included in the activities schedule

## RESOURCES & LOGISTICS

LOGISTICS CONSIDERATIONS FOR CF SPACES
Emergency preparedness
<p><b>Resources / Supplies</b></p> <ul style="list-style-type: none"> <li>• Agree a kit list adapted to context so items are culturally relevant and appropriate. Ensure this takes into account needs of children with range of different vulnerabilities and at different ages and stages of development</li> <li>• Items and quantities planned based on various scenarios</li> <li>• Be clear on what can be bought in-country (locally, regionally, nationally) and what needs to be sourced internationally</li> <li>• What will you do if you are offered Gifts in Kind (GIK)? Will you be able to manage distribution and storage of items? What items would you accept, what would be unsuitable?</li> <li>• Turnaround time for order from supplier to delivery to the point of use should be identified</li> <li>• Have a list of possible suppliers for the items you will need</li> <li>• Standard suggested kit lists are available from agencies such as Child Fund, Plan International, Save the Children, UNICEF and World Vision</li> </ul> <p><b>Emergency stock/ stand-by supply:</b></p> <ul style="list-style-type: none"> <li>• Have stand-by supply of a certain number of kits, based on scenarios you have planned for</li> <li>• Stock items should not have expiry date or become technically obsolete</li> <li>• Tents are a universal programme supply, that is they can be used for child friendly spaces or emergency schools, health centres or emergency warehouse/accommodation, ensure enough are allocated for all sectors</li> <li>• With regards to emergency stocks: be aware of the costs for storage, holding items in-country may be more costly than order internationally in case of an emergency. Need to consider this before you buy and store supplies.</li> <li>• Consider procurement time when you are choosing between different options (international procurement, local emergency stock, etc)</li> </ul> <p><b>Virtual stock:</b></p> <ul style="list-style-type: none"> <li>• Agree with a supplier that you will make a purchase in case of an emergency. Ensure they know what items you will purchase, how many and the cost you will pay. This should be documented.</li> <li>• This allows you to follow procurement policy (such as open tenders, getting quotes, from certain number of different suppliers, etc), prior to an emergency, thus speeding up the process of acquisition once an emergency hits</li> </ul> <p><b>Transport</b></p> <ul style="list-style-type: none"> <li>• Plan for and have an idea of the transport needs for staff and materials to support the programme you would implement.</li> <li>• For supplies consider the transport needs from supplier to agency and then out to field sites where programmes will be implemented</li> <li>• If transport by road is likely to be disrupted by emergency scenario (e.g. floods, cyclone) what would implications be for your programme and what would your contingency plans be?</li> </ul> <p><b>Security</b></p> <ul style="list-style-type: none"> <li>• Plans must consider need for security equipment, such as radios and satellite telephones</li> <li>• Must also factor in risks to sites of work and how you will make these secure as well as how you will store your CF Space materials to keep them safe</li> </ul>

### Staff related to logistics

- Plan for staffing needs to deliver and set-up the CF Spaces

## First Phase, Set-up

### Resource / Supplies

- Work with engineer to assess pre-existing buildings and assess works to be done and thus resource needs
- Submit procurement plans to logistics team as soon as possible
- Plan for storage and transport of your supplies from supplier to end user point

### Transport

- Transport plans for equipment and staff need to be put in place with logistics teams

### Security

- Potential security issues for children, communities, materials and staff. Contingency plans with security risk mitigation actions (e.g. night security guards, materials to be locked up)

### Staff related to logistics

- Budget for a percentage of logisticians time as they will need to support sourcing of supplies for your CFS
- If setting up your own storage facilities or tents, budget for guards to ensure safety of equipment
- Plan who will physically transport the goods to the final point where materials will be used. Who will set-up the space? Who will manage the stock?

## Programme implementation

### Resource / Supplies

- On-going procurement of perishable or consumable items (such as cleaning products, water filters, paper, pens and pencils)

### Transport

- On-going transport of staff (visiting sites for supervision or capacity building purposes) or shipping of supplies

### Security

- On-going security needs of the equipment on site, storage facilities and staff needs to be maintained. Radio equipment, someone staffing radio facilities, guards on site, all need to be considered and budgeted for if needed
- Lighting of the site may be need at night to ensure the area is safe and secure

### Staff related to logistics

- Your programme may need drivers and guards, you should budget for these dedicated staff and also for contributions to salaries for logisticians, operations managers, and security staff who are supporting the work of all programme sectors

## Exit

**Supplies:**

- Transfer of assets should be done in a clear and accountable way, where appropriate this should involve the whole community targeted or affected by the programme.

## MINIMISING PHYSICAL RISKS IN AND AROUND CHILD FRIENDLY SPACES

During and after emergencies children and families confront an increased number of physical risks and threats. After a natural disaster, such as an earthquake or flood, the damage to the environment presents potential physical dangers; in addition the distress felt by adults may cause them to change behaviour towards children. When there is a conflict the children may be engaged directly or be affected indirectly by fighting. Furthermore the design of the programme can pose risks. The following checklist outlines ways in which programming activities for child friendly spaces can mitigate, prevent and reduce these physical risks to children.

### CHECKLIST FOR REDUCING PHYSICAL RISKS TO CHILDREN

The following checklist identifies key actions to ensure children are not exposed to unnecessary physical risks as a result of your Child Friendly Spaces programme.

#### Actions to be taken throughout programme

##### Consult with children and communities on risks and solutions

- Assess risks for children when selecting sites and ensure any dangers identified are addressed. This requires discussion with the community and children
- Engage children in a process of risk mapping so they can input on decisions being made with regards to routes to and from certain sites, as well as fears and dangers with respect to certain locations
- Discuss with children where they feel safe and get their suggestions on how to ensure safety in sites selected
- Ensure to include views of range of children, including those who are often marginalised. This should include adapted ways of communicating and eliciting insights from children of all ages and stages of development, children with disabilities, those representing the full range of minority ethnic, religious and linguistic groups, girls, and boys, as well as those with other vulnerabilities, such as child mothers, separated and unaccompanied children and survivors of sexual violence

##### Coordination with other sectors

- Discuss plans for locating and running CF Spaces with other agencies and sectors to ensure the activities they are carrying out (such as livelihoods activities, road building, reconstruction, shelter construction, well-digging) do not pose a threat to the wellbeing of the children in the CF Space
- Discuss with other sectors how they can support your activities in the CF Space to ensure wellbeing and safety of children, such as health sector staff supporting referral for physical injuries, WASH staff providing support in provision of suitable latrines and public health messaging
- Work with Shelter and Camp Management coordination groups to ensure locations selected and safe and will remain so
- There must be a referral pathway which identifies where facilitators / animators can refer cases of vulnerable children and families needing additional supports. For example, where they can find medical help if one of the children suffers physical injury or sexual violence, psychosocial support from

Mental Health professionals if a child shows signs of persistent distress (no signs of returning to pre-emergency behaviour like peers after 6 – 8 weeks), food aid if malnourished, etc.

## Site selection

### Route to the Child Friendly Space

- Routes to be taken to Child Friendly Spaces should not expose boys or girls to risk of violence, abuse or exploitation. This includes situations where they would need to walk past camps of armed groups or forces, sites of violence or other locations identified by children themselves as being unsafe
- The route itself should not be hazardous. There should not be materials that could cause injury - such as broken glass, jagged stone, unexploded ordnance or land mines - and no ravines, holes or rivers should block the way
- The route should not be too far to walk, considering children's ages and their different abilities

### Location of the Site

- Make sure to check with children what they feel are safe and unsafe places and why and take that into consideration in the selection of the site
- If the chosen site has potential dangers nearby (e.g. there are open pits, construction sites, road traffic, dangerous machinery and tools) determine proximity and mitigate potential risks to children accordingly. This can be done by erecting boundaries, covering holes, cordoning off areas, and/or raising awareness of risks amongst children
- The site should not be located close to sources of excessive noise (traffic, railways, industries, informal sector activities) nor excessive pollution or odours (waste belts, abattoir, etc.)
- If in a camp setting, speak with camp management to ensure that necessary facilities are suitably located and accessible to children. Also that CF Spaces are given sufficient space and suitable location to ensure safety of children

### Surrounding play area

- Sites for play areas should, where possible, have shade from direct sun to ensure children do not get too hot when playing. They should not be overly concealed, dark or gloomy, as visibility must be maintained for children's safety
- Play areas around a CF Space must be cleared of rubble and have level land
- CF Spaces should be cordoned off for safety. Depending on location and context, the enclosure and boundaries of the CF Space can vary in form and function. The "fence" should provide protection from outside activities (e.g. traffic, animals, etc.), define the boundaries within which children should stay, as well as clarify the limits for those unrelated to CF Space activities, who should not be allowed in to the CF Space

### Set-up of the physical space

- Remove from the physical space of the CF Space hazards such as broken glass, exposed electrical wires, landmines & UXO, any fluid, solid or gas waste (e.g. toxic, acidic) etc.
- There should be good fresh air circulation through the spaces to avoid heat building up or excessive humidity

- There needs to be adequate day-light entering the space (a minimum of 20% of the floor area should be window-area)
- Consider carefully what material you will use for the construction of the space. It should not cause children to be too hot or cold. Humans typically feel comfortable in the range of 15 – 30° degrees Celsius (depending on what they are used to, 17 – 25°C is most ideal)
- The construction materials being used should not contain any components or elements that can pose a health hazard to children (such as sharp edged tent pegs, wood with splinters, etc.)
- Child-friendly warning posters for relevant physical threats and risks in the local area are up in visible locations in the Child Friendly Space
- A sign explaining the CF Space entry conditions (e.g. that adults and children should register presence, and can only come into the space if they are engaged in activities or are collecting or dropping off a child who is attending) should be up at all entry points in ALL appropriate languages
- All visitors should be registered in a registration book on arrival

### **Tent**

- The size of tent selected should be based on 1 square metre per child
- Tent flooring selected should be kept clean. A dirt floor is not acceptable for hygiene reasons and concrete or stone pose safety risks
- Tent pegs should be hammered completely into the ground or covered by sand bags so as not to pose a risk to children attending
- All guide ropes should be marked with coloured flags to reduce chance of tripping

### **Permanent or semi-permanent structures or buildings**

- Building has been certified by an engineer as safe
- Buildings larger than 50 square metres have 2 safe evacuation points

### **Water, Sanitation and Hygiene**

- Drinking water needs to be made available to the children
- A separate space with water and soap/ash should be allocated for children to wash their hands and any items they may use during the day
- Separate toilets and urinal spaces should be made available for girls and boys, women and men, and within the boundaries of the fenced off area. The privacy and safety of these spaces is very important. See separate checklist on “WASH and CF Spaces” for more details when planning location and number of these facilities
- Any chemicals or cleaning products must be kept out of reach of children
- A system for regular cleaning should be established, with cleaning staff regularly attending to the space and cleaning products available to staff and cleaners

### **Equipment**

- All child friendly spaces should have a first aid kit or medicine cabinet to attend to basic emergencies or accidents involving children and adults
- There must be a working fire extinguisher in each child friendly space
- All toys and resources should be safe for use by the target age groups attending the CF Space. For

example:

- Toys and games with small attachments or objects that could choke children if swallowed should not be present.
- Paints and colours with toxic content should not be used or available in the CF Spaces.
- Scissors or sharp blades should always be kept out of reach of children
- All toys should be disinfected on a daily basis. The toys should be placed in a 0.05% chlorine solution (0.1L of bleach diluted in 10L of water for 30mins before use, if the bleach is a basic 5% concentration) for 30mins

### Activities in the space

#### ...with children

- Establish rules and guidance on appropriate behaviour between and amongst children themselves
- Carry out behavioural change activities which discuss and address issues of negotiation and conflict between children attending the CF Space and other peers
- Carry out briefings for children on physical risks and mine risk education (where necessary) highlighting the concerns relevant to the community they are in. These messages should be delivered in a range of different ways adapted for children of different ages (from 0 – 18) and ability
- Child-focused hygiene promotion activities should be in place with posters and information, games for younger children and discussions with older children
- Disaster risk reduction activities should be included in the programme of activities
- Hours of operation must allow children to come to the CF Space and return within the hours of day light; consider the amount of time the walk home takes
- Fire prevention and evacuation plans should be part of the programme of activities. Children should do evacuation drills on a weekly basis

#### ...with adults

- The child friendly space should consider providing parenting classes that:
  - Discuss positive discipline techniques with parents
  - Address the psychosocial support needs of parents

### Child protection and safeguarding

- Keep the CF Space free of violence, abuse, exploitation and neglect
- Engage children in planning on how to reduce and address violence and how and when discipline measures should be used
- Child Friendly Space protection policy should be in place outlining the main points of the policy and reporting procedures. This should be in formats and languages understandable to children, animators, parents and caregivers
- Site-specific referral pathways need to be put in place for each CF Space. This needs to include contact list for referrals
- All staff must be trained on identification of vulnerable children in need of support as well as CP cases and process of referral to support services

### Staff

- Ensure that CF Space staff and volunteers do not use physical punishment, are aware of and use 'positive discipline' techniques, adhere to codes of conduct and work to reduce violence among children
- Codes of Conduct and whistle-blowing procedures need to be put in place
- The animators and facilitators should be trained in non-violent, child-centred strategies for dealing with disciplinary issues as well as briefed on Codes of Conduct and whistleblowing procedures
- All staff, supervisors and animators need to be trained on how to identify and refer any suspected cases of violence, abuse, or exploitation among children participating in the CF Space
- A minimum of 1 staff member working on each shift in the space must be trained in delivering first aid
- All staff should be engaged in fire prevention briefing and evacuation drills on a weekly basis. They must all have a clear understanding of their roles, responsibilities and evacuation methods

#### **M&E and accountability**

- Monitoring and evaluation mechanisms must include ways to get confidential feedback from children on any possible violence, abuse or exploitation they are experiencing in the CF Space
- A feedback or complaints mechanism must be set-up allowing for inputs from children, parents and communities on physical risks to children
- The feedback or complaints mechanisms need to be clearly communicated and known to all children and parents who make use of the CF Space

#### **Exit**

- When closing or clearing the CF Space when the activities are ending or transitioning, ensure that there is no risk of harm to children. Examples may include:
  - Tools and equipment being used to pull down tents being left unattended, or
  - Barriers to unsafe surroundings being pulled down before children have vacated the space

## CHILD FRIENDLY SPACE TRANSITION –

### TRANSITION PROCESS GUIDANCE

#### STEPS TO TRANSITION

##### **Planning from the outset:**

- Include options for transition and steps to be in transition process in your initial plans. Align these with broader recovery planning.
- Contingency planning - What do you do in case the CFS comes under attack for example? Or if there is an outbreak of a communicable disease? How will you deal with these unforeseen developments or unintended consequences?

##### **Communicate and consult:**

- All stakeholders (staff, partners, government, community & religious leaders, community members, families & children) need to be informed that the Child Friendly Space may be a temporary measure to offer support to families and communities in the first phase of the emergency and during early recovery; it is not a long-term substitute for community or family care or schooling systems. The date of closure should be clearly shared with all stakeholders – children and adults at the initial set up stage.
- You need to consult with children, parents and community leaders on how they would like to transition the work of the Child Friendly Space. Discussions around transition should be taking place from the outset and be on-going throughout the monitoring process. To make sure the community accept and understand the consequences of closure or transition of CFS it is important that senior staff meet with the community people at an early stage of the exit/transition process and again later in the process. Community & religious leaders and others can be involved in planning meetings with the organizations to discuss how to close or transition the CFS. Regardless, of whether the Child Friendly Spaces transition into a longer-term initiative or phase out completely, it is important to establish a constant dialogue with community members about the plans and future of the Child Friendly Spaces. If there are plans to maintain a CFS on a more permanent basis then this should be planned and designed in consultation with the community.

##### **Coordinate:**

- Coordinate with other CFS implementing agencies on time-line for phase out. Have discussions with social services on support they can give to vulnerable children. Coordinate with health service providers to see what activities they will maintain for distressed children and families. Link up with education service providers to explore how they can bridge the gap to the formal system. Coordinate with other sectors and agencies (especially camp management cluster and OCHA) regarding population movements, there transition plans and dates for closure etc.

##### **Assess:**

- Assess other community members, community based organisations, local NGO, government agency and school capacity to continue CFS activities, to take on the next phase of the project, management of CFS or other form it will transition into

- Assess the support needs of children and capacity of long-term stakeholders to meet needs - Ensure that the needs of children will continue to be met

**Reinforce capacity** in line with needs identified in assessment

**Identify an agreed model** for phase out with all stakeholders – communicating what the chosen model is to all those involved

#### ELEMENTS TO CONSIDER IN TRANSITION PLANS

- **Management structure:** can be managed by local NGO, other INGO, government, community, older children, community volunteers, etc. The possible ownership of the centre and materials, and arrangements for management once your agency withdraws should be a priority throughout the use of the CFS. The role of children and young people in that new set up is possible and should be explored
- **Equipment transfer:** carry out an inventory, consider donor and agency procedures and policies with regards to asset transfer requirements and ensure you comply, set-up on-going M&E system wherever possible, support thinking around how those managing materials will ensure maintenance, consider costs of transporting materials and storing them if necessary and finally address the issues of transparency when handing over materials by communicating with all stakeholders what materials you are handing over, to who and why you are handing it to them
- **Space:** ensure the current space does not have to be returned to someone once post emergency recovery is completed. Otherwise, help develop alternate plans for locating any possible future activities.
- **Children:** You need to be clear on what will happen to the children once you withdraw your support. Caution and care needs to be exercised in particular with regards to extremely vulnerable children (disabled, certain ethnic minorities, specific age groups, etc) who will not be able to so easily reintegrate into previously existing services. Consider what can and should be done to support them
- **Staff and volunteers** need to be made aware of next steps, other opportunities for staff, volunteers, others engaged in the running of the CFS. They must have early warning and consultation on the process
- **M&E:** system for monitoring what happens could be set-up where funding is available, thus enabling you to see the impact of your programming. Visits after you are gone looking at how skills learnt are being used, how children are now, how materials and space is being used, what DRR activities are being implemented, etc. would all provide valuable lessons for future programming
- **Finances and budget:** children, communities, partners or government agencies taking on the on-going management of activities need to be clear on budget requirements and have plans on how

they will raise the necessary funding. In addition there may be specific costs associated with transition, such as movement of materials, payment for closing ceremony etc.

- **May require name change:** It is appropriate to call these by names other than 'CFSs' in order to avoid confusion and recognize that emergencies require a distinctive way of working.

#### OPTIONS FOR TRANSITION

You should consider a full range of different options when making choices about transition:

- **Emergency preparedness:** Materials & kits provided to be held by trained community members for use to set-up child friendly spaces again in the future in case of another disaster
- **Transfer materials to schools,** so that teachers can integrate recreational and physical activities into their lesson plans. They can be used in lunch breaks or after school. (Once schools re-open)
- Transition of the CFS to an **Early Childhood Development centre** with support from education sector
- Set up of **children's clubs,** where older adolescent children or trained facilitators volunteer to be responsible for the materials and run activities out of school hours with younger children. Children may also like to use the space for: music group, choir, sports teams (competitive & non-competitive), sewing/ knitting, art, crafts, woodwork/metalwork, environment, debating groups, language lessons, study support, book boxes/library, IT, discussion group, health promotion (child-to child), mines awareness activities, peace building group, youth/children's committee, volunteer group, children's rights clubs.
- **Communities fund-raise to maintain Child Friendly Space activities** outside of school hours, communally covering the cost of salaries and maintenance, so children have on-going recreational and physical activities supervised by the trained facilitators.
- **Community centre or site:** Other community activities such as women-friendly spaces, community centers, spaces for children's/youth clubs, literacy initiatives, or vocational training activities
- **Activities focussed on most vulnerable, often excluded children** who cannot be reintegrated into formal schooling, who have no other supports in the setting and who have on-going needs for learning, development, and psychosocial support they cannot find elsewhere could be considered.

## TRANSITION: QUESTIONS TO CONSIDER<sup>25</sup>

Regardless of whether the Child Friendly Spaces transition into a longer term initiative or phases out completely, it is important from the onset to establish a constant dialogue with community members about the plans and future of the Child Friendly Spaces. Discussions regarding transition/exit should take place from the very beginning and should consider the following:

1. Children's hopes and expectations for the Child Friendly Spaces: What do groups of children like most about the Child Friendly Spaces and want to see continue, change or stop, etc.?
2. Community member ownership: Do community members want to support an initiative for children such as this on their own longer term? Is it feasible given the context?
3. Are there other agency or government programs in the area that can/will continue to support the communities after the emergency and recovery periods?
4. What groups of children can most benefit from a resource such as a club, meeting point or other structured activities? Which groups of children are most vulnerable and could the structure be used to address some of their needs?
5. Would the Child Friendly Spaces become a more useful and appropriate resource if other needs beyond protection needs, was addressed?

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<sup>25</sup> Taken from Save the Children Child Friendly Space Handbook Sept 2009

## HOW TO SAY GOODBYE: KEY ACTIONS AT PROJECT CLOSURE STAGE<sup>26</sup>

### All stakeholders

1. Invite feedback/comments on project activities
2. Use posters and leaflets, including formats appropriate for less literate people, in various languages, etc.

### Staff:

3. Write a letter to staff followed by group and individual meetings
4. Ensure any contractual and legal requirements are addressed

### NGOs & Community Based Organisations Implementing Partners:

5. Discuss transition plans and any final decisions made in regular meetings
6. Have face-to-face meetings explaining programme closure procedures
7. Write a letter to implementing partners (NGOs & CBOs) explaining programme closure plans and procedures. Ensure any contractual and legal requirements are addressed

### Leaders:

8. Write an official letter about project closure for regional, district, and village leaders, including elders and informal leaders
9. Follow letters with face-to-face briefings
10. Put a copy of the letter to village leaders on information boards

### Community members:

11. Conduct exit meetings with representatives of different strata and sections of the community
12. Support appropriate cultural activities or celebration when projects are handed over to the community
13. Share positive stories about success of the project with the community; for example through a photo exhibition, theatre or speeches

### Other NGOs and other sectors:

14. Discuss transition plans, any final decisions made with regards to process and dates for transition in Cluster and inter-Cluster meetings

### Vulnerable & marginalised:

15. Hold focus groups and/or house-to-house visits to reach women and vulnerable groups who may be unable to attend formal meetings

### Beneficiaries / children:

<sup>26</sup> Adapted from "How to say goodbye" From T. Gorgonio (2006) 'Notes on Accountable Exit from Communities when Programmes Close'

16. Use a Question & Answer sheet to guide staff when communicating with beneficiaries about end of project
17. Support and facilitate special closure activities for children, such as games, theatre, dance, or song
18. Let them have the time to say goodbye to their new friends and the facilitators in their own way. They may want an additional activity separate from the rest of the community, check what their wishes are

Other closure actions:

19. Collect stories about successful work and positive community interaction. Give these back to the community during handover or transition process
20. Record any lessons learned, both positive and constructive
21. Evaluate the exit communication activities
22. Report on project achievements and learning, internally to senior management, head office, etc., and to donors, the Cluster, media and other relevant channels
23. Update any Cluster, OCHA or agency specific databases monitoring programme activities

## STAFFING YOUR TEAM –

### Example recruitment planner for individual position

This document, the Recruitment Planner, would typically accompany a Job Description.



RECRUITMENT PLANNER – DOMESTIC POSTS					
SECTION 1: POSITION DETAILS					
Job Title:			Job Location:		
Team:			Specialism:		
Grade of Post:			Planned Number of Hires:		
Vacancy Type:	<input type="checkbox"/> New	<input type="checkbox"/> Replacement	If replacement, who was the previous post holder:		
Contract Type:			Contract Length:		
Reason for Fixed Term:			Additional Pay & Reward:	Expensive Posting <input type="checkbox"/>	Complexity Allowance <input type="checkbox"/>
Job Profile (if New Please Attach):			Child Protection Level:		
Job Advert Attached:			Line Management Responsibility:		
Budget Responsibility:			No of staff to be managed:		
Funding approved:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Funding Source:	DfID grant	
Salary Budget Code:			Recruitment Costs Budget Code:		
SECTION 2: ADDITIONAL INFORMATION – RECRUITMENT STRATEGY					
Source of Candidates:	External <input type="checkbox"/> Internal <input type="checkbox"/>		Application E-Mail:		
Agreed Strategy, e.g. further advertising requirements:	Paid for Online Advertising Details (e.g. Guardian Online):			Paid for Media Advertising Details (e.g. Guardian Weekly):	
Time Frames: <i>dd/mm/yyyy</i>	Open Date:	Close Date:	Shortlist Date:	Interview Date:	Anticipated Start:
Selection process	1) Please Select....		3) Please Select....		Test or Presentation Details:
	2) Please Select....		4) Please Select....		
Entry & Work Permits Required:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Additional Information (i.e. screening questions):

**SECTION 3: ROLES & RESPONSIBILITIES**

<b>Recruitment Team Member &amp; Role:</b>	<b>Name:</b>	<b>Role:</b>
	1.	Please Select....
	2.	Please Select....
	3.	Please Select....
	4.	Please Select....

**JOB DESCRIPTION – EXAMPLE ONLY**  
**CHILD FRIENDLY SPACES COORDINATOR**

Child Friendly Spaces Coordinator ensures the proper implementation of the Child Friendly Spaces Project.

**Roles and Responsibilities:**

- Supervise the Child Friendly Space Supervisors/Monitors and Child Friendly Facilitators in X Child Friendly Spaces locations
- Provide training and orientation for Child Friendly Space Supervisors/Monitors and Child Friendly Space Facilitators on setting up and managing a Child Friendly Space, Child Rights, Child Participation, Child Protection (including the Child Protection Policy), and provide on-going support and mentoring to practice these concepts
- Ensure that safeguarding standards are understood and met
- Compile quantitative and qualitative updated data and reports
- In coordination with the Child Protection team members, support regular participatory activities with different groups of children to identify issues affecting children in their communities, and assist the teams to develop appropriate responses
- Report general protection issues present in the operational areas to the Child Protection Manager
- Ensure effective links are developed with the Camp services and/or other emergency initiatives
- Participate in the Child Protection assessment and analysis process
- Work with the community and/or camp authorities to address protection issues
- Communicate and share learning with other Child Friendly Coordinators involved in the emergency response
- Ensure referral systems (re: health, education, psychosocial, income generation, food security, etc.) are identified as appropriate
- Advocate when necessary that other international and local service providers in the area should act on behalf of children affected by the emergency in relation to the Child Friendly Spaces
- Screen for and monitor protection needs and gaps in and around the Child Friendly Spaces

**Reports to: NGO staff – CP, GBV or Education Program Manager**

**JOB DESCRIPTION – EXAMPLE ONLY**  
**CHILD FRIENDLY SPACES SUPERVISOR**

The Child Friendly Spaces Supervisor/Monitor ensures that the activities are properly implemented and children are properly cared for at the Child Friendly Spaces.

**Roles and Responsibilities:**

- Supervise the Facilitator in X Child Friendly Space locations by visiting Child Friendly Spaces on a regular basis, ensuring that activities are implemented in an appropriate manner and according to schedule
- Ensure accurate attendance is taken at least two times/week and given to Coordinator on Thursdays.
- Ensure that missing children are followed up and that regular meetings occur between CFS's and communities
- Ensure that safeguarding standards are understood and met
- Ensure a safe and child friendly atmosphere in the Child Friendly Space
- Ensure that children are safe and fighting and physical discipline does not occur
- Ensure that health and safety regulations are understood and followed and that health and safety incidents are recorded
- Ensure that equipment inventories are up to date and that replacement needs are highlighted
- Assist the Facilitators in solving problems arising in the Child Friendly Spaces
- Work with CFS Facilitators to establish weekly activity schedule
- Assist the Facilitators in working with children to develop new, creative activities as appropriate
- Ensure the participation of all groups of children, especially children who are the most vulnerable including girls and the disabled
- Assist the Facilitators in conducting parents' and community meetings
- Screen for and monitor protection needs and gaps in and around the Child Friendly Spaces
- Ensure that all children suffering from health, malnutrition, violence, abuse, exploitation, or neglect are referred to appropriate services.

**Reports to: Child Friendly Spaces Coordinator**

## **JOB DESCRIPTION – EXAMPLE ONLY – CHILD FRIENDLY SPACES FACILITATOR**

The Child Friendly Spaces Facilitator implements structured activities at the Child Friendly Spaces to create a learning environment that provides structure and safety, as well as contributing to the child's emotional security and positive cognitive and physical development.

### **Roles and Responsibilities:**

- Supervise and support children's play activities from 8-11am in the morning and 4-7:00PM in the afternoon 5 days/week including Fridays
- Ensure a variety of structured games and activities within the Child Friendly Space, catering to the needs of children of different ages, genders, and abilities
- A daily/weekly activity schedule should include free time, recreation, expressive activities like drama, drawing and time for small group/large group activities.
- Morning activities should be conducted for pre-school children ages 3-6
- Afternoon activities should be designed for participation of children ages 6-12 and ages 13-18.
- Plan activities for the coming week with a variety of programs and activities for each age group, and that engage girls' active participation. Post the activity schedule at the beginning of each week so children know what to expect
- Promote equal participation by girls and boys
- Ensure a safe and child-friendly atmosphere within the Child Friendly Space including no physical discipline or fighting occurs
- Ensure that children's participation and input form the basis of the Child Friendly Space and the activities
- Ensure that all games and equipment are accounted for and stored securely at the end of the day
- Ensure that children will be safe going to and from the CFS
- Screen for and monitor protection needs and gaps in and around the Child Friendly Space
- Conduct a visual assessment of the children each day to see if any have protection concerns and / or identify children who are malnourished, or who have health or psychosocial risks. When needs identify report to supervisor
- Take accurate attendance at least 2 times per week so we can know who is coming and who is not.
- Follow-up with children who are not coming to sessions.
- Ensure that children have regular breaks so they can drink water and go to the toilet
- Ensure that water is delivered regularly, that there is enough for all children attending and it is of good quality for drinking
- Promote participation by children who have mental or physical disabilities
- Attend scheduled staff meetings
- Be a positive role model and demonstrate conflict-solving behaviour
- Liaise with parents and the community regularly to keep them informed of any developments or problems within the Child Friendly Space and surrounding areas

**Reports to: Child Friendly Spaces Supervisor/Monitor**



## EXAMPLE KEY ACTIONS TO ENSURE WE ADHERE TO RECRUITMENT AND SELECTION PRINCIPLES

### RECRUITMENT AND SELECTION PRINCIPLES<sup>27</sup>

1. Be transparent - Need to be fair and transparent – go through an open recruitment process, do not promote individuals without being clear about why, how long for, on what basis
2. Timely – set a schedule for recruitment and stick to it. Involve others in the organisation in planning of recruitment (logs, HR, operations management, etc). Give feedback to candidates when you say you will
3. Cost effective – consider costs of different methods when choosing selection process
4. Be equitable - Be fair and impartial. Reflect policy of equal opportunities for all / diversity & non-discrimination. Consider the ethnic, religious, racial, & gender balance in the community you will be working with. Ensure that those with disabilities are also fairly recruited into your team to promote diversity in the workplace.
5. Ensure no conflict of interest – any links between those selecting & candidates /possible future employees must be declared & influence this may have on selection process must be discussed
6. Do No Harm – be aware of any community level tensions or conflicts. Do not demonstrate a bias in your recruitment towards one ethnic / religious / racial / national group that may exacerbate existing prejudices. Ensure your staff team is representative of the population you are here to help. Ensure your team reflects neutrality of the agency.
7. Ensure the way you operate is culturally appropriate
8. Recognise diversity in the candidate base – different individuals have different strengths and skills, ensure the pool of candidates you are choosing from is diverse and the selected candidates represent the diversity present in the community. Value the different skills equally.
9. Coordinate with other agencies and with other sectors/teams within your own agency – Two main reasons: 1. You need to plan resourcing and logistics with other teams. 2. You also need to make sure you are not competing with other agencies (different salary scales), or undermining capacity of your partners by recruiting all their staff

<sup>27</sup> Based on People In Aid (2008) Policy Guide and Template: Recruitment and Selection

Some example key actions that ensure we adhere to the principles at each stage of the selection and recruitment process might include the following:

### **STAGE 1: JOB ANALYSIS**

- Discuss with existing staff and communities (including community leaders & representatives of women's and youth groups) what they see as support needs and generate jointly ideas on how needs can be met (culturally appropriate)
- Discuss with other agencies what their staffing plans are (coordination)
- Identify if partner agencies could take on the work (cost effectiveness)

### **STAGE 2: JOB DESCRIPTION AND PERSON SPECIFICATION**

- Develop and document job description and person specification (transparency)
- Share job description and person specification widely, including through inter-agency groups, with local NGOs and community leaders (coordination, culturally appropriate, transparency)
- Coordinate with other sector teams and operations to ensure salaries and grading are in line with similar positions within the organisation (equitable)

### **STAGE 3: ATTRACTING AND MANAGING APPLICATIONS**

- Ensure you publicise vacancies in range of locations and using a variety of different media (transparency).
- It is important to reach out within the community itself (culturally appropriate)
- Consider advertising for posts you are seeking to fill in conjunction with other agencies who are advertising at the same time (coordination)
- Reach out for candidates through disabled people's organisations, women's groups and a range of other mechanisms in order to ensure a diverse pool of candidates (recognise diversity in the candidate base)

### **STAGE 4: SELECTING CANDIDATES**

- Ensure you review & short-list applications as soon as possible (timely)
- Ensure the way you are short listing and choosing candidates for the next stage in the selection process is strictly in line with the criteria you have documented in the job description (transparency)
- Consider the representativeness of the candidates you have selected. Is the ethnic, racial, cultural and religious mix in line with that of the population you are working with? (Do No Harm)
- Confirm that no one on the selection panel is related to or good friends with a candidate, without discussing this relationship and ensuring it will not bias the selection outcome (ensuring no conflict of interest)
- Carry out video conference calls with international candidates rather than flying them to a location for a face-to-face interview (cost effective)
- Consider the range of different skills your team needs and recruit individuals that have the full range of skills rather than prioritising specific skills over others. Allow for equal value to be placed on different characteristics and approaches to work (recognise diversity in the candidate base)

**STAGE 5: MAKING THE APPOINTMENT**

- Issue contracts before or on the day the candidate starts their position (timely)
- Ensure operations, support and other sector teams are all aware of the start date of your newly appointed team members (coordinate)
- Inform other candidates who engage in selection process that they have not been chosen for the position (transparency / Do No Harm)

**STAGE 6: JOINING THE ORGANISATION**

- All complete all aspects of the induction within the first two weeks of starting work with the organisation (timely)
- All staff have necessary equipment provided to them on their first day in the office (outcome of good coordination)
- Different sector staff start at the same time so as to all engage in the same induction process (timely, coordination, cost effective)

## STAFFING AND RECRUITMENT CONSIDERATIONS

### WHAT TO DO AND WHAT TO AVOID<sup>28</sup>

Selecting staff for the Child Friendly Spaces is a process that requires close cooperation with the community. General considerations regarding the candidate's suitability for a position includes: the candidate's involvement with the local community, the candidate's overall interest and enthusiasm for Child Friendly Spaces, the candidate's ability to work as part of a team, and the candidate's professional experience and qualifications. Depending on the culture, emergency situation, and context the following items may need to be considered:

WHAT TO DO ✓		WHAT TO AVOID ✗	
<b>JOB DESCRIPTION</b>			
Consideration: Provide a clear detailed Job Description that allows for some flexibility as Child Friendly Spaces may change and evolve depending on the context and emergency			
<ul style="list-style-type: none"> <li>Ensure that all staff understand their roles/responsibilities &amp; the roles/responsibilities of other staff members</li> <li>Include training, supervision, and administrative duties</li> </ul>		<ul style="list-style-type: none"> <li>DO NOT develop a Job Description designed for a specific individual to justify their recruitment rather than the needs of the position to successfully implement Child Friendly Spaces</li> </ul>	
<b>SALARY AND BENEFITS</b>			
Issue: How to balance the salary level among Child Friendly Space staff on all levels			
<ul style="list-style-type: none"> <li>Contact other organizations &amp; government institutions regarding benefits &amp; pay scales in order to determine realistic and fair compensation; salaries and benefits should be equitable with other organizations</li> </ul>		<ul style="list-style-type: none"> <li>DO NOT compete with other organisations offering high salaries and benefits</li> <li>DO NOT underpay staff and risk losing them</li> </ul>	
Consideration: Incentive or linking to "cash/food for work" programs			
<ul style="list-style-type: none"> <li>Ensure that staff do not have to do additional work to provide for their families;</li> <li>Incentives other than cash can be a way of showing acknowledgement</li> </ul>		<ul style="list-style-type: none"> <li>DO NOT create a "conflict of interest" situation</li> </ul>	
<b>JOB ADVERTISEMENTS</b>			
Consideration: Job vacancy announcement in the community to support and promote transparency			
<ul style="list-style-type: none"> <li>Ensure the criteria for selection is clear and open</li> </ul>		<ul style="list-style-type: none"> <li>DO NOT practice exclusion and favouritism (including the perception of</li> </ul>	

<sup>28</sup> Save the Children, 2008, Child Friendly Spaces in Emergencies Handbook

<ul style="list-style-type: none"> <li>• Discuss the Child Friendly Space program and staffing needs with the community, including children</li> </ul>	<p>exclusion and/or favouritism)</p> <ul style="list-style-type: none"> <li>• DO NOT hire an individual who does not have the community's trust, especially someone with whom children feel insecure</li> </ul>
<b>STAFF SELECTION – GENDER</b>	
<p>Issue: In some places it is inappropriate for men and women to directly work together; and/or certain activities are suitable for only one gender</p>	
<ul style="list-style-type: none"> <li>• Try to have an equal gender balance; with flexibility based on cultural appropriateness and location of the site</li> </ul>	<ul style="list-style-type: none"> <li>• DO NOT make assumptions with regards to what is considered appropriate, ask a range of individuals from the community / country for their perspectives on what is suitable and possible</li> </ul>
<b>STAFF SELECTION – CASTE/CLAN/ETHNICITY/LANGUAGE</b>	
<p>Consideration: In places where there are class or caste system, care should be taken to offer opportunities to include all parties and not discriminate</p>	
<ul style="list-style-type: none"> <li>• Cooperate closely with community mediators, women's groups or village leaders to understand the situation and dynamics</li> </ul>	<ul style="list-style-type: none"> <li>• DO NOT make assumptions</li> </ul>
<b>STAFF SELECTION – QUALIFICATIONS</b>	
<p>Consideration: Professional qualifications are not necessary for the position of CF Space Facilitator, attitude &amp; experience working with children is more important</p>	
<ul style="list-style-type: none"> <li>• Acknowledge that competencies can be both formal qualifications as well as interpersonal skills</li> <li>• Interviews should explore attitudes and behaviours towards children</li> </ul>	<ul style="list-style-type: none"> <li>• DO NOT hire someone with qualifications, but who does not have a positive &amp; caring attitude towards children</li> <li>• DO NOT pull highly qualified people away from the public sector jobs</li> </ul>
<b>STAFF SELECTION – AGE</b>	
<p>Considerations:</p> <ul style="list-style-type: none"> <li>– Youth and older children can be great facilitators and can have good access to the thinking and concerns of their peers</li> <li>– Elderly adults usually carry respect and have a reassuring impact on children</li> </ul>	
<ul style="list-style-type: none"> <li>• Involve youth, with adult supervision, to assist with younger children</li> <li>• Involve the elderly especially as a way to preserve and celebrate cultural identity and continuity, e.g. in storytelling, or traditional arts/crafts</li> <li>• Be sensitive to cultural norms and role expectations</li> </ul>	<ul style="list-style-type: none"> <li>• DO NOT create situations where you have too many youth or elderly and not sufficient number of Facilitators or staff who can carry out or support other tasks such as supervision, administration, management, etc, in the CF Space</li> </ul>

CONTRACTS	
Consideration: All staff need to have a contract and have clear roles/responsibilities and expectations	
<ul style="list-style-type: none"> <li>In the contract you must include start date / end date, remuneration, roles/responsibilities, adherence to Code of Conduct; Child Protection Policy, &amp; any other organisational policies or guidance</li> </ul>	<ul style="list-style-type: none"> <li>DO NOT suggest that due to the emergency situation &amp; lack of time, staff should be hired without a contract</li> <li>DO NOT hire someone without providing a contract</li> </ul>

## HOW MANY STAFF IN YOUR TEAM<sup>29</sup>

The size of the project (number of children, number of Child Friendly Spaces), funding, and other resources available will determine the number of staff and staffing structure of Child Friendly Spaces. Save the Children's Child Protection Policy requires that no staff member can be left alone with a child at any time, so there must be at least two adults in one Child Friendly Space whenever it is open. The number of caregivers to children varies by age of children, since children of different ages need different levels of supervision. The suggested ratio of child to caregiver per age group is shown in the table below.


### Suggested Ratio of Child to Caregiver per Age Group

AGE OF CHILD	NUMBER OF CHILDREN TO CHILD FRIENDLY SPACES
Under 2 years	Should not be attending a Child Friendly Space without an adult caregiver
2 through 4 years	15 children to at least two adult caregivers (you may need more)
5 through 9 years	20 children to two adult caregivers
10 through 12 years	25 children to two adult caregivers
13 through 18 years	30 children to two adult caregivers

If there are more children than space can accommodate or adult caregivers can supervise, make morning and afternoon shifts. If demand is high, you may need to create selection standards for participation. For example, you may want to or need to prioritize children with working parents or those children who are the most vulnerable. Save the Children also has had good experience in involving youth as facilitators; however, it is important to note that children should not be left to the sole responsibility of youth who are still children (under the age of 18).

<sup>29</sup> Save the Children, 2008, Child Friendly Spaces in Emergencies Handbook. Note this information is from Save the Children, there is no inter-agency consensus on staff to child ratios in CF Spaces. Confirm with your organisation's technical advisers to ensure you adhere to internal standards.

## EXAMPLE RECRUITMENT CHECKLIST<sup>30</sup>

World Vision 			
4. HR			
	HR	ISSUE	
<b>SUMMARY</b>	Recruitment of people with backgrounds unsuitable for working with children; training for all staff in Child Protection; translation of local CP policy; behaviour protocols; support to recruit local staff with experience working with children as first criterion.	Unsuitable people get recruited leading to risk for children and the organisation; staff need training to understand CP and the documentation needs to be in place.]	
		ACTION TAKEN	ACTION NEEDED
1	There is a training plan for CP		
2	There are trainers for CP		
3	All staff are trained in CP		
4	Records are kept of attendance at CP training		
5	A clear statement is on all job adverts saying that we do not employ those whose background is unsuitable for working with vulnerable groups		
6	At interview, CP questions are asked and answers recorded		
7	JDs include responsibility to implement CP policy		
8	Contracts include CP compliance		
9	Contracts include non-compliance as reason for termination		
10	CP policy/ behaviour protocols is translated to local language		
11	Appropriate interactions form completed		
12	Every person into the area or country signs to say they have received CP policy and appropriate interactions		
13	Hiring of CP staff: priority is those with experience working with children, not language skills.		

<sup>30</sup> Page 71 of World Vision International, 2006, Children in Emergencies Manual

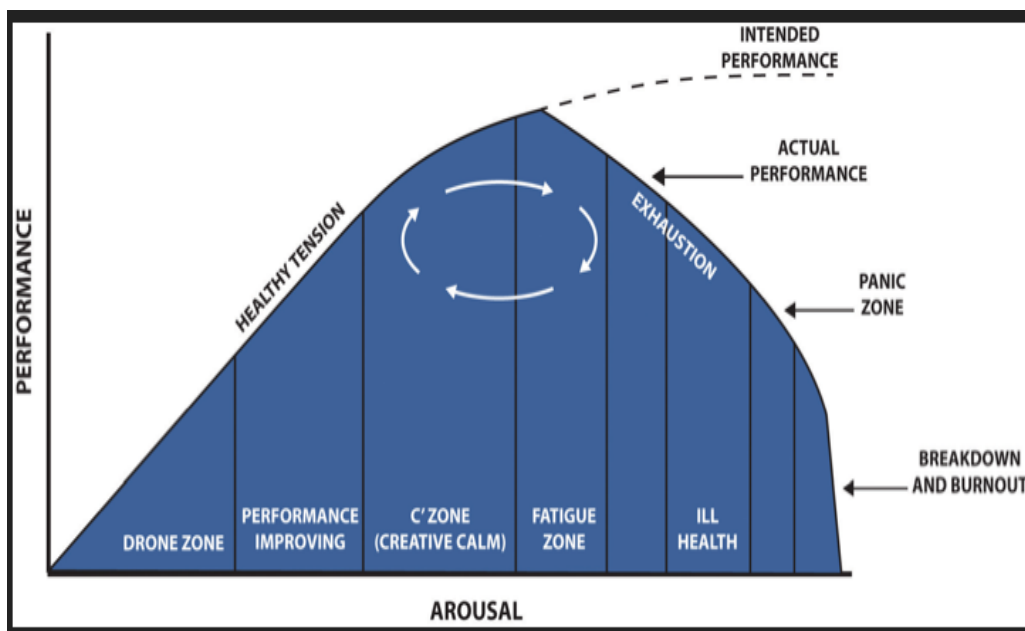
## STAFF MANAGEMENT AND WELL-BEING

MENU OF POSSIBLE COPING STRATEGIES
<b>Work related coping strategies</b>
<p><b>Through improved supervision</b></p> <ul style="list-style-type: none"> <li>• Ask for a clear job description</li> <li>• Vary your work</li> <li>• Maintain the boundaries between working hours and leisure time</li> <li>• Develop a realistic action plan</li> <li>• Be realistic</li> </ul>
<p><b>Assisted coping</b></p> <ul style="list-style-type: none"> <li>• Peer support</li> <li>• Support and debriefing from colleagues and/or supervisor</li> <li>• Supervision – regular supervision meetings, either one-to-one or in team meetings</li> <li>• Capacity building – enabling staff to fulfill certain functions in their roles more comfortably</li> <li>• Support to be prepared for difficult periods</li> </ul>
<b>Personal coping strategies</b>
<p><b>Psychologically</b></p> <ul style="list-style-type: none"> <li>• Take care of your mental health</li> <li>• Practice relaxation exercises</li> <li>• Pay attention to the present</li> <li>• Remember your sense of humour</li> <li>• Maintain a healthy balance between serious and joyful activities</li> <li>• Seek professional help if you are having symptoms of burnout or secondary distress</li> </ul>
<p><b>Physically</b></p> <ul style="list-style-type: none"> <li>• Keep your body in a good shape</li> <li>• Good and enough sleep</li> <li>• Take care of your nutrition</li> </ul>
<p><b>Socially</b></p> <ul style="list-style-type: none"> <li>• Maintain a good social network</li> <li>• Be ready to ask for help</li> <li>• Remain socially active</li> </ul>

## STRESS DATA<sup>31</sup>

- 80% of workers feel stress on the job
- Nearly half say they need help in learning how to manage stress. And 42% say their co-workers need such help – *American Institute of Stress*
- Stress levels in the workplace are rising with 6 in 10 workers in major global economies experiencing increased workplace stress. With China (86%) having the highest rise in workplace stress – *The Regus Group*
- Fewer than 25% of those with depression world-wide have access to effective treatments – *World Health Organization*
- According to the World Health Organization, three-quarters of the world's neuropsychiatric disorders are in low-income or low-middle income countries
- Medical journals and organizations cite stress as the cause of 60-90% of all illness - Depression is among the leading causes of disability worldwide – *World Health Organization*

## PERFORMANCE VERSUS STRESS GRAPH



<sup>31</sup> References: <http://www.gostress.com/stress-facts/>, "Facts and Figures about Stress in the Workplace" from <http://www.logisens.com/>

## STRENGTHENING YOUR TEAM –

## LEARNING STRATEGY – SAMPLE 1 ONLY

Needs	Who	Objective	Learning Method	Resources (People & materials)	Priority (L, M, H)	Time-scale	Outcomes & review comments



## STAFF COMPETENCIES - SKILLS TRAINING MENU

Training should be conducted on an on-going basis, based on identified training needs. The topics covered in any learning strategy depend on the needs of the individuals recruited and the role they are going to fill. Learning modules and methods should be adapted, depending on the location, level of expertise of individuals and the specific needs of the community. Follow up support should continue throughout the time individuals are working with the organisation. The list of subjects of training may include the following:

### Working for the organisation

- Organisational policies and systems
- Codes of Conduct (i.e. standards of care and disciplinary measures)
- Children's rights
- Goals and objectives of the organisation
- Goals and objectives of the CF Space

### Management of CF Spaces

- Administration
- Finances
- Staff management and supervision
- Monitoring and evaluation

### CF Spaces physical space and resources

- Building play areas for children
- Toy- and resource-making
- Working with locally available materials

### Working with children, their families and communities

- Child protection and care
- Early Childhood Development
- Impacts of disasters on children and families (including activities to address loss and grief)
- Child centred methods (including positive discipline and alternatives to physical and humiliating punishment)
- Child and community participation
- Community mobilisation
- Diversity – Working with disabled children, activities for boys and girls, etc
- Communicating with children (documents for children, talking to children, etc)
- Listening and observation skills, and

### Activities in the CF Space

- Behavioural change and life-skills building
- Psychosocial support (PSS)

- Facilitating play
- Peace building activities
- Participatory learning methodologies
- Developing key messages on health, malnutrition, and hygiene,
- Prevention & response to child protection issues: family separation, gender-based violence, physical violence, association with armed forces or groups, child labour, psychosocial distress, children in contact with the law
- Developing referral systems & identifying children who need special assistance
- Working with care givers - parents, guardians or foster carers – covering activities such as positive parenting classes or psychosocial support for adults
- Basic first aid

## TRAINING EVALUATION TECHNIQUES

The following list provides suggestions and techniques that may help facilitators of trainings to identify ways to carry out reaction and learning evaluations. They can be adapted to be used with other sorts of evaluation.

### *Self-assessment activities*

These comprise any technique in which group members are invited to reflect on and assess their own level of skill, knowledge or awareness. Self-assessment can be carried out to introduce a new topic, focus the group's attention on the current topic, and inform the facilitator about existing levels of ability or attitudes. They can also be used as part of a subsequent evaluation of what has been learned as a result of the training. Techniques often used within a self-assessment activity include questionnaires, rating scales and sentence completion exercises.

Variations on this approach could include peer evaluation, or monitoring and evaluation by supervisors. Each type should have a clear structure, which everyone involved is aware of, and the structure should include provision for prompt feedback and guided follow-up.

### *Checklists*

These are similar to self-assessment activities and are used by groups to remind them of the key points about a subject or to rate themselves against some key criteria. Most checklists are prepared by the facilitator in advance. The checklist looks something like a shopping list in that it lists headings and points in some sort of order without going into detail on any one. As a self-assessment exercise participants '*tick off*' items on the list that they have collected or completed, or they answer a simple '*yes/no*' when assessing their own abilities against a set of criteria.

**Rounds:** Rounds offer a quick and simple way of gathering instant reactions and feedback from all members of the group to a current issue. When the facilitator wishes to hear the views of everyone in the group, they call for a round. A straightforward question is asked of each person in the group, and they are given the opportunity to reply without comment being made at that point on those replies.

**Evaluation forms:** The pre-prepared evaluation form provides a structured way of gathering information in written form from all participants after an event. Findings may be collated and summarised in an evaluation report. Evaluation sheets may take many forms: short or long, quantitative or qualitative, personal or anonymous, process-oriented or outcome-oriented.

There are three basic styles of reaction questionnaires.

- **Boxes to be ticked**, that indicate how each participant felt about various aspects of the training. Their advantage is speed and simplicity, but their disadvantage is that, because of their simplicity, it is not always clear what is behind the particular score.
- A **series of open-ended questions**, which encourage the participants to write their reactions to various aspects of the training. The advantage is more detail, but their disadvantage is that they take

longer to complete.

- A **combination of the above two** forms, which maximises their advantages but sometimes their disadvantages as well.

Questions that should be asked on these forms include those concerning:

- The administration of the training
- The physical environment
- What people found useful or unhelpful
- Training methods, style, structure and process
- The facilitation style.

These forms are designed for use at the end of the training and should be completed before participants leave. It is important that facilitators build in sufficient time at the end of the training for this. A simple evaluation form appears at the end of this topic.

**Oral feedback sessions:** It can also be useful to have a final oral feedback session between the participants and the facilitators. Most facilitators set-up sessions but these often fail due to poor structuring. The facilitator needs to assist the process by providing the participants with a structure. This can be a set of questions reviewing the workshop. Alternatively, the participants can work from their expectations, defined during an opening session. The facilitator should then sit down and listen to the participants. The exchange should not be about answering what is said, but about listening and understanding everyone's perspective of the event, the facilitator, the structure and the style of the training.

One variation is to set up an exchange a short time after the event. This has the advantage of giving participants time to be more reflective about the process.

**The facilitator's review:** Another useful training evaluation is for the facilitator to set a personal review list before the start of the training then use it to carry out a review of the event with a colleague who is also a facilitator. This can provide the facilitator with valuable insights and assist in their development.

Remember that, as with most parts of the training process, evaluation is dependent on good preparation and adequate amounts of time for each stage.