A Practical Guide for Developing Child Friendly Spaces

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With thanks to Kimberley Davis and Selim Iltus, the authors of this guide, and the many other individuals and organisations who contributed.

Introduction

Purpose of the guide

This guide is designed to assist UNICEF staff and partners, in establishing and operating Child Friendly Spaces (CFS) in an emergency. It attempts to provide readers with the main principles of a CFS and the processes on how to establish one.

The overall aim is to improve the standards and capacity of field staff, by providing the required knowledge to support the design and operations of child friendly spaces.

It will facilitate an understanding of how to develop a CFS in contexts in which children's well-being are threatened or damaged as a result of conflict or natural disasters. More specifically, this guide attempts to broaden and strengthen the knowledge, skills and attitudes of protection officers/field staff so that they are able to respond to the multi-faceted needs of children.

This guide encourages readers to develop their own participatory methodology in designing and operating CFS that are appropriate to each particular situation. It will discuss key aspects, ranging from selecting locations to working with local partners. The reader will be able to determine the approach and type of programme that best suits his/her given situation.

In order to apply the compilation of policy-level guidelines and materials for CFS, this guide has been designed in a simple format. There are two main sections: The first provides more of a theoretical and conceptual overview, including an outline of the main principles *of CFS*, background information on emergencies and an historical overview of child friendly spaces*. The second section presents practical guidance on establishing and operating a CFS. An action sheet for each component of the programming cycle has been prepared (i.e. assessments, design, operations, capacity building and monitoring and evaluation). Each action sheet includes a *toolbox* to facilitate the application of the guidance material.

Many resources on Child Friendly Spaces have been developed over the past decade by UNICEF and partners. Yet there is still minimal guidance available for field staff, covering basic guiding principles and the detailed steps for establishing and operating these spaces.

This guide is as a practical tool for UNICEF field staff and partners. It covers all aspects of developing and operating a CFS and presents design approaches that may be adapted in various contexts.

Main function of the Guide:
- Is consistent with guidance outlined in key resources, such as the IASC MHPSS

guidelines; UNICEF Core commitments for Children in Emergencies, and UNICEF's Emergency Handbook;

- Reflects current research on best practices in the design and implementation of CFS;
- Offers the key principles for CFS;
- Contains concrete, accessible guidance within in a clear, logical structure and framework, and further provides examples and tools to ensure an understanding of knowledge and to facilitate application;
- Promotes reflection on the content to enable culturally specific adaptation to various needs and capacities during an emergency;
- Emphasizes integration of various sectors and meaningful participation from children and the communities;
- Offer and recommends links to additional, useful resources.

Target audience

This guide is designed to assist field staff and partners in planning, establishing and/or implementing the structural, programmatic, managerial and organisational aspects of child friendly spaces. It will also be useful for policy makers and supervisors in understanding and promoting the concept of CFS.

It is written primarily for UNICEF staff with responsibility for education, psychosocial, and child protection programming and is a supplement to existing UNICEF guidance on working in an emergency. It is also intended to be of value to partner organizations, implementing psychosocial, education and child protection initiatives.

Methodology

Several consultations have been conducted with field staff from UNICEF and other agencies to gather information about best practices and lessons learned for CFS.

In addition, this guide has drawn on the extensive material available on CFS from UNICEF and other agencies

It reports and reflects on the valuable experiences of various experts who have worked on child friendly spaces over the past decade.

Terminology

The term Child Friendly Spaces is used throughout this document to refer to the concept as a whole. It is noteworthy, however, that child friendly spaces are not always referred to by the same name by some of the partner agencies. This document provides examples and approaches from partners and therefore uses their respective term for CFS. For example, Christian Children's Fund refers to Child Centred Spaces (CCS); Save the Children often uses the term Safe Spaces; the International Committee of the Red Cross uses the term Safe Play Areas.

The use of the term has occasionally created confusion in the field. First, the acronym CFS can be easily confused with "Child Friendly Schools", which is a widely applied concept, often used within the same communities as "Child Friendly Spaces". Second, the term underscores the physical qualities of the concept — space — rather than the programmatic aspect, thus creating the impression that the development or implementation is only addressing the creation of an actual space, rather than, the delivery of important programmes.

Defining Child Friendly Spaces

Child Friendly Spaces are a child right's programming approach that supports children's well-being in the midst of emergencies. Used widely since 1999, CFS protect children by providing a safe space with supervised activities, by raising awareness of the risks to children, and mobilizing communities to begin the process of creating a Protective Environment.

CFS can be defined as places designed and operated in a participatory manner, where children affected by natural disasters or armed conflict can be provided with a safe environment, where integrated programming including play, recreation, education, health, and psychosocial support can be delivered and/or information about services/supports provided.

Generally CFS refer to a relatively short to medium term programme response, and are very often operated from tents and/or temporary structures (i.e. in schools, under a tree or a vacant building). They are usually operated by NGOs or governments. UNICEF is involved in establishment and coordination, in addition to setting minimum standards for them.

Main Principles of Child Friendly Spaces

This section highlights the key principles for planning, developing and operating child friendly spaces. The methodologies for actually implementing the proposed principles are presented in section two of this manual in the action sheets below. It is recommended that these main principles are integrated into all planning and operating efforts of the CFS during its entire programme cycle.

Principle 1: CFS are secure and "safe" environments for children.

Children require immediate support and a safe environment in challenging circumstances. All involved actors (i.e. government, donors, international organizations, NGOs) should commit to ensuring that children are safe and secure at all time in an emergency.

CFS provide a safe and supportive system for children and families during a time of crisis. A safe environment has always been a focus of CFS. As such, safety must be factored into the design of a physical space and operations of the CFS. CFS should be part of the original design of camps. Field staff can support safety efforts

by providing information and sharing knowledge with parents and children and encouraging their active participation in the process developing a safe environment for children.

- Provide a quick and efficient support system and response for the safety of children after emergencies
- Create an environment for children to protect them from violence, exploitation and abuse;
- Protective capacity
- Place to identify high-risk children

> *Key Resource:*
> *1. IASC Guidelines on Gender-Based Violence Interventions in Humanitarian Settings*
> *http://www.humanitarianinfo.org/iasc/content/subsidi/tf_gender/gbv.asp*
>
> *2. IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings. (See: Action sheet 7.1- Strengthen Access to Safe and Supportive Education").*

Principle 2: CFS provide a stimulating and supportive environment for children.

It is important for the CFS to provide an environment that supports children. A supportive environment entails three key elements: i) a wide range of appropriate activities and programmes; ii) a physical environment to facilitate the activities and programmes; iii) encouraging, supportive and sensitive staff.

In an emergency, children need to feel that they have structure in their lives. As such, it is important to have a well-structured programme in CFS. Children should have the freedom to choose activities, and decide which activities to participate in.

The physical structure is also important in order to carry out a range of diverse activities. Availability of appropriate materials, tools, and play objects are essential. Also, if there is a shortage of these materials, there are risks that there would be competition, fights, and frustration among the children.

Child and community participation in the selection of activities will enhance the supportive nature of the CFS. Staff should be aware of and practice a child-centred active learning approach. Children should be allowed to establish bonds and interact socially as much as possible.

Stimulating and supportive environments for children are beneficial because they:

- Provide a healing environment for children and families in an emergency

context;
- Promote certain useful life skills;
- Reduce the impact of the emergency, by offering and encouraging structured play and recreation activities;
- Support children's resilience and return to normalcy, bringing a sense of order and routine back into the lives of children by establishing predictable routines;
- Incorporate psychosocial supports, facilitated by trained staff to reduce the psychological and social impact of the emergency on children;
- Support positive socialisation of children with peers.

Principle 3: CFS are built on existing structures and capacities within a community.

Externally driven and implemented programmes often lead to inappropriate supports and frequently have limited sustainability (IASC-MHPSS guidelines: 11). On the other hand, successful programming in an emergency builds on and integrates into existing capacities and structures of communities, civil society and governmental organizations. It is a matter of using and applying existing, available resources, services, and daily routines of families. "

During crisis situations communities develop survival mechanisms to respond to unknown circumstances. Understanding these coping mechanisms is essential for developing activities and services in the CFS that are appropriate for the situation. It is important to understand how families perceive and pursue their livelihoods under crisis situations.

In developing a CFS there must be an understanding of the lives of the families and children in the community. Understanding the lives of children and families is essential for any child-centred design and programme. Where possible, it is important to build both government and civil society capacities" p. 11. MHPSS.

Key Resources:

1. Core Commitments #1 Guiding Principles: "The emergency response will build on existing activities and partnerships developed through the country programme of cooperation (p.2).

2. IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings. 2007 (See: Core principles, "Participation".

Principle 4: CFS use a fully participatory approach for the design and implementation

Meaningful "participation gives voice to different sub-groups of children and enables the sense of local ownership that contribute to programme quality, equity and sustainability" (Psychosocial Module-CD Training: 22). The importance of involving

the community at the initial stages has been documented. "The most effective and sustainable approach for promoting psychosocial well-being and recovery is to strengthen the ability of families and communities to support one another. The benefits of involving families and children are multi-fold:

- ❖ Families have expert knowledge about their communities. They will be able to determine what would or would not work.
- ❖ Participation will help to avoid challenges and misunderstandings in the long-term.
- ❖ Active participation will empower members of a community. It will provide them with the opportunity for ownership and a sense of control over their lives in unstable conditions.
- ❖ The contribution of each actor to the development of the initiative according to their capacity and in cooperation with other partners provides the possibility for more sustainability.

> *Key Resources:*
> 1. *(INEE minimum standards) "minimum Standards common to all categories: Community Participation Standard 1: Participation (Emergency affected community members actively participate in assessing, planning, implementing, monitoring and evaluating p. 2*
> 2. *"Core Principles" MHPSS ." p. 9*
> 3. *(See: "Basic Principle of psychosocial Work, Child , family and community participation and empowerment. - "Psychosocial Module CD-Training*

Principle 5: CFS provide or support integrated services and programmes

Activities and programming should be integrated as much as possible. The three most involved sectors of a CFS are education, protection, and health (however, CFS are not limited to these sectors alone and provide opportunities for engaging different sectors i.e. water and sanitation). Activities that are integrated into wider systems (i.e. existing community support mechanisms, formal/mpm0-formal school systems, general health services, general mental health services, social services, etc.) tend to reach more people, are often sustainable and tend to carry less stigma" (IASC-MHPSS guidelines: 11).

Depending on the context of the emergency, one of these sectors may already have strongly developed activities in a given sectoral area. Alternatively the specialisation of the operating NGO may determine the type of predominate activities/services supported or offered at the CFS.

Providing or supporting integrated services and programmes means:

- Provision for an integrated set of mutually reinforcing basic package of services for children and their families (ie. support to mothers and babies, recreation, and counseling for parents);
- Holistic integrated services and supports;
- Provision of basic services, using a rights-based approach to ensure the rights to survival, development, participation and protection.
- Coordinated referral systems/mechanisms to ensure children have access to relevant basic services, such as clean water, nutritional food, sanitary cleaning facilities, latrines, immunisation, care and treatment for HIV and AIDS, etc; Additionally, provide information about different sectors, sending messages about hygiene, nutrition, and health, and how to gain access to various services;
- Integrated programming that addresses the needs and gaps in services, building on local capacities.

> *Key Resources:*
> *1. IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings. 2007. (See: Core Principles, "Integrated Support Systems")*

Principle 6: CFS are inclusive and non-discriminatory.

An inclusive process and a non-discriminatory approach ensures that all children regardless of their class, gender, abilities, language, ethnicity, sexual orientation, religion, nationality have equal access to CFS. "The best interests of a child should be the primary consideration…. taking into account what will be the impact for children and avoiding doing harm (Child Protection in Emergencies Training and Resources CD: Psychosocial Module: 22).

In many cases, however, the most vulnerable groups, including children at risk are unable to access the services and programmes of the CFS. There are many reasons for this:

•Activities in the CFS may conflict with the daily lives and livelihood requirements of the most affected groups;
•Usually caregivers bring children to CFS on a voluntary basis. At times, the most vulnerable families may not understand the value of CFS for their children;
•CFS activities may be inappropriate or may conflict with the cultural beliefs of groups within the community;
•The most severely affected and vulnerable families are less likely to participate in community processes for planning and operations;
•Gender equity are upheld and the differences of class, caste, religion are accepted;
•Accessible to everyone, including pregnant girls and women and children with disabilities.

Many of these obstacles can be overcome by establishing early inclusive, non-discriminatory and participatory processes for design and operation of the CFS.

Inclusive and non-discriminating processes are not finite and are not limited exclusively to the beneficiaries of programmes.   The CFS moves well beyond target groups by involving the community and staff. Efforts in the type and extent of outreach programmes have a strong impact.

Key Resources:

1. Child Protection in Emergencies Training and Resources CD: Psychosocial Module. (See: Basic principles: "Human Rights and Equity, with special attention to the best interests of the child": 22).

Contextual Background: Children in Emergencies

The impact of emergencies on children

Approximately 77 million children under the age of 15 have their lives severely disrupted every year due to natural disasters or armed conflict. Each year, approximately 115,000 children are killed as a result of these events. Children are one of the most vulnerable groups in these emergencies.

Children who have experienced armed conflict and natural disasters and their aftermath face multiple risks, such as fleeing for their lives, abandoning threatened homes and communities or struggling to survive in post conflict contexts. In these conditions, government structures are often weakened and families are forced to cope with destroyed livelihoods, separation, security concerns. Thus the care and protection of children are crucial.

During an emergency, children's sense of well being is jeopardized. They may be exposed to a sudden loss, to disruption in their routines, to frightening experiences. These circumstances require a significant amount of time for children to recover and for psychological wounds to heal. Often, with the ample and effective support and care children eventually will recover overtime. Many factors play into the recovery process. Personality, culture, spiritual beliefs, support systems, coping mechanisms, economic status and past experience all play a role.

 Adversity can present children with experiences that affect their emotional, cognitive, material and physical lives. The impact of emergencies on children and their development can have tremendous consequences for their adult lives if they are not provided with appropriate support measures

After a disaster or in an armed conflict, the violations of children's rights often increase dramatically. These include, among others, rights for survival, protection, development, and participation.

 The established social protection networks fall apart, and parents and relatives may not be able to care for and protect their children anymore. Furthermore,

children are not always in a position to exercise their rights or draw attention to any the violation of their rights.

Emergencies impact children physically, psychologically, and socially. In an emergency, children show many psychological symptoms, including withdrawal, anxiousness, fear, denial, anger, sadness, restlessness, and regression. They often experience sleeplessness, sadness, grief, shock, nightmares, bed wetting, and hyperactivity. .

It is possible to address the impact of an emergency through a well-designed and participatory CFS programme.

Responding to emergencies: the care and protection of children

Significant progress has been made in understanding more effective programming and responses for the protection of children in the aftermath of a natural disaster or conflict. In 2007 the Inter-Agency Standing Committee Taskforce (IASC) produced the *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings (MHPSS)*, which outline appropriate minimum responses and standards for psychosocial support and mental health in emergencies. These guidelines touch upon child development, protection and education (i.e. INEE Good Practice Guides; Emergency Field Handbook (UNICEF); the Core Commitments for Children in Emergencies UNICEF). The above-noted documents list just a few of the relevant sources; this does not exhaust the amount of material available.
As in other child-related initiatives, CFS should be conceptualised and formulated using a rights-based approach. The Convention on the Rights of the Child (CRC) guarantees the rights of the children under all circumstances.

In the past, psychosocial support programmes have been one of the defining characteristics of CFS. When facilitated through well-trained professionals, these programmes prove to be beneficial for children. However, even in the absence of a structured psychosocial support programme, the safe, well-organised, and friendly atmosphere of a CFS will have a major positive psychological impact on children. A sense of well-being enables children to function in their daily lives and engage in positive relationships.

Creating a social environment where children can interact with their peers, using interesting and stimulating props, such as toys and art supplies, is equally important. After a disaster or armed conflict, children no longer have play and/or social settings. In these cases, CFS can be used to provide an alternative setting.

The fulfilment 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 (Source: CCF Manual; 8).

A Brief History and Overview of Child Friendly Spaces

CFS were initially established as a response to the necessity for integrated supports for children in emergencies, particularly in contexts where many supports were weakened or absent. They provided an appropriate, community-based mechanism that would be useful on a broad scale. They offered the most coherent operational strategy to meet the core commitments for children in emergencies and their aftermath.

UNICEF first created a CFS in April1999, in Kosovo, as a response to the crisis and has since supported numerous other organizations in establishing safe spaces. In Kosovo these initiatives proved to be an effective means of providing large numbers of Kosovar refugee children and women with basic social services.

Subsequently, CFS were used as a response to the 1999 earthquake in Turkey. They were established in the camps for survivors. There was a growing acceptance of CFS in interventions. CFS then became a more common part of a response to emergencies and were created in Angola, Chad, Colombia, East Timor, El Salvador, Gujarat - India, Bam - Iran, Lebanon, Liberia, Northern Caucasus - Russia, Occupied Palestinian Territories, Pakistan, Somalia, and Syria. In 2004, after the Tsunami, many humanitarian organisations, including UNICEF, established CFS. Hundreds of CFS have been established in Aceh, Indonesia, Sri Lanka, and Southern India. These have been short-term CFS in camps or near temporary shelters, or more community-based CFS.

The Case of Uganda

The Christian Children's Fund organized an emergency safe centre for children 3-6 years in an IDP camp in Northern Uganda. Communities determined the relevant activities and identified and selected adult volunteers. The volunteers organized learning sessions and recreational activities, in addition to disseminating key messages about basic hygiene, nutrition and protection.

A comparative study of two camps, one with a CFS and the other without, was conducted. Some of the results showed that children who had participated in the CFS seemed more prepared to return to school and less violent with other children.

The Main Highlights of Successful Child Friendly Spaces

Research from various CFS around the globe has shown numerous benefits of the concept. The strengths of CFS include flexibility, rapid start-up, scalability, low costs, adaptability to different contexts, and utility in mobilizing communities. As the case of Uganda illustrates (see textbox above), CFS may be adapted to support young children even though they had initially been designed to support 7-13-year old children. Also, CFS can support adolescents, who are often neglected in

emergencies. If a CFS is well-designed, it has the potential of complementing other mechanisms needed to protect children in dangerous circumstances.

An advantage of CFS is their ability to provide many functions and benefits not in a prescriptive way, but through involvement of the parents and children. CFS can provide this flexibility. Instead of being presented as a formula or a "predetermined solution", they can be introduced as a "general idea" that can be shaped and finalised with full participation of the various players. Parents can assist in determining which programmes are most critical and should be initiated. Children can select toys, make decisions about colour and design, and decide on activities of interest. Local NGOs can contribute suggestions about location should to ensure access to programmes and services by children and communities. For all of these reasons, no two CFS can be exactly the same. Ideally they evolve naturally, through the close collaboration of UNICEF, the community, local partners, and the government.

CFS have contributed to raising awareness and drawing attention to children in emergencies, which is often overlooked in the process of gathering food, shelter and other necessities. CFS help to mobilize and empower communities around children by building on community structures and engaging child, family, and community participation.

If the CFS is a newly created physical space, it can provide a safe, clean environment for children, even within poor settings, such as internally displaced persons' camps. Furthermore, in a CFS setting, the basic needs of children can be addressed through provision of clean drinking water, sanitary toilets, and washing facilities. Most importantly, at least during the periods when children are at great risk of violence and sexual abuse and exploitation, through the CFS, children receive more protection and care.

Please note that concrete examples and guidance for successful models and approaches of CFS are provided in the second part of this manual.

Some of the Main Challenges of Child Friendly Spaces

CFS can be quite challenging to initiate and operate. Some of main challenges that have been identified over the past decade are:

Lack of multi-sectoral/integrated efforts. Many operators fail to provide multi-sectoral support. This can be demonstrated by the efforts in the emergency response in Turkey, where there was a lack of coordination among various actors and sectors. These types of problems are often compounded by the fact that the different levels and departments in the government working in a non-integrated way. Efforts to provide and develop integrated services have proven to be a challenge and require particular attention. Furthermore, professionals trained in

specific sectors have had difficulties in adjusting to integrated programming.

A Temporary Response. Although CFS are transitional supports, contributing to the short to medium term relief effort, at times, organizations tend to continue them too long in an inappropriate capacity or consider issues of transition and sustainability as afterthoughts.

An inappropriate/irrelevant response. Typically, primary school age children are significantly better supported than younger children and teenagers, and girls' participation lags significantly behind that of boys. Additionally, CFS may be unnecessary in some settings and are inappropriate in circumstances where assembling groups of children could enable recruitment or other risks.

Minimal Coordination Efforts. Problems in a humanitarian response are often exacerbated by the lack of inter-agency guidance and coordination. In the case of a major emergency, it is likely that several NGOs and other aid organisations will be mobilised in a short time to deliver programmes and services. It is likely that there will be a high level of competition among the players. Coordination is likely to be poor and difficult to achieve. In the chaos of an emergency, it is not unusual to see that many efforts are duplicated, while some critical needs for children stay undetected and are not even addressed.

Lack of Meaningful Participation. Past experiences have shown that meaningful community participation in the planning, design, and operations have been the weakest efforts of the operators of an CFS. Often under pressure situations in an emergency and the need for quick response, it has been perceived that participation causes delays in service delivery and programming. The general trend is to establish CFS as rapidly as possible, and to determine children's needs as an afterthought. Basic interventions do not necessarily treat children and adolescents as active agents who can participate in defining the needs and formulating solutions to address immediate challenges.

Please note that the above description of the challenges is intended to introduce some of the main obstacles. Part two of this manual presents guidance to overcome and/or prevent some of these challenges.

CFS MANUAL

Practical Guidance for Establishing a CFS

Action Sheet 1: Assessment

Action Sheet 2: Planning and Design of Programmes

Action Sheet 2: Structural Design and Implementation

Action Sheet 4: Operations Capacity building

Action Sheet 5: Monitoring and Evaluation

Action Sheet 1:   Assessment

Phase: Early

A.   Purpose
To identify situations that increase risks for children and to obtain knowledge for effective planning and operations

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Reminder of Key Child Friendly Space Principles

Link all activities in the assessment phase to the principles

- *CFS are secure and "safe" environments for children*

- *CFS are built on existing structures and capacities within a community*

- *CFS use a fully participatory approach for the design and implementation*

- *CFS are inclusive and non-discriminatory*

B.   Key actions

KEY ACTION 1: Situational Assessment
One of the first steps for planning a CFS is a thorough assessment of the emergency situation. At this stage, it is likely that assessments have already been

conducted in the affected areas. It is critical to ensure that the assessment processes have addressed children — especially the most vulnerable children in the community—for child-focused responses.

Efforts should be made to not duplicate assessments. Links should be established with various sectors (i.e. health, education, WASH, and child protection) to determine what assessments have already been conducted. This will hopefully contribute to more cost-effective responses, by encouraging the pooling of resources and expertise.

In general, a situational analysis of a community attempts to determine the nature of the emergency, including possible developments, implications on the rights of children and women and required programmatic responses and operational modalities (Emergency Field Handbook, UNICEF 27). The areas that should be covered in this analysis are clearly identified in the UNICEF Core Commitments after Emergencies (refer to pp. 10-14 for an Initial Assessment: A quick checklist). Page 30 Situational analyses; in addition refer to the end of this section for links to further resources on assessments). (Refer to Tool #2 for UNICEF's *Rapid Child Protection Assessment Form).*

Box 1   Selection of Community for Assessments

It is recommended to select communities for the assessment based on the following criteria:

- ❖ *The community has been severely affected*
- ❖ *Basic needs of food and 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*

*Term use for child friendly spaces by CCF
(Source: List extracted and adapted from the *Starting Up Child Centered Spaces in Emergencies: a Field Manual*; 2008: 16)

A situational analysis specifically related to the CFS can also be conducted with the participation of the above actors and the local community members (i.e. children,

youth, local formal education leaders, teachers, local non-formal education providers, faith based organizations, teacher's unions, Parent Teacher Associations) to determine specific areas and general types of responses for the CFS.

The following outlines and provides the general steps for the assessment process:
- ❖ The assessment considers the needs of children, site locations, implementing partners, suitability of programme activities
- ❖ The assessment team is interdisciplinary, and includes children and other members of the affected and host communities
- ❖ Children are included in the assessment and are given a substantive opportunity to share their concerns regarding issues of personal security and general well-being
- ❖ A variety of assessment methods used to retrieve data and facilitate community participation is required
- ❖ Key informants for the assessment interviews are: children, formal and non-formal education leaders, teachers, student teachers, members of parent /teacher associations, teachers' unions, early childhood and after school programme providers, faith-based organization leaders, children/youth focused NGO providers, local service providers to children with disabilities and members of local childcare councils

(Guidance has been taken from the *Draft INEE Good Practices Guide on Emergency Spaces for Children*: Page 5 and modified for the purposes of this manual).

The assessment for CFS specific information should address the following issues to retrieve relevant information:
- ❖ Existing protection and psychosocial threats to children
- ❖ Children's education needs
- ❖ Emergency education material that exist and information that provides life saving information to children
- ❖ Types of community-based and cultural mechanisms for teaching, learning and protecting children from physical and psychosocial harm
- ❖ Designated/alternative safe places for children's play and learning.
- ❖ Number of children affected (information should be disaggregated by age and sex)
- ❖ Existing belief and attitudes towards education and play
- ❖ Identify the threats faced by disabled, poor, ethnic and language minority and other vulnerable groups; determine ways to address threats through the CFS
- ❖ Gender roles impact the access to ESC programming
- ❖ Services provided to vulnerable groups prior to the emergency

(Source: guidance has been taken from the *Draft INEE Good Practice Guide on Emergency Spaces for Children. N.d: 5* and modified for the purposes of this manual).

Specific Activities:

- Information should be obtained from visits and meetings with the government, UN partners and NGO to s. (For further guidance details on establishing coordination (also page 6 from the Core commitments for an outline on coordination in a humanitarian response) and conducting assessments please refer to the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings; p. 33 and 37- Action Sheet 2.1).
- Discuss the CFS strategy and coordinate activities with government and other local actors. For detailed guidance on establishing coordination (also page 6 from the Core commitments for an outline on coordination in a humanitarian response) and conducting assessments please refer to the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings; Action Sheet 2.1: p. 33 and 37).
- Conduct the preliminary assessment for the CFS initiative. (Refer to the tool #2 for the UNICEF's Rapid Child Protection Assessment Form and to the "Key Resources" section for links to further guidance on assessments.

KEY ACTION 2: Community Mapping: Identifying the Actors/Programmes

Mapping programmes and services in the community is important in the process of establishing a CFS. Networking and visiting stakeholders and actors, including potential partners will be required in this early phase. A final product of this exercise can be a simple matrix that summarizes the roles and responsibilities of various actors in the community.

> *Tip*
> Government buy-in to the concept of CFS is critical for both the short-term success of a CFS initiative and the long-term strategy for integrated services in the various ministries.

Specific Activities:

- Consult with coordination groups to obtain required information for CFS strategy; most often, CFS will be coordinated by the child protection or education cluster.
- List all the relevant services and programmes operated or delivered by governments, UN agencies, NGOs and CBOs; determine if there are State policies and resources that could be accessed for the CFS.
- Outline the details of each programme, including the:
  1. Type of programme
  2. Service offered by the programme (i.e. Health screening, recreational activities, etc.)
  3. Target population (i.e. age and gender)
  4. Geographic coverage/ parameters of existing activities/services within the community
  5. Number of excepted beneficiaries (i.e. How many children does the programme target?)
  6. Programme accessibility for targeted groups (i.e. is the programme accessible to all, particularly for vulnerable groups? Is there easy access for

children? If not, what are the barriers?

7. Initial overview of the programme quality (i.e. staff capacities, skills, setup)
8. Sustainability (i.e. Is the programme sustainable? Are there long-term plans? Is the programme well-funded?)

KEY ACTION 3: Planning and Collaborating with Various Actors

Coordination with the government and other humanitarian actors is critical for ensuring that the CFS is incorporated into the country's emergency response and recovery plan. Collaboration should start from the very early stages of the emergency and strong efforts should be made to coordinate activities and strategies. (Refer to Action Sheet #4; Key Action #3 for an overview and guidance on community mobilization).

Specific Activities:

* Meet with the coordinating groups in the child protection and education sectors.
* Identify national, local and community stakeholders to consult with.
    -Emphasize the value of the CFS by providing examples of other emergencies and showing the links to the current situation.
    -Present a matrix of roles and responsibilities and indicate certain gaps in service delivery.
* Ensure that the CFS is part of the Humanitarian Action Plan or Emergency Response Plan.
* Discuss the importance of a strong referral system with the government and other basic service providers; demonstrate how it could be integrated into the CFS.

Diagram Outlining the Steps of an Assessment

DETERMINE WHO IS DOING WHAT

CONDUCT NEEDS ASSESSMENT

VERIFY FINDINGS

COLLABORATE WITH GOVERNMENT AGENCIES

IDENTIFY GAPS IN PROGRAMMING

SELECT PARTNERS

NGO
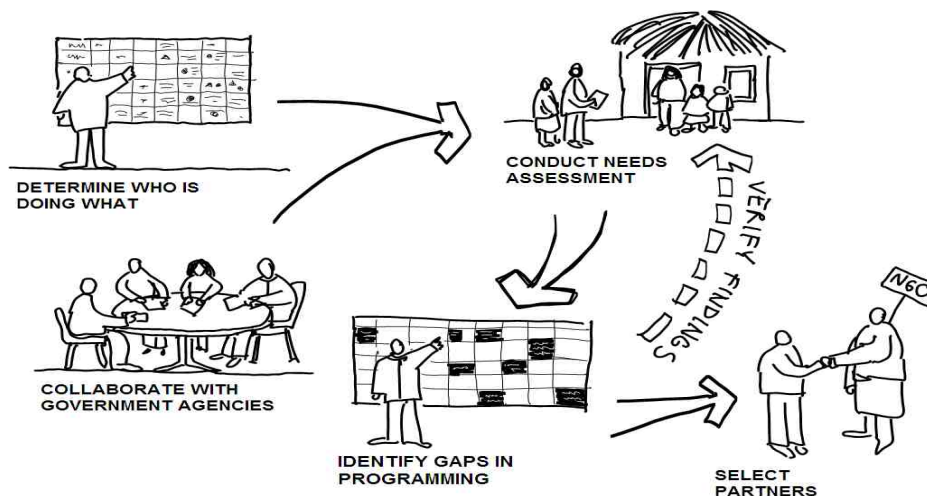
> ***TIP: In order to mitigate the impact of the emergency on children and to reach as many children as possible, it is important that the CFS programmes start as quickly as possible. The minimum standards and procedures are to be established and agreed upon by implementing/coordinating groups.***
>
> (Source: Modified from the *INEE Good Practice Guide on Emergency Spaces for Children. N.d.: 2)*

KEY ACTION 4: Understanding the Daily Routines of Children and Families

After an emergency, routines for children change drastically as their families struggle to adapt to a new situation. One of the main functions of a CFS is to provide structure and continuity in daily life by enabling children to fill the social roles that are customary for children, strengthening predictability in daily life an providing opportunities for affected population to rebuild their lives. Therefore, understanding the daily routines of children and their families is essential in all planning efforts.

There are instances when CFS have not been effective because the programmes did not account for daily practices and behaviours of children and families. Without considering the daily routines the programme is likely to further complicate daily chores, disrupt social support networks, upset residents, and introduce new constraints on the type of care and protection that children receive.

Understanding the daily lives of children and families can be achieved through participant-observation sessions, group discussions with family members, as well as visits to the community, settlement, or camp. Knowledge about the daily chores, economic activities, cultural behaviours, and — very importantly — key childcare mechanisms and ways in which they are delivered is required in this process.

Maps are often an effective technique for getting an overview of the daily activities of families and children. Maps can indicate the places where people spend their time and the types of activities in each location. Note that the activities of caregivers who work with different age groups are likely to be very different. Therefore, it is useful to develop separate maps for each of the age groups. (Refer tool #3 in the toolbox for a "Step-by-Step Guide" of a drawing exercise with children).

Specific Activities:
- Use various methods to get information about the daily routines of children and their families (i.e. maps, diagrams, drawings, site visits, etc).

Box 2   *Daily activity matrix for the child*
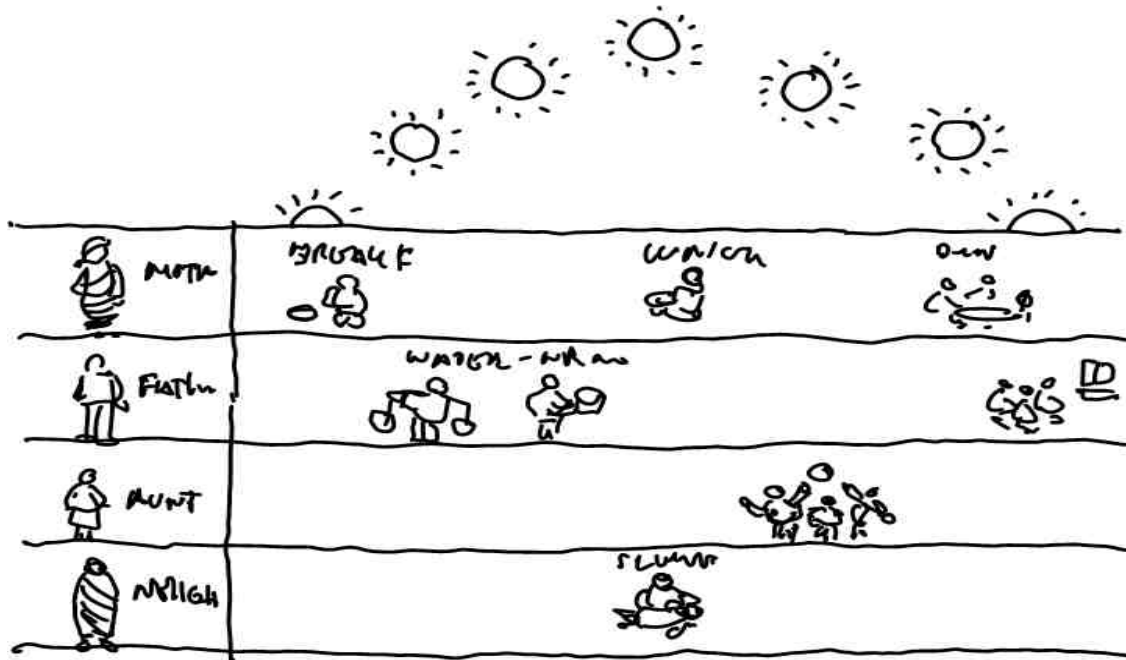
The daily activity matrix (illustrated above) is a simple tool used to identify a child's typical day. The time of day is represented by the positioning of the sun, from sunrise to sunset. The participants are asked "what the child does throughout the day" and "which adult is responsible for the child during that activity". A separate column fore each caregiver can be created in the matrix. These simple images and diagrams can be used to work with illiterate groups as well.

KEY ACTION 5: Assessing the Scope and Quality of Available Resources in the Community in a Participatory Way

Principle Two addressed in the previous section of this manual noted that *CFS should be built on existing resources in the community.* In order to achieve this, the documentation and analysis of available community resources, such as schools, local business, and religious organizations are required. The following types of community resources should be accounted for:
- Material resources (i.e. Tents, vacant buildings, storage facilities, toys and games)
- Human resources (i.e. professionals willing to provide voluntary services, community leaders)
- Media tools or facilities (i.e. newspapers, radio stations)

One technique for mapping resources is to develop an inventory list or chart. This type of document outlines, in detail, the staff, material resources, and organisational resources in the community. An effective approach to drafting such a

document is to conduct a community forum or council with diverse representation and participation from the various sectors, including community-based organisations, NGOs, and community representatives. If this is not possible, the second option would be for the Manager/Programme Officer to visit different stakeholders in order to gradually develop an inventory.

Specific activities:

- Develop a resource inventory list or chart. The inventory document should ultimately indicate all resources available in the community.
- Review information about the existing organisations offering services and programmes (Note: This information can be retrieved from the matrix described above in Key Action: One).

Key Action 6: Identifying the Needs of Children and Gaps in Service Provision

An important purpose of the CFS is to target vulnerable populations that are unable to access services in their communities. However, identifying these populations — and children — can be a challenge since they tend to be the least visible groups in a community.

An effective way of reaching vulnerable groups is to have them identified by other members of the community. Maps/diagrams can be used to identify areas where these groups are located. Information may include a description of children, including gender, age groups, and disabilities.

Site visits in the community and focus groups with adults and children who are familiar with the community are useful methodologies for identifying the gaps in services and the needs of children.

Key Action 7: Verifying Findings through Child and Community Participation

There are a couple of recommended techniques that can be used to verify findings and to make decisions about launching a CFS initiative. These activities include: separate meetings or focus groups with men, women and children and a large stakeholders meeting in the community. (Refer to "Visit the Community" in the CCF Manual. 2008: 18-20 for a discussion on various protocol for contacting, meeting and discussing children's issues with the community).

During these meeting, the findings and possible plans should be presented to the participants. Ideally the facilitator is a community member who has worked closely with a CFS initiative.

The following provides a brief overview for conducting visits with the community in the earlier phase of the initiative:

- Meet with the local leaders
- Explain the CFS strategy

- Ensure that leaders support the CFS in their community
- Talk with groups of women, youth and men about a CFS and potential animators.
- Discuss qualified and willing animators in the area.
- Make sure there are no imminent protection threats that make it unsafe to establish the CFS.

(Source: *Starting Up Child Centered Spaces in Emergencies: A Field Manual*. CCF. 2008: 20. The list has been modified for the purpose of this manual).

The participants should then be given an opportunity to comment on the findings presented to them. This stakeholder meeting can be used not only for the verification of the information collected, but also to reach a consensus on whether or not to initiate the CFS.

Very importantly, at this stage in the process the results of the research and analysis from the assessments may reveal that a CFS is not an appropriate response in a given context. UNICEF staff should be prepared for this possibility. If a CFS is not an appropriate response for a given context, it does not mean that regular programmes, such as child protection, psychosocial, health, education should not be carried out in the community as part of the humanitarian response.

Key Action 8: Selecting Partners

Selecting the partners who will be responsible for operating the CFS is one of the most critical decisions in the initial stages of development. (Details concerning the operations and capacity building of staff and/or partners are available in Action Sheet #4.)

Two main criteria should guide the selection process. The first is the overall capacity and ability of the partner to operate the CFS. The second is the suitability of the partner for the activities to be carried out. Most NGOs specialise in sectoral or thematic areas. It may be necessary for more than one organisation to share the responsibilities in order to provide integrated services.

Specific Activities:
- Identify and assess all potential partners
- Identify the strengths and weaknesses of select potential partners

Tip: In many countries, UNICEF has the advantage of having a longstanding presence and established networks. Often, the organization is able to work with invaluable local partners to develop a CFS. The initiative can be built on effective, relevant and constructive programmes that are already in place.

C. Key Resources

- ❖ *Child Protection-CD ROM (assessments)*
- ❖ *Core commitments for Children in Emergencies. UNICEF. (http://www.unicef.org/emerg/files/CCC_EMERG_E_revised7.pdf)*
- ❖ *Emergency Field Handbook: A Guide for UNICEF Staff. UNICEF. 2005. (http://www.unicef.org/publications/files/UNICEF_EFH.2005.pdf)*
- ❖ *INEE (refer to page 30 for specific information on Situation Analysis)*
- ❖ *INEE. "Assessing and Analyzing Community Non-Formal Educational Needs" (http://www.ineesite.org/page.asp?pid=1130)*
- ❖ *Sphere, Humanitarian Charter and Minimum Standards in Disaster Responses. 2004; revised edition. (http://www.sphereproject.org/component/option, com_docman/task,cat_view/gid, 17/Itemid,203/lang,English/)*
- ❖ *MHPSS IASC (on how to coordinate an assessment/details of the assessment)*
- ❖ *Partner Assessment and Selection (INEE Guidnace) (http://www.ineeserver.org/page.asp?pid=1131*
- ❖ *The Participation of Children and Young People in Emergencies: A Guide for Relief Agencies (based largely on experience in the Asian Tsunami Response). UNICEF: October 2007.*
- ❖ *"Safe Spaces Assessments", Save the Children Training.*

D. Toolbox

1) General Checklist for the Assessment Stage.
2) UNICEF's Rapid Child Assessment Form
3) "A Step-By-Step Guide" on drawing and mapping exercises with children
4) Guidance on Assessing and Selecting Partners

Tool 1: General Checklist for the Assessment Stage

Key Outputs	NO	YES	Action/Comments
A matrix of "who is doing what in the community"			
A list of partners who will be coordinating and operating the CFS			
A clear understanding of the daily lives of the families and children as well as the important issues they are facing			
A complete list of available resources in the community			
A strategy for communicating/discussing an action plan to the community and the government			
Identification of funding sources			
An outreach plan (including capacity-building and training requirements)			
An understanding of how the results will be monitored and evaluated			

Tool 2: UNICEF's Rapid Child Protection Assessment Form

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.)
UNICEF Rapid Child Protection Assessment Form
78
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 centres _ 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

UNICEF Rapid Child Protection Assessment Form

Tool 3: "A Step-By-Step Guide" on Drawing and Mapping Exercises with Children

The drawing exercise is simple, requiring nothing more than paper and pencils and a social worker's skills. The steps are described as follows:

1. After establishing a rapport with the child, explain that you would like to learn more about him or her to help trace family and relatives. Explain that one way to do this is to draw pictures (maps) of where the child lived before the separation. You can show other children's maps or present your own drawing as an example.

2. Provide the child a piece of paper and a pencil or coloured pencils (with an eraser). Draw a small house in the middle of the paper. (The house can be drawn by the child or by the social worker.) Explain that this represents the his or her house. Now ask the child to draw all the places around the house that he or she used to go to. (Depending on a child's age and level of understanding at the time this exercise is being carried out, it may be better to ask a child to draw a "picture" rather than a "map" because the latter may be an unfamiliar concept. The picture becomes a map in essence.)

3. After you have verified that the child understands the exercise, allow him or her time to draw without interruption. Be patient and encouraging. This exercise can take up to an hour, depending on the level of detail in the drawing.

4. Once the child finishes, ask about all the places on the map. If the child is literate, ask him or her to label each place; if the child is not literate, label the places for him or her. Now ask if the child has forgotten any place or person. (Use probing questions such as "Did you ever visit a neighbouring town?" "Where did you play with friends?" "Where did your father go to work?" Ask the child to add each place and person to the map as they are mentioned. (At any time in the exercise, a child may mention a place not originally drawn on the map. Always allow the child time to add each new place or person. This activity should not be rushed.)

5. Once the drawing is finished, ask the child to mark all the places that he or she liked best with a particular colour of pencil or sticker.

6. Compliment the child on his or her effort.

7. It is now time to interview. Begin by explaining to the child that you would like to learn more about his or her drawing and that you would like to ask some questions. Ask if it is alright for you to write down what the child says.

8. Begin with the best-liked places that the child listed. Following is a short, recommended discussion guide:

• "Tell me about this place. Why do you like it?"
• "What did you do there?" (Ask probing questions for information about activities, the reason for visits, etc.)
• "Who did you visit there?" (Ask probing questions for information about relationships, nicknames, etc.)
• "How often did you visit this place?" (Determine whether it was frequently, sometimes, or rarely.)
• "What is your favourite memory of this place?"

(Note: In conducting an interview, the interviewer can follow the above guide but should not be restricted by it. Follow-up questions are encouraged. The point is to help the child talk about any information that may be useful for either radio tracing, which can require the smallest clues, or active field tracing.)

9. Repeat step 8 with all other places indicated on the map.

10. When the interview has been completed, review with the child what you have learned from the map and explain how this information might be used for tracing. Thank the child for his or her time.

11. When possible, make a copy of the map for the child. Maps can be revisited several times, and the child can be re-interviewed if the social worker feels that more information can be obtained.

(Source: Extracted from Mobility Mapping and Flow Diagrams: Tools for Family Tracing and Social Reintegration Work with Separated Children. Brigette De Lay. Please note that the mobility mapping is usually employed for tracing and reunification efforts to provide details about a child's family or to identify foster families for adolescents. However, it is a valuable tool for understanding the daily lives of children for the purposes of developing a CFS).

Tool 4: Guidance on Selecting and Assessing Partners

Service Delivery
- Does the organization believe in inclusion?
- Does the potential partner have experience implementing emergency programs? Local Expertise? Local language and training capacity?
- What is the organization's background in implementing programs?
- Have the beneficiaries been satisfied with the results of the projects?
- Have donors been satisfied with the projects?
- What is the background of the people in the organization? What training have they had? Is there a clear assignment of responsibilities and tasks within the organization?
- Do they have the management capacity to expand? Can they take on more responsibility?

Financial Management and Accounting

- Where does the organization get its money?
- How large is their budget? What kind of financial records do they keep? Who else has responsibilities for overseeing the financial management?
- How are expenditures approved?
- Are there systems and procedures in place for purchasing and procurement?
- Who determines the amount of money to be budgeted for specific items? Who prepares the budgets?
- Have donors been satisfied with the reporting?

Organizational Status and Issues
- Does the organization have any political affiliations?
- Is the organization registered with the government?
- Does the organization stand for gender equality and diversity?
- Are criteria specified for membership to the organization?
- What types of conflicts have arisen in your organizations? If so how are they resolved?

Personnel/Administrative Matters
- How is staff recruited?
- Are there job classifications and salaries set? How are promotions and salary increases handled?
- Number of people hired? How are they paid? Number of volunteers?
- Do employees have contracts? If so what do these contracts include?
- Does each member have a job description?
- What types of staff meetings are held?

(Source: Extracted from the Partner Assessment and Selection INEE Good Practice Guides > Assessment, Monitoring & Evaluation > Inter-agency Network for Education in Emergencies http://www.ineeserver.org/page.asp?pid=1131. The information has been modified for the purposes of this document.)

Action Sheet 2: Planning and Design of Programmes

A.   Purpose

To plan and design programmes with the intent of rapidly implementing cost-effective and impact CFS within an emergency

> ### *Reminder of Key Child Friendly Space Principles*
>
> *Link all planning and design efforts to these principles*
>
> - *CFS are secure and "safe" environments for children.*
>
> - *CFS provide a stimulating and supportive environment for children.*
>
> - *CFS are built on existing structures and capacities within a community.*
>
> - *CFS use a fully participatory approach for the design and implementation*
>
> - *CFS are inclusive and non-discriminatory.*

B.   Key actions

KEY ACTION 1: Determining an Approach to Ensure Integrated Programming/Services

The benefits of holistic integrated services have been documented extensively. This type of programming has been described as:

Programmes that take into consideration a child's need for a healthy body and the need for psychological and social support. The provide a variety of activities that stimulate the development of cognitive skills, imagination, and creativity, and provide opportunities for children to take responsibility for themselves and their learning within the context of a social-cultural environment. Source: UNICEF, An Early Childhood Care and Development (ECCD) briefing note.

The integrated approach has the potential to produce i*mpactful* and cost effective responses that would otherwise be unavailable to shorter-term, more traditional sector-based responses.

There are different ways of achieving integrated programming. Whichever option is selected, it is important that the starting point consist of a participatory needs' analysis and a list of the gaps in services and programmes (as described in Action Sheet One). In order to develop a holistic programming approach, it is essential to have knowledge about the community resources, programme gaps and the needs of children and community members.

Three Approaches to Integration

Option 1: *Multiple programmes and services provided from a single diverse physical space*

This model suggests that a diversity of programmes will be provided from a well-designed space. This type of space can be set up in locations such as camps and situated in areas within close proximity to other programmes/activities/services.

Option 2: *Multiple programmes in the CFS with links to other services*

This model incorporates multiple programmes, such as psychosocial support, education, and recreational activities which are carried out from a well- designed physical space. This may require the direct involvement of more than one partner for programmes operations.

It is likely that some of the identified needs may not be addressed within the CFS and children may require specialized services. Therefore, a strong outreach component for other services can be incorporated into this type of programme design. The strategy may include a strong referral mechanism to link children or their caregivers at the CFS:

> ❖ To an established government-based programme, such as health, social welfare, etc;
> ❖ To other community-based programmes, such as mental health services, skills development, community recovery programmes, etc;
> ❖ To legal and economic services
> ❖ To the other CFS, operated by other NGOs, in the community;

❖ To Child Friendly Schools (refer to textbox below).

Option 3: *CFS as a "hub" for programmes*

With this model, CFS are operated as a "hub" and provide strong links to all of the other programmes and services in the community. The space focuses on referring and networking efforts to link other programmes (using a similar strategy to option #2 above). The activities conducted in the space can be quite limited. This is usually a more suitable approach for a community-based setting (opposed to a camp environment).

All-inclusive Integrated Basic Services

Interdependent circle to ensure children's rights to
Survival, Development, Participation and Protection.
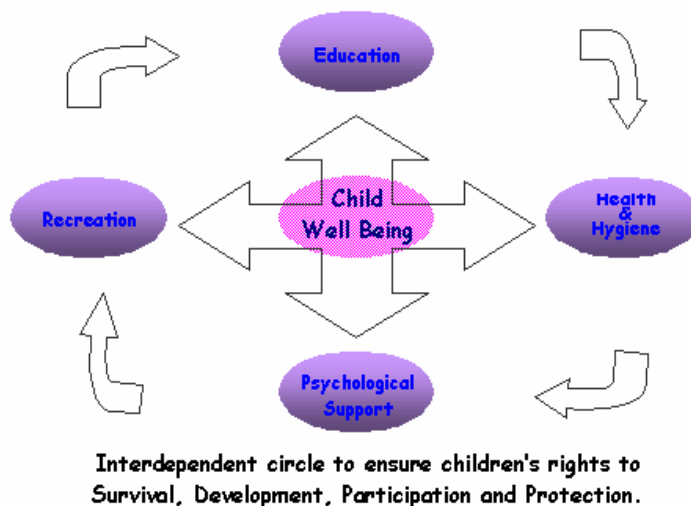
(Source: Temporary Learning Spaces; UNICEF and University of Pittsburgh, December 2004.)

The Challenges of Integrated Programming in a CFS

Despite the benefits of integrated programming, it can be a challenge to implement at times. Challenges are often due to the:

❖ *Limited capacity of the main partner who is responsible for operating the CFS;*

❖ *Lack of collaboration among various NGOs or community based organizations;*

❖ *Lack of understanding of holistic services by partner;*

❖ *Donor driven services (i.e. some services seen as more essential);*

❖ *Limited understanding about the purpose of a CFS. Not all services need to be delivered at a single CFS.*

Specific Activities:
The following outlines specific activities for determining an approach to integrated programming and services:

- Identify an appropriate approach for the setting
- Promote the CFS as an effective resource for coordinating multiple programmes and services
- Ensure all partners, including governments, NGOS, and community based organizations understand the value and importance of integrated programming
- Encourage children and other community members to advocate for the proposed plan of the CFS within the community

---

Box 4   Collaboration with Temporary Child Friendly Schools

The relationship between Child Friendly Spaces and Temporary Child Friendly Schools is critical but often overlooked. "Temporary child friendly learning spaces, provided with "schools in a box" and other basic educational materials are part of a larger UNICEF-supported initiative to ensure schooling during emergencies. To help children recover from traumatic experiences and continue their education, the spaces provide physical and emotional protection, along with a sense of normalcy" (Source: Child Friendly Schools: UNICEF, Nov. 2006 1)

Both Child Friendly Schools and Spaces have the intention of creating a safe, secure and protective environment for children. The parallels between the two models provide a great opportunity for initiating complimentary activities, building partnerships between schools, centers and the community and establishing integrated programming, especially for the protection and education sectors. As a result, not only are Child Friendly Schools an important educational resource for CFS, but also, families are hopefully able to access services from both initiatives. For example, a child may be referred to a Child Friendly School at a Child Friendly Space.   (For further details about Child Friendly Schools refer to UNICEF's Child Friendly Schools' information sheet at www.unicef.org/girlseducation/files/CFS1Web.pdf)

KEY ACTION 2: Financial Planning

Child friendly spaces have varied start-up and operational costs. Since CFS differ in size and layout, there is no reliable data on the actual costs. Evidently, the location, type of space, materials, equipment, human resources will impact the cost. Often,

the operating costs are likely to be more expensive than the start-up costs, especially for CFS offering multiple services and programmes.

Specific activities:

- Prepare the budget in advance. There is a possibility that the financial plan will require modifications/revision as the emergency context changes and new conditions and opportunities for the CFS arise. (Refer to Key Resources for links to UNICEF's country specific administration and financial guidelines).
- Use locally produced materials and toys, if possible. These products are likely to reduce costs, to be more culturally accepted, and will be easier to re-order, if necessary.
- Attempt to estimate the programme's cost per child. This is a useful activity for advocacy and fundraising purposes. *Note: however, it can be challenging to make these calculations, because of the constant changes in costs for supplies and the changes in the types of services and programmes offered.*
- Determine and record any contribution from the partners or other community members. *Note: Most volunteers are compensated in one way or another. Ensure that the budget accounts for these costs*
- As much as possible, ensure a transparent budgeting process. If possible, discuss it with partners and the community. *Note that is important for stakeholders to understand the financial commitment, how funds are to be used and the duration of the financial support. This approach will help to strengthen community participation in other areas as well.*
- Develop an agreement with partners, outlining the terms of financing (i.e. specify the duration of funding and restate the purpose of the CFS). Conduct preliminary discussions about a transition plan for the community or a partner to take over the CFS or develop and agree on a financial exit strategy. If, appropriate put this information in writing/proposal. *Note: stakeholders should be clear about how long the CFS will operate and a general idea of the next steps.*

KEY ACTION 3.0: Development of Programme Curricula

CFS are integrated programmes. They offer a wide-range of services or activities that are culturally appropriate and supportive, in addition to providing developmental learning opportunities (for further details about the principles of the CFS initiatives refer to the introduction of this manual). Most CFS incorporate a range of core activities such as education, life skills, literacy, arts, culture and environment, play, recreation and sports; some initiatives host religious and spiritual activities.

The selection of activities should be based on the needs and capacities of the community and determined in collaboration with community members and children. Involving children in designing the curriculum will ensure their active participation in the CFS. Most programmes fail to recognise the extent to which children can contribute to their own recovery efforts. Children

> *Tip: Ensure that the CFS is adaptable*
>
> *In time, new conditions and opportunities are likely to emerge. Therefore if it is possible to have flexible structures that enable adjustments as needs change.*

who become meaningfully engaged in helping their community will feel better about themselves.

Box 5   Field Examples of Activities and Programming

-   In the Northern Caucasus, UNICEF provided support to various programmes, such as dance, counselling, and other social and cultural activities, *for reducing the risk of adolescents' involvement in dangerous/illegal activities.* (Northern Caucasus - Russia.)

-   In Liberia, the CFS increased the protection of children, promoted the integration of child-related services, and enhanced better monitoring of services for children. School-in-a-box and recreation kits were provided with supplies including crayons, books, slates, teaching and recreation aids. This initial non-formal program provided children with literacy, numeracy, recreation activities and psychosocial support. (UNICEF and University of Pittsburgh document; 2004: 38)

While it is impossible to develop a comprehensive list of activities, the table below includes the most common core activities conducted in/through a CFS. The information provided reflects various suggestions for services and activities.

Keep in mind that even if the CFS is an actual physical space, not all activities will take place in its actual structure. Many activities, such as sports, can be carried out in other locations within the community, however organized and managed through the CFS (as described in the integrated programming approaches above in Key Action #1). Similarly, many services/supports can be organised through referrals with other organisations or in other places. As a result, the CFS is not required to have expertise in all programming areas.

Conditions are likely to evolve as the emergency changes overtime. Schools will re-open, health services will be established, and safety measures will be prioritized. The original programme gaps identified for a CFS may no longer be applicable. Therefore, it is important to establish a structure in which activities can adapt to the changing environment and to the needs of children and the community and to monitor the developments of external conditions in a systematic way and to adjust the programme goals and outcomes accordingly. (Refer to the Action Sheet 5 for guidance on monitoring).

Specific Programming activities for CFS

DEVELOPMENT	EDUCATION	HEALTH AND NUTRITION	PSYCHO-SOCIAL SUPPORT	COMMUNITY NEEDS	LIFE SKILLS
Free play	Non-formal educational activities	Screening	Professional support	Participation in public works	Conflict resolution
Organised play	Formal education in lieu of schools	Food programmes	Psycho-social activities	Peer education	HIV and AIDS supports
Story telling	Pre-school services	Hygiene training	Peer-to-peer support	Mapping of resources and hazards	Strengthening positive attitudes
Dance, music, drama, singing, puppet-shows	Drawing and painting	Immunisations	Parental counselling	Organising activities for younger children	Peace building
Sports			Play therapy	Support activities for caregivers	
Traditional and modern games				Youth Clubs	

KEY ACTION 3.1: Age appropriate programming*

One of the strengths of a CFS is its capacity to serve children of all ages. In general, four age groups have been accommodated: Babies/toddlers, pre-school children (under six years), school-aged children (ages 6 to 12), and adolescents (ages 13 to 18). The needs and activities of each of these age groups are different. The requirements and set-up for the physical structure/lay-out are also different for each age group (*Note: the facility layout and structural design is discussed extensively in the next Action Sheet).*

It is recommended that the different age groups have contact and/or interact in certain activities. The strongest programmes are the ones that allow children of different age groups to support one another. For example, adolescents are a great resource for organising and implementing activities for younger children. Additionally, encouraging children of different age groups to interact is relevant to many cultural contexts.

While assessing the needs of the children and how the CFS will address these needs, it is important to consider the particular needs of each respective age group. (Refer to the Key Resources for links to suggested programming activities based on various age group; and to Tool #3 for the required supplies/equipment for activities).

Early Childhood (from birth to five or six years)

Babies are dependent on adults for all their needs. This dependence is a major feature of the first five years of life. Young children need adults to provide food and shelter, protect them and make them feel safe (Psychosocial Support of Children in Emergencies-Review version: 34).

In the CFS, safety and security are of great importance for these children. Babies and toddlers are likely to carry out most of the activities with their caregivers; and therefore, it is critical to create private and comfortable spaces for mothers so they can nurse and play with their children. Caregivers can also use these spaces to support one another and to communicate with each other.

For older children in this development stage, stimulating play is likely to be a core activity that is required. (Refer to Tool #2 in the Toolbox below for guidance on preparing recreational kits for this age group). In the CFS, areas can be created for children to play and engage in a variety of activities with the facilitators and their mothers. Monitoring children's health and nutrition at this stage is also very important.

Other age groups can contribute to activities for children under six years. For example, older children can organise events or grandmothers and other members of the community can play music or tell stories.

Middle Childhood (six to twelve years)

In most cultures, it is during this period that children's roles in their community and households become are defined. Their participation and the expectations are based on gender and developmental status. They may contribute to household chores: cleaning, caring for younger siblings, cooking. Children have rapid abilities to think, understand and articulate. These skills provide them with an increasing capacity to understand and respond to stressful circumstances. (Psychosocial Support of Children in Emergencies-review version: 34).

It is important to assess the psychological state of these children and provide them with the necessary supports. They should be encouraged to socialise with other children and to engage in activities, such as role-playing, art, singing, dancing and story-telling. These activities will enable them to communicate and to express their feelings.

 It is recommended that children also engage in activities that they know as this will provide a sense of familiarity to them and that the design is well-structured to create a sense of normalcy and routine.

Box 6   *Field Example of a Supply List for Activities*

- ❖ 1 (40 page) notebook and pen per child
- ❖ Art supplies (paper, paint, glue, scissors, crayons, etc)
- ❖ Costume-making materials for dance/drama performances
- ❖ Materials to make drums/musical instruments
- ❖ Board games (checkers, chess, etc—these can be made as well)
- ❖ 1 box of chalk (for teacher)
- ❖ 1 blackboard (given 1 time at start)
- ❖ Mats for children to sit on
- ❖ Balls
- ❖ Ropes (for jump rope and other games)

(Source: 10 Steps to starting a child centred space, CCF. N.d: 8)

Note: refer to Tool #3 in the toolbox for further details on supplies for programmes, including a description and the recommended quantities of items.

Adolescence (late childhood and early adulthood; approximately twelve to eighteen years)

During this life stage, adolescents are likely to have acquired an understanding of stressful events. In times of instability, an absence of adult role models and a disruption in social settings may impact the adolescent's moral development and practice. Additional family burdens or responsibilities may be placed on him/her. Boys and girls may face different challenges

depending on circumstances and cultural expectations. (Psychosocial Support of Children in Emergencies-Edit Revision: 35).

In an emergency, adolescents are confronted with increased risks, such as recruitment into armed forces, sexual exploitation, and harmful labour. Therefore, specific protection measures and essential for this age group (Ibid: 35).

Within certain contexts, this age group may be the hardest to reach. In certain contexts, it may not be possible to reach adolescents through schools, for example. In other cases, families may be reluctant to let adolescents participate in CFS activities because of their household responsibilities.

Because you youth may have limited education, relevant activities include literacy courses and life skills workshops about communication, cooperation and non-violent conflict resolution. (CCF manual; 2008:100).

In planning the programme, it is particularly important to ensure that there is a wide-range of relevant facilities and activities and roles and responsibilities for adolescents. It is recommended that this age group select and organise activities for themselves. As illustrated in many youth clubs, adolescents can organise and run their activities; clubs can operate within or outside the boundaries of the CFS.

 Additionally adolescents can incorporate their talents into the programming by supporting and mentoring younger children as well. As demonstrated in Sri Lanka, through a CCF child centred space, the adolescents assisted in starting activities with young children, such as coaching sports or helping with painting, song and dance. (CCF manual; 2008: 22)

*Groups have been categorized based on "stage in Child Growth and Development" in UNICEF Psychosocial Support for Children in Emergencies. For further details pertaining to each stage, refer to pp. 34-36). For guidance on implementing programme activities based on developmental stages, refer to: *Starting Up Child Centered Spaces in Emergencies: A Field Manual*. CCF. 2008: 44-49).

KEY ACTION 3.2: *Other Essential Considerations for Programming*

Programmes are accessible to all children (vulnerable groups, minorities, girls, children with disabilities, children living with HIV)

Gender Sensitive Programming

 Conflict, natural disasters and other emergencies affect men, women, boys and girls differently as a result of their differing roles in society. Gender roles are the socially constructed differences between males and females. As these

roles are shaped by social, economic and cultural forces, they vary between cultures and social groups. ("Gender and Development", Psychosocial Support for Children in Emergencies; Field Version. UNICEF; 2007: 36-37).

Gender roles and their expectations can make gender a more significant determinant of risk or protection than the fact of being a child. (Ibid: 36). Understanding the influence of gender roles is important in conceptualizing protection and risk factors. Psychosocial support, (education and protection) programmes must take a gendered perspective in building on individual, family and community strengths in order to mitigate the impacts of emergencies (Ibid: 36).

CFS are inclusive places for all children, where girls and boys can play, convene and express their opinions freely; they are places that upholds gender equity at all times. The needs and preferences of boys and girls should be accounted for during the programming design, implementation and monitoring and evaluation phases. Appropriate activities and services for both girls and boys are required. This may require segregated activities, depending on the cultural background and customs of the children.

Box 7   Field Example of Gender Sensitive programming

In Bam, Iran it is culturally acceptable for young boys and girls to play together, (prior to a school age). As children grow older, they are required to play in separate spaces. CFS were designed to account for this cultural norm. An effective solution was to create a schedule that enabled boys to attend the CSF on certain days and girls on the other days.

Children with Disabilities

Children with disabilities may be at a higher risk of harmful consequences in the emergency, depending on the cultural, social and environmental context. (UNICEF psychosocial support: 25).

CFS should ensure that all children with disabilities have a full experience in conditions that ensure dignity, promote self-reliance and facilitate their active participation in the community.

Efforts should be undertaken to promote the inclusion and participation of children with disabilities and to assist in accessing equation, health care services, rehabilitations supports and recreational activities (refer to the Minimum Standards for Child Friendly Spaces and Children's Centres. UNICEF. 2007; 11). Programme activities need to be adapted for children with disabilities, where possible.

Culturally Appropriate and Relevant Programming

Participation in appropriate cultural activities is a great source of psychosocial support for children since it provides a sense of meaning, continuity with the past and a sense of belonging with a familiar group (CCF; 2008: 13).

Misunderstandings and frictions can occur through the CFS if programme activities conflict with the cultural context. The following types of questions should be considered:

- ➢ Are the proposed activities culturally appropriate for this specific context?
- ➢ Is the staff sensitive to cultural issues when facilitating activities and interacting with children and other community members (refer to Action Sheet 4 for further details about staff behaviour and codes of conduct).

Specific Activities:
The following outlines specific activities for determining preparing and developing the programme

- • Identify appropriate and relevant activities (refer to the chart above on sample programming activities)
- • Prepare an activity schedule (i.e. hours of operation, age group, amount of beneficiaries, available staff and volunteers). Refer to the Tool #2 in the Toolbox for a sample schedule.
- • Identify required equipment and supplies for proposed activities and/or services. Refer to Tool #3 for a sample of game and recreation kits and suggested materials for various age groups.
- • Purchase/acquire equipment and supplies. (*Note: if possible, ensure a sufficient amount of toys and educational materials; an inadequate number of toys and materials result in competition, fights, and further frustration among the children*).
- • Determine staffing requirements based on programme schedule and proposed activities and services (Note: Action Sheet #4 discusses programme operations and implementation in great detail, including human resources).
- • Expand/strengthen activities at a later date, if appropriate. (CCF provides an in-depth discussion and guidance on strengthening and expanding activities. Refer to CCF document on "Deepening CCS Activities" CCF Manual; 2008: 50-52).

C.   Key Resources

❖ "*UNICEF Financial Regulations and Rules, DFAM Advisory Notes, UN Financial Rules and Regulations, Secretary-General's Bulletin (2003).*

❖ *UNICEF- Guidelines for the Design, management and monitoring of play areas (DRAFT) (Specifically includes information on: Play*

equipment, weekly activities, volunteer information/maintenance of the area/security/monitoring).

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

❖ *Programming Experience in Early Child Development. UNICEF. Nov. 2006.*

❖ *The Participation of Children and Young People in Emergencies: A Guide for Relief Agencies (based largely on experience in the Asian Tsunami Response). UNICEF: October 2007.*

❖ *"Suggestions of Activities for Children". Supporting Children and Families in IDP Camps, Timor- Leste. Child Protection Working Group of the Inter-Agency Humanitarian Coordinating Group. 2006: 19-22*

❖ *"Guidelines for Implementing Activities for Child Centered Space," Manual Child Centered Space. CCF. 2008: 42-43.*

❖ *UNICEF Psychosocial Support for Emergencies (See: Engaging Activities: 67-69)*

❖ *Psychosocial Module CD Training*

❖ *Child Friendly Schools-UNICEF information Sheet*

❖ *Child Centred Spaces: Safe Places for Healing An Account by CCF-Sri Lanka Program Director Marc Nosbach*

❖ *Early Childhood Development Kit- An Overview. UNICEF. (the kit focuses on the needs of children from 0-6 years old in emergencies and transition)*

D.   Content of Toolbox

1. Checklist for Programme activities and Services
2. Sample Schedule for Programme Activities
3. Suggestions for Recreation Kits
4. Suggested Activities for the Different Age Groups

Tool 1: Checklist for Programme Activities & Services

Programmes	NO	YES	Action/Comments
There is a diverse range of activities			
The programmes address the needs identified in the assessment			
There is a range of programming for different age groups			
There are separate activities early childhood (Zero to Five or Six years)			
There are separate activities for middle childhood (Six to Twelve)			
There are separate activities for adolescents (Twelve to eighteen)			

Programmes are gender sensitive			
Programmes are culturally appropriate			

Tool 2: Save the Children Sample Schedule for Programme Activities

<table>
<tr><td colspan="6" align="center">Safe Spaces Schedule</td></tr>
<tr><td>Time</td><td colspan="5">Children 5 years to 18</td></tr>
<tr><td>9:00 – 9:15</td><td colspan="5">Shift 1: Children Ages 5 - 10
Registration/Meet and Greet</td></tr>
<tr><td>9:15 – 10:30</td><td colspan="5">Psychosocial and Local Games and Activities</td></tr>
<tr><td>10:30 - 10:45</td><td colspan="5" align="center">Break/Snack</td></tr>
<tr><td>10:45 -11:45</td><td>Monday
Active Games, & Sports</td><td>Tuesday
Oxfam Health Promotion</td><td>Wednesday
Arts and Crafts</td><td>Thursday
Active Games, & Sports</td><td>Friday
Reading Math, School work</td></tr>
<tr><td>11:45-12:00</td><td colspan="5">Shift 1 Children Go Home</td></tr>
<tr><td>12:00 - 12:30</td><td colspan="5">Lunch for Safe Space Staff</td></tr>
<tr><td>9:00 – 9:15</td><td colspan="5">Shift 2: Children Ages 11 - 18
Registration/Meet and Greet</td></tr>
<tr><td>9:15 – 10:30</td><td colspan="5">Psychosocial and Local Games and Activities</td></tr>
<tr><td>10:30 - 10:45</td><td colspan="5" align="center">Break/Snack</td></tr>
<tr><td>10:45 -11:45</td><td>Monday
Active Games, & Sports</td><td>Tuesday
Oxfam Health Promotion</td><td>Wednesday
Arts and Crafts</td><td>Thursday
Community Service Projects</td><td>Friday
Reading Math, School work</td></tr>
<tr><td>11:45-12:00</td><td colspan="5">Shift 2 Children Go Home</td></tr>
</table>
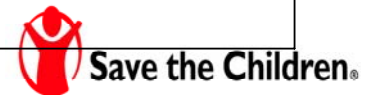
Save the Children®

(Source: Save the Children-Safe Spaces-Training Support (power point) Policies, Monitoring and reporting; Slide 4; N.D.)

Tool 3: Suggestions for Recreation Kits

Cultural and age appropriate Toy Kits
(for 20 Children; under 6 years)

Required Supplies	Description	# of items
White Board	Large size (not for individual use) with non-toxic pens and eraser (and an extra box of markers)	1
Ground Mat	Polyester, stuffing, and bright colours, if possible	4
Toys	Soft plastic, make sounds	10
Stand with rings of different colours & sizes	for very young children	5
Building Blocks	Big pieces, suitable for very young children	5 Pails
Cushion Balls	Soft small balls of different colours for very young children	10
Hand puppets	Puppets which you put your hand in and animate; different types	10

Games Kit (For 80 Children; 6 years and over)

Required Supplies	Description	# of items
Basket Ball	Adult size; light weight	2
Foot Ball	Adult size; light weight	2
Pump	Small iron needle to pump basket and foot balls	1
Jerseys	2 sets of different colours; preferably child sizes	2 sets of 11
Whistle	Iron	2
Jump rope	Sturdy, no extra features	10
Box of Board Games		5
Playing Cards		10
Uno		5
Puzzle	Puzzles with different # of pieces (all should be 100 pieces or less)	10
CD & Cassette Player		1
Chalk	Large pieces of white and coloured chalk (for floor drawings)	10

Art Kits (For 100 Children; different age groups)

Required Supplies	Description	# of items
Pencil Case	Simple pencil case	50 cases
Pencils	good quality, if possible	250
Erasers	Practical shapes	50
Sharpener	Small, simple, good quality	50
Pencil Colours	A set with at least 12 colours	50
Drawing Pad	Plain white paper; Approx. 100 papers, size 14-28 cms	100
Coloured Paper sets	Different coloured paper sheets	100
Scotch Tape		25
Glue Stick	Washable, non-toxic, big size	25
Modelling Clay	Box of different colours, non-toxic.	100
Scissor	Must cut paper easily, straight line; child friendly.	25
Water Colours	10 big bottles with non-toxic paint. OR 25 boxes of 12 tubes of different colours.	10 bottles 0r 25 boxes
Colouring Brushes	3 different sizes (size difference must be significant- ex. size 1, 5 & 10)	25 of each size
Crayon Buckets	Bucket of 64 colours of Crayons	2

Note concerning the packaging of kits:

-Kits should be packaged in few boxes as possible.

-Names of kits should be printed on boxes.

-Boxes should be labelled and their contents displayed on them. Add in text above

(Source: Extracted from *Recreational Kits: Early Childhood Development Kit;* UNICEF; n.d. and modified for the purposes of this document*)*

Action Sheet 3: Structural Design and CFS Implementation

A.   Purpose

To ensure a participatory process for effective structural design and implementation of child friendly spaces

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Reminder of Key Child Friendly Space Principles

Link structural design and implementation efforts to these principles

- *CFS are secure and "safe" environments for children*

- *CFS are built on existing structures and capacities within a community*

- *CFS use a fully participatory approach for the design and implementation*

- *CFS are inclusive and non-discriminatory*

B. Key actions

KEY ACTION 1: Developing a Framework for the CFS Set up

Site selection

Site selection is one of the most critical decisions to make while setting up a CFS. If the CFS is an actual structure, in a community or camp, it should be set-up in an accessible location.

Site selection should correlate to the daily routines of the families and children (Action Sheet #1: Assessments on key activities for understanding the daily lives of children and their families). Attendance of children to a CFS is voluntary and the decision is made by the caregivers most of the time, therefore accessibility and convenience should be key variables in selecting a site. Another consideration in selecting a site is to ensure that basic services such as transportation, electricity, water, and sanitation are readily available.

In order to find an appropriate site, visits to various locations with community members and partners, mapping the area, and meetings with relevant specialists in the municipality are required.

> ➤ *Are there hazardous materials and toxic substances in the space/area?*
> ➤ *Is there good air quality?*
> ➤ *Is the space safe from natural hazards, such as flood zones, landslide zones?*
> ➤ *Is the space safe from armed conflict? Risks of exploitation?*
> ➤ *Is the space accessible to children and their families?*
> ➤ *Can the actual space be easily secured (i.e. with a fence or a barrier) from dangers (i.e. Strangers)?*
> ➤ *Is there water and latrine access?*
> ➤ *Is the location convenient and accessible for other service providers and NGOs who will be participating in the activities*
> ➤ *Is the size sufficient for the number of expected beneficiaries?*
> ➤ *Has the community agreed to the CFS and the selected location?*
> ➤ *Has the spaced been allocated for other functions? (if so, consider the implications on schedules, use of space, etc)*
> ➤ *Is there an agreement to use the space with the owner/proprietor (i.e. Is the property legal?)*

Guidance for Site Selection

Structural Design

The structural design of the CFS is determined by a number of factors. The most critical ones are size, the needs of children and the range of activities that will take place in the CFS. There is not one "standard" design/blue print for CFS. Varying local factors, such as cultural influences, climate, construction techniques and available materials will influence the design.

In different emergency situations a variety of innovative spaces can be used, such as a space under a tree or in a safe abandoned building. In a camp, large tents can be used to create a space. Tents are relatively inexpensive and can be set-up rapidly. Note: tents tend to get hot in tropical / desert climates (as illustrated in Indonesia and Iran) and quite cold in high mountain regions (as illustrated in Pakistan). CFS can be established in tents

and then eventually moved into more solid structures, such as wooden structures.

Priority should always be given to adapting existing spaces, for instance, in religious buildings, community halls, sports facilities, school buildings (i.e. after hours).

Sample Layout: A CFS Design for a Camp
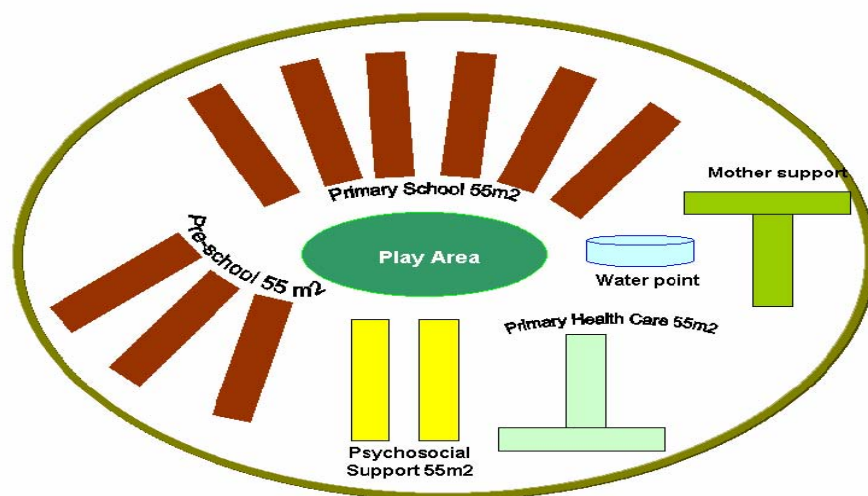
(Source :A CFS Built in a Camp after the Earthquake in Turkey; University of Pittsburgh and UNICEF. 2004)

Developing the "space plan"

Once the objectives of the CFS are clearly stated, the core planning group can begin developing a "space plan". This plan will indicate the type of spaces that will be used (i.e. a tent, a wooden structure, or an outdoor location) and the specifications, such as the geographic placement, the size, other physical characteristics, layout, and construction materials.

The information required at this time also addresses the operational aspects, such as the functions that the space serves. This will contribute to a more practical design. Questions to pose at this stage in the process are:

- What activities will take place in this space?
- Who will use this space? What are the hours for activities? Will the space

be used for other programmes (outside of the CFS scope)?

(Refer to Tool #3 in the Toolbox for a template of a structural space plan).

Sample Layout of a Community-based CFS
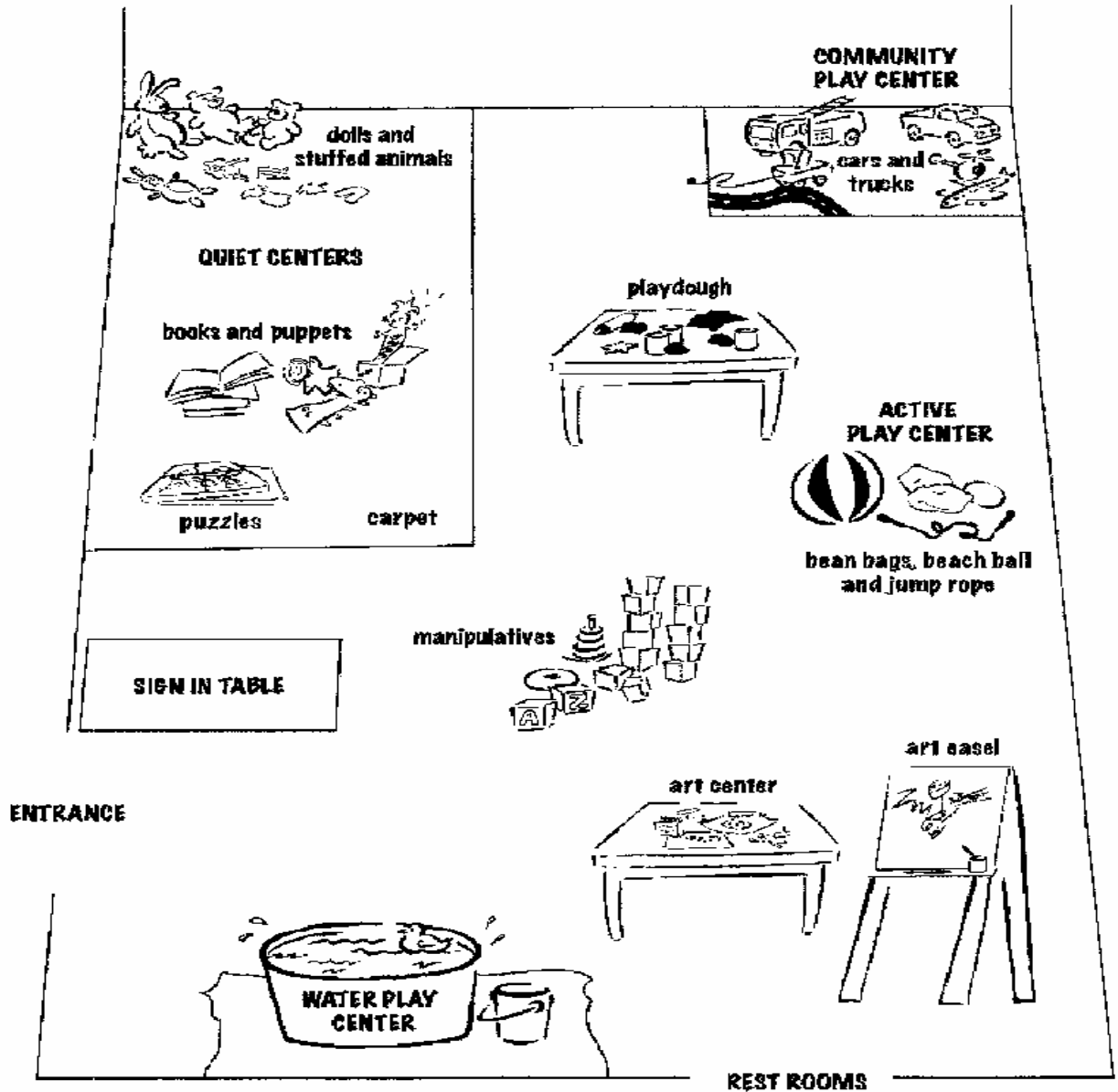
(Source: Save the Children Safe Spaces-Training Support; Safe Spaces: Design and Set-up. n.d.)

Involving Children and Other Community Members in the Design

The design phase of the CFS is another opportunity for community and child participation. Not only can children and their families provide valuable input – on how to arrange the tents in a given area, for example – but once the design is complete, hopefully they can feel empowered, respected and included in their recovery efforts. (Action Sheet #4 provides details on community mobilization).

TIP: Simple techniques can be used to involve children and families in the design of the CFS.

Instructions for this activity:

- *Participants create cardboard cut-outs that represent different spaces and their features (such as tents and latrines)*

- *Participants arrange the different elements of the space (including the details, such as the location of the latrines, colours and fences)*

- *Participants present their design, discuss the configuration and provide explanations for their choices*

- *Participants agree on one structural design.*

KEY ACTION 2: Building the Physical Structure

Construction

Constructing a CFS can involve setting up a few tents or building a more solid, elaborate structure. The construction of semi-permanent or permanent structure requires expertise; and, therefore the decision to build a structure should be given serious consideration. Again, all possible opportunities of adapting existing spaces should be explored to reduce the costs and to minimize the amount of time spent on building a structure.

Communities can play a key role in this stage. Their involvement can range from manual labour to quality control of materials and supplies. It is important to ensure that participation is voluntary and not forced.

Box 9   Field Examples of Community Involvement

In Afghanistan, CCS* were started during the cold of winter and required heat and more secure shelter. CCF worked with UNICEF which provided tents and supplies for CCS 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. Source: *Starting Up Child Centered Spaces in Emergencies: A Field Manual*; 2008: 26)

Equipment

Ensuring the

CFS is furnished with the appropriate type of equipment is important. At this stage, the planning team will need to discuss the type of materials and equipment required and the ways in which these materials will be procured. For example, some of the key items to consider are ensuring age appropriate furniture and purchasing/receiving local products from local manufactures. (Refer to Tool #2 for suggested supplies related to hygiene, safety, security and administration). Children and parents should be involved in the selection of equipment (i.e. possibly in a participatory workshop including also input on the weekly activities). For monitoring equipment and supplies, see Action Sheet #5: Monitoring and Evaluation; Tool # 2- a monitoring form.

Box 10   Equipment Selection

The following outlines the suggested criteria for selecting equipment for child friendly spaces:

- *Supplies should be locally procured, or possibly manufactured by the community*
- *When selecting toys, attention is to be given to their maintainability – e.g. no toys functioning with batter*
- *The equipment has to be appropriate for the ages of children who are using the safe play. All age ranges should as much as possible be taken into account so that all children can benefit from the area (e.g. sand pit for the younger children or a sport field for the adolescents) – excluding an age group might trigger un-necessary resistance towards the safe play area*
- *Toys for activities should encourage children's creativity and development*
- *Equipment should be spaced with other pieces of play equipment to allow for minimum risk of injury such as falling from one structure and striking another structure*
- *Equipment should be free from entrapment hazards, spaces greater than 3.5 inches but less than 9 inches, that can prevent withdrawal of a child's body or head*
- *Equipment should be without bolt ends, edges, or other protrusions that extend beyond 0.5 inches, which can catch strings or clothing worn around a child's neck, or cause skin injury*
- *Equipment should be surrounded by a use zone that includes appropriate ground surfacing (e.g. sand) extending beyond the area just beneath the piece of play equipment*
- *Equipment should be constructed of a material that does not absorb excessive heat from sun exposure*
- *Metal products should be treated, so that they do not rust and produce sharp edges that will injure the children*

KEY ACTION 3: Ensuring the Essentials: A "Minimum" Set of Standards for the Facility or Infrastructure

There have been attempts to develop minimum standards for CFS. While these standards are important to ensure quality, safety and effectiveness, they should not limit further efforts or creative approaches in planning and constructing facilities. These minimum standards should be clearly understood by all persons involved with the CFS and displayed in the facility. The following presents key standards and guidance notes for some of the main areas in CFS, such as recreation spaces, medical areas and toilet facilities (if applicable). Note that these standards are intrinsically linked to the main principles of child friendly spaces.

*Recreation Facilities**

Each CFS should have recreational facilities and activities on-site that are tailored to the different needs of children. Such activities contribute to the development of the children, physically, socially, and intellectually.

Overall, the equipment in the outdoor play areas should be appropriate to the children's physical size and level of development in order to meet children's needs in all areas of development. The maintenance of the equipment therein is key to ensuring the safety of those children by ensuring that the equipment and play materials accessible to children are maintained properly so that the children can play safely. Further, taking precautionary measures protects children from injury due to falls in outdoor play areas, thus ensuring their safety at the CFS, and allowing them to truly enjoy the play areas.

❖ *The indoor play areas should promote all areas of child development (social, physical, intellectual, creative and emotional), and should, subject to availability, including areas that accommodate dramatic play, interactive play and education, art activities, gross motor skills activities and a quiet area. The equipment and materials in the play areas should be changed periodically. (Refer to the sub-section on equipment for further details). The indoor play areas should be organized so that children can choose and access play materials with minimal assistance (i.e. low shelves, open bins, etc).*

❖ *The CFS should have as large an outdoor play area as space permits, which allows sufficient space for team sport and other recreation activities.*

❖ *The CFS and surrounding play area should be demarcated and enclosed on all sides and should have specific entrance(s) through which people can enter and exit, in order to facilitate monitoring the movement of children, staff and others into and out of the CFS.*

❖ *The CFS should ensure that the indoor and outdoor play areas and equipment are of sufficient quantity and variety for the number and*

ages of the children at the CFS and the equipment therein is safe and maintained in good repair.

❖ *The equipment in the outdoor play areas should be at a height suitable for the age and height of the children who use it. Separate outdoor play areas should be provided for infants and toddlers with age appropriate equipment. The equipment in the outdoor play areas should be cleaned, disinfected, maintained and monitored prior to use by the children to ensure its safety(Again, see the sub-section above on equipment for further details).*

❖ *There should be shaded areas available (i.e. trees; building; awning; umbrellas; etc.) in and around the outdoor play areas, and if possible a variety of ground surfaces available in the outdoor play areas to encourage a range of activities; in, areas under and around climbing structures/slides/swings, there should be cushioning or sand to avoid*

❖ *Recreational spaces should be used as an opportunity for children to present and express their work and creativity. The children's artwork, drawings, sculptures and other crafts should be prominently displayed in the CFS.*

Medical Facilities*

Children need to have environments that are safe at all times; thus, it is imperative that no child is able to gain access to medications by him or herself.

Illness and infection can rapidly spread in these settings if there are poor standards of hygiene.

❖ *Each CFS should have access to a space for the treatment of any injury or minor illness that may occur to children while under the care of the CFS staff. This space should be adequate to deal with the different needs of children.*

❖ *There should be well equipped first aid box/kit available within the CFS. The CFS should assist in promoting the health and life skills that are age appropriate for the children using its services. This could include, but is not limited to the promotion of, immunization and screening, nutrition and diet, exercise and rest, personal hygiene, child rights and where appropriate and culturally acceptable – how to make positive choices surrounding: sexual health, the effects of alcohol, smoking and other substances, as well as information about HIV/AIDS and other diseases.*

❖ *The CFS must ensure that all medication kept on the premises, except medication that may be needed in an emergency, is stored in a locked container that is inaccessible to children; medication that may be*

needed in an emergency should be stored in a place that is *inaccessible to children. There should also be a written policy for storing, disposing and administering medication.*

❖ *There should be facilities for proper waste disposal. For example, items used for cleaning sick children, like cotton wool or toilet paper, should be kept in a separate bin with a lid. This rubbish should be burned or buried in a location away from the children.*

❖ *CFS catering to children with disabilities should ensure the provision of assistive devices and equipment, personal assistance and interpreter services, according to the needs of persons with disabilities. They should take the special requirements of girls and boys with disabilities into account with regard to the design, durability and age-appropriateness of assistive devices and equipment. If these types of materials are unavailable, the CFS should endeavour to look at materials available in the camp to develop assistive devices as needed.*

*(These standards are from the *Minimum Standards for Child Friendly Spaces and Children's Centers.* Darfur State; UNICEF. 2007. They have been adapted for the purposes of this manual).

*Toilet Facilities**

Toilets should be situated and designed to take account of the children's needs for privacy, dignity, safety and any disability.

❖ *Each CFS should have hand-washing facilities, including soap. Safe hygiene practices, such as hand and face washing, should be incorporated as a daily activity for children in the CFS.*

❖ *Wherever possible, the CFS should have toilet/latrine facilities that are conveniently located and easily accessible to the children. (Alberta Best Practices, Part 2, Section 6(a). There should either be separate facilities for boys or girls, or a mechanism to ensure that girls and boys do not use the toilets at the same time. If it is not possible for the CFS to have its own toilets, then accessible toilets that are nearby should be identified, and a mechanism put in place to monitor/accompany the children's use of them.*

❖ *If possible, CFS should try to ensure that the toilet facilities can be locked/fixed/secured from the inside and that only staff members are able to open the doors to bathrooms, showers and toilets from the outside in case of an emergency. This ensures that the children's right to privacy is respected. It also guards against the potential for abuse or inappropriate behaviour. (Source: Quality Child Care Indicators, Save the Children (UK), 2004, Art. 2.4. and Children's Homes National Minimum*

Standards: Children's Homes Regulations, Std. 25.6, Department of Health, United Kingdom (Her Majesty's Stationery Office: 2002).

❖ *These types of settings allow illness and infection to spread rapidly; thus standards of hygiene should be extremely high. Each CFS should ensure that the bathroom facilities are regularly cleaned (at a minimum, daily) and disinfected.*

*(These standards are from the Darfur-UNICEF. Minimum Standards. 2007. They have been adapted for the purposes of this manual)

Box 11   *Field Examples of Minimum Standards for CFS: Albania*

1. The CFS should have a total area of 1,700 square meters for a population of 2,500 refugees; it should be clearly identified, separated and easily distinguished from other living and service areas in the camps and collective centers.
2.   In a total refugee population of 2,500, it is estimated that 750 children will be of school age. The CFS should include 4 tents (70 to 75 sq m each) for pre-school and primary school grades 1-4. An additional 3 tents should be allocated to primary grades 5-8 - preferably inside the CFS but outside if space is too limited.
3.   The Well-Baby Centre should be organized in a separate tent of approximately 50 sq m., including a kitchen area. This area, especially designed for mothers, babies and young children will serve approximately 150-200 children daily.
4.   The Adult Area should be devoted to mothers and children attending the Well-Baby Centre. The area should be an open space provided with tarpaulin of 50 sq m.
5.   The playground should be on a level site of at least 50 sq m close to the Adult Area. The CFS/E should also include a water point close to the Well-Baby Centre and a bulletin board next to the water point.
6.   There should be a Human Rights Information and Referral Centre on-site

(Source: CFS in Albania; 1999. UNICEF and University of Pittsburgh. 2004)

KEY ACTION 4: The Transition of the CFS

Moving from a Child friendly Space to an Environment: Influencing Policy

Experience has shown the importance of having an "exit strategy" and/or a long term strategy, if appropriate for the CFS. It is recommended that this strategy be developed in the initial planning stage. (*Note: as discussed above, the exit strategy should be discussed and agreed upon with the relevant community members and government structures).*

Around the globe, CFS activities have continued, stopped or evolved as communities have shifted into more stable post-emergency phases (CCF. 2008:61). For instance, in Albania community based services provided through the CFS were later integrated into a national policy for community based services for children in the country.

Box 12	Field Examples of the Impact of CFS on Policy

- *In Turkey and Albania, CFS have influenced national policies and facilitated the negotiations for the implementation of integrated community service models with the governments.*

- *In the Northern Caucasus- Russia, the kindergartens that were established through the CFS, by UNICEF and partners, were effectively taken over by the government.*

- *In Colombia, the CFS initiative has influenced municipal and national policies on the quality of schools and has promoted a more integrated approach to education.*

- *In Liberia, due to an effective outreach effort for vulnerable groups in the CFS, UNICEF was able to influence the Ministry of Education to establish a Girl's Education Unit to create incentives for girl's enrolment in education.*

Prior to phasing-out the CFS programme activities, the organizers should make sure that the needs of children will continue to be met. Therefore a strong emphasize on building capacities within the local community is essential. (Refer to Action Sheet 4: Operation and Capacity Building). With beneficial follow support and training activities within the CFS, programmes can transform into successful sustainable community-based activities or services.

Box 13   Field Example of a Transition from a CFS to a Sustainable Programme in Afghanistan

In Afghanistan, communities were reassessed three months after the start of the Child Centred Spaces*. These decisions were made in order to factor in the launch of the new official schools, and therefore to determine the best use of CCS activities. Community members emphasized the importance of continuing the CCS informal education activities in areas where children did not have access to formal schools, and in establishing youth and adult literacy courses. The CCS programme evolved and expanded to meet these needs. Special attention was given to ensuring that teachers were not taken away from the formal schools, and that CCS staff were given stipends. The schedule was designed so that the activities for school-aged children were not conducted during school hours. CCSs are now recognized as an important complement to the government's education and literacy programs. Establishing strong relations with local Ministry of Education officials was also essential for the smooth transition of programs and for meeting the needs of the educational system in re-establishing a functioning school system.

**The term used by CCF for child friendly spaces.*

(Source: *Starting Up Child Centered Spaces in Emergencies: A Field Manual*. CCF; 2008: 61).

Very importantly, a well-planned transfer of CFS programming can greatly contribute to the transition efforts in a country from an emergency to post-conflict reconstruction phase. The work implemented in the Republics of Ingushetia and Chechnya demonstrated the value of streamlining the CFS activities into a variety of interventions to promote more coherent transitions from the emergencies to reconstruction context. A couple of efforts were particularly effective and valuable in these areas:

- ▪ *The education strategy was re-centred around child protection activities.* UNICEF simultaneously constructed and operated camp-based schools and set-up mainstream schools with large displaced populations.

- • *Integrated trans-sectoral and trans-national planning for children with mobile families was developed.* The CFS strategy demonstrated that 'stand alone' protection or 'back to school' sector access strategies were not viable in emergency conditions. Security and protection issues needed to be embedded into all aspects of children's services. (Source: UNICEF and University of Pittsburgh. 2004: 25-26)

In many cases, the transition from a child friendly space to a more long-term

child friendly environment is debatable and very much depends on the context. Unless there is strong community support, local capacity and an available infrastructure, it is not recommended to pursue a long-term community-based child friendly space or environment.

Specific Activities:
The following outlines specific activities for the structural design and implementation of the space:

- Select site
- Design the structure (based on the size, the needs of children and the types of activities)
- Prepare a "space plan" (see Tool #3 for a plan template)
- Involve children and community in the design (note: keep in mind that participation is an on-going process)
- Build/create the space.
- Selecting materials and equipment (refer to Tool # 2 for suggestions for stocking the space)
- Review the minimum standards for facilities; ensure standards have been met and are accessible for caregivers/facilitators/project officers.
- Discuss and develop an exit strategy/transition plan, in collaboration with the community. (note: the transition plan will most likely require modifications following an assessment/evaluation of the facility)

C.   Key Resources

- ❖ *UNICEF- "Guidelines for the design, management and monitoring of play areas" (Draft).*
- ❖ *Notes on School construction in Sudan" (specifically for information on construction and building materials; examples; and challenges)*
- ❖ *Sudan-October 2007 -Minimum Standards for facilities*
- ❖ *CCF-Emergency CCS Start-up Kit (10 steps) (provides steps for setting up and useful tools)*
- ❖ *Save the Children-Design and Set up; Safe Spaces-Design and Set up (power point)*
- ❖ *UNICEF Guidelines on Construction*
- ❖ *Chapter 3: Planning and design of places for Child Friendly Schools, spaces, and Environments. Source.*
- ❖ *Making Spaces for Children: Planning for post-disaster reconstruction with children and their families.*

D.   Contents of Toolbox

1. Checklist for Facilities

2. Suggested Materials and Supplies
3. Sample Plan for the CFS Structure

Tool 1: Checklist for Facilities

Facilities	Yes	No	Action/Comment
The CFS is enclosed on all sides and have a specific entrance through which people can enter and exit			
Latrines and hand washing facilities are accessible. If facilities are some distance away a mechanism is in place to monitor/accompany children's use of them			
Drinking water is available			
The environment is safe, free from hazards, clean and tidy			
There is a room for staff, parents and other visitors separate from those used by children.			
There is access to a space for the treatment of any injury or minor illness			
Proper facilities for waste disposal (rubbish/trash bins are provided)			
All measures have been taken to ensure accessibility for children with disabilities			
There is enough indoor and outdoor space for the children and activities			
There is a separate outdoor play area for infants and toddlers			
The indoor play areas have proper ventilation/air circulation			
There is a shaded area available			
There are no sharp edges on equipment			

(**Source:** extracted and adapted from the Darfur document)

Tool #2: Suggested Materials and Supplies

Hygiene supplies
- ❖ Garbage cans and bags
- ❖ Toilet paper
- ❖ Hand sanitizer
- ❖ Hygiene wipes
- ❖ Soap
- ❖ Sponges
- ❖ Mop/bucket
- ❖ Hand towels

Security and Safety materials
- ❖ First aid kit
- ❖ Flashlight and batteries
- ❖ "Slow down, children at play" signs
- ❖ Fire extinguisher (within the area)
- ❖ Rubber gloves

Administration supplies
- ❖ Clipboards
- ❖ Monitoring and referral forms
- ❖ Disposable plastic ID bracelets and/or Polaroid camera and film (for child check-in/check-out)
- ❖ Permanent markers
- ❖ Electric tape
- ❖ Glue
- ❖ Save the Children T-shirts
- ❖ Scissors
- ❖ Name tag (for children and volunteers)
- ❖ Stapler and staples
- ❖ Pens

* Ensure all dangerous equipment is safely stored away from the children

(Source: Save the Children- Design and Set Up: Materials, Design and Set-Up)

Tool # 3: Sample Plan for the CFS 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_____
_____
_____
_____

(Source: *Starting Up Child Centered Spaces in Emergencies: A Field Manual.* CCF. 2008: 87)

Action Sheet 4: Operations and Capacity Building

Phase: Mid-term; On-going.

A. Purpose

To ensure the provision of structured activities that address the protection, educational and psychosocial needs of children and adolescents.

Reminder of Key Child Friendly Space Principles

Link all operations and capacity building efforts to these principles.

- *CFS are secure and "safe" environments for children*

- *CFS are built on existing structures and capacities within a community*

- *CFS provide a stimulating and supportive environment for children.*

- *CFS use a fully participatory approach for the design and implementation*

- *CFS are inclusive and non-discriminatory*

B. Key actions: Operations

CFS are usually operated by partners (i.e. government, INGO, or CBO) and include the active involvement of communities. In many cases, the programme activities are supported by a range of partnerships (i.e. with mothers' associations, youth committees, or community leaders).

Often if one organization is responsible for operating the CFS, other NGOs/CBOs can provide programme supplements. As discussed in the section above, CFS can also operate exclusively as a referral centre for services delivered by the government or other organizations.

The benefits of local partners operating the CFS include:

- Wide-range of established community links and networks
- Extensive field-based expertise
- Specialised knowledge and skills
- Ability to adapt and to be innovative in programming
- The use of participatory methodologies and tools
- Long-term commitment to and emphasis on sustainability

- Cost-effectiveness

The capacities of the local partner will vary depending on experiences and the organizational structure. Operating the CFS through partners raises a number of challenges. Some constraints that may be faced are:

- Limited financial and administrative expertise;
- Limited institutional capacity/ organizational structure;
- A gap between the mission statement/indicators and results;
- Limited analytical skills;
- Lack of inter-organisational communication or coordination;
- Limited capacity for large-scale interventions.

KEY ACTION: 1: Community Mobilization

Humanitarian programmes that ensure community involvement tend to establish more durable foundations for longer-term social support systems. Therefore, in setting-up and operating child friendly spaces in an emergency, attention should be given to mobilizing communities in order to build on existing support systems or to develop new ones.

The MHPSS Guidelines describe community mobilization as "efforts made from both inside and outside the community to involve its members (groups of people, families, relatives, peers, neighbours or other who have a common interest) in all the discussions, decisions and actions that affect them and their future" (MHPSS Guidelines, Action Sheet 5.1: 61).

Important considerations for mobilizing communities in humanitarian responses, which can also be extended to efforts in developing CFS include:

- Coordination with existing processes of community mobilization, as well as local authorities and external actors involved in the humanitarian response.

- Traditional organization structures can be useful in settling displaced persons in a way that re-creates previous community groupings. They may also be an effective way of enabling a community to re-establish networks, leadership patterns and support structures as a way of reinforcing a sense of community, security and continuity.

  -Care should be taken to ensure that those original grouping were inclusive, safe and supportive. If not, restoring them may further the potential for additional distress and further harm, especially for vulnerable or marginalized persons or groups.

  -Community mobilization may provide an opportunity to facilitate

Box 14   **Developing a mobilization strategy**

For effectiveness in mobilizing communities it is recommended to have a mobilization strategy. The following describes the action points for such a strategy:

• *Activate diverse sub-groups*. 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 behaviour 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, community members 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.

• *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.

(Source: ChildFund Afghanistan; February 2005. Document extracted from the CFS Manual. 2008: 79-86. Points have been modified for the purpose of this manual)

constructive dialogue about how social changes can be brought about to create the social environment all members of the community wish to live in.

▪ In organizing representation of community groups, leadership structures should be representative of the community and not to support self-interest or the interests of powerful minority groups. It is also important to strengthen the inclusion of women and young people, children and other marginalized groups in the process.

- The community needs to be involved in understanding the impact of the situation on their children and in determining the approaches that will benefit them. Local knowledge, beliefs and practices can support children's recovery from stressful events if they are appropriate and in the best interest of the child.

(Source: Extracted from the Psychosocial Support for Children in Emergencies. UNICEF: 60-61.)
For detailed guidance on mobilizing communities, refer below to the Tool #2 (Community Mobilization Guide: Afghanistan) in the Toolbox.

KEY ACTION 2: Identification of "Safe Adults"

Often, there will be well known and trusted members in the community to approach to participate in the operations of the CFS, such as teachers, former-NGO workers, other individuals who have experience working with children. In many emergency contexts, because of the lack of available local staff, it may be necessary to consider individuals from other parts of the country. Support should be given to other members of the community who are not staff or volunteers to enable participation (i.e. cover transportation/communication costs and provide materials, etc.).

 (*Note: If possible, adults from outside the community should not have unsupervised access to children; at least, until they have gained the confidence of their peers and the community*).

KEY ACTION 3: Identifying and Selecting Staff and Volunteers

In an emergency, the demand for qualified staff — especially local staff — will be very high. In many cases, it will be necessary to quickly recruit eligible persons and to provide an initial brief training for various roles and responsibilities. The main partner may have established networks in order to recruit qualified local staff.

 The following factors should be considered when identifying and selecting local staff:

- Select highly motivated individuals.
- Consider the gender composition of staff.
- Consider the candidate's prior experience in working with children. Target capable local community members, such as teachers who have experience working with the children.
- Ensure that the staff person understands and supports the concept of child participation.
- Make sure the prospective staff members do not have other commitments and have available time.
- Consider staff with previous training in relevant sectors and other skills for working with children
- If using external staff, consider the balance between them and

community members.

Note: Educational background should not be the sole criteria; communication skills and personality are important. (Refer to Tool #2 in the Toolbox for specific interview questions for recruiting volunteers).

Volunteers working in the CFS are often parents, teachers, social workers,, youth, Children's Municipal Councils members and any other trusted member of the community. They are frequently involved in a series of different activities. The criteria for selecting volunteers are the same as those of the local staff.

Very often, volunteers are compensated for their efforts. In most cases, they receive a stipend or a small incentive. Careful attention needs to be paid to the arrangements of other organizations; in addition an understanding of the local market is important.

Without careful planning of incentives and stipend amounts, volunteers may become dependent on the CFS for their livelihoods; this dependency can present challenges when changing, modifying or closing the programme. The planning team for the CFS should consult with the community to mitigate problems or misunderstandings.

Box 15   *Compensation for Volunteers: Suggestions from the Christian Children's Fund*

The issue of compensation for animators has varied depending on the local situation. There should always be a quick, though careful, analysis of the location situation, coordination 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 a dependency and breaking the spirit of volunteerism. Conversely, problem shave 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 is 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 situation, intermittent reinforcement, like gloves or notebooks, have been given as a way to enhance animators' status. The position of donors on incentives will need to be considered.

(Source: Starting Up Child Centered Spaces in Emergencies. CCF; 2008: 28).

KEY ACTION: 4: Organizational Structure
Several guidelines indicate that there should be a ratio of supervisory staff of 1:15-20 for children under twelve and a 1:40 for children over twelve.

Children should be supervised at all times to ensure their development, safety and well being. These suggested ratios exclude the staff performing other duties, such as cleaning and cooking; while they are conducting such activities, they are not eligible to supervise.

The sub-sections below present some important considerations for the organizational structure of the CFS. The information provides guidance on establishing basic systems for activities and duties for the various individuals involved.

Administration
The staff, volunteers and parents in the CFS should have a designated time to conduct financial and administrative duties. If possible, a space, which is separate from children, should be allocated to enable privacy for official tasks, i.e. interviews, meetings, etc.). Refer to the previous Action Sheet for guidance on designing the structural space of the CFS.

CFS Coordinator
If there are several CFS established in one area, there should be an appointed coordinator, supervised by the child protection officer/education officer. He/she is responsible for the different CFS; a recommended structure is 10-15 spaces within a 2-hour radius. Follow-up visits should be conducted the coordinators on a weekly basis to:
- Provide ongoing support
- Problem solving
- Observe children and the activities
- Ensure referral systems are functioning effectively

Management
There should be a leader/manager responsible for the daily administration and supervision of staff members, volunteers, other care givers, and parents.

The manager's main responsibilities include:
- administration
- finances
- evaluation of staff performance;
- assessment and assurance of quality care in the CFS;
- assistance in the development and implementation of programmes and activities;
- identification of staff training needs and capacity building; and, recruitment of staff;
- appoint staff or focal points for specific activities (ie. inspection of equipment).

(Source: Extracted from and modified content from the *Minimum Standards for Child Friendly Spaces and Children's Centres, Darfur States*. 2007).

Focal Points
There may already be a range of formal and informally organised recreational and play activities set up in the area. Focal points can be appointed to promote

and enhance the recreational activities on behalf of the CFS. These individuals can help to organize/link other programmes.

Focal points are encouraged to consult with camp managers, parents, caregivers, elders, children and other family members for available resources in the community. (Source: *Children and Family Planning.* IDP. Timor Leste. 16)

Staff and Volunteers
All staff working in the CFS must understand and abide by the principles of the CFS and the established codes of conduct, such as standards of care, child protection policies, general rules and regulations for the facility. (Refer to the toolbox for various samples). This includes all partners and caregivers affiliated with the CFS initiative. All staff and/or volunteers should be required to sign a form, which outlines the established and understood rules and regulations. (Refer to Tool #1 in the toolbox for a template/sample code of conduct). Children and parents should be involved in the development of these rules and regulations.

All volunteers, staff and partners working for/in collaboration with the CFS should understand and agree upon *discipline measures and behavioural management*. The policy should be displayed for *all* staff and volunteers in the CFS. Children and parents should be consulted in the development process of these measures.

Box 16   Staff Retention
Staff retention may be another challenging human resource issue. The situation following the earthquake in Turkey demonstrated that staff from other provinces found it difficult to stay in the affected- areas because of difficult working conditions.

Caregivers
Caregivers should improve the survival, growth and development of children. They provide affection, nurture and interactive care as well as ensure good health, hygiene and nutrition. (Programming Experience in Early Child Development. UNICEF. 2006:4).

These individuals are responsible for dealing directly with children. They should meet a minimum set of established criteria, such as education, professional experience, and a demonstrated commitment to child protection and care. There should be a gender balance. And, caregivers should be at least eighteen years of age or older. (Source: Extracted from and modified Minimum Standards for Child Friendly Spaces and Children's Centers, Darfur States, UNICEF. October 2007).

Caregivers, including all volunteers, staff and partners working for/in collaboration with the CFS should also understand and agree upon certain rules the standards of care. The list below may be used as guidelines for

developing or modifying standards of care accordingly.

1. Children should be treated equally, without discrimination and with respect and dignity at all times.
2. All interaction processes and activities should ensure the best interests of the child at all times.
3. The CFS staff should respect the responsibilities, rights and duties of parents, other relatives or legal guardians of the children, while at the same time raising awareness on child rights and protection issues in a culturally sensitive and appropriate manner.
4. The CFS should identify trained staff with specific capacity and responsibility to address, follow-up and manage identified cases of particularly vulnerable children, including those who have suffered from physical, sexual and mental abuse, injury, neglect, exploitation. Staff should be aware of the responsible individuals for these children and should know how to appropriately refer specific cases.
5. Staff and volunteers should understand and be trained on responsibilities of caring for and interacting with children in the CFS (i.e. hygiene, comforting a child, behavioural management, etc).

(Source: standards have been extracted and modified from the Minimum Standards for Child Friendly Spaces and Children's Centres, Darfur States. 2007: 9-11).

Tip: *There should be a high calibre of caregivers as these individuals play a critical role in a child's development because of the direct contact that they have with children on a daily basis. In addition to taking care of the children's basic needs, caregivers help stimulate the children's physical, emotional, intellectual and social growth. They help children to explore their interests, develop their talents and independence, and build their self-esteem and to cooperate with other children. (Source: Extracted from and modified Minimum Standards for Child Friendly Spaces and Children's Centres, Darfur States, UNICEF. October 2007: 16).*

Whenever there is psychosocial staff available, he/she should be involved in some of the weekly activities with the caregivers in the CFS. Their role in identifying children in distress is very important. (Source: Facilitators and Volunteers; UNICEF Guidelines Safe Play. N.d.: 4).

Other Key Staff Members
Staff members are required to perform the maintenance of the facility. In addition, in certain circumstances, at least one full-time security guard duty to ensure the safety of the children and staff in the CFS (Ibid: 2007). (Refer to the Toolbox for a checklist concerning human resources in the CFS).

Specific Activities related to Human Resources and Operations:
▪ Develop clear grievance procedures for staff members. These should be displayed in the CFS. *Note that there should also be clear grievance procedures for children, caregivers or staff members to report any problems with CFS staff. This procedure should be developed in*

collaboration with children to ensure understanding and a level of comfort with the process.

- Conduct staff reviews on a regular basis.
- Ensure senior staff person in the CFS on a permanent basis.
- During activities, ensure one staff member or an individual from community or health services trained in first aid is on duty.
- Designate a focal point to address issues and concerns of beneficiaries and to provide referrals to services.
- Designate a staff member who will be responsible for creating and maintaining confidential records and documentation of each child in the CFS. The information should document: place of origin, age, purpose of coming to the CFS, family history and special needs. The records should be updated on a regular basis, especially as new circumstances arise. Records should be retained for the duration of the child's stay in the CFS and for two months following his/her departure
- Conduct follow up visits to the CFS to observe and support staff

(source: Extracted from and modified Minimum Standards for Child Friendly Spaces and Children's Centers, Darfur States, UNICEF. October 2007).

Tip: *Well maintained records are effective in helping both the staff and children record their development throughout their duration spent at the CFS. It is useful to describe a child's activities at the CFS and in turn, to determine the CFS' efforts in meeting the child's needs. (Source: Extracted from and modified Minimum Standards for Child Friendly Spaces and Children's Centers, Darfur States, UNICEF. October 2007).*

Participation Revisited

The meaningful participation of children and their families has been addressed thus far in all the stages of developing the CFS. Children and youth play an important role in the recovery process. During the planning stage, children and youth's involvement and participation are important factors for the success of the CFS. Adolescents can contribute to the programme operations (ie. keeping track of schedules, ensuring everyone is following the rules). There are several opportunities throughout the CFS process for child and youth participation (i.e. community mapping with children, the encouragement of child-to-child activities and the establishment of child and youth committees). Children can be involved by helping with registration activities, distributing snacks, and helping with the set-up and clean up of games and activities.

Children and parents, however, must be given a freedom of choice to participate in activities and/or processes in the CFS. As discussed in the Action Sheet above on design, it is recommended that the programme be diverse and flexible to offer a wide-range of options for children to choose from.

To maximize meaningful child participation efforts ensure the following:

- Children know who to talk to about child protection concerns

- Children know to whom to report if they have any problem with CFS staff

- Children are involved in rule setting at the CFS

- Children are involved in selection, development, planning and implementation of activities and events at the CFS

- Children participate in the choice of activities and are not forced to participate in an activity

(This list has been extracted from the "*Protecting Children in Emergencies: Checklist for Child Friendly Spaces/Centers in Darfur,*" Minimum Standards for Child Friendly Spaces and Children's Centers, Darfur States. UNICEF. 2007 and modified for the purposes of this manual).

Box 17   Field Examples of Successful Participation

- *In Albania, there was a significant amount of participation from parents. This was possible because the families were living in the camps in close proximity to the CFS. As a result, parents participated in the programmes, and facilitated by supporting and educating their children. (Albania.)*

- *Adolescent participation in the camps was value added to the success of the CFS. Adolescents were involved in organising various recreational and cultural activities, film and sports. Adolescents were also directly involved in prevention programmes and identifying and soliciting children and families to participate in the CFS programmes. (Albania; Colombia.)*

- *In Colombia, through the CFS initiative, several youth developed strong communication skills and actively participated in the community due to receiving and conducting training. The CFS enriched children's lives and helped to create safer and more supportive communities.*

KEY ACTION 5: Training Staff, Volunteers, and Other Participants

In many cases, extensive training for the CFS staff will not be possible prior to the start of operations. It is recommended to conduct a brief pre-service training for volunteers and other staff. Another option is to recruit professionals from outside (usually from larger cities) to train local staff.

Comprehensive, participatory training and capacity-building are still required for the CFS. The topics covered should be adapted, depending on the location, level of expertise and the specific needs of the community.

Follow up support and training should be conducted on an ongoing basis, based on identify training needs. These needs are often identified during monitoring processes. (Refer to Action Sheet #5 for guidance monitoring and evaluation).

Box 18   Suggested Training Topics

- *Goals and objectives of the CFS*
- *Impacts of disasters on children and families*
- *Working with children through supportive activities*
- *Working with care givers*
- *Children's rights*
- *Addressing loss and grief*
- *Codes of Conduct (i.e. standards of care and disciplinary measures)*
- *Developing referral systems*
- *Behaviour Management*
- *Identifying children who need special assistance*
- *Reporting on activities, problems, or incidents*
- *Facilitating play*
- *Peace building*
- *Participatory learning methodologies*
- *Developing key messages on health, malnutrition, and hygiene,*
- *Child protection issues: separation, sexual exploitation and abuse, recruitment, trafficking and labour*

C.   Key Resources

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

- ❖ *Programming Experience in Early Child Development. UNICEF. Nov. 2006.*

- ❖ *The Participation of Children and Young People in Emergencies: A Guide for Relief Agencies (based largely on experience in the Asian Tsunami Response). UNICEF:*

October 2007.

❖ *Starting Up Child Centered Spaces in Emergencies: A Field Manual.* CCF. 2008: 87. *(See: "Child Centered Spaces Do's and Don'ts:" pp. 36-38).*

❖ *Manual for Volunteers on Child Centred Spaces. CCF, Mississippi. 2005.*

❖ *CCF-"Emergency CCS Start-up Kit" -10 Steps-Volunteer information*

❖ *III. Tools for Starting CCSs; Section A. Code of Conduct for CCF Staff & Volunteers)*

❖ *"Emergency CCS Start-up Kit" -10 Steps-Volunteer information. CCF. N.d.*

❖ Save the Children- "Safe Space Programs"- (power point) Training Support.

D. Contents of Toolbox

1. Checklist for Human Resources
2. Community Mobilization Guide: Afghanistan
3. Guidance for Recruiting Volunteers
4. Code of Conduct for Staff & Volunteers

Tool #1: Checklist for Human Resources

Staffing
There is a gender balance of caregivers and staff members are at least 18 years of age
The is a minimum staff to child ratio of 1:25 for children under 12 and 1:40 for children over 12
Animators/caregivers know the children's names
Animators/caregivers know the children's family background
All staff has signed the CP policy and Code of Conduct
Staff has written agreements stating the hours they work and the salary/incentive they receive
Record of every staff including volunteers are kept in organized manner
All staff members are subject to a background check
There are one senior staff at each CFS on a permanent basis
Staff are periodically reviewed and training needs identified
Clear grievance structures for staff members are in place and on display

(Source: extracted from the "*Protecting Children in Emergencies: Checklist for Child*

Friendly Spaces/Centers in Darfur," Minimum Standards for Child Friendly Spaces and Children's Centers. Darfur State; UNICEF. 2007. October 2007).

Tool #2: Community Mobilization Guide: Afghanistan

(Source: ChildFund Afghanistan; February 2005. Document extracted from the CFS Manual. 2008: 79-86)

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 fulfils 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 needs 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 identifies 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 subgroups 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-group2					
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 favourable.

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 subgroups. 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 subgroups 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 behaviour 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.

Tool #3: CCF: Guidance for Recruiting Volunteers

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 Centred Space*?
- What are your expectations?
- What do children in the community need?
- What are the danger 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?

(Source: CCF Manual, 2008: 28).

Tool #4: Code of Conduct for Staff & Volunteers

All volunteers and staff working in the CFS should understand and agree upon certain rules and regulations. The list below may be used as guidelines for developing or modifying a code of conduct accordingly.

Volunteers and staff should:

1. Never ask for or accept personal favours in exchange for services or materials supplied by the project. These favours refer to sexual contact, labour, goods and/or other services.
2. Never ask for or accept personal favours in exchange for allowing someone to participate in program activities and/or access services.
3. Never have sexual contact with anyone under the age of 18 years regardless of who initiates the contact.
4. Never sexually or physically harass other staff, volunteers and/or partners.
5. Never have sexual contact with young participants from the non-formal/formal schools, affiliated centres or the community at large.
6. Never make sexual advances towards young participants.
7. Never beat, hit or slap or use any other form of physical punishment with participants. (Refer to code of conduct on discipline).
8. Never verbally or physically harass participants.
9. Never make vulgar, discriminating or humiliating jokes or comments at participants, other volunteers or staff.
10. Never ask for or accept labour provided by students outside of the school. This means that students should never work for the personal benefit of volunteers.
11. Never use program supplies or materials for personal benefit outside of regularly planned activities.
12. Never limit someone's access to program supplies or activities because of personal feelings or dislikes. There should be no discrimination. Everyone should have access to program activities regardless of your own personal opinions.

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

I,_____, understand and will follow all of the rules stated above.

Signature_____
Date_____

(Source: modified from original version and extracted from the III. Tools for Starting CCSs; Section A. Code of Conduct for CCF Staff & Volunteers)

Action Sheet 5: Monitoring Evaluation

Phase: M &E Plan during the early phase; M&E activities throughout initiative

A.   Purpose

- ❖ To ensure quality and standards in the CFS (including programming, structure, operations)
- ❖ To measure indicators and to make adjustments to programming and operations accordingly
- ❖ To ensure programme objects are being met
- ❖ To inform decision making about existing programming or the potential of new initiatives
- ❖ To provide accountability to stakeholders concerning programme achievements
- ❖ To measure child and community participation

Reminder of Key Child Friendly Space Principles

Link all monitoring and evaluation efforts to these principles.

- ♣ *CFS are secure and "safe" environments for children.*
- ♣ *CFS provide a stimulating and supportive environment for children.*
- ♣ *CFS are built on existing structures and capacities within a community.*
- ♣ *CFS are inclusive and non-discriminatory*

B.   Key actions

This section provides a general overview of a monitoring and evaluation framework and an outline of the monitoring procedures and offers several useful tools and links to resources for the monitoring and evaluation efforts.

KEY ACTION 1: Developing a Monitoring and Evaluation Framework

Monitoring the progress of the programme and/or the space involves the collection and analysis of information to determine whether the objectives have been met and outcomes have been achieved. Monitoring efforts inform decision making about existing programming or the potential of new initiatives and provides accountability to stakeholders.

It is always recommended to develop a monitoring and evaluation plan or framework before the implementation of the CFS. The plan generally involves the monitoring activities, time period, assumptions, potential risk and key stakeholders (See Box 19 for a glossary of terms and Tool #3 in the toolbox for a template of a M&E plan).

Although, the development of a detailed plan may not always be possible given time restraints and other challenges faced in an emergency, it is important to draft an outline of the monitoring activities, approaches and timeframe of the process. By not establishing a thorough monitoring and evaluation plan/framework, the results can be:

- Unclear and unrealistic expectations
- Poor management practices
- Lack of criteria for assessing the performance of the partners
- Lack of documenting or reporting results
- Limited evidence to effectively modify programmes
- Minimal participation of children and families in monitoring efforts
- Lack of information to share with stakeholders

Box 19   Glossary of terms for Monitoring and Evaluation

Monitoring activities refer to the specific tasks that will be conducted, such as observing children using the group psychosocial behavior forms, reports, and child/parent surveys.

Time period refers to when the monitoring activities will be conducted or the frequency of monitoring.

Assumptions relates to the conditions that will be necessary for the monitoring to take place. For example, you might assume that the programs can be physically travel to for monitoring.

Potential risks are those factors that may disrupt monitoring activities.

Stakeholders are those people, agencies, or organizations that may require coordination and cooperation in order to conduct the proposed monitoring activities. For example, coordination with UN agencies, camp managers, government agencies, water sanitation engineers, and/or police would be necessary in order to conduct a Safe Space in a refugee setting.

Sampling- a sub-set or population of a larger group known as the population (refer to Psychosocial Evaluation guild-Field testing version pp. 40-44 for guidance on sample selection)

(Source: Save the Children-Safe Spaces Training Kit- Monitoring Plan Activity)

KEY ACTION 2: Defining Relevant Indicators

An important stage of the monitoring and evaluation process is to define relevant indicators based on intended activities and objectives of the CFS.

The activities and objectives for the CFS were most likely established, in the early stages of the planning processes. Any monitoring or evaluation exercise is more accurate if measures have been established beforehand. Refer back to the findings and analyses of the situation analyses/assessments, which will provide a useful baseline in which the progress can be assessed or comparisons made (See Action Sheet #1 for guidance on assessments).

A careful design of the monitoring and evaluation efforts is important in order to draw reliable conclusions. The design requires defining the indicators to measure the outputs and outcomes:

Outputs- refer to the products or services that result from the programme, such as the number of CFS established/operating, number of children attending, the number of animators trained and the number of youth participating in community projects (CCF Manual 2008: 57).

The types of tools that can be used to measure the outputs are registration or attendance sheets, activity schedules. Key Action #3 provides samples and further instructions of these tools.

Outcome and impact- refers to the intended or achieved short/mid-term effects of the programmes' outputs, where as the impact refers to the long term effects (i.e. changes or effects on skills, knowledge, emotional well being or social well being).

Refer to Box #20 for a sample of objective, activities and output indicators for programming in Afghanistan. For further information about developing indicators, refer to "Examples of Output and Outcome Indicators in Starting Up Child Centered Spaces in Emergencies: A Field Manual. CCF. 2008: 58.

Box 20   CCF 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.

(Source: *Field Example: Timor Leste- Objectives, Activities and Output Indicators.* Starting Up Child Centered Spaces in Emergencies: A Field Manual. CCF. 2008: 59-60).

KEY ACTION 3: Monitoring and Evaluating the Programmes, Activities and Objectives

It is recommended to conduct bi-monthly monitoring sessions or site-visits as the context will change quite rapidly and the programmes will require modifications.

3- 6 month intervals are useful for evaluation activities and the determination of next steps given the rapidly changing post-emergency environment (CCS p. 61) (Refer Action Sheet#4; Transition of the CFS.

The following types of activities and policies can be assessed:
- Registration techniques (i.e. use of Polaroid's, registration forms and wristbands)
- Enrollment forms
- Behavior Management
- Use of toys and materials
- Age group in Safe Spaces
- Incident Reporting Procedures (i.e. accidents, injuries, and abnormal occurrences)
- Referral systems (i.e. to address separated children; children suffering from infectious diseases; malnourishment; neglect; child abuse; physical injury; post-traumatic stress syndrome trauma.
- Program Schedules (i.e. operating hours, ages, types of activities)

Box 21   **Suggested Evaluation Methodologies ***

Quantitative Methods
- ❖ Focus groups
- ❖ Key Informant interviews
- ❖ Mapping Tools
- ❖ Free Listing
- ❖ Creative Self Expression (i.e. timeline, lifeline).

Qualitative Methods
- ❖ Questionnaire
- ❖ Interview guide
- ❖ Existing measures from standardized assessments

*See pp. 34-39 for descriptions of each methodology.

All monitoring efforts benefit from using tools to review the quality of established facilities and policies (refers to a sample monitoring sheet in the toolbox; Tool #2). These tools can be adapted for various contexts.

The following outlines some useful monitoring activities and tools that can be used by various individuals involved at the CFS:

Parent Surveys
- ❖ The "parent monitoring survey" may be administered to the parents of the same sample of children, as they come to the center, or through a visit to their homes.

Supervisor Reports
- ❖ The supervisory report is for general observation of center volunteers/staff and activity and are to be used by supervisor during a visit during the monitoring cycle

Group Psychosocial Observation Form
- ❖ The group observation form is used at different periods in the monitoring cycle to receive a "snapshot" of the psychosocial wellbeing of all the children in the space.

Individual Psychosocial Observation Form
- ❖ Random sample of 10 attendees per safe space, once per monitoring cycle, should be selected from attendance records at the start of the cycle:
  -Each of these children should be observed carefully throughout the cycle using the "Group psychosocial behavior observation form".
  -Enter data for the sample of children into the "Monitoring Data entry spreadsheet" and use the results to report on the indicators.
  -Show Monitoring Data Entry Spreadsheet

(Source: Extracted from the *Save the Children (Admin/Monitoring/Evaluation document) Safe Spaces Policies. Monitoring and reporting (power point)* and modified for the purposes of the document).

KEY ACTION 4: Ensuring Participation of Community Members in the Monitoring and Evaluation Process

It is important to ensure involvement and share the results of the assessments and/or evaluation as widely as possible and to engage all partners in soliciting feedback/determining practical solutions for planning next steps or modifying existing programmes.

> ***Tip:*** *By involving various stakeholders beneficiaries in the review process there is a possibility of increased accountability. Similar to the process of including parents and children in defining objectives for the CFS.*

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Child participation in the monitoring and evaluation process can lead to better programming and evaluation results. Additionally, it further supports and strengthens their wellbeing. Ways in which they can participate include:

- ❖ Children can help in facilitating focus groups
- ❖ Children can be involved in polling their peers and parents on how the Safe Spaces are meeting its indicators.
- ❖ Children can participate in parent and child surveys

Refer to Psychosocial Evaluation guild-Field testing version (pp. 48-50) for guidance on effective techniques to share findings with relevant stakeholders and ways to report on the actual findings.

Specific Activities:
- Develop a monitoring plan or framework (refer to Tool# 4 for a sample)
- Integrate the plan into the agreement with operating partners
- Develop indicators based on information from the assessments (i.e. baseline studies and impact/objectives/goals)
- Determine priority issues to monitor, within the community, in collaboration with partners and community members
- Choose/develop/adapt monitoring tools to measure outputs: (i.e. registration sheets, attendance sheets, activity schedules and monthly reports. Refer to Tool #2 and #3)
- Conduct bi-monthly monitoring sessions or visits to the space
- Sharing findings and writing reports

**C.	Key Resources**

- ❖ *Guide to Evaluation of Psychosocial Programming in Emergencies. "Field Testing Version". UNICEF. 2007.*
- ❖ *Assessment and Evaluation of Psychosocial Programming for Crises Affected Children: A Good Practice Initiative. UNICEF. 2006. (See monitoring and evaluation of psychosocial programmes resource).*
- ❖ *Action sheet 2.2 "Initiate Participatory Systems for Monitoring and Evaluation" MHPSS Guidelines.*
- ❖ *CCF Manual. 2008.*
- ❖ *"Discussion Paper 2: Programming and Evaluation for Psychosocial Programmes," The Refugee Experience-Psychosocial Training, Refugee Studies, 2001. (see Project Evaluation Tools and checklist for programme evaluation).*
- ❖ *UNICEF-CFS Monthly Monitoring Sheets- Bam Project-2004-2005*
- ❖ *Guide to the Evaluation of Psychosocial Programming in Emergencies (Link)*
- ❖ *Guidelines for the design, management and monitoring of play areas (Draft)- Maintenance of the*

area/security/monitoring
- ❖ *Save the Children (Admin/Monitoring/Evaluation document) Safe Spaces Policies. Monitoring and reporting (power point)*
- ❖ *Reach Out Protection training Children, Women, Refugee -(icva.ch/doc00001528.html)*

D.   Contents of Toolbox

1. Checklist for Monitoring Evaluation
2. Sample Monthly Monitoring Report
3. Sample of Save the Children Monitoring Sheet for Parents & Caregivers
4. Sample Monitoring Plan

Tool #1: Checklist for Monitoring

M&E Activities	Yes	No	Action/Comments
Monitoring systems in place			
Assigned staff member to conduct regular monitoring			
Monitoring sheets have been adapted (refer to samples below)			
Factors that may disrupt monitoring, such as the security situation, road access, etc. have been identified			
Monitoring systems measure programme objectives			

Tool #2: Sample Monthly Monitoring Report

Name/location of the CFS: **Date and time:**

Name of Manager/Monitor:

Type of facility:
Tent □   Pre-fabricated □   Permanent building □   Other□

Are there plans to change the location of the CFS?
Yes □   No □

If so, when and to which location: …………………………………………………………….

Total number of registered children:

Age	No. of Girls	No. of Boys	Total No.
6-10			
11-13			
14-18			

Staff Information:

Position
Manager
Trainer
Guard
Cleaning staff
Other

Number of additional trainers or staff needed: 0 □   1 □   2 □3□

Please specify:_____
Person/organization responsible for staff selection:
UNICEF□   CFS Manager □   Relevant Ministry □ Other □

Criteria for staff selection:
Work experience □   Prior cooperation □   Experience with children □
Level of education □   Recommendation by friends/relatives □

Kind of activities carried out in RCC:
Sports □   Drawing/ Painting □   Calligraphy □   Sewing□
Computer □   Other:
…………………………………………………………………………………………………….

Preferred activities for:

Girls………………………………………..   Boys…………………………………………….

Is there equal access to activities for boys and girls? Yes □   No □
If no, please explain:
…………………………………………………………………………………………….

Level of the children's participation in designing and implementing the activities: High □   Low □   None □
Explain:
………………………………………………….
………………………………………………….

Level of family/community participation in activities
High □   Low □   None □
Explain:
………………………………………………….
………………………………………………….

Are there any specific cases of:
Child abuse □ Disease □   Psychological Problems □ Malnutrition □ Other □

If so, please explain case and action taken:
……
…………………………………………………………………………

Is there a latrine?   Yes □   No □

Condition of latrine: Excellent □   Good □   Fair □   Poor □

Hygiene items available: Soap □   Garbage bins □   Garbage bags □

Drinking water available: Yes □   No □

Other organizations/groups supporting the CFS in addition to UNICEF and type of support, if any:
………………………………………………………………………………….
………………………………………………………………………………….
………………………………………………………………………………

<u>Monitoring Supplies and Equipment</u>

Item	Quantity delivered		Condition	Follow-up action/comments
	Reported	Actual		
			1□ 2□ 3□ 4□ 5□ 6□	
			1□ 2□ 3□ 4□ 5□ 6□	
			1□ 2□ 3□ 4□ 5□ 6□	
			1□ 2□ 3□ 4□ 5□ 6□	

Item	Quantity delivered		Condition	Follow-up action/comments
	Reported	Actual		
			1☐ 2☐ 3☐ 4☐ 5☐ 6☐	
			1☐ 2☐ 3☐ 4☐ 5☐ 6☐	

1. Used   2. Not used   3. Training required 4. Stored or removed from the CFS 5. Damaged or out of order 6. Required

*For each monitoring session, it is recommended to use to the original supply list and to modify the list accordingly (refer above for sample)

• **Suggestions/comments:**

…………………………………………………………………………………………………

…………………………………………………………………………………………………

• **Overall condition of the CFS**

Excellent ☐   Good ☐   Fair ☐   Poor ☐

(Source: Adapted from the Monthly Monitoring Sheets Monthly Report "Recreational/Cultural Centres of Bam and Surrounding Villages" UNICEF).

Tool #3: Sample of Save the Children Monitoring Sheet for Parents & Caregivers

Safe Spaces Parent Monitoring Survey

Save the Children.

Date: _____

Child/Children's Ages: _

Safe Space Location (Shelter, Camp, other):

_____

Location (city/state):

_____

Name of Safe Space Coordinator:

_____

Circle Child's Gender: Boy   Girl

Since the start of the current monitoring cycle (say how many weeks) have you noticed any changes in your children with respect to:	Decrease=1	No Change=2	Small Increase=3	large Increase
	Write corresponding children's roll number in these cells			
1. Cooperative behavior with siblings or other children (i.e. has at least 1-2 friends and plays well with them)				
2. Self esteem and confidence (how they feel about themselves and their ability to overcome challenges)				
3. Concentration (i.e. increase in ability to focus on tasks, decrease in distractibility)				
4. Promoting a sense of consistency, predictability, and that things are "getting back to normal"				
5. Knowledge of existing threats and ways to reduce their vulnerability to these threats				

Please comment on any other changes you observed in your child/children as well as any thoughts you have about the program

THANK YOU!

(Source: Save the Children-Safe Spaces Training Support)

Tool #4: Sample Monitoring Plan

Priority Indicators:
1. Number of children participating in the program
2. Number of at-risk children identified and referred
3. Number of children demonstrating knowledge of life skills
4. Number of children demonstrating healthy psychosocial behavior

Priority
Indicator:_____
_____

Monitoring plan format

Monitoring activities	Time period	Assumptions made	Potential Risks	Key stakeholders, including non-education stakeholders

General Toolbox

1. CFS general standards used in various models

Tool #1: Checklist for General Standards

General Standards	Yes	No	Action/Comments
Child Protection Policy is on display in the CFS			
Codes of Conduct (including standards of care, disciplinary measures, etc.) for staff and volunteers are on display in the CFS			
Referral structure and procedures are in place for health, nutrition, education services, psychosocial support.			
A focal point for the referral structure has been appointed. This individual fields all questions of beneficiaries and directs children to appropriate services			
Child Protection Messages appropriate for children are on display			
A record of the children has been created and maintained by one staff member. Records of children are updated every 6 months.			
Weekly/monthly activity plan and a list of the responsible animators/caregivers are displayed in the CFS			
Parents and community are involved in activities/events/sensitization at the CFS once a month			

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