

Starting Up Child Centered Spaces in Emergencies: A Field Manual



Christian Children's Fund

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Foreword

In the aftermath of war or natural disaster, children's physical and emotional needs often go unattended and their right to education typically goes unmet. Because roughly half of the affected population impacted by emergencies are children, CCF developed its Child Centered Spaces (CCSs) model.

CCSs promote the protection and psychosocial well-being of children and help to support the fulfillment of their right to education. Although physical aid is crucial, this alone cannot address children's invisible wounds – the psychosocial impact of the crisis. CCSs provide support by giving children a safe space in which to play and re-establish a sense of normalcy. In CCSs, children receive support from trained local adults and engage in activities such as drawing, singing, dancing, drama and story-telling to enable emotional expression. Children also develop life skills such as basic literacy, nonviolent handling of conflict and learning to socially integrate with other children. Through their participation in CCSs, children feel greater hope for the future and communities become better organized to support their children.

Worldwide, CCF is a strong voice for children's protection and psychosocial well-being. Because CCSs are an integral part of this work, this manual was produced to offer guidance on best practices for their establishment. It was made possible through the tremendous input of a multitude of experienced practitioners and child protection specialists, and also through learning with other child protection agencies. We are grateful for their assistance in making this publication possible.

I encourage you to use this manual in furthering CCF's work to serve children.



Anne Lynam Goddard
President & CEO
Christian Children's Fund

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Introduction

Emergencies, such as armed conflict and natural disasters, pose enormous child care and protection challenges to families and communities. To help mobilize communities on behalf of children during and after emergencies, Christian Children's Fund (CCF) has developed a Child Protection Approach that utilizes diverse tools, including Child Centered Spaces (CCSs) as a means to reach and support children. This approach engages communities to create safe spaces for children and youth to play, socialize, learn, and express themselves in a caring, supportive and normalizing environment.

Although CCSs are not appropriate in all emergency contexts, experience has shown that they often are needed to support children. Since 1999, CCF has worked with partners and community networks to implement CCSs in a wide variety of emergency contexts, such as armed conflict and natural disaster. These have included Afghanistan, Chad, India, Indonesia, Kenya, Kosovo, Liberia, the Philippines, Sierra Leone, Sri Lanka, Timor-Leste and Uganda. Based on the knowledge, experience and lessons learned from child protection specialists implementing CCSs worldwide, this manual offers practical guidance on setting up Child Centered Spaces in emergency settings. Its intended audience consists of emergency child protection workers, both international and local, who will be setting up and overseeing CCSs. An integral component of CCF's emergency response also includes Child Well-Being Committees, covered in a separate manual that is under development.

This manual is divided into three sections. The first section describes CCF's child protection framework, which provides the conceptual foundation for establishing CCSs. It includes CCF's vision as it relates to child protection, child well-being and child rights; describes CCF's Deprivation, Exclusion and Vulnerability Model; and explains the strategic rationale for establishing Child Centered Spaces. This section also provides information on the Child Centered Spaces approach, describing in detail the principles, functions and activities that comprise CCSs.

The second section is the core of this manual and provides 13 practical steps for implementing CCSs. The first steps include coordinating with other organizations, selecting the location and visiting the community. The next steps focus on community mobilization, selecting the CCS site and recruiting animators. The final steps include training, startup activities, monitoring and evaluation, and transitioning out of the CCS. Throughout this section, field examples are provided to show how various steps of the CCS process were implemented in different emergency contexts. A quick checklist is also supplied for each step, indicating the key elements and activities for the step. The steps are intended to serve as guidelines, not as a recipe. Because each emergency situation is unique, it is essential to create space for innovation and tailor one's approach to the local context.

The third section contains the annexes and a reference list and provides supplemental resources for working with CCSs, including assessment tools, community mobilization guidelines, additional training modules, and record keeping and reporting forms.

I. The Rationale for CCSs

Protecting children from harm, helping to fulfill children's rights, and creating an environment that ensures children's well-being and healthy development are the main goals of CCF's emergency response. In emergencies, children experience numerous risks to their protection and psychosocial well-being. These risks include physical and sexual abuse, exploitation, recruitment into armed forces, separation from caretakers, the death of family members, witnessing or directly experiencing violence, harassment, discrimination and exclusion, interrupted schooling, shifting of roles and responsibilities within the household, and breakdown of community-based mechanisms of support, among others. Children are often unsupervised as parents and caretakers focus their time and energy on finding shelter, food, and water and emergency assistance. Caretakers may also be stressed and overwhelmed by the events they've experienced and not be emotionally available to help and support their children. Children may have also lost support from other caregivers in their communities such as teachers, religious leaders, extended family and neighbors. Commonly, the preexisting social fabrics within a community have been torn apart and no longer offer support or promote recovery unless special efforts are made to reestablish these important community mechanisms.

Furthermore, international humanitarian agencies focus on emergency relief in specific sectors, such as food aid, shelter kits or water-sanitation. Only recently has there been attention to and acceptance of emergency education as part of the UN humanitarian reform process. In the rush to address basic survival needs, the particular psychosocial needs of children have often been overlooked – including their needs for structure and supervision, normalizing activities and protection from the hazards of the environment. Of utmost importance in emergencies is normalizing the lives of children as much as possible and as quickly as possible. Such an approach helps to promote positive coping mechanisms, minimizes the consequences of deprivation and traumatic experiences, and lays the foundation of skills and values for children's resilience and healthy development.

CCSs promote child protection and well-being in the following ways:

- Offer immediate protection and security for children through the provision of safe, adequately supervised spaces for them to gather and engage in normalizing activities.
- Promote children's healthy development and recovery from stressful events associated with the emergency through expressive activities, social integration and nonformal education.
- Mobilize local communities to organize and act on behalf of their children.

Research in northern Uganda and in Aceh, Indonesia, indicates that CCSs had the following positive outcomes:

- Increased protection from sexual abuse and road accidents
- Decreased emotional distress in the form of fewer worries and sadness
- Decreased behavioral problems as evidenced by less fighting
- Increased social well-being in the form of more interactions with peers and less solitary behavior
- Increased learning of important life skills such as hygiene and numeracy
- Decreased use of alcohol and drugs

The rationale for establishing CCSs during and following emergencies is grounded in CCF's commitments to education for all children, to children's rights, and to protecting children from abuse and exploitation in dangerous environments while also promoting their positive development and well-being. Children's rights to education, for example, do not end with the onset of an emergency. In some respects, the establishment of CCSs is a nonformal educational intervention that ensures access to education even in the midst of an emergency. Additionally, CCSs ensure that children are able to engage in other normalizing activities, such as play and culturally appropriate activities. Equally important, however, the establishment of CCSs is part of a wider process of mobilizing communities to care for and protect children. These interconnected strands of community mobilization around children, emergency education and child protection are explored further below.

A Child Protection and Well-Being Framework

With respect to emergency response, child protection is CCF's highest priority. CCF's vision is to protect children and improve their well-being through a combination of programming, capacity building, advocacy, and influencing policies and practices. CCF strives to make child protection and well-being an integral part of humanitarian work in emergency and development contexts, as well as to develop collective responsibility where children, their caregivers and communities are active agents in building systems of protection and well-being. Furthermore, CCF seeks to promote state-of-the-art child protection programs through a holistic approach to children's well-being and its commitment to the fulfillment of children's rights.

Definition of Child Protection and Well-Being

Reducing physical threats to children's survival is a key priority of child protection. However, children are equally vulnerable to emotional and social risks such as sexual violence, child abuse, or separation from parents and caretakers. Child protection also requires an emphasis on prevention of risks and on children's

well-being. To address these broader concerns, CCF has developed the following expanded, holistic concept of child protection and well-being:

Child protection and well-being consists of reducing risks to children's holistic well-being, making children's rights a reality and creating an enabling environment that supports children's positive development.

Consistent with CCF's well-being initiative, the following elements are part of CCF's work to improve child protection and well-being:

- Reduce risks to children's physical safety
- Reduce risks to children's social and emotional well-being
- Promote an environment that fosters positive development, effective coping and resilience
- Promote children's physical, cognitive, social and emotional development
- Help foster a secure and stable environment for children
- Strengthen family and community caregiving structures for children
- Support children's and youth's voices and participation in child protection programming
- Integrate child protection activities across humanitarian delivery sectors
- Support community child protection processes and activities that build on local groups and resources
- Make children's rights a reality through programming, education advocacy, and capacity building
- Strengthen local networks that enable child protection, care and well-being

Child Rights

CCF, committed to supporting children's healthy development, frames its work in terms of the UN Convention on the Rights of the Child (CRC). CCF strives to promote children's best interests, strengthen family and community systems that support children's protection and well-being, and create positive environments in which children grow up amid respect, hope and social justice. Of crucial importance are children's rights to psychosocial support and education (CRC, articles 39 and 19, respectively). The fulfillment of children's rights is essential for reducing children's vulnerability, strengthening their resilience, and ending the poverty, oppression, social exclusion, injustice, war and abuses that rob children of their dignity, childhood and well-being.

Deprivation, Exclusion and Vulnerability

A different yet complementary lens through which one can view child protection is the DEV (Deprivation, Exclusion and Vulnerability) framework that evolved out of CCF's Poverty Study, published in 2003. The DEV framework addresses poverty and its structural roots, puts at the forefront the concerns expressed by children, and operationalizes a child rights approach. Although the DEV framework was developed in regard to long-term, relatively stable settings, it is also useful in conceptualizing the risks to children in emergency settings. In emergencies, children are deprived of basic resources and protection. They may be excluded from relationships and institutions, and children who had been marginalized before the emergency may be among the most vulnerable people during and after the emergency. Also, children are vulnerable to a host of physical and psychosocial risks during emergencies.

The DEV framework is useful in making strong connections between the work done in the acute emergency phase with the work done in the transition, recovery, and development phases. This is crucial because CCF conducts all its work, even in the midst of emergencies, with an eye toward promoting long-term development. In addition, the DEV framework captures multiple sources of risk to children, including the structural risks that are often overlooked in emergencies (Children and Poverty Study, www.ccfusa.org and www.INEEsite.org).

CCSs and CCF Strategic Positioning

The establishment of CCSs, although not indicated in all emergencies, is in most cases an important strategic step for the following reasons: program, advocacy and fund raising.

Programmatically, CCSs offer significant benefits in terms of rapid response, child-focused intervention, going to scale, community mobilization, and program planning and development. Typically, there is an enormous gap in child protection, as children are invisible and at heightened risk in most emergencies. CCSs are a means of helping to fill this crucial gap. In addition, humanitarian agencies often experience a long delay between conducting an emergency assessment and their emergency response. Because CCSs can be established quickly even without available structures for centers, they are useful in avoiding long delays, which cause frustration and loss of trust with local people. Also, CCSs provide a child-focused emergency response that offers distinctive, added value in a humanitarian system in which most agencies during emergencies focus not on children, but on meeting basic humanitarian needs and rebuilding infrastructure. Although the latter supports are crucial, children often remain on the margins of emergency response.

CCF uses CCSs as a core emergency, child-focused response and as the main program element in its emergency program strategy of coupling rapid assessment with rapid response. A rapid assessment can typically be conducted in one or two weeks, and CCSs can be organized very rapidly as well. In this manner,

CCF delivers tangible benefits to children at the earliest possible stage, and community members typically appreciate this ability to organize assistance rapidly. Furthermore, CCSs provide an entry program that can be taken to scale quickly, delivering urgently needed assistance to large numbers of affected children. In setting up and running CCSs, CCF obtains very useful information about community structure and resources, which is useful in program planning. While CCS activities are conducted, CCF staff can conduct a more thorough assessment needed to guide longer-term programs. Also, the community mobilization that occurs through the establishment of CCSs provides a platform for participatory planning and engagement on subsequent programming.

CCF is often in an excellent position to advocate on behalf of children's well-being. To begin with, the collection of information about children in a significant geographic area gives CCF credibility as a supplier of information on the situation of children, including those who are most vulnerable. No less important for effective advocacy are CCF's networks and programmatic capacities. In setting up CCSs, CCF engages in intensive dialogue and collaboration with government, civil society and community groups, thereby forming networks that are useful in advocacy. In venues such as government meetings, child protection coordination meetings and discussions with donors, CCF works to educate influential people about children's needs and rights and about what program efforts are necessary to support at-risk children. By engaging on a significant scale and establishing a significant number of CCSs, CCF becomes seen as a serious international NGO and earns respect by backing its words with actions. As CCF establishes itself as a force for children and as adding value in the local area, donors often take notice and seek to partner with CCF as a means of supporting emergency-affected children. The strategic positioning with donors is often enabled by CCF's predominantly national staff and its program approach of empowering local people, building capacities, respecting local culture and supporting long-term development.

What Are Child Centered Spaces?

Purpose

CCSs are part of a rights-based approach to protecting children from harm. As an intersectoral approach to ensuring children's well-being, CCSs help to create a protective environment, ensure children's realization of their right to education even in the midst of emergencies, and mobilize communities around meeting children's needs. Child Centered Spaces are safe, physical spaces for children affected by conflict or disasters to gather, providing emergency education, protection and multisectoral support, including psychosocial support. Through community mobilization around children's needs, Child Centered Spaces provide regular, structured activities for children, adolescents and parents of young children under the supervision of caring adults from the community.

Child Centered Spaces allow children to participate in activities where they can play, express their feelings, thoughts and opinions, and learn new things from adults and other children, providing a sense that "things are getting back to normal again." CCSs provide structure to children's days as well as help them learn important social skills, such as cooperation and sharing, through interaction with other children. CCSs also help children learn about risks, such as landmines and diseases, and build life skills such as hygiene and numeracy. Through CCSs youth have the opportunity to engage in activities such as literacy and life skills training, sports, art, mentoring younger children and community enhancement activities. These activities for both children and youth help to promote positive coping mechanisms, minimize the consequences of deprivation and traumatic experiences, and promote healthy development.

Furthermore, mothers of young children receive assistance with the health, nutrition and development needs of their infants and toddlers. This model reflects CCF's philosophy of holistic support for the well-being of children through attention to their safety, psychosocial and development needs.

CCSs enable families and community members to organize around the needs of children and begin the planning process to address other critical needs for the community. CCSs are developed, established and run by local communities with support from CCF. They provide the venue for adults to organize themselves and act concretely on behalf of their children. Awareness of child protection and developmental needs is made central to families and communities, improving the sustainability of child protection and support programs at the local level. In this way, the caregiving structures around children in the community are strengthened. In addition, the capacity of communities to recover from the emergency is recognized, which helps reduce feelings of helplessness and dependency on international aid.

Functions of Child Centered Spaces

Child Centered Spaces promote children's protection and well-being in the following ways:

- **Children receive immediate protection and security benefits**

CCSs help prevent exploitation and abuse of children by providing adult-supervised activities for children in a safe space. CCSs also help 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 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 are comforting and reassuring for children.

- **Children engage in play and 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 also help children understand and make sense of stressful events. Play enables healthy development and social integration even in difficult circumstances.

- **Children engage in social integration with peers and receive support from caring adults**

Relationships with peers and caring adults are crucial for children's social and emotional development, and help foster resilience and positive ways of coping with stressful experiences.

- **Children are provided opportunities for nonformal education**

Nonformal education is an important way to help reestablish everyday routines such as learning together with other children and socializing. Nonformal education can also include learning about hygiene and other important life skills. Through nonformal education, children build competencies for resilience and become better prepared to participate in formal education when the situation permits.

- **Children receive health support**

Following emergencies, children are more vulnerable to sickness and disease, both immediately and long term. Children may be malnourished or lack important nutrients for their development. CCSs provide important health and hygiene information, and skills for children and their caregivers.

- **Children engage in cultural activities**

Cultural activities, such as singing, dancing and engaging in familiar rituals, are an important resource for children, helping to restore identity, hope, and the flow of normal activity. Participation in appropriate cultural activities is a source of psychosocial support since it provides a sense of meaning, continuity with the past, and a sense of belonging with one's group.

- **Children who are severely affected are referred for appropriate services**

Some children may be severely affected by the emergency and need specialized assistance. Adults in the community are trained to identify children who have been severely affected by the emergency and refer them for appropriate services.

- **Children are active participants**

Children and youth participate in programming activities, such as assessment, risk mapping and program planning. Youth can participate in youth-to-child activities, as animators of CCSs, and in monitoring CCS activities.

- **Communities are mobilized on behalf of children**

CCSs are a platform for community mobilization and capacity building. Engaging families and communities rapidly around the needs of children helps protect and support children, and also mobilizes 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 ongoing monitoring and evaluation, communities can identify goals for their children and programs that help build a positive future.

- **Community needs are addressed**

CCSs 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.

II. Steps for Implementing CCSs

During an acute emergency, it is crucial to establish child centered spaces as rapidly as possible. While the specific approach may vary according to the particular context, the following steps are useful guidelines for implementing CCSs.

Step 1: Coordinate with government structures, UNICEF, international NGOs and local organizations

Step 2: Conduct a preliminary assessment and identify communities for participation

Step 3: Visit the community

Step 4: Hold a community sensitization dialogue

Step 5: Select the CCS location

Step 6: Recruit CCS animators

Step 7: Develop a work plan

Step 8: Conduct initial training for CCS animators

Step 9: Implement CCS activities

Step 10: Deepen CCS activities

Step 11: Provide follow-up training and support

Step 12: Monitor and evaluate

Step 13: Transition out of the CCS

Step 1: Coordinate with Government Structures, UNICEF, International NGOs and Local Organizations

An important starting point in implementing Child Centered Spaces in a specific area is to identify other NGOs working on child-related issues, local governmental structures and community institutions that may work with and complement the activities planned for the CCSs. As CCF's strategy is to fill gaps in protection, it is important to coordinate with other agencies and government ministries (for example, the ministry of education) so efforts will not be duplicated, and so the most vulnerable populations will be reached. It will be important to work with the local coordination groups, typically under child protection or, in emergencies in which the Cluster System has been engaged, with the Education Cluster and the Protection Cluster. The UNICEF office in the area, UNHCR, ICRC and child-focused NGOs should be contacted and CCF's plans presented to them. Cooperation with the government can begin a process of sustainable capacity building. Poor coordination often produces harm via duplication of efforts, excessive competition and failure to fill significant gaps.

Identifying linkages to other initiatives or organizations working with children will enhance the overall functioning and sustainability of the CCSs and also build a base for sustaining a coordinated response in all phases of CCF's work. Involving these institutions at the outset will help guide the organization of a CCS and the activities it offers to meet the priority needs of children and youth. Furthermore, depending on the context, permission from regional leaders may be required before setting up in an area.

Step 1 **Quick Checklist** **Coordinate with government and other Organizations**

Have discussions about the CCS strategy and coordinate activities with appropriate UN, government and non-government organizations, such as:

- Protection and Education Clusters
- UNICEF
- Child protection coordinating groups
- Government ministries at national, provincial and local levels
- International NGOs
- Local NGOs and organizations

Secure permission, if necessary, from regional leaders.

Step 2: Conduct a Preliminary Assessment and Identify Communities for Participation

The next step is to conduct a preliminary assessment and identify which areas, if any, to target for Child Centered Spaces. Working with the coordination groups (see Step 1), find out which areas have no CCSs or schools, and gather any relevant assessment data. It is important to avoid assessment duplication and the resulting frustration and fatigue for communities that can accompany it.

If an assessment is needed, one should work with local people who understand the local language and culture to conduct a rapid assessment aimed at identifying whether CCSs are needed and, if so, where. What to find out and how to collect information are outlined further in Steps 3 and 4.

Briefly, an assessment should be participatory and involve leaders, youth, children, women and men. It should ask first whether it is safe for children to gather publicly, as in some settings of armed conflict, the act of bringing children together can make them targets for attack or recruitment. Similarly, it is important to assess whether it is safe for children to walk or use various means of transportation to reach the CCSs. After these “Do No Harm” considerations have been explored, one should ask whether children already have access to quality activities and supports, including schools or nonformal, community initiated activities. (See Annex 1 for CCF’s Child Protection Assessment Framework and Annex 2 for UNICEF’s Rapid Child Protection Assessment.)

While sites that have been severely impacted by the emergency and that have few supports for children should be selected, CCSs are most effective in areas where basic needs (such as food, water and shelter) have been addressed and a modicum of security exists. In selecting the area, finding villages, communities and camps that are clustered near each other is preferable to establishing CCSs in isolated areas. Community interest in developing and supporting CCSs is also key. In many emergencies it will be possible to establish multiple CCSs a short driving distance from each other, so that large populations can be reached in the most efficient manner.

A priority should be to select areas where there are no schools operating or other ongoing activities for children by other NGOs or local groups. The selected areas should be within walking distance for children (for example, within 45 minutes). Depending on the context, this distance may be shorter for girls. There should also be enough children in the area to implement the CCS — in most cases this will be at least 100 children per CCS.

The area should not be near a place where there is ongoing fighting. In places of ongoing conflict and insecurity, gathering children in one place can put them at risk of being targeted, for example by bombing or recruitment by armed forces or other groups.

Step 2

Quick Checklist

Conduct a Preliminary Assessment and Identify Communities for Participation

- Collect any assessment information from appropriate coordination groups.
- Conduct an assessment.
- Select communities that have these properties:
 - The community has been severely affected
 - Basic needs of food, shelter and water are being addressed
 - Community members and leaders are enthusiastic about setting up CCSs
 - Multiple sites are within a short driving distance
 - No schools or ongoing activities for children are available
 - Community members are motivated to support CCS activities
 - The area where the CCS will be is within walking distance for both boys and girls
 - There is a sufficient number of children in the area
 - There is no fighting or recruitment of children in the area

Step 3: Visit the Community

Meet with Local Leaders

In each context, there will be different protocols of contacting, meeting, and discussing child and youth issues that will be guided by the CCF country or program director.

In areas where CCF (or its partners) has not previously been active and is not known by the community, the process for beginning CCSs will involve an initial site visit by a CCF child protection team to the community leaders. If CCF is well known to the community and has current programs going on already, this may be a shorter, yet essential, part of setting up CCS structures. The number of people on the team will vary according to the context, but in many emergency cases a team of at least two people has been effective.

Introduce yourself to the community and speak directly to the chief, village leaders, head of the refugee community, parents committee and religious leaders or to whom it is appropriate. If CCF is not known in the area, present CCF's mission and some of the work that it does worldwide. Working with the community members, begin to identify certain issues that are challenging children and youth in their communities. Points to be covered in this initial visit with community leaders include:

- CCF is an international NGO working in the area for ____ years.
- CCF is a child-focused agency. It works together with children and families to create programs that help children grow up well, even in difficult circumstances.
- If there are other CCF programs ongoing in the area, describe them.
- In other emergencies (mention ones that are similar to the local emergency), CCF has learned the value of helping communities organize CCSs to support children who have been affected by the emergency.
- CCF is implementing CCSs to help children, youth and mothers with young children following the emergency.
- CCSs are run by the community.
- CCF is not a material aid organization. (If CCF has been operating in the area, this will need to be reinforced as many of the CCF projects provide items such as school books and uniforms.) However, CCF will work with communities and other local agencies to provide essential materials for establishing CCSs and other basic materials, such as school supplies, games, or soccer balls. CCF will also help the community liaise with other international agencies in the area for larger items.

- The community also provides material and human resource support for the CCS, including adults to provide the child-focused activities to support and maintain the CCS.
- Be clear that there is still a selection process depending upon the cooperation and attitude of the community before CCSs can be implemented.

After the CCF team has explained the above points, respond to any questions from the community leaders. If the leaders agree to the CCS, ask permission to talk with groups of youth, women and men at that time.

The community should be enthusiastic and willing to contribute space (homes, mosques, churches, etc.), time and other necessary resources. Qualified individuals (literate, experienced, knowledgeable about girls issues), including women, are needed to work in the CCS.

Meet with Youth, Women and Men

If available, talk with a group of youth, a group of women and a group of men. Explain the CCS concept to them, and engage them in identifying leaders and animators for the CCS. Questions to ask include:

- Who are the people in this community who are good at supporting children?
- To whom do children go for help and support?
- Who has experience engaging in activities for children, youth and young mothers?
- What are the three main problems facing children in this community?

If there are animators available, ask them to conduct a simple activity with a group of children.

Start a Simple CCS Activity (if possible)

Depending on the particular context, it may be possible to start simple activities during this first visit. Human resources are all that are required – the Child Protection Team, children and community animators.

Encourage animators to start basic songs, dances or group games that require no materials in a safe area such as an open field. If community members are shy or unsure, the CCF team can model a few simple activities with the children. Make sure that songs that are organized do not have themes of hatred and vengeance or are of specific religious themes, especially in multireligious communities.

Set Up a Time to Return to the Community

Before leaving, set up a day and time with the community leaders for a return visit. This next visit will include sensitization meetings with the community, selecting the CCS site and meeting with the potential animators. Select a time that will be

convenient for the community and when most of the community will be available. Ideally this meeting should occur the next day or as soon as possible thereafter. (See Annex 3 for a guide on community mobilization in Afghanistan.)

Step 3

Quick Checklist

Initial Visit to Community

- Meet with local leaders.
- Explain CCF mission and CCS strategy.
- Ensure that leaders support a CCS in their community.
- Talk with groups of women, youth and men about a CCS and potential animators.
- Ensure that there are qualified and willing animators in the area.
- Make sure there are no imminent protection threats that make it unsafe to set up a CCS.
- If possible, start simple activities with a group of children and community animators.
- Agree on a day and time to return to the community for sensitization meetings and to meet with potential animators.

Comments on Steps 4 – 6: Follow-up Visit to the Community — Mobilizing Communities on Behalf of Children

Steps 4 through 6 focus on mobilizing communities on behalf of children during a follow-up visit to the community. In many situations these steps could be accomplished in one visit, although some situations may require several visits. The aim should be to engage communities as quickly as possible and to enable participation by different subgroups within the communities. In setting up multiple CCSs, it may be useful to invite members from a neighboring area who have already been involved in a CCS to explain the concept to the new community.

Activities during the follow-up visit include a community sensitization meeting, selection of the CCS site and selection of animators to run the CCS activities. The collaborative community-based approach to identifying the site, selecting animators, organizing child participants and helping to design activities for the CCS is essential to its success. It is of utmost importance that the CCS feels owned, established and run by the local community, and in this way it truly belongs to the community. Community ownership and community-run activities help to ensure that interventions are culturally relevant for children, and are more likely to be sustained by the community, given their personal investment.

Step 4: Hold a Community Sensitization Dialogue

After thanking the community members for coming to the meeting, explain CCF's approach, programs and the concept of the CCS as outlined in Step 1 with the community leaders. It is wise to explore with the community whether they honestly feel the need for a CCS. Sometimes, community leaders may say they want something when their actual goal is to acquire longer-term support. It is important to manage expectations during this discussion.

Additional points to cover with the community:

- The community provides material and human resource support for the CCS, including animators to provide the ongoing child-focused activities.
- In addition to the animators who provide ongoing activities, other youth and adults such as artists, storytellers, musicians, traditional healers and various other professionals (social workers, health care workers) can help to maximize the use of the community's human resources.
- Mothers and grandparents are valuable resources for providing care and support activities for children.

- Communities help design CCS activities that reflect the needs of the children and the cultural context, including ceremonies, celebrations or events in that particular community.
- Communities are actively involved in supporting and monitoring vulnerable children.
- It is crucial to include children from all segments of the community, regardless of ethnicity, religion, gender, minority status, poverty level, etc.
- Is the community willing to contribute human resources?
- Begin to identify the CCS participants.

Field Examples: Identifying the CCS Participants

Afghanistan: In northern Afghanistan, the response to the CCS approach was overwhelming. Thousands of children showed up the first day to be registered for CCS activities and “informal school.” Because children had been denied access to education under the Taliban regime, access to school was extremely important for parents. They envisioned the CCS as a place for children to finally receive the education they had been denied. In collaboration with the CCS teachers, community leaders and CCF staff, the decision was made to limit the enrollment to children ages 7 to 12 so as to reduce overcrowding and allow adequate supervision and support of children attending.

Sri Lanka: Communities in Sri Lanka chose to focus on early developmental and support activities for younger children. These programs eventually led to kindergarten and day-care activities. In these cases, older children and adolescents also helped in starting activities for young children, such as coaching sports or helping with painting, song and dance.

Uganda: In northern Uganda, communities in an IDP camp decided to focus on children ages 3 to 6 years. Children in this age group were often left alone while their parents left the camp to work in gardens several miles away. The establishment of CCSs for this age group provided a safe place for children who would otherwise be at risk for being injured on the road, sexually abused in their home, and harmed by playing with dangerous objects.

It is important to recognize that the “community” is not a homogeneous group but may include different subgroups, which may compete with each other or be discriminated against. In selecting the target beneficiaries, it is crucial not to exclude any groups, such as girls or certain ethnic, political or religious groups.

In Sri Lanka, because different ethnic groups would not participate together in a CCS, two CCSs were implemented – one for Tamil children and one for Sinhalese children — within the same “community.”

In Tamil Nadu following the tsunami, the Dalit group in one area had been left out of supports from the government and other NGOs. CCF facilitated a CCS, along with supports for latrines and a community kitchen to this group that had been excluded.

Step 4:

Quick Checklist

Hold a Community Sensitization Dialogue

- Explain CCF’s approach, programs and the CCS concept.
- Explain the human resources that are required.
- Dialogue with the community about the roles that community members can play.
- Establish that there is a need and desire for a CCS.
- Dialogue about community needs and priorities for children.
- Look for the invisible or marginalized groups and seek to include them.

Step 5: Select the CCS Location

The location for the CCS should be selected with the community's input. Depending on the situation, this could be part of the community sensitization dialogue. It is not necessary to have a new building or structure for the CCS. During the acute phase of emergencies, CCSs have typically been started under trees, in open areas or in already existing structures. They must be in areas that are safe, accessible for children, shielded from harsh weather exposure, have latrines and hand-washing facilities, have drinking water available and have adequate light. If the land belongs to someone, there needs to be a clear understanding of how long the land can be used by the CCS. The following points should be included in the community dialogue about site selection:

- The site does not have to be a physical structure.
- Possible CCS sites include:
 - Open spaces
 - Community centers
 - Existing unused community structures
 - Temples or other religious sites
 - Community members' homes
 - Any structure provided by the community
- There are minimum requirements for a CCS. These are:
 - Physically secure and free of landmines, hazardous debris and undue exposure to the elements
 - Not a likely place for recruitment or exposure to other protection threats
 - Access for children – a reasonable walking distance
 - No excessive exposure to harsh weather
 - Adequate latrine and hand-washing facilities
 - Adequate light when possible
 - Heat where necessary
 - Clean drinking water available

Example from the Field: Chad

Setting up CCSs in Chad required protecting the children from the strong sun, as well as extreme wind and sandstorms. As tents were soon ripped to shreds, concrete structures were necessary in this case. Providing adequate light was challenging as there was no electricity, and glass windows would be broken and allow large quantities of sand to enter during the many sandstorms. In this case, having a CCS that was a little dark was preferable to the alternative of exposing children to broken glass.

Not uncommonly, communities in emergencies argue that they need to build a structure in order to establish a CCS. Experience in many emergencies has shown that having a structure in place is not necessary for starting a CCS. It is better to start quickly under the shade of a tree, organizing early on the supports children need. Some weeks later, a community that has decided it must have a physical structure for the CCS could develop a plan. A plan should include the timeframe, a list of community volunteers and their roles, and how materials will be procured. The form in Annex 4, "Completing a CCS Structure," can be used as a guideline to establish how the shelter will be completed.

Types of CCSs: Examples from the Field

In different emergency areas around the world, CCF and local communities have made creative use of available space for organizing CCSs.

The Gambia: Areas under shade trees were cleared of debris where recreational activities for host and displaced children were conducted.

East Timor: Abandoned buildings were cleared of glass and other hazards, and quickly adapted to be welcoming and accessible to local children. In other areas, open outside spaces were used to conduct recreational activities.

Afghanistan: CCSs were started during the cold of winter and required heat and more secure shelter. CCF worked with UNICEF which provided tents and supplies for CCSs in camps for displaced people. The community assisted in designating the sites for the tents, setting them up, and providing 24-hour security for the teachers and school supplies. CCSs were also organized in the courtyard and on the porches of mosques in Afghan villages. In some areas, rooms destroyed by bombing were repaired to provide an indoor space for child activities.

India: Representatives from CCF and the community approached an international NGO that was putting up shelter in the area and asked them to donate some building supplies for a CCS. The NGO contributed the materials, and the community erected the structure.

Chad: CCF began the CCS activities in coordination with MSF Therapeutic Feeding Center, working with young mothers and children waiting in long lines for their rations. Later, this transitioned into activities in UNICEF-supplied tents, followed by the building of semipermanent structures that would withstand the harsh weather conditions.

Step 5 Quick Checklist Select the CCS Location

- Dialogue with the community about location.
- Ensure that minimum requirements of safety, accessibility and hygiene will be met.
- Determine which community volunteers will put up the CCS.
- Determine if materials are needed and how they will be procured.
- Determine timeframe for the CCS setup.

Step 6: Recruit CCS Animators

It is important to select persons within the community who are viewed as “role models” for children or “trusted members” so that parents feel comfortable sending their children to the CCS. In order to ensure that competent members of the community are being considered and to avoid any difficult situations over the long term, CCF staff should ask community leaders to provide a group of adults from whom the CCS animators will be selected. The process can involve the local community leader/committee and other appropriate individuals (make sure women are part of the process). It is also important to ensure the recruitment of women to act as positive role models and to reduce the risk of exploitation or abuse of female students. It is also important to ask youth and children whom they trust and naturally turn to for support outside the home, allowing one to get an idea of who will be the most effective animators. In situations where people are living in displaced circumstances and may not be living with people they know, it will be important to bring people together to find out who has previously worked with children and youth and engage in discussion with elders and leaders about who would be appropriate to work in the CCS. When there are different ethnic groups, it will be important to have representatives from each group. Often, there is a tendency to designate former or current teachers as CCS animators. Although teachers are often respected and skilled in working with children, they may want to make the CCS into a “school,” and they may emphasize nonparticipatory activities in which large numbers of children watch as others perform a song or a dance. It is valuable to emphasize that the CCS is not a school, and that the emphasis will be on play and children’s participation.

Staffing

In different country emergencies, depending on the individuals’ experiences and what is usual and appropriate for the context, the community members running the CCSs have been designated by various titles – these have included facilitators, activity leaders, community agents, volunteers and animators. For the sake of simplicity, the term “animators” is used in this manual.

Recognizing that in some circumstances it may not always be possible, ideally, for every 50 children, there should be at least two animators who are responsible for implementing activities. For younger children, ages 4-6, the ratio should be at least two animators per 40 children. For mothers and their very young children (ages 0-3), a good ratio should be approximately one animator for every 15 mother-child pairs.

Depending on the context, additional human resources have been used to run CCSs. In some situations, in addition to the animators, there have been social workers, record keepers, health workers, guards, cleaners and cooks.

Interview Process

Depending on the situation, the interviews with potential volunteers could be either one-on-one or in small groups. The following are examples of interview questions:

- Why do you want to work in the Child Centered Space?
- What are your expectations?
- What do children in the community need?
- What are the dangers facing children?
- What do children do in the community?
- What is your experience working with children?
- Why do you want to work with children?
- What would you like to share with children?
- What should children do at the CCS?
- What are some things that are inappropriate to do with children?
- What would your rules be?
- How do you think children should participate?
- What do you think the goal of the CCS should be?
- How will you know if the CCS is successful?
- What are some difficulties that you expect? How will you react?

Explain to animators their responsibilities. These include:

- Must be available on a regular basis for CCS activities
- Must participate in training
- Must understand and sign the Code of Conduct

In some circumstances, official contracts have been drawn up, clarifying start date, stop date, compensation (if any) and responsibilities.

Food for Thought

The issue of compensation for animators has varied depending on the local situation. There should always be a quick, though careful, analysis of the local situation, coordinated with what other NGOs in the area are doing. Problems have resulted when CCF has provided stipends or incentives for its “volunteers” when other NGOs have not. Paying animators is also problematic in terms of creating dependency and breaking the spirit of volunteerism. Conversely, problems have also arisen when individuals feel that they have provided time and effort when they could have been doing something else. If payment is given, CCF’s policy is that it should be in the form of a stipend, and not as a full salary. In some instances, food or other materials have been given to animators. In other instances, incentives or stipends have been attached to particular competencies (for example, teachers). In yet other situations, intermittent reinforcements, like gloves or notebooks, have been given as a way to enhance animators’ status. The position of donors on incentives will also need to be considered.

Schedule Training and CCS Activities

Set a time (preferably the next day) to have initial training and begin CCS activities with the animators.

Conduct Sample Activities (if possible)

After the selection of animators, if possible conduct sample, guided activities with the animators and groups of children in an open space. Act as a mentor, giving guidance and support for the animators. Also act as a documenter, noting culturally appropriate and successful activities that might be developed in neighboring sites. Prior to starting, a decision should be taken to focus on a particular age group, or two age groups at the beginning, expanding the scope of the CCS over time in accordance with community wishes, to include other age groups.

Step 6 **Quick Checklist** **Recruit Animators**

Ask the community for names of role models and natural children's helpers.

- Interview animators and select those who:
 - Are respected by the community and liked by children
 - Have good ideas of children's needs and appropriate activities
 - Are highly motivated
 - Have worked with children before in some capacity, such as teachers, social workers or animators
- Ensure that females are engaged as animators.
- Explain roles and responsibilities including:
 - Available to work at the CCS on a regular basis
 - Must attend trainings
 - Must understand and sign the Code of Conduct
- Set a time and place to train animators and to begin CCS activities.
- If possible, once animators have been selected, try to conduct sample activities with groups of children and provide follow-up support.

Step 7: Develop a Work Plan

As you work with the community, developing a work plan will help facilitate the process of implementing the CCS. Include in the work plan the goals and objectives, desired activities, personnel needed, setup requirements, training plan, and materials needed. (See Annex 5 for a Work Plan example from Sri Lanka.) In addition, developing a comprehensive checklist of all the setup and programming activities will help ensure that key elements of implementing the CCS are in place. (See Annex 6 for UNICEF's Child-Friendly Spaces Comprehensive Checklist for Sri Lanka.)

Step 7: Quick Checklist Develop a Work Plan

- Determine the goal and activities of the CCS.
- What are the activities that will be offered?
- When will activities be provided?
- What personnel will be required?
- What are the setup requirements?
- What training is needed?
- What materials are needed?

Step 8: Conduct Initial Training for CCS Animators

After recruiting animators for the CCS and developing a work plan, the next step is to provide initial training for the animators so that they can begin conducting activities with children. In addition to helping children, the training itself is an important intervention for adults who are in the process of regaining and re-establishing their lives. The training raises the capacity of parents and other community adults in providing appropriate care for children. It is also important to understand the background of the CCS leaders, the nature of the emergency, and the children's physical and emotional states. (See Annex 7 for IASC Guidelines on Strengthening Access to Safe and Supportive Education.)

Documentation

Documentation of the participants' knowledge and skills acquired during training is a critical piece for learning and assessing progress. An agenda — including time slots, topics, a presenter and time for assessing knowledge-change through the administration of pre- and post-tests — allows for easy documentation of the training at the end of the session. Pre-tests can have two to three questions for participants on the topics that will be covered and administered before the training begins. The post-test would be the same two to three questions for participants to answer at the end of the training. For example, questions might include:

- What do young children need for healthy development?
- What do youth need for healthy development?
- What risks do children face because of the emergency?

Process

At least two full days or four half days will be needed for the initial training. The training will vary depending on the context. Given the setting of the training and the time of year, the training location could be very cold, hot or wet. CCF staff must be prepared for inclement weather. Also, given the flexible and fluid nature of an emergency situation, and the difficulties in communication, CCF staff should be prepared for delays, absences and miscommunications.

The training should be held in a convenient, accessible place for all animators from the various sites in a cluster. The training should be highly participatory and engage the animators' knowledge and experience. The training should:

- Be in the local language if at all possible.
- Be interactive.
- Be practical.
- Include written materials in the local language (including the Code of Conduct).

In trainings, it is useful to intermix seminar or workshop discussions with applied work in which participants actually try out their new knowledge and skills, with subsequent debriefing to take stock of what was learned and to correct any errors. Following are three models that have worked successfully in different contexts:

Field Examples: Training

East Timor 1999: During a one-week period, training was conducted in the morning, with a lunch provided afterward. In the afternoon, the animators conducted activities with groups of children, with the CCF child protection team observing. Debriefing and feedback on activities and problems were part of the training the following day.

East Timor 2006: Three days of training were conducted during a one-week period. Two days of training were followed by two days of CCS implementation, and then a final day of training.

India 2004: Training occurred over a two-day period, with two sessions per day. The training day lasted approximately five hours, with a lunch break in the middle.

Topics

The following topics are important to cover in the initial training with animators:

- The purpose of a CCS
- Child protection issues in an emergency
- Factors that contribute to children's well-being
- Activities to use in the CCS for different age groups and for girls and boys
- Training in basic first aid
- Do's and Don'ts of the CCS
- Roles and responsibilities
- Code of conduct

Following are some key points for the above topics. (See Annex 8 for a sample training module from India that focuses on psychosocial needs and impacts; it can be adapted to fit the local context for this initial training.)

The Purpose of CCSs

- CCSs provide a place where children can be safe and secure, and avoid risks in the local environment.
- CCSs help reduce the negative psychosocial impacts of conflicts and disasters.

- CCSs provide a valuable platform where children can play, socialize and learn. Some of the play and educational activities provided by CCSs are:
 - Basic health and hygiene
 - Drawing, storytelling, singing, sports and drama
 - Literacy and numeracy skills
 - Teamwork, cooperation, conflict resolution and trust building
 - Peace and tolerance education

Protection Issues

In emergency situations, children are more vulnerable to:

- Physical risks (risks leading to injury and death)
- Psychosocial risks (risks leading to problems in emotional and social well-being)

Example of Child Protection Risks

Discrimination:

- Program services that benefit men more than women
- Use of demeaning labels or images in regard to particular ethnic groups
- Hiring preferences for members of a particular religious, political or ethnic group
- Passive acceptance of a situation in which disabled children are socially isolated and kept out of school
- Service delivery only to particular ethnic, religious or political groups

Harassment:

- Actual or threatened fighting between staff
- Name calling or use of threats, slurs or degrading jokes
- Use of visual means such as leering, gesturing, or displaying intimidating or demeaning pictures, cartoons or posters
- Writing offensive or threatening letters, memos, or emails

Sexual Harassment:

- Unwelcome sexual comments about a person, the person's manner or appearance
- Sexually suggestive or obscene letters, posters or emails
- Actual or threatened physical contact such as patting, pinching or other offensive touching
- Degrading jokes based on sexual orientation and gender

Sexual Exploitation:

- Requesting sexual favors from a beneficiary before providing program services

- Having a sexual relationship with a beneficiary (who was not your spouse before starting the job).

Prostitution and Sex Trafficking:

- Making a deal with someone to recruit girls from one area so that they can be sent to another area to become sex workers
- Having sexual interactions with a woman or man and paying for it
- Allowing an outsider to visit your center in order to recruit girls to be sex workers

Child Abuse/Neglect:

- Sexual abuse of children through touching, fondling, or rape
- Involvement of children in pornography or showing child pornography via the internet
- Harsh emotional treatment of children through isolation, rejection or teasing
- Severe physical punishment
- Allowing children to play in dangerous places such as minefields or rooftops of buildings

CCS Activities

- Participation by ALL children

One of the fundamental rights of children is the right to participate in their own development. Activities that include ALL children should be conducted each day. For example, having a structured activity where all the children sing is very different, and much better, than having 100 children watch two or three of the “best” singers. The same is true for dancing and most other activities. When group games are being played, it is important to encourage all children to take an active part. For example, if you notice that children pick only their friends or the same people each time in a game, you should intervene and say that each child can have only one turn until all children get a turn. Additionally, all children can help decorate the CCS space, using local materials. Including all children as participants, rather than only as observers, lets all children’s voices be heard, builds each child’s sense of self-worth, and promotes children’s healthy development.

- Structured, normalizing activities

Structured activities help provide a sense of normal life for children. Structured activities include:

- Group games
- Singing
- Traditional dancing

Have the animators create a list of normalizing activities (recreational, sports, cultural, informal education, etc.) for the following age groups:

- School age children (7-12)
- Youth (13-18)
- Mothers with young children (0-5)
- Expressive activities

Expressive activities are useful in helping children who have experienced stressful and traumatic events. (See the examples below.)

TYPES OF EXPRESSIVE ACTIVITIES

Expressive activities include (but are not limited to):

Drawing

Creating a drawing gives a child a sense of pride and accomplishment. It can also be a way of communicating past experiences and feelings. Drawing is truly expressive when it is what the child wants to draw, not what he is told to draw. Children should be allowed to draw anything they like. It is important that the child's drawing NOT be judged or graded with other drawings. The child should NOT be corrected if he draws something larger or smaller than is realistic (for example drawing a bird that is larger than a house), or if he uses a color that is not realistic (for example coloring an elephant purple instead of gray). You should not be concerned about the drawing being "correct." The goal is not to have an accurate representation of a particular object or scene, but rather to let the children express themselves in a nonjudgmental, friendly atmosphere. When children are drawing, it is better to "get on their level" — for example, by sitting on the floor with them — rather than standing over them and looking down as they draw. Children can also create drawings in groups of two or more. They can agree on a picture or theme, and work cooperatively to make the drawing. After the children have finished the drawing, you can ask if they would like to say what their drawing is about. There is no "right" or "wrong." It is important to affirm children's feelings.

Storytelling by the Children

The children themselves can also tell stories. They can work in a small group (of about 4-6 children), and there are many variations. For example, the CCS leader or animator can ask the children to name a place and two animals (for example, school, a lion and a monkey). The CCS leader or animator can start the story. (For example: A monkey met a lion on his way to school. The monkey asked the lion where he could buy a banana.) The children then complete the story by taking turns, each telling a sentence until the story is complete.

Drama

Very often this medium of transmitting painful or feared messages works well in a group setting. Theater is organized around a group of children who develop the story, organize their roles and perform for one another or a larger group.

Children ages 6-12

After listening to a story by the CCS leader or animator, have the children take turns acting out the various characters in the story including people, animals, and even non-living objects (for example, two children could make a bridge or be a tree if it was part of the story). The audience could sit in a circle, and the performers act out the story inside the circle as one of the children tells the story. After the story, the children in the audience could ask questions about the story. Several stories can be performed in one session by groups of children, so that all children have a chance to participate.

Youth ages 13 and older

Youth can create a drama about an issue that is relevant to them. They can perform it for the younger children and/or for the community. If older youth have experience and are interested in working with children, ask them to help organize drama activities for younger children.

Play

Play allows children to relax and have fun. Play also allows children to socialize with other children and build self-esteem through mastering new skills. Play can also be used by children to gain a sense of control over difficult experiences related to the emergency.

CHILD CENTERED SPACES DOs and DON'Ts

DO:

Daily:

- Be at the CCS or activity area before the children are scheduled to arrive
- Make sure the CCS is clean
- Make sure the CCS and surrounding areas are safe and clear of hazardous materials such as rubble, loose wires, broken concrete, glass and rusty metal
- Make sure the latrines are clean and that there is adequate water for personal hygiene
- Make sure there is an adequate supply of safe drinking water available
- Register any new children who come to the CCS
- Make sure children use the latrines
- Make sure children wash their hands with soap and water after using the latrine and before any food is eaten
- Provide activities that engage ALL children as active participants
- Engage children in helping set up activities and keeping the area clean
- Provide a variety of activities for different age groups (separated by gender when appropriate)
- Provide activities that are attractive for girls as well as boys
- Choose activities that children know and are familiar with
- Ask children for their ideas about additional activities
- Ensure that activities flow smoothly from simple to more complicated ones
- Encourage children to assist in organizing activities, but do not force them to do so
- Engage parents and caregivers to participate in these activities
- Listen to children's opinions and concerns, and treat them with respect
- Be sensitive to children who are upset or withdrawn

- Have a first aid kit available, and know how to treat minor injuries
- Obey the CCF Code of Conduct
- Complete the daily forms (including the activity record of numbers of children by age and gender, and the record of daily problems)

Weekly:

- Ask children for suggestions on activities they would like to do in the coming week
- Plan activities for the coming week with a variety of programs and activities for each age group and includes ones that engage girls' active participation
- Post the activity schedule at the beginning of each week so children know what to expect
- Identify children who are malnourished, or who have health or psychosocial risks, and report to the supervisor
- Attend scheduled staff meetings

DON'T

- Leave children unsupervised
- Allow unknown individuals or agencies outside of the community to work with or talk to the children without first obtaining permission from the CCF office
- Impose religious activities that are not consistent with the children's culture
- Hit children or use any kind of physical punishment
- Humiliate or verbally abuse children
- Threaten children with a stick
- Discriminate against children of different racial, ethnic, political or social groups
- Discriminate against children with physical or mental handicaps
- Engage in activities that may do harm (for example, engaging in discussions about upsetting events where you do not have the skills to respond to the outcome)

CODE OF CONDUCT

It is of utmost importance to ensure that the members of the community who work as staff or animators at the CCS adhere to basic child protection principles as stated in CCF's Child Protection Policy. All staff, animators and anyone working at the CCS must sign and adhere to the CCF Code of Conduct.

Child Protection Policy within CCF lays out the tenets of working with children in a comprehensive protective environment. While working toward the protection of children, this environment also sets parameters of behavior, offers ways to listen and respond to children, requires the participation and active listening to children throughout their involvement in the program, and supports the idea of active leadership by children to be agents in their own development.

The Code of Conduct should be translated into the local language and signed by all animators working in the CCS. Animators should receive a copy of the Code of Conduct, which should also be displayed in a prominent place at the CCS. (See Annex 9 for CCF's Code of Conduct.)

Roles/Responsibilities of CCS Workers

The role of the CCS animator is extremely important in helping children feel safe and regaining a sense of normal life. Responsibilities include:

For all ages:

- Register all children who come to the CCS.
- Each week plan activities in advance for each age group: 0-5, 6-12 and 13-18.
- Do daily monitoring and fill out paperwork.
- Make sure that good hygiene is followed.
- Make sure the CCS is clean and safe.
- Identify children who are malnourished and report to CCS team leader.
- Identify children who have health risks and report to CCS team leader.

For mothers and their young children under age 5:

- Register mothers (or other primary caretaker) of children 0-5.
- Monitor pregnant women's situation, and report any concerns to the CCS team leader.
- Talk with mothers about their general living conditions. Do they have latrines that are private, segregated from men and cleaned regularly? Are they using them? Do they have adequate and private places to bathe? Do they feel safe at all times? Are public areas such as latrines and bathing areas well lit at night? Report problems to lead CCS team leader or animator.
- Listen for issues related to gender-based violence, including domestic violence, alcoholism and harassment of women. Report problems to CCF Team Leader. Work toward establishing a CWBC to address this.
- Provide opportunities for mothers/caregivers to talk with each other and with CCS team leader or animators.
- Encourage caretakers to participate in activities with their young children.

For children ages 6-12 years:

- Include structured activities such as group games, singing, dancing, and expressive activities such as storytelling, drawing/art activities and drama.
- Engage parents and youth in organizing logistics, supervising supplies and maintaining cleanliness.
- Engage parents in discussions about children's well-being.

For youth ages 13-18:

- Include structured activities such as volleyball, soccer and other sports.
- Include expressive activities such as drama, dancing and art.
- Encourage involvement of youth in helping with activities for younger children.

Reporting Forms and Activity Schedules

Animators should be trained to complete the various reporting requirements, such as registration sheets, attendance sheets and activity schedules.

Registration Sheet: On a child's first day at the CCS, animators should register each child's full name, age, gender, parents' names and contact information (unless having such information in a particular context would endanger the child).

Attendance Sheets: These may be optional depending on the situation. They can be filled out by the animator on a daily basis and submitted to appropriate CCF staff, who will help to monitor attendance and respond to any problems that may arise.

Activity Schedule: All the activities for the week, including recreation, expressive activities, nonformal education, health and hygiene information, group discussions, etc., should be planned in advance to meet the developmental needs of the various age groups. Setting up a schedule for child-centered activities may include a poster on the wall at the child's eye level, indicating the times, groups and activities throughout the day.

Step 8: Quick Checklist Conduct Initial Training

- The training should be participatory, practical and conducted in the local language.
- Training Topics to be covered include:
 - Purpose of a CCS
 - Child protection and children's well-being
 - Activities to use in CCSs
 - Roles and responsibilities of animators
 - DOs and DON'Ts for CCSs
 - Code of Conduct understood and signed
- Documentation of Training Activities (attendance form, agenda, pre- and post-tests).

Step 9: Implement CCS Activities

CCSs provide a valuable platform where children can play, socialize and learn. This section provides general guidelines for implementing activities for all children, as well as specific topics and suggestions by age group.

Guidelines for Implementing Activities for Child Centered Spaces:

- Ensure that the CCS and surrounding areas are free from hazards and dangerous materials.
- Enable activities that respect the local culture.
- Ensure that there is sufficient space for children to be actively engaged in free play, games and sports activities.
- Ensure that there are activities for all age groups as identified from the assessment.
- Ensure that activities are appropriate for the developmental level of children and youth.
- Establish activities that enhance children's sense of safety, stability and predictability.
- Establish nonformal education activities to strengthen life skills, positive coping, and emotional, social and intellectual development.
- Promote equal participation by girls and boys.
- Promote participation by children who have mental or physical disabilities.
- Establish activities for youth, such as literacy training, that contribute to hope for the future.
- Encourage children to participate in identifying risks in the area and generating ideas about how to reduce them.
- Don't force children to talk about their experiences. When children bring up concerns, they should be listened to in a supportive manner, helped to understand that they are not alone, and that they are not responsible for what has happened.
- Ensure that children will be safe going to and from the CCS.
- In promoting the restoration of cultural practices, strive to eliminate harmful traditional practices affecting women, children and adolescents such as child marriages, and female genital mutilation.

- Find out whether there are local rituals that can help reduce people's suffering or resolve problems, and encourage or facilitate the conduct of traditional customs that promote healing and coping.
- Maintain respect for the agency of children, families and communities as the most influential actors in their own protection.
- Encourage older youth to organize activities for younger children.
- Encourage youth to organize community service projects such as information campaigns.
- Ask children how they liked the activities, if they learned anything new and if it was relevant to them. Ask for their suggestions on how to improve activities, or for additional activity ideas.
- When appropriate, the CCS can be scheduled for youth-only activities such as cultural events and dances, or as a social center for community activities.
- Ensure that the surrounding homes and community understand the purpose of the CCS and that the youth activities are not a form of political organizing.
- Announcements should be a regular part of the schedule. Because some children may come late, announcements should not be at the start of the day. Continual communication with the children and feedback from them on day-to-day activities, organization, rules, food, cleaning and their needs are very important to set a tone and pace for the Child Centered Space.
- Materials for sports and drawing, mats for napping and eating utensils should be stocked either in a prepackaged kit or purchased upon arrival. Additional material support can be introduced, if appropriate, after identification by the children and animators.
- During the first week of CCS start-up activities, it is important for CCF's child-protection team to observe and provide feedback to the animators through daily meetings. These meetings should then be ongoing to compile the lists of registered children, discuss the cases of vulnerable children, identify community referral resources, organize food distribution and clean-up times, and plan for the next day's activities.

The exact structure and activities of the CCS will be determined by the particular context and needs of the specific community. The following is one example of the process of implementing activities during the first two days of the start-up phase.

CCS Start-Up Process: An Example

Day 1: Register the presence of all animators and children as they arrive. The children are separated by age and organized into groups of no more than 50 under the guidance of at least two animators. An animator organizes structured activities that include all the children in the group. An animator of each group registers the names, gender and age of their children and notes any vulnerable children in their group. Easily visible vulnerabilities may include such things as disability, severe malnutrition and extreme behaviors such as withdrawal and hyperactivity. At the end of the day, the animators meet for two hours to compile the lists of registered children, discuss the cases of vulnerable children, identify community referral resources, organize food distribution and clean-up times, and plan for the next day's activities.

Day 2: In each group, ask children for their ideas about an activity from their culture to include in the daily schedule. At midday, bring the children together in a large group. A child from each group is selected and asked to present their group's ideas for activities to the larger group. This will be a 30-minute session that brings all the children together to listen to the new ideas. The animators will also provide information on food, health and other organizational issues within the CCS (brief 10-minute information session for the children). Helpers (two from each group) are chosen for clean-up time where they help all the animators, who also participate in clean-up time at the end of the day.

Activities by Developmental Stage

Children 0-3 years old and their parents/caretakers

Developmental Needs

How young children (infants and toddlers) respond to stressful and traumatic events depends to a large extent on the people around them, especially their primary caregiver – most often their mother. Young children who are fed, loved and tended to by their caregivers will usually do well. When caregivers are upset and preoccupied, the child can sense this and be distressed as well. Every effort should be made to help a mother feel calmer so that she can be calm when attending to her child. When caregivers are so preoccupied that the baby is neglected, then the baby suffers from lack of stimulation. The mother should be supported to find ways to continue to interact with her baby, even though she is very worried or very busy or both. When young children are separated from their caregivers or their caregivers die, the young child can be seriously distressed. The best response is to ensure that someone the child knows well is caring for him or her, being in close proximity and contact.

Guidelines

The process of gathering mothers together should include:

- Setting aside a specific time for them that is convenient to their schedule.
- Explaining that the gatherings are to meet with other mothers to help find practical solutions to their problems.
- Explaining that there will be activities for mothers and their infants, like playing and singing, that are important for infants' development.

Activities

The following sample activities can be conducted to reassure the mother, tend to her needs, help her solve her problems and reconnect with her young child.

Activity 1: Hold small group discussions

Divide the mothers into small groups (4-5 mothers per group). Ask them to discuss the following questions:

- How has the emergency affected the way that mothers care for their babies?
- What are traditional ways that people in the community have for responding to their children during difficult or stressful times?
- How do these traditions help children grow and learn?
- Which of these traditions can be included at the CCS?
- What other activities can be done at the CCS to help?

Activity 2: Engage mothers in stimulating activities with their infants

Help mothers engage in stimulating activities with their babies and young children, such as singing to them, telling them stories, "talking" with them (for example by playfully mimicking their sounds) and playing games like peek-a-boo.

Activity 3: Engage community members in sharing their knowledge

Invite older mothers, grandmothers and elders to the CCS to teach traditional songs and stories for young children, and to engage in discussions on topics of interest and importance to the young mothers. These could include:

- Nutrition support
- Hygiene
- Growth monitoring
- Mother / child activities
- Healthy child development
- Parenting guidance and information
- Immunization and health information
- Livelihood enhancement opportunities
- Early intervention for children with difficulties

Additionally, it is important to encourage the use of relevant skills and information at home, through regular discussions of what they have been doing differently at home and how it is going.

Children 4-5 Years Old

Young preschool children may be very frightened by the events they have witnessed during an emergency. They must be helped to understand what has happened and to manage their fears. Keeping them together with their caregivers and reassuring them that they are cared for and loved are critical to helping them begin to feel more secure. Providing a calm, safe and predictable environment at the CCS is most important. Allowing them to express their fears through play and stories is vital. So is answering the same questions over and over, patiently, but clearly.

Guidelines

It is common for children to cling to their caregiver and not want to be separated from them. Though some children of this age may be able to attend the CCS without their caregiver, mothers and other familiar relatives should be encouraged to come to the CCS with them. For children this age, a high ratio of adults to children is needed, and mothers and relatives can assist in the activities. Managing one's own distress is critical, because small children react most strongly to their caregivers' emotions.

Activities

- Telling traditional stories to the children
- Singing traditional songs
- Clapping games
- Rhythm games with simple musical instruments such as sticks and bells
- Group circle games
- Traditional games
- Free drawing
- Learning numbers, letters and colors
- Simple puzzles
- Free play activities

School-Age Children (7-12 years)

Children in this age group also need to reestablish a sense of normalcy and have a predictable routine. Nonformal education, which can be part of the CCS when school has been disrupted, creates normalcy and builds important life skills such as cooperation, literacy, good hygiene, and knowledge about diseases and risks. Children in this age group also need opportunities to socialize, and structured games and sports are good ways for children to do this. Additionally, children also need to have opportunities for emotional expression through drawing, storytelling and other artistic activities. Through these activities children can begin to process their experiences with the emergency and regain a sense of being like other children and integrating with them.

Guidelines

- Post the daily activities for the week at children's eye level.
- Make sure children know the rules of behavior (for example: no hitting, wash hands before snacks, etc.), and that the rules are posted.
- Teach children the principles of conflict resolution that help them feel that they can control their behavior and solve problems with their peers.
- Gently protect children from all dangerous and danger-seeking behavior, and remind them that they are important members of the community.
- Provide opportunities for children to discuss their feelings and fears, and provide reassurance that they are cared for and protected.
- Make sure that children have access to good, clear factual information and that this information is repeated to the children as often as they need it.
- Play structured games and sports so that children have a chance to have fun in ways that are safe and in which the rules are in place.
- Encourage participation in safe/appropriate rituals that help children and families to heal.
- Help children participate in positive solutions to community problems according to their growing ability.

Activities

- Literacy and numeracy skills
- Sports
- Group games
- Free drawing
- Storytelling
- Drama
- Art activities (using clay, mask making)
- Music

Youth Ages 13-18

Youth are learning and defining their roles and responsibilities in society and planning for their future. They are better able than younger children to realize the effects of a disaster or conflict on their future. Teenagers also have greater capacities for planning, decision-making and organizing. It is valuable to invite them to organize activities and to include them in making decisions about which activities to conduct. CCSs can often be used part of the day specifically for youth activities such as youth clubs, literacy classes, etc.

Guidelines

Make sure that youth have their own time for special activities that are meaningful to them. In planning activities, girls and boys may need separate activities depending on their background, community and interests. For example, adolescent girls may want opportunities for skills training, while boys may want to organize a sports team that competes with other CCS youth teams in the area. Youth can be engaged

in a variety of activities, such as helping organize activities for younger children, taking on responsibilities in the community for projects such as clean-up campaigns, and developing and performing dramas for the community on issues that are relevant to them. Because youth may have limited education, literacy courses and life skills workshops about communication, cooperation and nonviolent conflict resolution are good ideas to consider. Discussion of issues with other youth is a valuable activity that can help them process their experiences during and after the emergency, and help them cope with current challenges in their lives.

Youth should be:

- Approached and treated in a respectful manner
- Safe from exploitation
- Free to speak their minds
- Encouraged to have fun
- Able to feel useful, enter age-appropriate social roles and help others
- Able to learn and distribute important health and safety messages
- Able to use their developing abilities to find and implement creative solutions to the real problems that they and others face

Activities

Youth should be involved in developing their own activities. The following are possible ideas that may be of interest to them:

- Use drama, song and dance to spread health and safety messages
- Hold meetings to find ways to solve community problems
- Create sports teams, dance and drama clubs
- Arrange music, dance, drama, etc., performances for the community
- Find age-appropriate ways to earn money

Adults

CCSs may also be used as a central meeting point for families and community leaders to organize around the needs of children and begin the planning process to address other critical community needs. Thus, the CCS can serve as a focal point for wider community action and assessment of next steps. CCF, in conjunction with the local community, will begin a rapid assessment of community needs as CCSs are being established. In this way, immediate activities for child protection are begun while an examination of critical areas is in progress. Some of the important areas for rapid assessment are: insecurity/landmines, critical health and nutrition needs, basic needs for shelter and water and sanitation, primary health care needs, and other community priorities. The CCS can also serve as a central place for dissemination of information about relief services, providing education to families and communities about health and other concerns, and as a delivery site for aid (food distribution, immunization programs or delivery of non-consumable items). (Refer to IASC Guidelines 8:1 – Dissemination of Information.) Using the CCS in this way helps keep child protection and well-being central to multi-sectoral emergency responses.

Step 9: Quick Checklist Implement CCS Activities

Make sure that:

- CCS and surrounding areas are free from hazards and dangerous materials.
- Activities respect the local culture.
- There is sufficient space for children to be actively engaged in free play, games and sports activities.
- There are activities for all age groups as indicated from the assessment.
- Activities are appropriate for the developmental level of children and youth.
- Activities enhance young children's sense of safety, stability and predictability.
- There are nonformal education activities to strengthen life skills, positive coping, and emotional, social and intellectual development.
- There is equal participation by girls and boys.
- There is participation by children who have mental or physical disabilities.
- Youth are engaged in activities.
- Children are not forced to talk about their experiences.
- Children will be safe going to and from the CCS.
- Respect is maintained for the agency of children, families and communities as the most influential actors in their own protection.
- Children are asked their opinion on what activities to conduct.
- Announcements are a regular part of the daily schedule.
- Materials for sports and drawing, mats for napping, and eating utensils are stocked in a prepackaged kit or purchased upon arrival.
- The CCF child protection team should observe and provide feedback to the animators through daily meetings.

Step 10: Deepen CCS Activities

Depending on the particular context, CCS activities can be expanded in the weeks following the initial startup. These can include:

- Training or mentoring on topics related to psychosocial support, such as psychological first aid, how to support isolated children, and when and how to make referrals.
- Peer mentoring, youth clubs, life skills training, vocational training and nonformal education can be incorporated to meet the psychosocial needs of youth.

Peer Mentoring

Youth can be valuable resources in working with younger children. Peer groups where youth teach younger children about nutrition, hygiene and other basic life skills may be an approach incorporated into the CCS. Not only do younger children receive guidance and support from their older peers, but youth develop important skills as well by working with the children. In Kosovo, teenage girls helped to develop activities for young children in kindergarten spaces in local villages. These girls not only provided a valuable service to the community, they also developed skills through their work in the kindergartens and through training and supervision by CCF staff.

Youth Clubs

Youth clubs provide adolescents with important skills and support networks, and can help to reduce their immediate vulnerability and feelings of powerlessness. When youth do not have positive options in their lives, they are at increased risk of sexual exploitation, recruitment into armed groups, and engagement in dangerous labor. Youth clubs can provide positive options and can also help youth organize to take a proactive role in addressing community problems. Finally, youth clubs can provide an important opportunity for youth to relax and have fun.

Life Skills Training

Depending on the context, a range of life skills can be added to the activity schedule. This includes survival messages, environmental hazards prevention, general health information, hygiene needs to prevent outbreaks, HIV/AIDs prevention and development of skills that adapt to the changing environment as the population moves out of crisis.

Nonformal Education and Vocational Training

Nonformal education can offer structured, normalizing, educational activities that may reflect some of the youth's educational experi-

ences prior to the emergency. Nonformal education is important for youth who may have dropped out of school, may have aged out of their school grade, may have to work or are interested in learning more practical knowledge that will help them to find work. Nonformal education can help youth reenter school, learn a trade or find a job. Activities can include such things as vocational training, literacy and numeracy training, or language skills.

- Hold reflections with child and youth participants on what they like, don't like or want more of. Use this information to plan improvements. Be particularly attentive to gender issues, ensuring that boys don't get targeted for most of the activities.
- Hold reflections with the community, taking stock of who does not come to the CCS and why not, and problem solve about ways to boost access to the CCS.
- Enable community dramas where children design and practice the drama in the CCS. The drama could illustrate something key about the children's situation. The children could perform for the community, after which the community would reflect and think about next steps.
- Make deeper linkages with government, or offer teacher training.
- Discuss with volunteers, staff and community members the linkages between CCSs and child well-being committees (CWBCs).

Deepening Activities: Chad

Clean the Child Campaign

Children's hygiene was a critical problem in the IDP camps in Chad. After awareness campaigns with parents were unsuccessful, the CCS animators began washing the children upon arrival at the CCS. The children learned this important life skill and then washed themselves when they arrived at the CCS.

Birth Registration

Registering newly born children was identified as a need in the IDP camps. As a CCS activity, youth were trained on birth registration and community awareness raising skills. The youth then successfully spread the word throughout the camps about the importance of registering children after birth.

Step 10: Quick Checklist Deepen CCS Activities

- Ensure ongoing support and mentoring for animators
- Ensure youth participation
- Facilitate opportunities for the community to reflect on CCS activities and process
- Facilitate opportunities for children and youth to provide input about their experiences with and suggestions for the CCS
- Facilitate linkages between the CCS and CWBC
- Facilitate linkages with government and/or local institutions

Step 11: Provide Follow-up Training and Support

Follow-up Training

Follow-up training is critical to a deepening knowledge of child protection and addressing shifting priorities in the program. The training can help refresh knowledge, address changing situations, or target particular areas of child protection or program management. The animators should take part in the design of the trainings, raising topics to cover with the CCF Child Protection staff, and also offering topics to supplement the trainings. Ongoing training, support and supervision of adults conducting CCS activities helps to troubleshoot problems as they arise and address ways to meet the unique local needs and concerns. Adults running CCS activities are often parents themselves, and they take these lessons home to their own families.

In addition, training of community members in child development, protection and well-being also helps them identify vulnerable children in need of special assistance, and it helps facilitate the inclusion of vulnerable children into CCS activities. CCSs may also provide the space for specialized adult training or education in critical issues, such as health and hygiene, coping with stress, and child development and well-being strategies.

Whenever possible, CCF should work to build and utilize local professional resources from within the community. Use health workers, educators, or motivated and interested adults or youth who want to take on leadership roles in organizing or facilitating the trainings. Generally, following the initial two- to four-day training session for the animators, ongoing trainings of one to two days should be offered monthly. Documentation of training is critical both to planning the next training and tracking progress or regression on specific topics that have been introduced and applied.

Suggested follow-up training topics include:

- Healthy child development/identifying developmental goals for CCS
- Psychosocial needs of children
- Children's reactions to stress and trauma, and strategies to help them cope
- Adults' reactions to stress and trauma, and care for the caregivers
- Innovative play and educational strategies for children of all ages
- Health and hygiene
- Working with vulnerable children (unaccompanied children, physically or mentally disabled, child soldiers or severely affected children)
- Making referrals
- Child behavior management/alternatives to corporal punishment
- Dealing with difficult situations with children
- Identification of malnutrition and other basic childhood health risks
- Introduction to other major threats/risks to children (GBV, separation, recruitment) and possible interventions

See Annex 10 for examples of Additional Training Resources.

Guidelines for Training

- Use participatory methodology to select trainers.
- Select trainers who are positive role models, highly motivated, effective and confident communicators, knowledgeable about children and the local culture and situation, and fluent in local languages.
- Build local capacity by selecting trainers from the affected groups whenever possible.
- Training should be highly participatory, designed to stimulate mutual learning, give local people a voice, valorize culture, and bring forward local beliefs, resources and practices.
- Recognize that local trainers may have internalized a sense of inferiority about local culture.
- Interweave Western and local approaches in training, using the best of multiple cultures to assist children and families.
- Prepare people to participate in program monitoring and evaluation activities.
- Develop the training schedule to fit the needs of the participants.
- Tailor the training methodology to fit the culture and trainees' level of education, remembering that levels of literacy may be very low in the local area.
- Use concrete images, participatory methods such as role plays and dialogues, and simple messages to engage participants and convey key points.
- Training is an ongoing process, and follow-up in the field is essential for ensuring program quality and support of trainees.

Follow-up Support

Follow-up visits to the CCS site offer a unique opportunity to observe how the CCSs are running, how the children are doing and how the community regards the CCSs. For the trainers, follow-up visits are a means of mentoring, seeing how well the ideas and skills covered during the trainings are being put into practice, offering any corrective advice if needed, and providing guidance on how to handle difficult situations. For the trainees, the follow-up visits are a venue for learning and getting much-needed advice on how to handle any problems that have arisen. Effective follow-up visits are supportive in tone and help the staff to feel appreciated and to do their job in a more effective manner.

During follow-up visits to the CCS community, CCF staff can distribute recreational kits and other required materials (if applicable this may be done by partners). CCF staff can also facilitate dialogues with NGOs, government officials and other stakeholders to coordinate additional activities such as health interventions, malnutrition screenings, therapeutic feeding and distribution of non-food items. Once the CCS activities becomes a regular process, CCF staff and CCS animators can discuss activities for the future, including resuming formal education, material inputs and technical support for community development projects.

Guidelines for Follow-up Support:

- Be supportive.
- Identify and correct any inappropriate practices.
- Ensure that all children are encouraged to participate.
- Help identify and advise on particular problems.

Step 11: Quick Checklist Follow-up Training and Support

- Assess additional training needs
- Build and utilize local professional resources
- Ensure that training is highly participatory
- Follow-up visits to CCS to observe and support animators

Step 12: Monitor and Evaluate

Monitoring and evaluation is the process of collecting and analyzing information about the project to determine if its objectives have been met and the desired outcomes have been achieved. Monitoring the progress of the project allows adaptation of the program as needed to ensure that objectives are obtained. Monitoring child protection issues and psychosocial support inputs frequently and regularly (for example, in each monthly report) will help to assess changes in prevalence and types of issues at the CCS and in the community. By gathering and reviewing this information, the effectiveness of the CCS can be observed, allowing for specific needs and issues to be addressed as the CCS continues. The process of monitoring and evaluation generally helps answer the following questions:

- Are we doing what we said we were going to do?
- Are we achieving what we said we would achieve?
- Is the project design sound?
- How can it be improved?
- What were the unintended consequences?
- What outcomes were achieved?

Monitoring and evaluation is an essential component of the CCS. First, monitoring and evaluation provides information to improve subsequent phases of the CCS. Second, it provides accountability to stakeholders, including communities and funders, regarding programming. Third, it helps develop an effective evidence base for CCSs, making it possible for CCF to transfer the learning from one context to others. Finally, CCSs also provide an opportunity for children and youth to be involved in data gathering and data analysis.

Evaluations examine how successful CCSs have been in achieving what they had planned to accomplish. What are the objectives of the CCS? An effective evaluation should look at outputs and outcomes, and preferably at impacts as well.

Annex 11 contains a monitoring tool for UNICEF's Child-Friendly Spaces in Darfur. The tool contains a checklist of basic processes and activities that usually should occur, although the specified CCF monitoring tools developed will reflect the particular context of the emergency being addressed as well as CCF's philosophy. The following should always be included in monitoring:

- Is the area safe and free of debris and dangerous objects?
- Are girls participating?
- Are any children not attending because of discrimination?
- Is the ratio of animators to staff adequate?

Outputs:

Outputs include such things as the number of CCSs established, the number of children attending, the number of animators trained and the number of youth participating in community projects. (See Field Example: East Timor, pp. 59-60).

The following documents can serve as monitoring tools that will help indicate CCS outputs. All of these physical documents should be filed and readily available for review when needed for reports and meetings.

Registration Sheets: A list of all the children, their names, ages and gender, as well as a list of all mothers with young children (ages 0-5).

Attendance Sheets: A list of all the children, their full names, ages, gender, parents' names and contact information, should be on all of the attendance sheets. They should be filled out daily by the CCS animator. If children have stopped coming, the reasons should be investigated. This is something that the Child Well-Being Committee could manage.

Activity Schedule: The activity schedule should reflect the child development and psychosocial goals of the community for their children. The activity schedule should include free time, recreation, expressive activities and time for small /large group discussions.

Monthly Reports by Animators/Social Workers: Monthly reports should summarize the activities that occur weekly at the CCS. Additionally, parents' meetings, NGO meetings, external visits to the center and newly added activities or events that took place that month, should be included. The monthly report also summarizes the attendance, schedule changes, trainings that occurred and challenges faced by the animators. A section of the report should include goals for the coming month.

Outcomes and Impacts:

Outcomes look at changes in domains of children's and youth's lives. These include skills and knowledge (such as learning new health concepts or learning a vocational skill), emotional well-being (such as feeling safe or having hope for the future), and social well-being (such as positive relationships with peers or adults).

Child Protection and Well-Being Outcomes

Children, youth, parents and communities should identify some of the priority issues facing children and youth, and then identify desired goals and outcomes. The aim is to ensure that each age group has a goal that is relevant for their expressed needs. Goals should be determined beforehand through three-, six- and 12-month periods. A goal for each period will help direct the activities and monitor the progress of the children toward these goals and outcomes.

Impacts

Impacts will be related to changes in the lives and experiences of children, families and communities. Impacts are longer term and look at how outcomes affect the lives of children, families and communities after the program has ended. For example, learning a vocational skill such as tailoring may be the outcome, but the impact will be whether the youth actually earns income, is able to perform culturally expected roles, etc. Impact is more difficult to measure and often requires longer follow-up after the end of the project.

Example of Output and Outcome Indicators

Indicators for Children

- Number of children participating in the program (disaggregated by age and sex)
- Level of inclusion measured by number of children participating versus total number of children in community population (disaggregated by age, sex and vulnerability that blocks their access [disability or other])
- Percent of community children attending at least three hours per day
- Level of satisfaction of service provided by conducting surveys/focus groups
- Number of youth involved in peer support with younger children or recreational activities
- The level of application of training in the day-to-day activities, measured by observation or survey
- Percentage of children displaying improved psychosocial status as evidenced by their interaction and relationships with peers
- Percentage of children who are better able to express difficult emotions related to their individual experience
- Self reported increase in self-worth and confidence by those participating in story telling, oral histories and other cultural activities
- Parental reports of children playing more often and being better behaved

Indicators for Animators

- Number of men and women selected
- Representation from different sub-groups
- Number of people trained
- Improvement scores in level of knowledge

Indicators for Community

- Number of community sensitization dialogues
- Community support for CCS
- Community participation in CCS activities

Field Example: Timor Leste — Objectives, Activities and Output Indicators

Mothers /Infants

Objective: Ensure psychosocial well-being of mothers and infants.

Activity: Regular meetings each week for mothers and infants.

Indicators: Number of mothers and infants attending a program each week.
Number of CCSs in which animators are trained on meeting the developmental needs of mothers and their infants in emergencies.

Objective: Ensure adequate nutritional status for mothers and infants in each CCS.

Activity: Nutritional screenings for mothers and infants in the camp.

Indicators: Number of mothers and infants screened.
Percentage of mothers and infants with nutrition deficits referred to a supplementary feeding program.

Early Childhood

Objective: Ensure the well-being of young children (ages 2-5).

Activity: Psychosocial activities conducted for young children each week.

Indicators: Number of young children attending each week.
Number of leaders and animators trained on developmental needs of young children in emergencies.

School-aged children

Objective: Ensure the well-being of school-age children (ages 6-11).

Activities: Psychosocial activities for school-age children.
Hygiene promotion activities.

Indicators: Number of children attending each week.
Number of animators trained in hygiene promotion.
Number of animators trained on developmental needs of school-age children.

Youth

Objective: Ensure the well-being of young people from ages 12 - 17.

Activities: Form youth clubs in each camp.
Conduct cultural activities and sports.
Engage youth in non-violent conflict resolution.
Engage youth in problem analysis.

Indicators: Number of adolescent girls participating in youth clubs.
Number of adolescent boys participating in youth clubs.
Number of youth service programs started.
Number of service activities.
Number of youth trained in conflict resolution skills.
Number of youth trained in hygiene promotion.

Step 12: Quick Checklist Monitor and Evaluate

- Choose/develop monitoring tools to measure outputs:
 - Registration sheets
 - Attendance sheets
 - Activity schedules
 - Monthly reports
- Identify priority issues with the community to measure outcomes
- Identify long term impacts to be achieved

Step 13: Transition out of the CCS

The Child Centered Spaces should be considered a phased approach in emergencies. The initial start-up may look very different from what is taking place a year later.

CCSs may evolve over time along with the needs and priorities of the community. Three-month and six-month intervals may be useful for evaluating next steps, given the rapidly changing post-emergency environment. CCS activities in various countries have either continued, stopped or evolved as communities have moved into more stable post-emergency phases. For example, following the earthquake in Gujarat, India, CCSs initially served as an important area for children to safely meet and gather. However, rapid rebuilding of homes and villages soon became the priority, and the decision was made to close the CCSs as other, more permanent structures for children were being created.

Before transitioning out of the CCS, it is important that there be sufficient capacity building at the local level so that the needs of children and youth will continue to be met. It is also crucial that all relevant players be involved in the transition – local communities and families, government structures, local organizations and international NGOs. The following case study is an example of a successful transition where all relevant players built a sustainable program:

Transitioning out of the CCS: Field Example from Afghanistan

In Afghanistan, communities were reassessed three months after the start of CCSs, in an effort not to compete with the opening of formal, government schools, and to determine the best use of CCS activities. Communities emphasized the importance of continuing CCS informal education activities in areas where children did not have access to formal school, and establishing youth and adult literacy courses for both men and women. The program evolved and expanded to meet these needs. Care was taken not to pull teachers away from the formal schools, and CCS staff were given stipends. Operating hours were timed so that CCSs for school-aged children were not run during school hours. CCSs are now recognized as an important complement to the government educational and literacy programs. Establishing strong relations with local Ministry of Education officials was also essential in the smooth transitioning of programs and meeting the needs of the educational system in reestablishing a functioning school system.

It is important to engage the community and the government in additional planning for children. Some of the options for the continued use of the CCS structure would include:

- Post conflict schooling facility
- Community center
- Youth center
- Recreational center
- After-school activity center

Step 13: Quick Checklist Transition out of the CCS

- Ensure sufficient capacity building of the community
- Engage the community in planning the transition
- Engage government, schools, and other local institutions

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Annex 1

CCF CHILD PROTECTION ASSESSMENT FRAMEWORK

INTRODUCTION

There are varying ideas and models for assessment methodologies. Processes can also become very bogged down trying to agree on specific questions to be included in an assessment. The following is a suggested framework offered in the spirit of stimulating dialogue. Key issues to be discussed and decided by the group to take the process forward, and before an agreed methodology can be finalized, include:

- It is suggested that a minimum number of key questions be included under each category and asked in every location. For consideration by the group: the number and depth of questions to be consistently asked in each location. Positives: increases consistency in diverse locations, can be easier for national staff with limited assessment experience to collect concise information, and makes pulling a unified report together easier. Negative: too many set questions might restrict flexibility and may be difficult to agree among all agencies in a short preplanning meeting;
- It is recommended that, at the preplanning meeting, the categories and key bullet points or main issues under each be agreed upon and finalized. This ensures consistency and assists with the formulation of the final regional and national report formulations. It is suggested that each individual agency add additional or specific questions under each category to facilitate getting the information identified as central to the assessment, based on the agreed bullet points;
- The extent to which the assessment should investigate sectorial information (i.e. health, watsan, shelter etc.) in this assessment. It is not advisable to ignore these sectors, and it is advantageous to investigate from a child focused assessment. However, other sectoral assessments will be carried out and too much information on these issues in this assessment may bog down or distract from the process of investigating more in-depth child protection issues;
- Issues related to geographical overlap and/or gaps in coverage for the assessment. Also, discussions related to how extensive the coverage should aim to be in each area, and anticipated time frames are helpful to clarify during the preplanning meeting; and
- Any other key issues on which a unified agreement would be beneficial to the assessment process.

Since there are varying definitions of protection, to establish a consistent starting point, the following definition is offered as a possible framework for the assessment.

Assessments are not neutral but are “interventions” in themselves.

An ethical approach to conducting assessments demands:

- A commitment to follow-up action, if required;
- Refraining from taking over if communities can cope, unless the community's response violates the basic rights of children;
- Foresight regarding potentially negative impact of the exercise: avoid methodologies that risk stigmatizing children, endangering them in any way or increasing family separation. In extreme cases, assessments may even endanger the safety of these children, for example, by attracting the attention of groups that prey on defenseless children;
- Refraining from setting up false expectations.

[Adapted from S. Uppard Save UK, PROTECTION notesforassessment.doc]

PROTECTION DEFINITION – *(Developed by Interaction's Protection Working Group, of which IRC, Save US, WV and CCF are active members)*

Protection consists of ensuring the fulfillment of basic human rights and enabling human well-being, particularly in regard to vulnerable people such as women, children and displaced people. Protection includes reducing physical, emotional and social risks; supporting emotional and social well-being; providing equal access to basic services; and promoting the rights and dignity of individuals, families, groups and communities.

The following are elements of protection as envisioned by Interaction's Protection Working Group:

- I. Integration of protection activities for women and children across humanitarian delivery sectors.
- II. Helping to foster a secure and stable environment for displaced people, women, children and other vulnerable groups.
- III. Support for community-driven processes and networks of protection that activate and build on local groups and resources.
- IV. Making rights a reality through programming, education, advocacy, capacity building, and influencing policies and practices.
- V. Support for full participation in protection activities by vulnerable people, particularly women and children.

Assessment Objective

The objective of this child-focused assessment is to provide a situation analysis and needs assessment that analyzes children's situations, maps key risks and child protection issues, and identifies particularly vulnerable groups, coping skills and mechanisms, and local assets for supporting children.

Assessment Scope

Generally the purposes of the assessment and agreed methodologies for participatory assessment are:

- I. To build a broad and immediate picture of child protection and well-being;
- II. To identify emergency issues requiring immediate follow up;
- III. To provide information and make recommendations to help guide practices and programming aimed at addressing critical issues affecting children and their families during the process of recovery and societal rebuilding;
- IV. To inform the development of longer-term recommendations on policy and practice.

The assessment, therefore, is not an end-point but is part of an ongoing process of progressive information collection and sharing, program development and advocacy in a region that will likely continue to undergo many rapid and complex changes.

In addition to assessing the general situation of children, mapping trends, identifying potential risk factors and particular vulnerable groups, there are a number of other issues that are critical in achieving a holistic picture of child well-being. It must also address develop effective interventions, prevention measures and appropriate policies and practices. In emergency situations, often overlooked yet critical issues include identifying and providing information on:

- Local knowledge, attitudes and practices – including traditional healing or health-related beliefs and practices, local ritual and mourning practices, – rites of passage, and cleansing or spiritual practices that relate to or affect children;
- Scope and patterns of entry (push and pull factors) and exit routes or alternatives regarding particular vulnerable groups;
- Children's resilience, and child, family and community coping mechanisms, strategies and structures;
- Indigenous civil society mechanisms that support children (i.e. women's groups, mosques, youth groups);
- What children identify and prioritize as their primary needs and concerns, and their suggested action plans.

Throughout the assessment it is essential that in addition to identifying issues and potential avenues related to the prevention or cessation of risks and other negative factors, a focus should also be maintained on ways of identifying and promoting positive, protective elements within the environment where children live.

Throughout the assessment process, children, their caregivers and communities should also be recognized as active agents in identifying and building systems of protection and well-being. Also, a long-term view of promoting and creating an environment that supports children's positive development and also makes a reality of children's rights, should always be kept in mind during the process of collecting information, formulating recommendations, and planning effective interventions and policies.

Knowledge, attitudes and practices (KAP) are pivotal to assessment information collection and intervention design and implementation. An intervention or assessment that identifies needs or takes care of the technical issues but does not take KAP into account is unlikely to achieve optimal impact. Good KAP information is critical to understanding why people do what they do, and to involve people in designing acceptable interventions. KAP is not a data-collection method. rather it is an area of enquiry to be approached by various methods.

Source: Save UK

Suggested Methodology Approaches *(The following was taken from Consortium Afghanistan and Angolan assessments, and in keeping with/drawing from methodologies set out in Save UK draft emergency assessment manual, UN documents, the World Bank Watching Brief for Social Sectors in Iraq proposal and other assessment resource materials)*

Framed by the U. N. Convention on the Rights of the Child, the following suggested methodology reflects inter-agency dialogue and collaboration, both immediate and extended. The methodology also utilizes an integrated and holistic framework of child well-being and protection. This includes a wide variety of issues and sectors ranging from those that impact a child's basic survival to those affecting the normal emotional, social, physical and psychological development of children and adolescents. This includes cultural, traditional and emerging practices and beliefs, along with existing and affected coping mechanisms. In addition, the situation of particular vulnerable group should be investigated in each location. *(A sample list of vulnerable groups drawn from various assessments and resources is provided in a subsequent section for review and finalization by the assessment teams. See page 75.)*

As set out in the proposal outline, the assessment should attempt to collect quantitative information gathered during the assessment interviews and through a review of existing data and information collected by other agencies working in the area. A review of existing data will identify gaps, which will then guide the collection of new data.

KEY REMINDER: All data should be desegregated by age and gender to facilitate the mapping of trends and to identify potential or differing patterns or risks among children.

The assessment will also collect qualitative data. The use of multiple methods is recommended. For example: structured and semi-structured interviews with key informants and randomly selected groups of women, children and gender segregated adolescents; smaller focus group discussions with elders, women, parents, children and young people; transect walks; observations and descriptions of local conditions and case studies.

A suggested and frequently used approach to widen child protection assessments is to collect information using a funneling strategy. The essential first step

of collecting existing information involves meetings and dialogues with diverse agencies. This means that teams must work their way through local networks and following leads established through contacts with each agency. Through dialogue with the Iraq government representatives (where appropriate), UNICEF, UNHCR and other agencies, including local agencies and international NGOs, various at-risk groups of children could be identified in particular areas. This information is then used to define gaps in understanding that guides the collection of new data. This strategy entails moving from the general to the particular, using existing data and avoiding duplication of effort and filling in gaps of information.

Sampling should include a mixture of rural and urban areas and of gender- and age-specific groups. Within a particular village or area, multiple group discussions are best conducted for purposes of triangulation and to develop a more comprehensive understanding of the context, issues and situation of particular groups. Visits to villages typically begin with meetings with elders, teachers and other key informants to obtain a broad overview of the situation of children, and these are then followed by more focused discussions with particular targeted and/or at-risk groups.

Purposive sampling is suggested to collect information from key informants such as elders/leaders, health workers, teachers and field-based staff or volunteers. Opportunistic and random samplings are also suggested to build on and verify the information collected during group discussions, and to collect data in unexpected situations. Also, snowball sampling can be used to build the information through networks suggested by participants.

Criterion-based, cluster sampling is suggested to focus on key vulnerability groups (e.g., IDPs and/or refugees, separated children, orphans, street/working children, etc.) and to explore specific issues identified in a particular area as critical and in need of additional investigation. *(For example, in Afghanistan if discussions with key informants indicated that disabled street children were numerous and faced high risks, but no written reports on their situation were available, then discussions with groups of disabled street children became a priority. Similarly, no data was available on children in detention, which raised the priority of collecting new data on that issue.)*

Next, interviews and focus group discussions are recommended with members of the relevant groups, such as women, adolescents, children and specifically identified vulnerable or at-risk groups. Throughout the assessment, it is recommended that the teams take an ecological approach that recognizes the interdependence of children's well-being with that of their primary caretakers. For this reason, vulnerable groups can be defined broadly to include not only groups of at-risk children, but also to include groups such as war widows, many of whom often live in abject poverty and are rearing children. In some cases, village elders or government officials can bring together a group of at-risk people such as widows, which does potentially introduce associated risks of bias. To reduce such bias, the interviewers can also construct their own focus groups, talking with randomly selected focus group members in urban areas and villages.

Individual (or two- to three-person) interviews are also suggested with women leaders, mine victims, widows, teenagers, teachers, community leaders and parents in settings such as hospitals, schools and homes. These interviews or focus groups could be carried out during transect walks to triangulate and compare information collected from focus groups.

Visual techniques are also very common in participatory research. Children, including those who are not literate, can use these techniques to describe their environments, life situations, preferences and past histories. Mapping is a very commonly used visual technique. This involves sitting down with a group of children or adolescents and asking them to visibly represent their communities and how or where they spend their day. This is achieved by having children draw maps of their community and marking risk areas, regularly visited areas and/or favorite areas. Maps can give information about a local environment or a child's own place in a community. Default mapping also demonstrates areas children don't frequent. The maps can then be used as a stimulus for discussions around the respondents' interpretations and explanations. An advantage of mapping is that it does not assume that the children are literate. The young people are asked to represent their lives in ways that are meaningful to them, rather than to adults.

Suggested Focus Groups (Although at times easier said than done, generally it is suggested that groups be limited in number to a maximum of 20. Smaller sub-groups should be limited to 10 or fewer.)

COMMUNITY LEADERS/ELDERS – As a gateway into the community, to collect general situation and background information, to explain purpose of assessment and with what other groups you hope to meet.

OTHER COMMUNITY REPRESENTATIVES (i.e. religious leaders, teachers, health workers, women's groups) – To collect information regarding certain issues and to identify potentially vulnerable groups.

WOMEN – Sampling from community or section of community comprised of mixed age and married/single (suggested that meeting with women and adolescent girls group be held in a location that allows privacy away from male on-lookers/listeners).

ADOLESCENT GIRLS (approximate ages 12-16/18) – Sampling from community and mixture of school attendees and non-attendees.

ADOLESCENT BOYS – As above but meet separately from girls.

MIXED GENDER CHILDREN (approximate ages 5-11) – Sampling from community and mixture of school attendees and non-attendees.

It's suggested that smaller (focal) groups be drawn from larger groups or selected separately after general group interviews to pursue more private/sensitive

discussions about particular issues. Similar issue discussions can additionally be pursued in randomly selected household interviews or during transect walks.

- **VULNERABLE GROUPS** - If possible or present in location interviews with selected members of identified vulnerable or at-risk groups to discuss their specific situation, and entry and exit patterns or issues. (A suggested list of identified vulnerable groups is included in a subsequent section.)
- **POPULATION SUB-SETS** – Representatives from various sub-set groups, (i.e. IDPs, refugees, host communities, etc.)
- **FEMALE SUB-GROUPS** – Smaller sub-groups of women and ones for adolescent girls to discuss sensitive or more female-specific issues.

POSSIBLE METHODOLOGY FRAMEWORK

The following layout of categories/issues is not intended to reflect the order in which they should be investigated. Alternately, more complex or central issues that will likely not be included in other assessments are presented first.

As stated in the introduction, the following are offered in the spirit of stimulating dialogue. The categories and issues are drawn from a number of assessment resources, and a few sample questions are included under various categories. The following is not intended to provide a fully comprehensive or all-inclusive list of questions. It is assumed that specific details or questions will be worked out with national teams in each geographical location. A pool of documents is included as an attachment to this document, which is provided as reference materials. These can be drawn from and/or added to by individual assessment teams to develop specific assessment tools to be used in their fieldwork.

It is anticipated that the issue of whether categories or key bullet points under each category should be removed, added or expanded, will be extensively discussed and decided by the assessment group at the preplanning meeting.

SECTORS, CATEGORIES AND VULNERABLE CHILDREN

General Psychosocial or Emotional and Social Well-Being Information

- **Coping Mechanisms (used prior to event)**
- **Roles of Children, Women, and Family in the Community**
- **Support Networks (pre exiting and current)**
- **Changes/Effects Due To Recent Conflict**
- **Play (types of activity, locations and desires)**
- **Community Roles/Attitudes**
- **Local Terms For Children & Emotions, Etc.**

- ☐ How do boys of different ages spend their time?
Under 6 years
Ages 6-12
Ages 13-18
- ☐ How do girls of different ages spend their time?
Under 6 years
Ages 6-12
Ages 13-18
- ☐ Do children in this location have time to play?
 - If yes, what are the most common games?
 - Are there places/spaces in this location for children to play?
- ☐ Are there lots of boys or girls between the ages of 12-18 with nothing to do?
- ☐ What are the local terms for “sad” or “unhappy” or “depressed”?
- ☐ Are there children in this location who are sad?
- ☐ Have relations between parents and children recently changed?
 - If yes, in what way?
- ☐ Has the behavior of children recently changed? If so how?
- ☐ Do children have difficulty sleeping?
- ☐ Do they have nightmares?
- ☐ Are there children who fight a lot or are more aggressive?
- ☐ Do any children have trouble leaving their parents’ constant company?
- ☐ Are there children who spend most of their time alone?
- ☐ Are there children who are more fearful or afraid? Anxious?
- ☐ What are parents’ definition of what constitutes a “good child”?
- ☐ What are children and youth’s definition of what constitutes a “good child”?
- ☐ What do parents do to raise “good children”?
- ☐ Are there other adults who help children learn good behavior?
- ☐ Who do children go to for support or if they have problems?
- ☐ How do parents or other adults discipline children? *Ask children and adults, and compare answers.*

- ☐ What are the most common worries of children and adolescents? *Ask children and adults, and compare answers.* What are the most common or highest risks for children or adolescents?
- ☐ What do children usually dream about at night? *(Only ask children themselves.)*

Youth

- Past and present roles and status in society
Relationships to adults and children
- Key risks and concerns
Involvement in risky behavior
- Sexual health knowledge and practices
Opportunities for employment & education
- How youth envision their future
- Do they have a voice in decision structures
- Youth activities/opportunities in the community and how they spend their time
- Community recognition of youth with special needs as separate category of development

- ☐ Are there any youth represented in decision making or leadership structures?
 - If yes, how many and what are their role(s)? If no, how do youth have issues of concern addressed?
 - Are there any youth groups? If yes, how many and what do they do?
- ☐ Have there been changes in the roles of youth or how they spend their time?
- ☐ Have there been any changes in relations between youth and adults?
- ☐ Have adults noticed any recent changes in youth's behavior? If so, what or in what way?
- ☐ Are there any youth engaging in risky behavior including unprotected sex and drug usage?
 - If yes, how many (age and gender breakdown)?
- ☐ What services/activities exist in the community for young people?
- ☐ What are some of the problems or risks faced by youth in this community? *(Ask both youth and adults, and compare answers.)*
- ☐ At what age do girls in the community generally get married?
- ☐ Has this age changed recently? If so, what has been the change and why?
- ☐ Have there been any classes or instruction offered to youth on sexual or reproductive health or on parenting skills? If so, when and by whom?
- ☐ Who usually instructs a teenage girl on such matters?

- ☐ Who instructs teenage boys? Has this recently changed? If so, how or in what way?
- ☐ What are youth's main concerns or worries for the future?
 - What, if any, opportunities do youth see for their future?

Local Culture

- | |
|---|
| <ul style="list-style-type: none"> • Language, religion and customs • Particular traditional or local rituals and practices related to or affecting children • Key traditional actors or resources in the community • Recent changes to traditional practices or rituals • Has the structure or role of the family recently changed • Traditional health practices and/or beliefs |
|---|
-
- ☐ When someone dies what are the local ritual and mourning practices?
 - Have these changed or are they still being practiced?
 - Do children participate?
 - If yes, how?
 - ☐ What are some of the bad things that have happened in the past that have affected the community?
 - What did people do or what practices helped?
 - ☐ What are some of the good things that have happened in the past that have been positive for the community?
 - ☐ Are there key people (spiritual, traditional healers, etc.) that residents turn to in this location for help?
 - ☐ Are there any rites of passage, cleansing or spiritual practices specific to children?
 - ☐ How do children become adults? (Are there any practices or stages they have to go through?)
 - Has this recently changed? If yes, how and why?
 - ☐ When a child is raped or has killed someone, are there any special rituals or practices that need to be done?
 - Has this recently changed? If yes, how and why?
 - ☐ Are there other situations in which special rituals for children are performed?
 - Has this recently changed? If yes, how and why?
 - ☐ Seek out information on different local or traditional beliefs related to child health practices.
 - ☐ Has the role of the family or family members recently changed? If so, how or in what way?

Some questions related to issues set out in the following two categories are included in other sections. It is recommended, however, that similar or related questions are included in multiple sections or are posed to various groups for the purposes of comparing answers and to triangulate information.

Threats, Risks & Vulnerabilities Related to Children and Youth

Through funneling and/or preliminary interviews or mapping exercises (as described in the section on methodology), it is anticipated that inquiries will be made to determine if any of the following are prevalent issues in the area for children and/or youth. If so, then further investigation or in-depth interviews would be instigated to acquire more information and to determine trends, prevalence, push and pull factors, etc.

- Landmines
- Trafficking
- Sexual violence (boys or girls)
- Gender-based violence (domestic and other non-sexual threats)
- Sexual exploitation
- Child labor
- Abduction
- Forced recruitment
- Corporal punishment or other negative child rearing practices
- Separation risks
- Early marriages
- Environmental risks (drought, traffic hazards)
- Ethnic tensions, other non-war related conflicts (political, tribal, etc.)
- High crime
- Drug abuse
- Prostitution or increase in unprotected sex among adolescents
- HIV/STDs
- Any other issues resulting in the persecution of children
- Other parental worries
- Other risks/threats particularly any identified by children

VULNERABLE CHILDREN *(List taken from Sub-regional CP meeting in Beirut and other country CP assessments)*

Initial inquiries aim to determine if any of the following groups exist in the area. If so, then more detailed questions would be pursued with various sources and, if possible, focal group discussions would be held with children or youth from these groups.

- Street Children *(Children working and living rough or away from family or usual caregivers)*
- Working Children *(Children working on the street but going home at night)*

- Separated children¹
- Children in residential care
- Orphans (*in the community or institutions*)
- Children associated with the fighting forces (*current and former soldiers, laborers, abducted girls, etc.*)
- Children with disabilities (*physical or mental*)
- Female headed households
- Child headed households
- Children/youth in conflict with the law
- Children deprived of their liberty (liberty, freedom, rights)
- Minority children
- Girl children
- Child asylum seekers
- HIV/AIDS affected children or children whose parent(s) are HIV/AIDS affected
- Children born out of wedlock
- Children from mixed marriages
- Other vulnerable groups identified by community and children

Resources and/or Assets – agencies, local government, community structures/groups, etc., present in the area.

Host Communities – in areas where IDPs/refugees are living in communities, ask questions of host communities about attitudes, concerns, relations, etc.

Repatriation or Resettlement Issues

Sectors – Discrimination in access to basic services, etc. (*depth and scope of questions to be discussed by group*)

- Health & nutrition
- Shelter
- Food security
- Water and sanitation
- Education – formal & nonformal/vocational
- Economic/livelihoods
- Non-food items

Demographics – general population information for above categories.

Children – specific age and gender statistical information relevant to children, particularly vulnerable groups.

Current and Previous Community Structures – community committees, tribal/religious leaders, women, youth or children's groups, PVOs, local NGOs, etc.

Government Structures/Ministries Involved in Children's Issues – who is doing what, previous/current role.

¹Children separated from their parents or without their previous legal or customary primary caregiver, but not necessarily separated from other relatives. They may include children accompanied by other adult family members.

Annex 2

UNICEF RAPID CHILD PROTECTION ASSESSMENT FORM

USE YOUR JUDGMENT IN COMPLETING THIS FORM. DO NOT TRY TO FILL IN EVERY BOX. YOUR INFORMANTS MAY NOT FEEL SECURE OR COMFORTABLE GIVING INFORMATION ABOUT SOCIALLY OR POLITICALLY SENSITIVE ISSUES. ONLY SEEK INFORMATION ABOUT SENSITIVE ISSUES IF YOU FEEL YOUR INFORMANTS ARE COMFORTABLE AND SAFE, YOU SEE VISIBLE SIGNS NEEDING EXPLANATION, OR INFORMANTS SHOW SIGNS OF WANTING TO RAISE ISSUES THEMSELVES.

For the purposes of this assessment, a child means any person under the age of 18. Make this clear to informants.

PLEASE URGENTLY SEND A COPY OF THIS FORM TO YOUR NEAREST UNICEF CHILD PROTECTION OFFICER

Date of visit: (dd/mm/yy) ☐☐☐/☐☐☐/☐☐☐ Assessor's Name: _____

Organization: _____

Is this an area or a site? ☐ Area ☐ Site

Is this location rural or urban? ☐ Rural ☐ Urban

Estimated Population: _____

Town/Village: _____ P-Code: _____

District: _____

Governorate: _____

Latitude: _____ Longitude: _____

Source(s) of Information: _____

Reliability: ☐ Low ☐ Med ☐ High

1. Direct Threats to Life

Are there any reported cases of children...

- killed in this conflict? ☐ None ☐ Some ☐ Many
- injured in this conflict? ☐ None ☐ Some ☐ Many
- missing? ☐ None ☐ Some ☐ Many
- injured by landmines? ☐ None ☐ Some ☐ Many

Who is taking action about UXO/landmines?

2. Access to Essential Services

(Particularly vulnerable children may include, but are not limited to, separated children, street children, girls, disabled children, child headed households, minority children and children in institutions.)

Are there groups of children without access to...

- food? ☐ Yes ☐ No Who
- water? ☐ Yes ☐ No Who
- shelter? ☐ Yes ☐ No Who
- health care? ☐ Yes ☐ No Who
- education? ☐ Yes ☐ No Who

Have these cases been reported? ☐ Yes ☐ No

To which organisation?

3. Separated/Missing Children

(Separated children are those without both parents or without their previous legal or customary primary caregiver, but not necessarily separated from other relatives. They may therefore include children accompanied by other adult family members.)

Are there any reported cases of...

- separated children? ☐ None ☐ Some ☐ Many
- families missing children? ☐ None ☐ Some ☐ Many
- children sent away to safe places? ☐ None ☐ Some ☐ Many

Have there been large population movements? ☐ Yes ☐ No

Have families generally moved together as a group? ☐ Yes ☐ No

Are there groups of children living together without adults? ☐ Yes ☐ No

Do they include children less than 5 years of age? ☐ Yes ☐ No

3 Are there individual adults who have assumed care responsibility for a large group of children? ☐ Yes ☐ No

Give details

List any organizations taking care of separated children

4. Children Associated With Fighting Forces

Are there reported cases of boys taking part in this armed conflict? ☐ None ☐ Some ☐ Many

Are there reported cases of girls taking part in this armed conflict? ☐ None ☐ Some ☐ Many

Where were these children during the conflict? ☐ Nearby ☐ Far away

What has happened to these children?

- ☐ Returned home ☐ Still absent
- ☐ Injured in the conflict ☐ Taken as prisoners of war

5. Children in Residential Institutions

Are there children here in any of the following types of institutions?

- for disabled children ☐ Yes ☐ No
- orphanages ☐ Yes ☐ No
- juvenile centers ☐ Yes ☐ No (children in conflict with the law)
- adult prisons ☐ Yes ☐ No
- other

What is the total estimated number of children in institutions here?

☐ 1-10 ☐ 11-50 ☐ 51-100 ☐ 100+

Are staff present and caring for the children? ☐ Yes ☐ No

Do they have adequate food and water? ☐ Yes ☐ No

Please write name and location of institutions on the back of this page.

6. Additional Protection concerns

Are there other serious protection concerns for girls not identified already above?

Are there other serious protection concerns for boys not identified already above?

Please write the names of any organisations working on child protection issues in the area:

7. Please Use Back of Form for Additional Comments

Annex 3

Community Mobilization Guide: Afghanistan

ChildFund Afghanistan
February 2005

Mobilizing communities to promote child protection and well-being is a significant challenge that takes time and effort. As the situation in Afghanistan changes, community mobilization will be an ongoing process that evolves together with the return of displaced people, changes in the economic and political context, and learning from experience in previous programs. This overview of community mobilization is intended to provide guidance and practical suggestions that will enrich ChildFund Afghanistan (CFA) programs, maximize program impact and increase sustainability of our work on child protection. This module will first provide a conceptual framework for community mobilization, followed by practical suggestions of steps for mobilizing communities in an effective manner.

What is community mobilization?

Community mobilization is a process of enabling people to engage in collective planning and action to address a problem or to achieve a defined goal. The process builds on community members' self-reliance and self-determination. In the context of NGO work, it means that the community members themselves define the problem or goal, and then plan and conduct the work that is needed to alleviate the problem or achieve the goal.

For many people, the term "community mobilization" means first having an open meeting in a village in which everyone discusses a problem of child protection. Afterward, people are motivated to achieve a common goal and collaborate to address the problem. Most often, this is not how community mobilization occurs. To see why, one needs to think carefully about what a "community" is. The term "community" suggests that there is some unified thing—a community—that consists of very similar members or people who share a common purpose, vision, or history. In fact, a community may be a village that consists of different ethnic groups with a history of conflict. Also, a community that looks to an outsider as one unified group may in fact consist of sub-groups such as women's groups, youth groups, a shura (local religious leader) or other groups. Since a community consists of different sub-groups, which may have different ideas, priorities and agendas, it is not useful to think of community mobilization as activating everyone at the same time. Instead, it is valuable to think in terms of activating and empowering numerous sub-groups using different tools and approaches. Over time, new groups form and old groups may change. This means that community mobilization is not something that is done only once. Mobilization is an ongoing process, and it may require new strategies as the community changes over time.

To summarize, community mobilization involves:

- Collective empowerment
- Activation of different sub-groups
- Planning and action by local people to achieve their own goals
- Community ownership and management of projects
- Ongoing, dynamic processes of collective activation

Why take a community mobilization approach?

A community mobilization approach is valuable because it fulfills people's right to participate and to determine their own future. Often, it enables groups to create local solutions to local problems. These local solutions will probably be more sustainable than outsider solutions that do not fit well with the local situation, culture and practices. When communities themselves define the problem, set common goals and work together on their own program to achieve the goals, the communities change in ways that will last after the project ends. Since they are seeking to achieve their goals using their methods, their work on child protection is likely to continue even after funding and support from CFA has ended.

What is the role of CFA?

CFA's role is not to tell local villages how to address child protection, be the "protection police," or provide protection services for communities. Instead, CFA is a catalyst or facilitator that enables local communities to see child protection as a high priority and to organize themselves for planning and action to reduce and prevent protection threats to children and families.

CFA plays an important role in motivating people, building their capacities and assessing the program results. CFA builds local capacities by helping local people define their own solutions and learn from the experiences and methods of communities in other countries. In addition, CFA provides valuable training and follow-up support. Capacity building may also involve helping people learn how to assert their rights more effectively and build effective linkages between various child protection partners, and between the Afghan government and rural villages. CFA can also provide another perspective regarding the work of a particular village, helping the villagers assess the impact of their methods and activities on children's protection and well-being. CFA's role is not to create CFA programs but to encourage and enable villagers to design and implement effective child protection programs with CFA support. In this process, CFA works with various sub-groups over time, adapting strategies to fit the sub-group and changes in the local context. In summary, CFA's role is to:

- Motivate people to address child protection issues
- Build local capacities for child protection
- Strengthen networks of child protection
- Increase children's and youths' ability to assert their rights
- Help evaluate the impact of child protection activities

Challenges in Community Mobilization

Power differences are the greatest challenge to effective community mobilization, partly because these differences are difficult to see. A well-intentioned NGO worker may think he has been successful in mobilizing a community when the reality is that he has not. For example, he may convene a community meeting in which people become highly motivated to assist children and organize themselves to address child protection issues. This may look like a big success, but in fact it may be only a partial success or even a problem. Maybe the people who attended the meeting represented only one of several sub-groups in the community, while others were excluded. Maybe only the relatively wealthy people participated, keeping the poorest people silent and invisible. When this occurs, the NGO worker's effort becomes part of a system of discrimination that is the enemy of empowerment and full participation.

For this reason, it is essential to identify the various sub-groups within the community and also to analyze who holds the power. It is also important to see through the reasons given as to why others are not included. For example, some Afghan people say that the poorest of the poor cannot participate in meetings because they have no time and are occupied with feeding their families. But poor families frequently tell a different story and say they want to participate.

Gender equality—including women and girls as well as men and boys—is also a major challenge. Community mobilization is a flawed process if it includes only men or mainly men. CFA has addressed this problem by forming separate men's and women's child well-being committees (CWBCs). Although this is an acceptable strategy, its implementation requires constant monitoring to ensure that women's voices are not less important than men's or that the women's projects are not marginalized.

Ensuring children's full participation is a third significant challenge. In Afghanistan, as in most countries, adults typically say they know what children's main needs are and try to guide children to respond in the "correct" manner. As a result, children's voices may not be heard. This violates children's rights to participate and is unacceptable since children make up nearly half the people in Afghan villages. Even when children participate, there is a tendency for older children to speak up and to have more influence than younger children. CFA staff need to monitor these problems on a continuing basis and take steps, when necessary, to increase both girls' and boys' participation.

Ultimately, each of these issues connects with problems of power. The process of bringing marginalized groups forward into the dialogues tilts the balance of power, which can increase conflict or provoke backlash at the village level. This is no reason to give up on including everyone in the mobilization process, but it suggests the need to manage potential conflict throughout the process.

Key Action Steps

Specific action steps are useful in conducting community mobilization in an effective manner. Many of these steps need to be applied repeatedly or on a periodic basis.

Learning about community composition, organization and leadership

An essential first step is to learn about community composition, organization and leadership not only at present but also in the recent past and the more distant past. Comparing these time frames helps show traditional structures and identify changes in demographics, leadership patterns, and sub-groups that could create tensions, increase conflict and influence protection issues. Also, the time frames can help people reflect on whether they are moving in the right direction or have forgotten their traditions and former vision of how communities should be. These time frames can each be explored in the context of a timeline that also identifies major events in the wider political and social arena. How far back to go is a matter of judgment. In Afghanistan, it would be useful to explore at least one time period prior to the Soviet invasion.

For each time period, identify who made up the community, asking how many families there are/were, what were the percentages of different ethnic groups, the percentage of women and children, etc. Regarding organizations, ask whether the community had various committees, structures, or sub-groups, and invite people to describe how these operated. Regarding leadership, it is useful to ask who were the village leaders, how they came to be leaders (e.g., were they elected, selected by someone, etc.), and how respected they are/were by different community members. The latter is best judged by discussions with different sub-groups within the community, as discussed below.

Learning about community power structures

Defined broadly, power is the ability to have influence in moving toward a goal. In this sense, Gandhi had great power even though he was not an official leader. Similarly, many people have power because they influence public opinion—these are called opinion leaders. Others have power because they serve as gatekeepers whom outsiders must convince or win over if their projects and ideas are to take root in the community.

A useful starting point in assessing community power structures is to identify not only people in obvious or official positions of power (e.g., commanders, shura members) but also the people in the community who are influential or who are change agents. These may be people who wield influence in different domains—education, religion, security, health, etc. Also, for each sub-group, there tend to be particular leaders, either informal or formal. For example, women's groups and youth groups tend to have identifiable leaders or members who are seen as spokespeople for their sub-group.

Learning about community power structures—power mapping—is like identifying levers that one can use subsequently to mobilize particular groups. If religious authority is needed to support work on a particular child protection issue, then one needs to know who are the key religious authorities and influence agents. Also, if important child protection issues become apparent in health posts and clinics, it is vital to know who are the key leaders on health issues who could help gain support for child protection initiatives.

Scenario analysis is one useful tool for identifying which groups wield power in key decisions in various areas. For example, one can ask groups of village adults, “Suppose the village learned that the area would be flooded in several days. In this village, who would decide what the village should do?” Or, “An NGO offers the village resources to build a school. In this village, who would you look to for guidance in planning the school and how it would be used?” Or, “A mosque has been destroyed and people want to build a new mosque. In this village, who would decide where the new mosque would be and how it should be designed?” By asking these and similar questions of different groups, one learns which people and groups (for example, the shura, teachers, education committees, etc.) make the key decisions in particular areas. Admittedly, this is an informal process, but in practice, particular names or groups come up repeatedly, thereby indicating that they wield significant influence in particular contexts.

Also, it can be very revealing when different sub-groups give different answers. For example, most people in a village may look to the shura for guidance on very important issues that affect the entire village. But if the poorest of the poor feel excluded, they may not look to the shura or other official leaders for guidance. In such a case, one must think of multiple sub-systems of leadership and power. Similarly, if a village were divided ethnically, Tajiks might look to one person or group for leadership and guidance while Pastun people look to others for leadership and guidance. This would indicate there are different sub-systems of leadership and power. Being able to identify and work with these different sub-groups is key for community mobilization.

Another way of mapping power by areas and sub-groups is to build a matrix or table such as that below.

Group	Education	Health	Security	Religion	Children
Men					
Women					
Ethnic sub-group 1					
Ethnic sub-Group 2					
Teenage boys					
Teenage girls					

Each cell of the matrix is filled in by asking men, for example, “who are the important religious leaders in the community?” Or “to whom do you go for spiritual or religious advice and guidance?” Similarly, in regard to women and education, one can ask, “which women are most influential in education?” Or “if the village were going to plan a new school, which women in the village would you want to participate in the planning?” Or “who would you go to for advice and guidance regarding education?” Typically, particular names appear repeatedly in regard to a particular cell. These names are then entered, and the process is repeated over time until the matrix is filled out. The matrix can be large and detailed or smaller and more general, depending on one’s purpose. At the end of the process, one has a map of the key people who have to be activated or who need to become champions of projects, such as child protection, in order to mobilize particular sub-groups.

Assessing and building inclusion

As community patterns evolve and change, it is vital to keep track of who is excluded and to work for their inclusion in community planning and action. Usually, each village has “key informants”—people who know a lot about the community—who think about issues of social justice and who care deeply about the rights of each individual. If such a person can be identified, he or she can probably provide a quick overview of who is typically marginalized and left out of community activities and why. Another way to identify who is excluded is to go visit families from some of the groups that tend to be excluded in most communities—those having disabled family members, the poorest households, etc. This approach has the advantage of hearing directly from marginalized people, which helps to empower them. By asking whether they participate, why or why not, and would they like to participate more, one gains insight into their situation. Also, their statements of desire to participate more adds a different perspective to commonly heard “stories” that community leaders frequently tell, such as, “They don’t want to participate because they are too poor and have no time for meetings.”

Having identified the marginalized people and established their desire to participate, one can take steps to increase the participation of marginalized people. One step is to conduct dialogues with community leaders such as shura members and CWBC members to raise awareness about the need to include those who are marginalized and to find ways of including marginalized people. These dialogues could include discussion of community participation, what it means to be a member of the community, and what can be done to include people who have been marginalized. A second step is to facilitate a dialogue between marginalized people and community leaders. However, it is important to recognize that such meetings can spark conflict, and that it is necessary to manage any potential conflict that might arise. Typically, such meetings require careful preparation, such as getting the various participants to take a problem-solving approach and to avoid blaming and name calling. If obvious tensions exist, and the risks seem too high, it is probably best to postpone this kind of meeting until conditions are more favorable.

An additional step is to develop and conduct with appropriate community groups an action plan for including the most marginalized people in community activities. This plan should outline specific actions that will be taken to include marginalized people or make it easier for them to participate (beyond saying “the meetings are open and they are welcome”). The plan should also include monitoring of whether there is increased participation of marginalized people as a result of the actions taken.

Facilitating child and youth participation

Particularly in a child protection program, the leadership and full participation of children and youth is a fundamental element of community mobilization. One way to do this is to engage children and youth in spreading key messages about protection issues, health and related issues through means such as community drama. Also, children are frequently the best motivators of community engagement and action. Since children are active in the work of CWBCs, it can be useful to conduct dialogues either with the community or with particular sub-groups. Children can tell the story of particular children to address their needs.

Developing a mobilization strategy

Effective community mobilization requires having an appropriate mobilization strategy. A weak but widely used mobilization strategy is to conduct a general community meeting or series of meetings that motivate some people to take action on a particular issue. This strategy is limited because those who choose to get involved may represent only a small sub-set of the community. Key sub-groups that have relevant expertise or perspective may be completely excluded, and the people who seem so highly motivated may have little influence with these key groups. Also, there is a risk that the same people in the village will dominate the discussion whenever an NGO arrives, presenting themselves as leaders who speak for everyone. Many villagers may resent these “power grabbers” or “self promoters” and may withdraw from the discussions. The result can be disempowerment of most people rather than the community empowerment that is sought.

Appropriate mobilization strategies are guided by several criteria: activation of diverse and appropriate sub-groups, inclusiveness, progressive realization of goals and intrinsic motivation. These are outlined as action points below.

- **Activate diverse sub-groups.** In mobilizing a community on child protection issues, it is necessary to activate all the relevant groups—girls, women, men, boys, teachers and so forth. This requires working through the leaders of the various sub-groups and asking them to spread key messages and to invite participation in their respective networks. If a particular project goal is to influence behavior of a particular group such as mothers or teachers, then it is particularly important to activate the sub-groups who are most relevant (for example, women and education leaders).

- **Be inclusive.** If community mobilization is meant to activate people, respect everyone's rights and meet the interests of all, it must be an inclusive process.
- **Start small and work up.** Community mobilization efforts often fail because the planners attempt to accomplish too much at once. To stay motivated, local people need to make discernible progress, accomplishing smaller goals before taking on the larger goals. In practice, it is valuable to take a phased approach in which groups first achieve smaller, attainable goals, increasing their motivation to take on larger goals. Otherwise, people tend to become frustrated and give up.
- **Promote intrinsic motivation.** A key to community mobilization is to stimulate people's volunteer spirit of doing things because they help the entire community, building on intrinsic motivation rather than external rewards. When external rewards such as payments are introduced, some people participate because they want the reward. When the rewards are no longer provided, their activity ends, with the result that the project becomes unsustainable. To be sustainable, people have to believe in the inherent value of the project, own it and take it on as their own, and work because it gives them satisfaction and meaning.

Annex 4

Sample Plan for Completing a CCS Structure

Plan for Completing a CCS Structure

1. What materials are needed? (Note: Locally appropriate materials should be used.)

2. How will materials be procured?

3. Date the structure will be erected:

4. What community members will help? 5. Role/responsibilities

Annex 5

UNICEF Work Plan Example: Sri Lanka

Goal: To mitigate the effects of conflict and disaster through the provision of structured activities that address the protection and psychosocial needs of children and youth.

Activities	Personnel	Set-Up	Training	Materials
<i>Structured play and recreation activities</i> Drawing, story telling, singing, sports, drama and games Teamwork, cooperation, trust building, empowerment <i>Educational Activities</i> Literacy and numeracy (especially if formal school is not available) <i>Protection Activities</i> Avoiding risks and hazards in the local environment Basic health and hygiene <i>Community-Based Activities</i> Religious instruction appropriate to the local community Clean-up campaigns	Volunteers: (maximum 50:2 ratio) Volunteers are teachers, social workers, mothers, youth, and other community members Recommended five days per week, two sessions per day (morning and afternoon) If the camp population is very large, child-friendly school activities could be every day (as long as staffing available)	Safe space (clear of UXOs and other dangerous items) Check list completed Coordination with camp management and community Identification of basic materials	2-4 day initial training Follow-up training to address specific issues of vulnerable children Regular follow-up visits for mentoring and support	Management tools Management strategy Daily management tools (log book, register, guest book, etc.) Staff/Volunteer roster list Daily schedule Monitoring and Evaluation tools Basic recreational kit

Annex 6

UNICEF Child-Friendly Spaces Comprehensive Checklist

UNICEF, Sri Lanka

	yes	no	n/a	Comment
Set-up				
Is the identified area safe?				
How was the site selected? Is it safe? Has it been cleared of landmines/unexploded ordnances? Is the ground level and cleared of any sharp objects? Is the area clearly delineated?				
Has a safety plan been developed if children need to be evacuated from the CFS?				
Can children travel between the safe area and their homes safely? If not, what can be done to make arrangements for safe travel to the CFS? What support can be given for their parents to provide activities in their homes?				
Are materials available locally to set-up CFSs?				
Has an orientation program been provided to the facilitators on the purpose of the CFS? Has an orientation been provided to community members on the program and purpose of the CFS?				
Is there a roster of available local staff to establish these programs?				
Has the staff been adequately trained (minimum – child protection, basic psychosocial care and expressive creative techniques)?				
Have the staff signed a code of conduct? If yes, is there a clear and accessible mechanism to report any possible violations of the Code of Conduct?				
Has the staff been given adequate security briefings?				
Do they have the necessary communication and security equipment (access to a telephone, security tree, etc.)?				
Has a monitoring and evaluation system (internal and external) been designed (daily records/ bi-weekly monitoring)? Is this system being followed?				

	yes	no	n/a	Comment
Set-up				
Have measures been taken to address the well-being of the facilitators? If so, what has been done?				
Is there a supervision structure in place?				
Program				
Is there variety in the types of activities offered (structured activities, free play and remedial education)?				
Is a daily schedule for children posted at a child's eye level with pictures or simple words that tell them about their day?				
Are the activities appropriate to the local context?				
Are there appropriate activities for girls as well as boys?				
Are there activities offered for all age groups?				
What is the child/facilitator ratio?				
Are the children regularly consulted on the activities?				
Are activities happening at the same time everyday?				
Are there sufficient activities for all of the children in the community?				
Which children in the community are not attending? Are girls attending? Minorities? Children with disabilities? Young children? Old children? What can be done to promote their attendance?				
Does the safe area allow specific times for specific age groups?				
Are lists kept of children who attend? Is this a security concern?				
What happens if a child doesn't attend the activities? Is there any follow up?				
Parents and Community				
Was an orientation program on the CFS (should include purpose of the CFS, types of activities, information on what can be done at home to support the well-being of the child) for parents delivered?				
Has a communication strategy been developed?				
Have activities involving parents/the community been planned?				
Have the parents/community been consulted in the design of activities? If so, how?				
Is there a referral system for children needing additional support?				
Are community resources (human) a part of the referral system?				

Annex 7

IASC Guidelines: Strengthen Access to Safe and Supportive Education: Action Sheet 7.1

Note: The entire IASC Guidelines are intended to be used while implementing CCSSs. Refer to IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings (2007). Geneva: IASC. For further information see - <http://www.humanitarianinfo.org/iasc/content/products>. Pages 148-155.

Background

In emergencies, education is a key psychosocial intervention: it provides a safe and stable environment for learners and restores a sense of normalcy, dignity and hope by offering structured, appropriate and supportive activities. Many children and parents regard participation in education as a foundation of a successful childhood. Well-designed education also helps the affected population cope with their situation by disseminating key survival messages, enabling learning about self-protection and supporting local people's strategies to address emergency conditions. It is important to (re)start nonformal and formal educational activities immediately, prioritizing the safety and well-being of all children and youth, including those who are at increased risk or who have special education needs.

Loss of education is often among the greatest stressors for learners and their families, who see education as a path toward a better future. Education can be an essential tool in helping communities rebuild their lives. Access to formal and nonformal education in a supportive environment builds learners' intellectual and emotional competencies, provides social support through interaction with peers and educators and strengthens learners' sense of control and self-worth. It also builds life skills that strengthen coping strategies, facilitate future employment and reduce economic stress. All education responses in an emergency should aim to help achieve the *INEE Minimum Standards for Education in Emergencies, Chronic Crises and Early Reconstruction* (see Key resources).

Educators – formal classroom teachers, instructors of nonformal learning and facilitators of educational activities – have a crucial role to play in supporting the mental health and psychosocial well-being of learners. Far too often, educators struggle to overcome the challenges that they and their learners face, including their own emergency-related mental health and psychosocial problems. Training, supervision and support for these educators enable a clear understanding of their roles in promoting learners' well-being and help them to protect and foster the development of children, youth and adult learners throughout the emergency.

Key Actions

1. Promote safe learning environments.

Education serves an important protection role by providing a forum for disseminating messages on and skills in protection within a violence-free environment. Immediate steps include the following:

- Assess needs and capacities for formal and nonformal education, considering protection issues, as well as how to integrate and support local initiatives. Formal and nonformal education should be complementary and should be established concurrently where possible.
- Maximise the participation of the affected community, including parents, and of appropriate education authorities (e.g., education ministry officials if possible) in assessing, planning, implementing, monitoring and evaluating the education programme.
- Evaluate safety issues in the location and design of spaces, learning structures or schools:
 - Locate schools away from military zones or installations;
 - Place schools close to population centres;
 - Provide separate male and female latrines in safe places.
- Monitor safe conditions in and around the learning spaces/schools (e.g., by identifying a focal point in the school) and respond to threats to learners from armed conflict.
- Make learning spaces/schools zones of peace:
 - Advocate with armed groups to avoid targeting and recruiting in learning spaces/schools;
 - Ban arms from learning spaces and schools;
 - Provide escorts to children when traveling to or from education activities/school.
- Identify key protection threats external to the educational system (e.g., armed conflict) and those that are internal (e.g., bullying, violent punishment):
 - Identify key protection threats from within the educational system such as gender-based violence (GBV), child recruitment or violence in educational settings:
 - Incorporate messages on how to prevent and respond to these and other protection issues (such as separated children and community-based protection measures: see Action Sheet 3.2) in the learning process;
 - Set up education/protection monitoring efforts of individual children to identify and support the learners at risk of or experiencing protection threat;
 - Use the *IASC Guidelines on Gender-Based Violence Interventions in Humanitarian Settings* to prevent GBV in and around learning spaces and schools.
- Rapidly organize informal education such as child- and youth-friendly spaces (*centres d'animation*) or informal community-based educational groups. Community members, humanitarian aid workers and educators may help organize these without physical infrastructure, such as centres, while the formal education system is being (re)established or re-activated. The staff of child-friendly spaces should have strong interpersonal skills, the ability to utilise active learning approaches and experience of working

with nonformal education or community programmes. A background in formal education is not necessary in these settings.

2. Make formal and nonformal education more supportive and relevant.

Supportive, relevant education is important in promoting learners' mental health and psychosocial well-being during an emergency, while simultaneously promoting effective learning.

- Make education flexible and responsive to emergency-induced emotional, cognitive and social needs and capacities of learners. For instance, offer shorter activities if learners have difficulty concentrating; establish flexible schedules to avoid undue stress on learners, educators and their families by offering variable hours/shifts; adapt exam timetables to give learners additional time to prepare.
- Aim to provide education that helps restore a sense of structure, predictability and normality for children; creates opportunities for expression, choice, social interaction and support; and builds children's competencies and life skills. For instance, establish activity schedules and post these visibly in the education facility/learning space; avoid punishment of learners whose performance in class suffers due to mental health or psychosocial problems; use collaborative games rather than competitive ones; increase the use of active, expressive learning approaches; use culturally appropriate structured activities such as games, song, dance and drama that use locally available materials.
- Include life skills training and provision of information about the emergency. Life skills and learning content that may be particularly relevant in emergencies includes hygiene promotion, non-violent conflict resolution, interpersonal skills, prevention of GBV, prevention of sexually transmitted diseases (e.g., HIV/AIDS), mine or explosive awareness, and information about the current situation (e.g., earthquakes, armed conflicts, etc.). The content and facilitation of life skills training should be informed by a risks assessment and by prioritization of need.
- Utilise participatory methods that involve community representatives and learners in learning activities. Adolescent and youth participation in conducting activities for younger children is particularly valuable. Peer-to-peer approaches should also be considered.
- Use education as a mechanism for community mobilisation (see Action Sheet 5.1). Involve parents in the management of learning and education, and engage the community in the (re)construction of education facilities (which may be temporary and/or permanent structures). Organise weekly community meetings with child/youth/community representatives to facilitate activities that are appropriate to the local context and that utilise local knowledge and skills.
- Ensure that any education coordination or working group takes into account mental health/psychosocial considerations. Designate a point person to link the mental health/psychosocial coordination group (see Action Sheet 1.1) to the education coordination mechanism.
- Include opportunities in child- and youth-friendly spaces for children and young people to learn life skills and to participate, for example, in supplementary education, vocational training, artistic, cultural and environmental activities, and/or sports.

- Support nonformal learning such as adult education and literacy, and vocational training to provide learners with skills that are relevant for the current and future economic environments and that are linked to employment opportunities. For children under 15, nonformal education should serve as a complement to, not a substitute for, formal education.
- Use food-for-education programmes to promote mental health and psychosocial well-being, where appropriate. Providing food (on-site or as take-home rations) in educational settings can be an effective strategy for increasing attendance and retention, which in itself contributes to mental health and psychosocial well-being (see Action Sheet 9.1). In addition, food in education can directly benefit psychosocial well-being by increasing concentration, reducing social distinctions between 'rich' and 'poor', etc. The provision of food or feeding programs in educational settings should occur only when this can be done efficiently, does not harm the nutritional status of the learners and does not significantly undermine social traditions (e.g., the role of the family in providing appropriate nutrition for children).

3. Strengthen access to education for all.

- Rapidly increase access to formal and/or nonformal education. This may require creative and flexible approaches, such as opening schools in phases, double-shifting or using alternative sites.
- Temporarily ease documentation requirements for admission, and be flexible about enrollment. Emergency-affected populations may not have certificates of citizenship, birth/age certificates, identity papers or school reports. Age limits should not be enforced for emergency-affected children and youth.
- Support the specific needs of particular learners, e.g., provide child-care services for teenage mothers and siblings tasked with caring for younger children; provide school materials to learners in need.
- Make educational spaces accessible to and appropriate for different groups of children, especially marginalised children (e.g., disabled or economically disadvantaged children, or ethnic minorities). Develop separate activities for adolescents and youth, who often receive insufficient attention.
- Where appropriate, provide catch-up courses and accelerated learning for older children (e.g., those formerly associated with fighting forces or armed groups) who have missed out on education.
- When appropriate, conduct back-to-school campaigns in which communities, educational authorities and humanitarian workers promote access to education for all children.

4. Prepare and encourage educators to support learners' psychosocial well-being.

Educators can provide psychosocial support to learners both by adapting the way they interact with learners, creating a safe and supportive environment in which learners may express their emotions and experiences, and by including specific structured psychosocial activities in the teaching/learning process. However, they should not attempt to conduct therapy, which requires specialised skills. Providing support for educators' own psychosocial well-being is an essential component of supporting learners.

- Adapt interaction with students by:

- Integrating topics related to the emergency in the learning process;
- Addressing the cause of problem behaviours in the class (e.g., aggressiveness);
- Helping learners understand and support one another.
- Provide educators with continuous learning opportunities, relevant training and professional support for the emergency, rather than through one-off or short-term training without follow-up (see Action Sheet 4.3). Key topics may include:
 - Encouraging community participation and creating safe, protective learning environments;
 - Effects of difficult experiences and situations on the psychosocial well-being and resilience of children, including girls and boys of different ages; ethics of psychosocial support (see Action Sheet 4.2);
 - Life skills relevant to the emergency (see Key Action 2 above for suggestions);
 - Constructive classroom management methods that explain why corporal punishment should not be used and that provide concrete alternatives to the use of violence;
 - How to deal constructively with learners' issues such as anger, fear and grief;
 - How to conduct structured group activities such as art, cultural activities, sports, games and skills building;
 - How to work with parents and communities;
 - How to utilize referral mechanisms to provide additional support to learners who exhibit severe mental health and psychosocial difficulties (see Key Action 5 below);
 - How to develop plans of action for implementing psychosocial support in educators' work;
 - Helping educators better cope with life during and following the emergency, including the effects of stress on educators, coping skills, supportive supervision and peer group support;
 - Use participatory learning methods adapted to the local context and culture. Ensure that educators have opportunities to share their own knowledge and experience of local child development and helping practices and to practise new skills. The appropriateness and usefulness of training must be evaluated periodically. Ongoing support, including both professional supervision and materials, should be provided to educators;
 - Activate available psychosocial support for educators. For instance, bring educators together with a skilled facilitator to start talking about the past, present and future, or put in place a community support mechanism to assist educators in dealing with crisis situations.

5. Strengthen the capacity of the education system to support learners experiencing psychosocial and mental health difficulties.

- Strengthen the capacity of educational institutions to support learners experiencing particular mental health and psychosocial difficulties:
 - Designate focal points to monitor and follow up with individual children;
 - If school counselors exist, provide training on dealing with emergency-related issues.

7.1• Help school staff such as administrators, counselors, teachers and health workers understand where to refer children with severe mental health and psychosocial difficulties (this may include children who are not directly affected by the emergency but who may have pre-existing difficulties) to appropriate mental health, social services and psychosocial supports in the community (see Action Sheet 5.2) and to health services, when appropriate (see Action Sheet 6.2, including the criteria for referral of severe mental health problems). Ensure that learners, parents and community members understand how to use this system of referral.

Key Resources

1. Active Learning Network for Accountability and Performance (ALNAP) (2003). *Participation by Affected Populations in Humanitarian Action: A Handbook for Practitioners*. Chapter 12, 'Participation and Education', pp.331-342. <http://www.globalstudyparticipation.org/index.htm>
2. Annan J., Castelli L., Devreux A. and Locatelli E. (2003). *Training Manual for Teachers*. <http://www.forcedmigration.org/psychosocial/papers/WiderPapers/Widerpapers.htm>
3. Crisp J., Talbot C. and Cipollone D. (eds.) (2001). *Learning for a Future: Refugee Education in Developing Countries*. Geneva: UNHCR. <http://www.unhcr.org/pubs/epau/learningfuture/prelims.pdf>
4. Danish Red Cross (2004). *Framework for School-Based Psychosocial Support Programmes: Guidelines for Initiation of Programmes*. <http://psp.drk.dk/graphics/2003referencecenter/Doc-man/Documents/2Children-armed/PSPC.Final.Report.pdf>
5. IASC (2005). *Guidelines on Gender-Based Violence Interventions in Humanitarian Settings*. http://www.humanitarianinfo.org/iasc/content/subsidi/tf_gender/gbv.asp
6. Inter-Agency Network on Education in Emergencies (INEE) (2004). *INEE Minimum Standards for Education in Emergencies, Chronic Crises and Early Reconstruction*. http://www.ineesite.org/minimum_standards/MSEE_report.pdf
7. Inter-Agency Network on Education in Emergencies (INEE) (2005). *Promoting INEE Good Practice Guides – Educational Content and Methodology*. <http://www.ineesite.org/page.asp?pid=1238>, then the following links:
<http://www.ineesite.org/page.asp?pid=1134>
<http://www.ineesite.org/page.asp?pid=1137>
<http://www.ineesite.org/page.asp?pid=1146>
8. Macksoud M. (1993). *Helping Children Cope with the Stresses of War: A Manual for Parents and Teachers*. UNICEF. http://www.unicef.org/publications/index_4398.html
9. Nicolai S. (2003). *Education in Emergencies: A Tool Kit for Starting and Managing Education in Emergencies*. Save the Children UK. http://www.ineesite.org/core_references/EducationEmertoolkit.pdf
10. Save the Children (1996). *Psychosocial Well-Being Among Children Affected by Armed Conflict and Displacement: Principles and Approaches*. Geneva. <http://www.savethechildren.org/publications/technical-resources/emergencies-protection/psychosocwellbeing2.pdf>
11. Sinclair M. (2002). *Planning Education In and After Emergencies*. UNESCO: International Institute for Educational Planning (IIEP). http://www.unesco.org/iiep/eng/focus/emergency/emergency_4.htm

Sample Process Indicators

- Percentage of learners who have access to formal education.
- Nonformal education venues are open and accessible to girls and boys of different ages.
- Percentage of teachers trained in and receiving follow-up support on how to support learners' psychosocial well-being.
- Teachers and other educational workers refer children with severe mental health and psychosocial difficulties to available specialized services or support.

Annex 8

Child Centered Spaces Training Manual for Animators CCF India (Tamil Nadu)

Contents

- I. Introduction to Child Centered Spaces
- II. Children's and Youth's Needs
- III. Roles and Responsibilities of Animators
- IV. Code of Conduct
- V. DOs and DON'Ts
- VI. Expressive Activities for Children
- VII. Structured Activities
- VIII. Participation by All Children

I. What is a Child Centered Space?

A Child Centered Space (CCS) is a place where children will be safe and surrounded by caring adults whom they trust. It is also a place where children can interact in positive ways with other children. At Child Centered Spaces, children participate in activities where they can play, express their feelings, thoughts, and opinions, and learn new things from adults and other children.

After stressful events such as the tsunami, CCSs provide support by giving children a safe space in which to play and provide a sense that “things are getting back to normal again.” CCSs provide structure to children’s days as well as help them learn important social skills with other children. CCSs also help children learn about risks and builds life skills such as literacy and cooperation.

Core Values of Child Centered Spaces:

CCSs are safe spaces for children:

Children need to feel safe and secure in order to ensure their well-being. Because the tsunami has disrupted children’s feeling that the world is a safe and predictable place, CCSs establish a safe place for children and help rebuild their sense of safety.

Let children express themselves:

Opportunities for children to express themselves through creative activities are useful in helping them release bottled-up feelings. Expressive activities also help children understand and make sense of stressful events. Expressive activities include (but are not limited to) play, drawing, story telling and drama.

Help children develop a sense of normalcy:

It is important for children whose lives have been disrupted because of the tsunami to regain a sense that “life is returning back to normal again.” Structured activities are routines that provide safety and order in children’s lives. Through structured activities that the child engaged in before the tsunami (such as education and play), children can be helped to believe that the worst is over, and that their world is again a safe and predictable place. Having familiar routines and a familiar place to come every day is comforting and reassuring for children.

Provide opportunities for nonformal education:

Nonformal education – including basic skills such as reading, writing and arithmetic – is an important way to help re-establish everyday routines such as learning and socializing with other children. Nonformal education can also include education about hygiene and other important life skills. Nonformal education also helps children learn about any immediate risks or dangers in the current environment and what to do about them.

II. Children's and Youth's Needs

Children 0-5 Years

For very young children, safety and security are of primary importance. As parents may be preoccupied with shelter and food needs, they may not have time for their children or they may feel so overwhelmed that they are emotionally unavailable. Therefore it is very important that animators be able to give young children attention and a sense of safety and security. Structured care by animators will build children's competencies and provide the stimulation needed for healthy development. Mothers of young children should also be encouraged to come to the CCSs. This is a good opportunity for mothers to talk with each other, interact with their children, and learn new skills such as nutritious feeding and good hygiene. As mothers engage in this way, they too will learn that the worst is over and will begin to feel better.

Children 6-12 years

Children in this age group need to re-establish a sense of normalcy. Nonformal education, which can be part of the CCS when school has been disrupted, creates normalcy and builds important life skills such as cooperation, literacy, good hygiene and knowledge about diseases and risks. Children in this age group also need opportunities to socialize, and structured games and sports are good ways for children to do this. Additionally, children also need to have opportunities for emotional expression through drawing, story telling, and other artistic activities. Through these activities children can begin to process their experiences with the tsunami and learn to integrate with other children.

Children and youth 13-18:

Older children and youth are learning and defining their roles and responsibilities in society and planning for their future. They are better able than younger children to realize the effects of the tsunami on their future. It is important to engage youth in activities, roles and responsibilities that are meaningful to them. Make sure that youth have their own time for special activities that are meaningful for them. In planning activities, girls and boys may need separate activities, depending on their background, community and interests. For example, adolescent girls may want opportunities for skills training, while boys may want to organize a sports team that competes with other CCS youth teams in the area. Youth can be engaged in a variety of activities, such as helping organize activities for younger children, taking on responsibilities in the community for projects such as clean-up campaigns, and developing and performing dramas for the community on issues that are relevant to them. Because youth may have limited education, literacy courses and life skills workshops about communication, cooperation and nonviolent conflict resolution are good ideas. Discussion of issues with other youth is a valuable activity that can help them process their experiences during and after the tsunami, and help them cope with current challenges in their lives.

III. Roles and Responsibilities of Animators:

The role of the animator is extremely important in helping children feel safe and regain a sense of normalcy. Responsibilities include:

For all ages:

- Register all children who come to the CCS.
- Each week plan activities in advance for each age group: 0-5, 6-12 and 13-18.
- Do daily monitoring and fill out paperwork.
- Make sure that good hygiene is followed at the CCS.
- Make sure the CCS is clean and safe.
- Identify children who are malnourished and report to lead animator.
- Identify children who have health risks and report to lead animator

For Mothers and Children under 5:

- Register mothers (or other primary caretaker) of children 0-5.
- Register women who are pregnant.
- Provide nutritional supplements for children under 5.
- Make sure that mothers have regular health check-ups.
- Monitor pregnant women's situations, and make sure that medical services are available to them.
- Talk with mothers about their general living conditions. Do they have latrines that are private, segregated from men, and cleaned regularly? Are they using them? Do they have adequate and private places to bathe? Do they feel safe at all times? Are public areas such as latrines and bathing areas well lit at night? Report problems to the lead animator.
- Listen for issues related to gender-based violence including domestic violence, alcoholism and harassment of women. Report problems to the lead animator.
- Provide opportunities for mothers/caregivers to talk with each other and with animators.
- Encourage caretakers to participate in activities with their young children.

Children ages 6-12 years:

- Include structured activities such as group games, singing and dancing. Include expressive activities such as story telling, drawing/art activities and drama.
- Engage parents and youth in organizing logistics, supervising supplies and maintaining cleanliness.
- Engage parents in discussions about children's well-being.

Youth ages 13-18

- Include structured activities such as volleyball, cricket and other sports.
- Include expressive activities such as drama, dancing and art.
- Encourage involvement of youth in helping with activities for younger children.

IV. Code of Conduct

All animators must understand and follow the rules in the Code of Conduct. If the rules are not followed, the animator will not be allowed to continue working at the CCS or other CCF projects.

If you are aware of someone not following the rules, you must report this to the CCF Child Protection Officer immediately (or someone else at CCF if you feel the CCF Child Protection Officer is involved). If you know about a rule being broken and do not report it, you will also be held responsible and may also be dismissed from your role in the CCS project.

As an animator, you may have access to materials (including toys and food). You may also be able to decide who will participate in certain activities. You should never use your position as an animator for personal gain. Program materials and activities are meant to be shared with the community and should never be used for your own profit or interest. The following are examples of conduct that is prohibited.

Animators should:

1. Never ask for or accept personal favors in exchange for services or materials supplied by the project. Favors can include sexual contact, labor or goods.
2. Never ask for or accept personal favors in exchange for allowing someone to participate in program activities.
3. Never have sexual contact with anyone under the age of 18 regardless of who initiates the contact.
4. Never sexually or physically harass other animators.
5. Never make sexual advances toward young participants.
6. Never beat, hit, slap or use any other form of physical punishment with participants.
7. Never verbally or physically harass participants.
8. Never make vulgar or humiliating jokes or comments to participants, community members or other animators.
9. Never ask children or youth for labor for the personal benefit of the animator.
10. Never use program supplies or materials for personal use outside of regularly planned activities.
11. Never limit someone's access to program supplies or activities because of personal feelings or dislikes. Everyone should have access to program activities.

12. Never use race, ethnicity, religion or family relations as criteria for inclusion or exclusion in activities.

V. DOs and DON'Ts

DO:

- Always be at the CCS at the scheduled time.
- Include children with physical or mental handicaps.
- Ask for children's suggestions for activities they would like to include.
- Listen to children's opinions and concerns.
- Conduct activities that include ALL children.

DON'T:

- Leave children unsupervised.
- Hit children or use a stick at the CCS.
- Allow parent helpers to hit children or use a stick at the CCS.
- Allow outside agencies or individuals outside of the community to work with the children without first obtaining permission from the appropriate officer.

VI. Expressive Activities for Children

Expressive activities are useful in helping children who have experienced stressful and traumatic events and include, but are not limited to:

- Drawing
- Storytelling
- Drama
- Other artistic activities including painting, working with clay, creating a mural together, etc.

Drawing

Creating a drawing gives a child a sense of pride and accomplishment. It can also be a way of communicating past experiences and feelings. Drawing is truly expressive when it is what the child wants to draw, not what he is told to draw. Children should be allowed to draw anything they like. It is important that the child's drawing NOT be judged or graded. The child should NOT be corrected if he draws something larger or smaller than is realistic (for example drawing a bird that is larger than a house), or if he uses a color that is not realistic (for example coloring an elephant purple instead of gray). You should not be concerned about the drawing being "correct." The goal is not to have an accurate representation of a particular object or scene, but rather to let the children express themselves in a non-judgmental, friendly atmosphere.

When children are drawing, it is better to "get on their level" — for example, by sitting on the floor with them rather than standing over and looking down on

them. Children can also create drawings in groups of two or more. Children can agree on a picture or theme, and work cooperatively to make the drawing.

After the children have finished the drawing, you can ask them if they would like to say what their story is about. There is no “right” or “wrong.” It is important to affirm children’s feelings.

Story Telling

Story telling is a fun and creative way of communicating with children. Stories help children deal with feelings in a safe context, stimulate creative thinking, help them learn to express themselves, and work through difficult experiences.

Story Telling by the Children

Stories can also be told by the children themselves. They can work in a small group (of about four to six children). There are many variations. For example, the animator can ask the children to name a place and an animal (for example, school and a lion). The animator can start the story (A lion was on the way to school, when he met a monkey that asked him where he could buy a banana...). The children then complete the story by taking turns, each telling a sentence until the story is complete.

Drama

Children ages 6-12

Children can act out the stories they’ve heard. After listening to a story by the animator, have the children take turns acting out the various characters in the story. Children can also act out the stories they’ve created in their story telling. Children can act out people, animals and even non-living objects (for example, two children could make a bridge or be a tree if it was part of the story). The audience could sit in a circle, and the performers act out the story inside the circle as one of the children tells the story. After the story, the children in the audience could ask questions about the story to the actors. Several stories can be performed in one session by groups of children, so that all children have a chance to participate.

Youth ages 13 and older

Youth can create a drama about an issue that is relevant to them and perform it for the younger children and/or for the community. If older youth have experience and are interested in working with children, ask them to help organize drama activities for younger children.

VII. Structured Activities

Structured activities help provide a sense of normalcy for children. Structured activities include group games, singing, traditional dancing, reading and telling stories to children.

Play

Play allows children to relax and have fun. Play also allows children to socialize with other children and build self-esteem by mastering new skills. Play also can be used by children to gain a sense of control over difficult experiences such as the tsunami.

Ask children what other games they like to play. This approach sends a positive message that you are willing to listen to the children and learn from them. Children also love to learn new games. What games did you play as a child? If the children don't know the game, teach it to them.

Storytelling

Stories can be told to children by the animator. These can be familiar folk tales in popular culture. You can read aloud from a book, or tell a story from memory. Vary your voice (for example, softer or louder), facial expression (for example, acting surprised or frightened if it is part of the story), and body position (for example, lean closer or take a few steps).

Singing

Singing together as a group is an excellent socializing activity. What are songs the children like to sing? Ask them! Children also love to clap to the rhythm, and you can encourage this by example. Singing several songs at the beginning or end of the day is a fun way for all children to be involved.

Dancing

Are there dances that the children know and like to do? Bring the children together in a circle and let all of them dance together. You can teach new dances that are not too difficult or complicated for the child's developmental level.

Participation By All Children

One of the fundamental rights of children is the right to participate in their own development. Activities which include ALL children should be conducted each day. For example, having a structured activity where all the children sing is very different, and much better, than having 100 children watch two or three of the "best" singers. The same is true for dancing and most other activities. When group games are being played, it is important to encourage all children to have an active part. For example, if you notice that children pick only their friends or the same people each time in a game, you should intervene and say that each child can have only one turn until all children get a turn. Including all children as participants, rather than only observers, lets all children's voices be heard, builds each child's sense of self-worth and promotes children's healthy development.

Annex 9

CCF CODE OF CONDUCT

All animators must understand and follow CCF's Child Protection Policy and the rules in this Code of Conduct. If the rules are not followed, the animator will not be allowed to continue working at the CCS or with other CCF projects.

If you are aware of someone not following the rules, you must report this to the CCF Child Protection Officer immediately (or someone else at CCF if you feel the CCF Child Protection Officer is involved). If you know about a rule being broken and do not report it, you will also be held responsible and may also be dismissed from your role in the CCS project.

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6. Never beat, hit, slap or use any other form of physical punishment with participants.
7. Never verbally or physically harass participants.
8. Never make vulgar or humiliating jokes or comments to participants, community members or other animators.
9. Never ask children or youth for labor for the personal benefit of the animator.

10. Never use program supplies or materials for personal use outside of regularly planned activities.
11. Never limit someone's access to program supplies or activities because of personal feelings or dislikes. Everyone should have access to program activities.
12. Never use race, ethnicity, religion or family relations as criteria for inclusion or exclusion in activities.

Annex 10

List of Additional Training Resources

Training Module/Guidelines	Protection Topic	Child Protection Context	Comments
Action for the Rights of Children (ARC) training modules (icva.ch/doc00000773.html)	Child focused, all sectors, general	Emergency & General	Specific modules may be taken out and used separately. Includes participatory work with children and youth, separated children.
Reach Out Protection training module (icva.ch/doc00001528.html)	Children, Women, General protection	Refugee context	Specific modules may be taken out and used separately
Growing the Sheltering Tree: Protecting Rights Through Humanitarian Action (icva.ch/gstree.pdf)	General protection	IDP context only	May be used as reference and pieces may be taken out and used to explain some human rights concepts
Interagency Standing Committee Training Modules on Internally Displaced Persons (www.hrea.org)	IDPs protection topics and application.	IDP, internal conflicts protection	Guidelines and training modules for working on issues within countries

Annex 11

UNICEF Child-Friendly Spaces in Darfur: A Monitoring Tool

1. Introduction

During an initial emergency response, as well as during longer-term recovery and rehabilitation phases, UNICEF works together with local and international NGOs and communities to create “safe areas” or “child-friendly spaces” for children and adolescents to play, socialize, learn and express themselves. These activities have a strong psychosocial component as they provide a caring and normalizing environment to mitigate the impact of the crisis on the children when their parents and guardians may be otherwise occupied. Typically these activities offer regularly scheduled activities such as games, drama, art activities, nonformal educational activities and sports. Best practice indicates that child-friendly spaces are especially effective when they are integrated into education structures and activities.

2. Checklist

This checklist provides a basic monitoring tool for stand-alone child-friendly spaces (CFS) as well as those forming part of the education facilities and curricula. It is recommended that the following checklist be used before the establishment of any new space and monitoring on a monthly basis will ensure high-quality provision of care and support to children. Note, however, that the standards incorporated into the checklist represent only the minimum requirements of a child-friendly space. Further additions to the checklist may be added depending on factors such as available staff capacity and resources.

Structure and set-up:

- Is the identified area safe? Has it been cleared of landmines/unexploded ordnances? Is the building structurally sound? Is the ground level cleared of any sharp objects? Is the area clearly delineated?
- Can children travel between the safe area and their homes safely? If not, what support can be given for their parents to provide activities in their homes?
- Is the space clean and close to sanitation facilities (for both boys and girls)?
- Is there a working water point to provide clean drinking water?
- Are soap, gerry cans and cups available?
- Are sufficient quantities of recreational play materials for the number of children attending available (e.g., UNICEF recreation kits)?

Staff:

- Is expert, trained psychosocial staff available for consultation and/or hands-on supervision?

- Have communities been briefed and agreed to the establishment of a child friendly space and psychosocial support for children?
- Have criteria for ideal animators been discussed with the communities?
- Have communities been involved in the recruitment of animators (e.g., consultations with camp leaders and families, public advertisements within the camp)?
- Have animators/ teachers been trained on:
 - Child protection in general?
 - Basic psychosocial care and expressive creative techniques for children affected by conflict in particular?
- Have all animators/teachers signed a declaration of commitment to upholding the highest standards of conduct while on duty (i.e., prohibiting sexual abuse, the use of corporal punishment, alcohol consumption, stealing from children, etc.)?
- Have youth groups been established within the child-friendly spaces/schools? Do they have a representative to monitor and report on staff behavior? Are clear and accessible reporting mechanisms in place for any possible violations of the Code of Conduct?
- Is there gender-equity among animators?
- Have any youth been allowed to apply as animators and been accepted?
- Is there a clear monitoring, reporting and supervision structure and process on site? (e.g., implementing organization)
- What external monitoring of activities is occurring by UNICEF and/or the implementing partner?

Activities:

- Is there an established programme of age-specific activities for each CFS?
- Are there a variety of structured programs going on (e.g., art, music, basic literacy and numeric skills)?
- Are children regularly consulted on the activities?
- Are there programme review procedures in place? Do they include children's views?
- Is there space and time allocated for free play?
- Are there sufficient animators for the number of children?
- Are activities happening at the same time every day?
- Pictures and labels posted at a child's eye level that show children what to do in each activity area.
- Rules of behavior and teaching aids for health and hygiene promotion are posted using simple words or pictures.
- Are there sufficient activities for all of the children in the community?
- Which children in the community are not attending? Are girls attending? Minorities? Children with disabilities? Young children? Youth? What can be done to promote their attendance?
- Are lists kept of children who attend? Is this a security concern?
- What happens if a child doesn't attend the activities? Is there any follow up?

Interviewing children and/or adolescents about the space:

- Ask children and adolescents whether they like to go to the center.

- Ask children and adolescents what they particularly like/don't like about the center.
- Ask them what kind of changes they would like to be made to the center or to the activities.
- Ask adolescents if they feel supported by the activities in terms of psychosocial needs and responses.

Interviewing animators:

- Ask the animators what they think are the strong and weak points in the CFS or activities.
- Ask them what they think is needed to improve the quality of psychosocial support for children/adolescents.
- Ask them what kind of psychosocial problems they see in children/adolescents and their current responses.

Interviewing communities:

- Are there special activities to enhance community involvement (e.g., links to parent-teacher councils)
- Does the community consider the psychosocial support offered at the CFS valuable?
- How do they think the psychosocial support for children and adolescents can be improved?

Summary:

A child-friendly space is:

- a place where children's opinions and needs are included
- a place where peace and gender equity are upheld and differences of class, caste and religion are accepted
- a place where opportunities for children's participation are extended, both inside the space and in the community
- accessible to all, including those with learning disabilities, and those who are pregnant
- safe and secure, free from violence and abuse
- a place where children can play and express their opinions freely
- a place where children can receive basic psychosocial support for their problems
- a place where healthy lifestyles and life skills are promoted



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