



Evaluation of Child Friendly Spaces

Tools and guidance for monitoring
and evaluating CFS

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1. Introduction

Child friendly spaces (CFS) are safe spaces where communities create nurturing environments in which children can access free and structured play and learning activities. CFS, also commonly referred to as Child Centred Spaces or Safe Spaces for Children, may provide educational and psychosocial support and other activities that restore a sense of normality and continuity for children whose lives have been disrupted by war, natural disaster or other emergency situations. They are generally designed and operated in a participatory manner, often using existing physical spaces and seeking to connect to local community resources and activities. They may serve a specific age group of children or a variety of age ranges.

Even though they are one of the most widely used interventions in emergencies for child protection and psychosocial support, little evidence documents their outcomes and impacts. There is widespread commitment among humanitarian agencies to strengthen the evidence base of programming. Recognizing this, the Child Protection Working Group (CPWG) of the Global Protection Cluster and the Inter-Agency Standing Committee (IASC) Reference Group on Mental Health and Psychosocial Support in Emergency Settings have identified research in this area as a high priority.

In response to the commitment to strengthen the evidence base for humanitarian practice and the prioritisation of CFS as a key area for research, World Vision and Columbia University, working with Save the Children, UNICEF and others, engaged in a collaborative project to document the outcomes and impacts of CFS and develop capacity for rigorous evaluation. A series of impact evaluations were carried out over three years in multiple countries. The findings were published in a research report.

This document draws on the learning and experience of the project to provide practical guidance to child protection and MHPSS practitioners for monitoring and evaluating child friendly spaces. It presents tools for planning and implementing monitoring and evaluation of CFS. For each tool, the objectives are explained, along with insights and lessons on the usefulness of the tool based on the learning and experiences of the evaluation teams.

There are two sections:

- 1. Setting up a good-quality monitoring system for CFS:** This section presents tools that should be used on a regular basis to monitor the quality of CFS implementation.
- 2. Designing an impact evaluation of CFS:** This section describes the methodology and process that were used to conduct the multi-country impact evaluation, and shares tools, practical tips and learning from the project.

For further support on using the tools included here, please contact the CFS Task Force within the Child Protection Working Group.⁴

¹ Definition of CFS taken from *Minimum Standards of Child Protection in Humanitarian Action*. Child Protection Working Group (CPWG), (2012).

² Ager, Metzler, Vojta, and Savage, (2013).

³ Metzler, Kajjuka, Vojta, Savage, Yamano, Schafer, Yu, Ebulu and Ager, (2013); Metzler, Savage, Vojta, Yamano, Schafer and Ager, (2013); Metzler, Atrooshi, Khudeda, Ali and Ager, (2014); Lilley, Atrooshi, Metzler and Ager, (2014); Metzler, Ishaq, Hermosilla, Mumba and Ager, (2015); Eyber, Bermudez, Vojta, Savage and Bengheya, (2014).

⁴ For more information: <http://cpwg.net/what-we-do/taskforces/>

2. Setting up a good-quality monitoring system for CFS

Regular monitoring of CFS is important to ensure that implementation is on track and to make real-time adjustments to improve the quality of activities. A CFS monitoring system should be simple and practical so that it can be implemented in even the most challenging of emergency contexts. It is also important that it meets the requirements specified in general guidance provided by your agency with respect to monitoring and evaluation. These are generally focused not only on maintaining consistency in procedures but also on ensuring that monitoring activity actively feeds into programming.

2.1 Defining the outputs that we need to monitor

A basic monitoring system for CFS should include tools and processes for regularly tracking the following outputs (immediate results):

- **Registration** – the number of children registered by the CFS.
- **Attendance** – the number of children attending the CFS each day. Disaggregated information should be collected on attendance, listing sex and age of the children at a minimum. If feasible, data can also be disaggregated by disability status.
- **Activities** – the type of activities conducted in the CFS each day. This should be captured in a timetable that is updated as the activity schedule changes.
- **Referrals** – the number of children who attend the CFS who are referred to other services. As well as providing a direct service to children, a CFS can be used as an entry point to assess the needs of children and identify particularly vulnerable children who require additional support services. Therefore in some cases, children attending a CFS will be referred to receive other, additional support. A monitoring system should be in place to track the referral and follow-up process.
- **CFS quality standards** – the extent to which a CFS is meeting minimum quality standards. Regular monitoring of the quality of CFS should be undertaken so as to enable rapid changes to be made where necessary to maintain or improve quality to ensure the best service for children.

2.2 Tips for successful monitoring of outputs

Simple data management system

Regular monitoring of the outputs mentioned above will generate a lot of information that needs to be recorded and safely stored. It is therefore essential to have a simple and organised system for storing, analysing and using the data. Typically, we use paper-based forms to collect the monitoring information in the field. To ensure that the data are not lost, the paper forms should be carefully stored in a lockable filing cabinet. It is also essential to set up a simple Excel-based system (or equivalent software) to record the data in electronic form so that it can be easily accessed at any time and can be for used future monitoring and evaluation needs.

Standardised tools across agencies

Many agencies implement similar CFS models in humanitarian contexts. To ensure that information can be aggregated and analysed across agencies it is useful to use standardised tools for monitoring where possible. Standardised tools for monitoring CFS attendance and quality, for example, can be developed at the onset of the emergency through the child protection cluster or equivalent coordination group.

2.3.2 Attendance record

Key objectives

- To track how many children attend the CFS each day and their characteristics (sex, age, disability status)
 - To support appropriate targeting of CFS activities
- Time needed:** Approximately 15 minutes at start of each CFS session

Frequency: Daily

Key steps

- Register all children attending the CFS each session using a daily attendance sheet.
- At the end of the day, enter the attendance data into a database.
- On a weekly or twice-weekly basis, review attendance and look for patterns of attendance by sex, age group and disability status (if feasible to collect this data).
- Use analysis of attendance data to target hard-to-reach groups and tailor activities appropriate to characteristics of those attending.

Comments on the usefulness of the tool

It is an essential tool to inform implementation of CFS.

Strong attendance is likely indicative that children and caregivers value the activities offered.

Attendance of children is, of course, voluntary, but irregular attendance of a child may indicate circumstances with which agency staff can assist. Regular and accurate completion of the attendance record is also a potentially valuable indicator of programme quality.

Example of a paper-based daily attendance sheet

Name of CFS			
Date			
Session name/number			
Name of staff member completing form			
Registration number	Name of child	Sex	Age
			Disability status

2.3.3 Activity record

Key objectives

- To record and track the activities⁵ that are implemented in the CFS
 - To inform changes to the CFS activity schedule
- Time needed:** As the CFS is being set up it may take a few days to establish the activity plan, with changes being made as the CFS is developed.

Frequency: The activity record should be updated as regularly as the schedule changes. Copies of old schedules should be stored for monitoring and reviewing changes and to assist in the compilation of project reports.

Key steps

- Prepare an activity schedule, disaggregated by age group, as shown in the example below.
- Update the schedule and keep copies of old schedules on file for review.

Example of child friendly spaces activity plan⁶

Time	Pre-School	School-age	Youth
09:00-09:15	Registration/meet and greet	Registration/meet and greet	Registration/meet and greet
09:15-10:30	Psychosocial games and activities	Psychosocial games and activities	Service learning
10:30-10:45	Snack	Snack	Snack
10:45-12:00	Puzzle, games, centers	Puzzle, games, centers	Life skills/conflict resolution training
12:00-12:30	Lunch	Lunch	Lunch
12:30-13:00	Story time	Reading circle	Reading circle
13:00-15:00	Arts and Crafts	Exam preparation	Exam preparation
15:00-16:00	Outside time/ parachute game	Outside time/ Sports	Outside time/ Sports
16:00	Parent/guardian pick up	Parent/guardian pick up	Parent/guardian pick up

⁵ Activities should include a range of participative, recreational and cultural activities that reflect the agreed goals of the CFS programme.

⁶ Example taken from *Child Friendly Spaces in Emergencies: A Handbook for Save the Children Staff*, (2008). Save the Children. The focus of activities may vary widely from those suggested here.

2.3.4 Referral tracking system

Key objectives

- To record the number of children who attend the CFS who are referred to other services
- To record information on the type of services to which referrals are being made
- To record information on follow-up activities carried out by CFS staff

Time needed: 15–30 minutes to complete form (depending on nature of referral and level of detail required)

Frequency: The referral tracking form should be completed every time a referral of a child is made.

Key steps

- Immediately after a meeting or decision to refer a child to another service, complete the referral form (example below).
- Keep copies of referral forms on file as part of case management system and for periodic review.
- On a bi-weekly or monthly basis, conduct a periodic monitoring review of the number of referrals made, which services the referrals are to and status of follow-up actions.

Example of a referral form

Referral No. _____

CFS REFERRAL FORM FOR SERVICES

Date: _____ Time: _____ am/pm

Child Name: _____ Age: _____

CFS Facilitator: _____

CFS Location ID:

CFS001	CFS005	CFS009				
CFS002	CFS006	CFS010				
CFS003	CFS007	CFS011				
CFS004	CFS008	CFS012				

Reason for Referral (summary)

Action taken by CFS Facilitator

Contacted caregiver/parent on _____

Held meeting with caregiver, child and supervisor _____

Referred to (service provider name) _____

Submitted to National/Regional Child Protection Advisor _____

Planned follow-up

CFS Facilitator signature: _____ Date: _____

2.3.5 CFS Quality standards checklist

Key objectives

- To assess the extent to which the CFS is meeting quality standards
- To support improvement of quality of the CFS

Time needed: Approximately 30 minutes

Frequency: Monthly

Key steps

- Visit each CFS and, where available, interview the lead facilitator or animator.
- Look around the CFS and observe activities.
- On the basis of talking to facilitator and observing activities and CFS environment, code the following quality standards with the appropriate letter:
 - Y (Yes) = CFS meets the quality standard
 - P (Partly) = CFS is close to meeting the quality standard
 - N (No) = CFS does not meet quality standard
 - * = Not enough information available to make determination.

Comments on the usefulness of the tool

The Quality Standards for Children’s Activities and CFS Programmes Assessment – specified within the World Vision *Children in Emergencies Manual*⁷ – provide quality standards for 17 areas of CFS programming including (but not limited to) awareness of protection issues, activities content, playground equipment, record keeping and planning, and visitor information. This assessment together with Save the Children’s CFS Handbook⁸ and UNICEF’s CFS Guidelines⁹ were the basis for the CFS Quality Standards Checklist used in the multi-country evaluation. The checklist is shown below and comprises 13 items to guide observational assessment during site visits. In programme monitoring, the checklist should be used in coordination with the full-length quality assessment to gauge the quality of programming accurately. The checklist itself focuses only on directly observable indicators; however, these are potentially useful ‘proxies’ for some of the broader quality standards that are less easily measurable.

CFS Quality standards checklist

Name of CFS:		
Date Assessed:		
Quality Standards	Yes/Partly/No	Action Points
1. Children’s work displayed in space		
2. Equipment in good condition (e.g. toys not broken)		
3. No toy guns or military-type toys		
4. Code of conduct displayed in picture or word form		
5. Activities available two hours per day, three days per week		
6. One person responsible for daily inspection of equipment and keeps record, register		
7. Supervisor-to-child ratio is adequate		
8. Record kept of all visitors		
9. Drinking water available (and staff knowledge of proper hygiene)		
10. First aid kit available (and stocked appropriately)		
11. Attendance records kept (and are up to date/current)		
12. Emergency protocol clearly outlined and documents (i.e. in word or picture form)		
13. Activity schedule prepared in advance of use		
Total Yes:		
Total Partly:		
Total No:		

⁷ World Vision International, (2006).

⁸ Save the Children, (2008).

⁹ Global Protection Cluster, Global Education Cluster, INEE and IASC, (2011).

Notes on quality standards

Standards 1, 3, 4, 8 can be observed within the CFS without participation of staff.

Standards 2, 5, 6, 7, 9, 10, 11, 12 and 13 may need some interaction with staff. See notes below.

1. Standard 2. Equipment in good condition (i.e. playground equipment/ toys not broken): 'Good' condition is a subjective designation. Please see examples below to make the best judgement of the standard.

- Example 1: If the playground equipment is broken or many nails are rusty and/or sticking out, this does NOT meet the criteria, and the CFS is awarded an 'N' for this standard.
- Example 2: Several balls are worn down (or flat) and there is a large pile of broken equipment, this does NOT meet the criteria and the CFS is awarded an 'N' for this standard.

2. Standard 5: To ascertain activity level in CFS, ask the facilitator for activity records and compare them over the duration of the programme. Ensure that activities were available for at least the past month, three days per week and at least two hours per day.

3. Standard 6: Identify the person charged with equipment record keeping and view the record to ensure it is current (up to date as of the site visit).

4. Standard 7: Check the registration document to ascertain the number of children attending CFS (by age grouping) and check the number of staff employed daily at the CFS. Record this ratio. At the site visit, check to see if this ratio is accurate and reflective of the current CFS upon visit. If not, adjust the ratio to reflect the current status of the CFS. Appropriate age groups and ratios are presented below:

- For children 5–7 years: 2 supervisors : 20 children
- For children 8–12 years: 2 supervisors : 25 children
- For children 13–17 years: 1 supervisor : 25 children

5. Standard 9: To ascertain the level of knowledge of hygiene, speak with the facilitator to ensure that drinking water is from a 'safe' drinking source (i.e. treated water). Also, you will need to ensure that drinking cups are washed between child uses to ensure appropriate hygiene.

6. Standard 10: To ensure appropriate stocking of first aid kit, check the supply level of the kit. If kit is lacking adequate supplies to provide basic first aid care, award an 'N' for this standard.

7. Standard 11: It is highly encouraged that attendance records be kept disaggregated by gender and age categories.

8. Standard 12: Emergency protocols should clearly outline security and emergency (i.e. fire, earthquake, etc.) procedures for staff and children.

9. Standard 13: The activity schedule should be submitted to the supervisor the week before its use and should contain at least one to two weeks of activities in the plan.

3. Designing an impact evaluation of CFS

The multi-country evaluation of CFS involved designing and implementing an impact evaluation. The impact evaluation used a quasi-experimental design to measure whether the CFS intervention directly led to changes in protection risks, children's well-being outcomes and community knowledge and capacities. This involved:

- collecting baseline data before the CFS opened
- collecting follow-up data three to six months after the CFS had been operating to see if and how outcomes had changed
- collecting data from, and comparing outcomes for, children who had attended the CFS and children who had not attended the CFS (and the caregivers of those who had and had not attended) at both the baseline and the follow-up.

The strength of this evaluation design is that it enables attribution of impact to the CFS intervention; in other words, it allows you to measure whether the CFS intervention directly led to changes in outcomes, taking other factors into account.

However, impact evaluations of this design are usually time consuming (in terms of planning, data collection and data analysis) and quite expensive, and they require involvement of an evaluation team who are experts in evaluation design. It is not expected that agencies will conduct an impact evaluation every time they implement a CFS programme. However, while the evidence base on the effectiveness of CFS is still limited across contexts, it remains important to conduct impact evaluations of CFS on some occasions, e.g. where they are being used in new contexts and/or settings. Some of the principles and approaches of the impact evaluation can also be useful to inform the design of less intensive evaluations, which are more common for agencies implementing CFS. In either case, engaging agency monitoring and evaluation staff early in the process is crucial so that the evaluation is embedded within both programming and routine monitoring processes.

This section describes some of the key processes and tools that were used in the multi-country evaluation, along with tips and experiences from conducting the work.

3.1 Defining the outcomes you want to measure

An important first step in designing an impact evaluation is deciding exactly what outcomes you want to measure. These outcomes should be determined by the changes that you expect the programme to achieve for children and the community. Outcome areas of CFS programming will typically include the acquisition of skills and knowledge, emotional and social well-being, and protection of children.

In the multi-country evaluation, the decision was made to measure the following three outcome areas which it was expected the CFS interventions should have an impact on. The following three research questions were asked:

- How effective are CFS in providing a protective environment for children vulnerable to abuse, exploitation or violence?
- How effective are CFS in providing psychosocial support to children?
- How effective are CFS in mobilizing and equipping communities and carers to fulfil their roles to protect and care for children?

The outcome areas, and more detailed outcomes within each of them, were identified in each country using a participatory methodology called the '*Who? What? How?*' activity. This methodology – described in the tool summary below – involved bringing together a group of key people involved in setting up and implementing the CFS and asking them to think through the changes that they were expecting the CFS to achieve for children. From here the outcome areas were identified and refined.

3.2 Defining the outcomes to measure: Who? What? How? activity

Key objectives

- To map out the theory of change of the CFS, i.e. how you expect change to happen
- To document all potential outcome and impact areas over the course of the CFS project and beyond

Time needed: Approximately 1–2 hours

Frequency: Once – during the design phase of CFS planning

Key steps

1. Convene the key people who are involved in designing and setting up the CFS (including community members or, if that is not feasible, persons who have spent time with community members discussing children's well-being).
2. Ask the group the following questions:

Who are the groups you expect to see change in as a result of CFS programming?

- For example, children, caregivers, community leaders/members, staff.

What changes do you expect to see?

- For example, changes in psychosocial well-being and/or mental health outcomes, sense of safety, protection outcomes, skills and knowledge, etc.

How will you measure those changes?

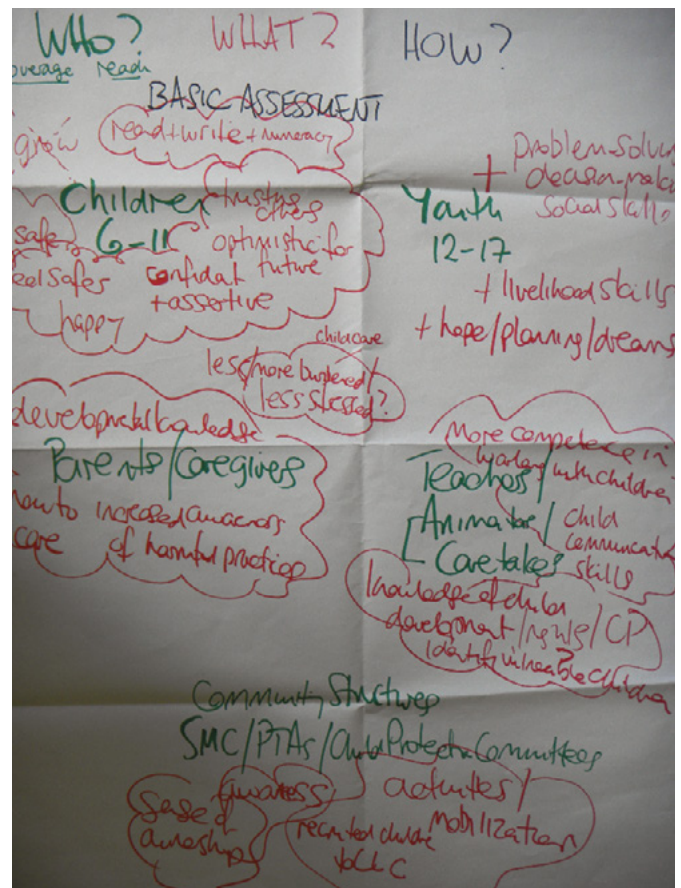
- Use mixed methods – quantitative and qualitative methods to assess key outcome areas.
- Research appropriate measures and tools and secure permissions for use, if necessary.

Document the answers to each of the questions on flipchart paper so they can be referred to later.

Comments on the usefulness of the tool

Mapping the theory of change for a CFS programme – i.e. the pathways that create lasting change for beneficiaries and the community – provides insight into the information that you will need to determine the success of the programme. The 'Who? What? How?' activity can help fully integrate the evaluation components from the initial design phases of the programme and guide the team towards a more focused and collaborative evaluation.

Example flipchart



The *Who?* refers to the groups most likely affected by the programme's services. For example, the primary beneficiaries of a child friendly space are children, typically between the ages of 6 and 17 years. However, a CFS by design is a holistic programme meant to have an impact on a range of stakeholders through multi-faceted programming that includes community awareness campaigns, parental association meetings, facilitator trainings and protection system strengthening through the establishment and support of community-based child protection committees (CBCPCs) or support of existing mechanisms of protection in the community. Thus, the effects of services provided by the CFS may frequently be appropriately targeted for caregivers, staff and the broader community in addition to children. Often, the *Who?* will be divided by developmental and/or programmatic distinctions (e.g. younger children and older children) to allow for a more focused assessment of appropriate outcomes.

The **What?** refers to indicators of expected change as a result of programme outputs. In other words, what changes do you expect to see in children and other stakeholders as a result of programming? If the CFS has structured activities related to conflict-resolution and leadership development among children, one would expect change in well-being outcomes related to peer relationships, problem-solving skills and self-esteem, among many others. Likewise, the physical space of the CFS likely creates a safe space for children to play and engage in activities. One would expect protection outcomes related to perceptions of safety to shift over time. Programme indicators can be explored until the team is satisfied that all intended outcomes and impacts have been covered. Once all intended outcomes have been mapped, a discussion related to unintended outcomes is helpful to guide the team in articulating a holistic theory of change and potential areas of special consideration during the evaluation process.

The **How?** refers to the tools that you will use to measure the chosen outcomes. This is covered in the next section.

3.3 Selecting the tools to measure outcomes

Once you have identified the main outcomes of the CFS programme, the next step is to select the tools that will be used to measure those outcomes. Selecting the proper tools to measure chosen outcomes can be a challenging and potentially daunting process. The multi-country evaluation took a mixed-methods approach to tools, which means it used a combination of quantitative and qualitative tools to measure the selected outcomes.

Using mixed methods is generally advised because it provides a platform to confidently and rigorously assess outcome and impact areas in line with programme objectives so that meaningful and valid conclusions can be drawn. For example:

- Existing survey tools (quantitative) can be used, and they offer established validity and reliability, allowing for sound conclusions to be drawn as well as providing the potential for comparison across contexts.
- At the same time, participatory activities (qualitative) are easily adaptable in emergency settings while remaining flexible to local agendas, providing insight, depth and further validation to surveyed areas of interest.

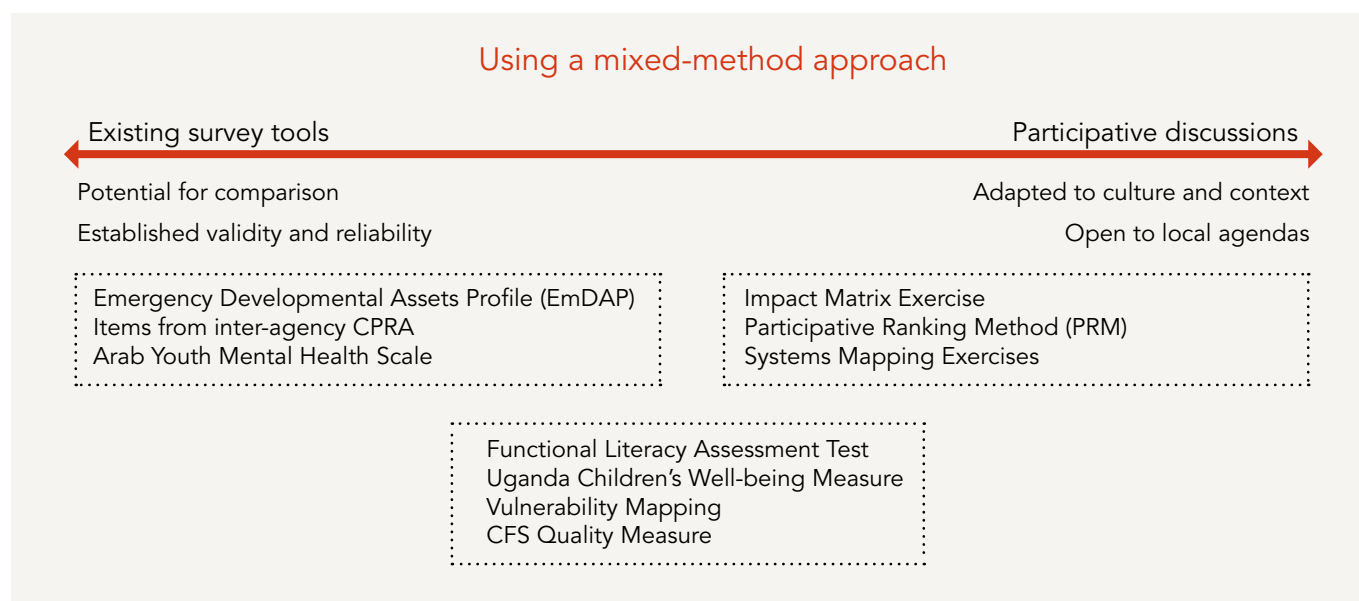
Therefore, using a combination of quantitative and qualitative tools in an evaluation enables you to triangulate multiple sources of information and make a more comprehensive interpretation of key findings. Findings indicated through mixed methods can be further validated and contextualised by participatory sessions with beneficiaries and key stakeholders in feedback sessions after a preliminary analysis of results has been completed.

The box below shows the range of quantitative and qualitative tools that were used in the multi-country evaluation:

The process for selecting tools with which to measure outcomes can use the following process:

- First, look across the indicators suggested in the '*Who? What? How?*' activity to identify key outcome areas.
- Second, select a tool to measure change in each of these outcome areas. This involves considering tools appropriate for the age range (*the Who?*) which cover the required areas of impact (*the What?*) and are relevant and feasible for use in the context.

Advantages of different measures



A key decision when selecting tools is whether to use and adapt an existing tool or to create a new, localised tool from scratch. There is often a trade-off between selecting an existing tool that can be adapted and developing a local measure suitable for an impact evaluation. Much of the decision relies on the time available for the work and the availability of existing measures of established reliability and validity in that context. It may be helpful to seek expert advice in tool selection in advance of the evaluation to ensure that findings will be reasonably sound and in line with programme objectives.

Recently, a number of helpful guides have been published to support practitioners in identifying and navigating the appropriate tools to rigorously and feasibly measure programme outcomes in challenging and fast-paced operating environments:¹⁰

- One of these guides is *Methodologies and Tools for Measuring the Mental Health and Psychosocial Wellbeing of Children in Humanitarian Contexts*.¹¹ This provides a helpful decision-making tool for the selection of measures related to mental health and psychosocial outcomes of children.
- Another useful guide is *Measuring Violence against Children in Humanitarian Settings: A scoping exercise of methods and tools*,¹² recently published by the Child Protection in Crisis Learning Network and Save the Children.

Once the team has finished the 'Who? What? How?' activity, it may be helpful to consolidate the proposed evaluation framework in a table for quick reference. During the multi-country evaluation a planning template was developed and used to document the final impact evaluation framework, reflecting the discussions with field and technical teams – see the planning template tool summary below. An example of a completed planning template is shown below, but keep in mind that the targeted groups, impact areas and suggested measures will need to change for different settings based on discussions related to the specific CFS programme's objectives and context.

A final key consideration is that if you are using an existing tool you may need to get permission from the tool's original author before you can use it and occasionally pay a license fee for its use. To maintain the integrity of the tools, there are often limitations on the extent to which you can adapt and contextualise existing tools as well as administration specifications (e.g. restrictions on using tools in mobile phone assisted assessments).

¹⁰ Ager, Stavrou and Boothby, (2011); Ager, Robinson and Metzler, (2014); Landis, Williamson, Fry and Stark, (2013).

¹¹ Ager, Robinson and Metzler, (2014).

¹² Landis, Williamson, Fry and Stark, (2013).

3.4 Designing an impact evaluation framework: Planning template

Key objectives

- To document all potential outcome and impact areas over the course of the project and beyond
- To consolidate the information relevant for planning the impact evaluation
- To identify and document which tools and measures to use to measure the chosen outcomes
- To denote action steps for tool development and adaptation

Key steps

- Transfer data from ‘Who? What? How?’ activity to planning template.
- Research appropriate measures and tools for use in relevant outcome domains.
- Note action steps and any issues in comment section for follow-up.

Time needed: Approximately 1 hour

Frequency: Once – during the design phase of CFS planning

Example of a planning template

Group (WHO?)	Impact area (WHAT?)	Suggested measure (HOW?)	Assessment component	Actions and comments
Children (5-9)	Improved sense of safety/security	Selected CPRA items	Parent survey	Available
	Integrated with community; less aggression	Caregiver rating of developmental assets	Parent survey	Available
	Improved socialisation; less withdrawal; reduced bed-wetting	Middle East Inter-agency PS Assessment ('resilience' and 'socio-emotional' sections) Arab Youth Mental Health Scale	Parent survey	Available
	Children's concerns; (perceptions of CFS)	PRM	Participatory discussions	Available
Children (10-12)	Improved sense of safety/security	Selected CPRA items	Child survey	Available
	Integrated with community; less aggression	Self-appraisal of developmental assets	Child survey	Available
	Decreased depression; enhanced sense of purpose in everyday lives	Middle East Inter-agency PS Assessment ('resilience' and 'socio-emotional' sections) Arab Youth Mental Health Scale	Child survey	Available
	Children's concerns; (perceptions of CFS)	PRM	Participatory discussions	Available
Parents/ caregivers	Increased awareness of referral mechanisms; reduced levels of anxiety/stress; improved knowledge/awareness of CP and child development	Selected CPRA questions	Parent survey	Available
CPC Members	Improved knowledge of local and national CP mechanisms; increased involvement in referrals; more engagement with awareness raising and social norms shifting	Community mapping of CP systems	Participatory discussions and regular monitoring	To be developed
Community	Sense of accountability towards children; increased awareness of referral mechanisms	PRM	Participatory discussions	Available

Example of a planning template

Specific Measures

Parent survey (via phone) [6-9]

Child survey (via phone) [10-12]

Participatory Discussions

+ CFS Assessment (description of monitoring activities)

1. Quality checklist – available (administered 2 times per month by DME Officer)
2. Full length quality assessment – (administered once a month by Child Protection Advisor)
3. Attendance registers and matching of attenders (collected and collated monthly by DME Officer; upon completion of baseline data collection, serial numbers of registered children are matched with survey participants to ensure correct serial number was assigned during interview process)
4. Referral assessment – # of referrals made by CFS and CBCPCs; # of referrals received by service agencies (monthly collection by DME Officer; monthly check with service providers in catchment area to determine children received services after referrals were provided)
5. Community mapping of services – to be completed by DME Officer throughout 1st program cycle
6. Community mapping of formal and informal systems of protection – available (monitoring period activities - web of support, spider game, child well-being exercise to be completed during parent meetings at CFS)
7. Activity records – weekly activity plan of CFS (to be collected by DME Officer monthly)

3.5 Understanding more about the 'How?': Survey design in brief

Once the outcomes, measures and tools have been selected and permissions appropriately acquired, it is time to construct the instrument that will be used in the evaluation. In the multi-country evaluation, the key quantitative instrument was a structured survey. This section outlines some of the important lessons learned from designing survey instruments for the evaluation project.

In the multi-country evaluation, mobile phones were used to collect the survey data; however, whether using mobile phones or paper surveys to collect data, the process of survey design is the same. It can seem daunting to develop a survey instrument, as it involves consolidating a range of measures and demographic questions. However, the basic steps, outlined below, can support a smooth process where the end result is a survey ready for testing.

Step 1: Organise the survey into clear sections (i.e. demographics; questions identifying characteristics of households such as specific vulnerabilities; measures of psychosocial well-being; questions related to safety/security, resources and services available for children, etc.).

Step 2: Ensure that each section has an introductory description or directions for answering the questions attached to it. If the measure has specific instructions that clarify the 'recall period' then that information should be included in the introduction to the section.

Remember, be as specific and concrete as possible. For example, a section devoted to assessing the child's vulnerability may include directions such as this:

Next I am going to ask you some questions about your family. We would like to ask about family members that live and spend four nights or more with you each week.

Recall periods: Scan through the measures to be used and note the recall periods for each. Some may ask the participant to recall experiences or feelings over the past two weeks, while others may ask about events in the past month.

It is helpful to use the same or similar recall periods for your survey. However, if using a range of recall periods, consider using a prompt with each question to have the participant remember the time frame more easily.

Step 3: In the first section of the survey, add introductions and details of securing informed consent for participation. Ensure that more sensitive topics come after there has been time to build rapport with the person responding to the survey. Check that measures with similar recall periods come close together to lessen confusion for the participants.

Step 4: Conclude the survey with a sincere 'thank you' and remind the participant of an upcoming interview time should you wish to revisit in the future.

3.6 Adapting existing tools to measure outcomes

If you are using an existing tool, you will preferably select one that has a language version suitable for the context in which you are working. If one isn't available, you will need to consider translating the tool. Be sure to check whether there is a copyright holder that needs to grant permission for this before proceeding with the translation process. A number of tools (such as the Child Protection Rapid Assessment [CPRA]) always require local adaptation to ensure that response options suit local circumstances. Developing a survey will often require the development of questions about the local context that are unique to that setting.

The process of adapting tools should reflect the objectives of the evaluation as well as provide meaningful ways for the community to engage in the evaluation process. Deciding how to word and order each question and response is a key part of adaptation that identifies relevant assessment areas in the community and among beneficiaries.

Selection of relevant questions and their corresponding response items for surveys should be based on discussions with the programme team regarding key objectives of the programme and should be grounded in community discussions to gauge typical response patterns and appropriateness of survey items. Often, as again with the CPRA mentioned above, a template of responses is provided. This gives a helpful starting point for discussions on each response's conceptual and contextual translation in a given context and on the appropriateness for each response's use given the particular emergency context. Existing measures will often have fixed scales or questions that are not suitable to be adapted, as shifts in language may affect the reliability of the measure or breach international copyright laws.

An important aspect of adaptation is also contextualising the language used in a tool. This can involve revising the language of questions to fit with local patterns of speech (e.g. colloquialisms), framing questions so that they match with contextually specific events, and conveying meaning of questions in easy-to-understand language.



Adapting tools in Uganda

The process of adapting the tool involves not only the translation of the measure from one language to another but crucially ensuring that the measure as a whole and each item within it are conceptually coherent with the original tool. The process of back translation (where questions are translated into the required language and then translated back into the original language) is the most reliable process to ensure this. However, group translation – as signalled in the box above – can be an effective alternative to ensure that a translation suits local language usage.

Group translation: A useful process when adapting and agreeing on the language of a tool is group translation. This involves bringing together a group of local people (for example, the local data collection team and programme staff) and going through the tool question by question, to adapt and translate. Group translation provides an opportunity to agree on key survey concepts for the data collection team while being guided by the expertise of specialists. However, it is often time-consuming as it can take time for everyone to agree on how best to phrase and translate specific concepts and phrases, and it needs additional time to facilitate.

Once you have produced an adapted draft of the tool and appropriate responses have been assigned to each question, they are further refined by pre-testing the tool, preferably in a comparable community to that in which the evaluation will be conducted. *Pre-testing*, sometimes called piloting, of the tool is an opportunity to refine questions and responses as well as to initiate discussions in the community regarding necessary additions and deletions, interview techniques and strategy for the field administration of the survey and other participatory sessions.

Questions that create confusion for participants should be reviewed for potential rewording to ensure that the concepts translate effectively in this particular community. The pre-test is a good time to remove and add questions based on feedback from the community. Questions or responses that may not be relevant or appropriate in this particular context may be considered for removal. However, this cannot be done when the item is from a previously validated measure, as it will invalidate the measure.



Group translation in Uganda

Also, consider whether the sensitivities around asking the question outweigh the potential benefits gained from understanding key issues within the community. Pre-testing is also a good time to finalise the implementation (or sampling) strategy for the evaluation and monitor the data collection team for a precise administration of the survey.

4. Data collection

Most organisations typically have guidelines for contracting enumerators. The selection, training and supervision of the data collection team are critical to the success of the evaluation.

4.1 Selection, training and supervision

Selection: The motivation and skill level of the team has direct effects on the quality of data collected as well as on the degree of acceptance of the evaluation in a specific community. Ideally, the team should comprise individuals residing in the camp, near the location of the CFS (if urban) or in nearby neighbouring areas with similar language dialects.

Additionally, it is important to understand the role of each team member within the broader community and how this may affect the data collected during the evaluation. Maintaining an appropriate gender balance should be a key consideration during the selection process.

Figure 1 provides a helpful description of CFS enumerator responsibilities and qualifications.

Training: Training is a critical part of the evaluation process and one that should be given careful consideration as to its length and composition. Although refresher trainings may be added over the course of the evaluation (and is recommended to ensure evaluation quality), it is important as a group to start from a shared understanding of the purpose of the evaluation and a common understanding of each question to be asked or activity to be completed. Joint adaptation of tools during training may be more time consuming and requires expertise in specified impact areas; it often results in having a clear concept of targeted impact areas and a common understanding of each survey item. An evaluation of training can easily be carried out on a mobile device, testing both the enumerator's knowledge of key concepts, device proficiency as well as other skills obtained from the training.

Supervision: Supervision is an important component of the evaluation and one likely to be under-emphasised without careful planning. The evaluation team leader supervises the day-to-day data collection. That covers developing the work plan together with the enumerators, assisting in the identification of interviews, clarifying questions about the tools, ensuring consistency in methods among enumerators, solving technical problems with the server and phones

(if using mobile devices), and ensuring that sampling strategies and ethical guidelines are followed. The team leader will also ensure that the team is supported logistically (e.g. procuring a size- and weather-appropriate vehicle) and financially (e.g. ensuring a prompt payment schedule for field work).

Often, it may be helpful to debrief periodically during breaks or at the close of the day. This provides a forum for exchanging challenges and successes for the day and acts to motivate the team towards collecting high-quality data. Debriefing also allows for key information, such as market days or camp distribution times, to be discussed, as they will likely affect the data collection strategy.

Figure 1: CFS enumerator job description for Azraq Camp, Jordan

<p>JOB DESCRIPTION</p> <p>CFS Enumerator</p>
<p>PURPOSE OF POSITION</p> <p>To conduct interviews and participatory activities in Azraq Camp to determine the effects of the CFS program for children.</p>
<p>MAJOR RESPONSIBILITIES</p> <ul style="list-style-type: none">• Conduct high quality interviews with primary caregivers and children 10 years and older using smart phones• Actively engage participants and community members in participatory activities (i.e. PRM, focus group discussions, etc.)• Work with team to document lessons learned from work• Actively participate in all aspects of training and data collection• Abide by ethical guidelines in the collection and storage of data• Perform other duties as assigned
<p>QUALIFICATIONS</p> <ul style="list-style-type: none">• Reads and writes classical Arabic• Has basic knowledge and belief in child protection issues• Is comfortable to work with children• Has good communication and facilitation skills• Is able to work as a member in a team• Has general knowledge about smart phones• Preferably holds a degree in psychology, social science or teaching

4.2 Tips for successful data collection and evaluation

Most agencies will provide general guidance on evaluation for use in their projects that will be the basis for most planning and decision-making. There is also an increasing range of inter-agency guidance that can be helpful (e.g. the *Inter-Agency Guide to the Evaluation of Psychosocial Programming in Humanitarian Emergencies*¹³). However, the following advice stems from the experience of multi-country CFS evaluation over a three-year period involving multiple agencies.

Have a framework with clear roles and responsibilities outlined and endorsed at all levels

Outlining clear roles and responsibilities of evaluation team members should be a collaborative process in which each member feels confident and supported in all evaluation tasks. While the bulk of the implementation rests typically with one team leader (with demonstrated capacity in monitoring and evaluation), support is required at multiple levels to ensure successful completion of the work. The team leader is able to provide field insight into the sampling methodology and logistics required for the evaluation. National or regional specialist support can often be lent for the selection and adaptation of key measures to be used, as well as providing direct support for implementation of high-quality CFS programming. National office support procedures for data-collection practicalities, such as finance and logistics, should be developed prior to the start of the evaluation. Reporting policies and communication strategies should be made clear at the onset.

Flexibility is the key to tracing participants over time

Community engagement and participation in the design and interpretation of results as well as active involvement in the implementation is critical to a successful evaluation. Although the use of the GPS feature on mobile devices is helpful in tracing household locations over time, the ease and feasibility of its use in emergency contexts should be considered when planning tracing strategies. Working with community leaders can aid in tracing participants over time, as can maintaining flexible work hours to accommodate times more easily accessible by caretakers and children in the community.

Using mobile phones to avoid errors and promote efficiency:

Using mobile phones to collect data is quickly becoming the new standard for evaluations. It reduces human error and the time required for inputting and coding paper surveys, and it reduces the likelihood of paper surveys being lost or filled out incorrectly in the data collection process. Using mobile phones also allows the team leader to monitor the quality of the interviews daily, noting the average length of interviews and typical response patterns, and viewing data disaggregated by age and gender.

Uploading surveys is relatively easy, depending on the availability of the network. Designating one phone as a portable hotspot connected either to a wireless network or to a 3G/4G data plan is a fast and easy way to upload the entire day's field surveys. If there are potential security risks, the team may opt to secure individual SIM cards and credits for each phone so that each survey can be uploaded to the server immediately upon completion of each interview. For longer days in the field, the team leader may decide to bring a surge protector to recharge the phones during breaks. For contexts lacking reliable electricity supply, portable or solar-powered batteries can be secured, and phones can be switched to power-saving modes to retain battery life.

It is important to note that endline data-collection periods usually take longer than baseline data-collection periods, as participants often will have relocated to other areas over the months observed in the monitoring period. Sufficient time should be allotted for completion of this work. Contact information, such as phone numbers or tent/house locations, may also change over time. Ensure that enough relevant programmatic information is collected during the baseline assessment so that there is a greater chance of finding these participants at endline.

Potential strategies to mobilise remaining participants should be creative and may include things such as a brief sports event (e.g. a football game) or a presentation of children's work to caregivers in the CFS or at a community centre (e.g. a photo exhibition).

¹³ Ager et al., (2011).

5. Data analysis

Upon completion of the field collection of data, it is now time to begin the process of analysis, interpretation and reporting. Analysing the data that has been collected requires quite a lot of time (usually the same length of time as it took to collect the data) and careful work, and it is helped by having a detailed analysis plan in place at the start.

Developing an analysis plan: An analysis plan developed during the evaluation design phase is helpful to ensure that ample time and relevant resources are allotted for the completion of the work. An analysis plan can also clarify the information required during the data-collection period to draw meaningful interpretations from results and provide recommendations of future programming efforts. A basic plan would entail four phases: preparation of data, analysis, interpretation and reporting.

Collating all available information: The preparation of the data analysis phase would consist of collating or organising information collected, to allow for sound interpretation of results. Using mixed-methods for the evaluation requires the organisation of what can seem, at times, like a massive amount of information. Grouping quantitative and qualitative data in logical ways can help cut down on time spent for the analysis and ensure that data is easily retrievable during the analysis process.

Cleaning data and matching data from different sources and time periods: Quantitative information, such as surveys or questionnaires, will require correcting any administration errors using field notes, and translating and coding open-ended survey questions. Pre-post evaluation designs will require careful attention to ensure that the correct information from a participant's interview at baseline is matched to their interview at endline. All of this can be done on a spreadsheet capable of simple descriptive functions prior to transferring data into an analysis programme, such as SPSS, SAS, or STATA. If data collectors are using paper questionnaires (versus those administered using smartphones), all data will need to be transferred to the spreadsheet and double-checked for accuracy. Other quantitative information, retrieved from attendance and referral registers, should now be organised and linked to each interview completed. Each row of the spreadsheet would represent one interview completed. During the administration of surveys be sure to include a unique identifier (e.g. a serial number) to make matching baseline and endline interviews a much easier and faster process.

Coding qualitative information: Qualitative information collected through key informant interviews, focus group discussions and other participatory activities is likely to be more labour intensive and often difficult to consolidate. However, information can be grouped by topic, age range and other meaningful groups to allow for quick retrieval later. Additional sources of information gathered in the field, such as quality checks and lessons learned, can provide insight into programme development or future programming efforts.

Examining differences: Once the data is prepared, it is time to begin the analysis phase that will help draw out patterns in the information collected. Essentially, this phase involves identifying differences among groups. Depending on the evaluation design, the evaluation may focus on:

- identifying differences in children participating in the CFS programme compared to those children not participating (e.g. a cross-sectional evaluation)
- identifying differences in children before the CFS programme starts and after it closes (e.g. a pre- and post-programme evaluation).

Ideally, you would want to look at both areas – exploring trends in children who attended the CFS and those who did not attend, measuring before the programme starts and again three to six months later (or upon the programme's closure). The designation of attendance would be determined post hoc following the endline data-collection period either through self and caregiver reports or validated through attendance registers (or both).

Descriptive statistical analysis: Running descriptive statistics allows you to become familiar with the data and understand the characteristics of each group to allow for a meaningful comparison. The comparison group should be compared against the 'intervention' group (those children attending CFS) on multiple variables (i.e. demographic and vulnerability characteristics) to ensure they are equivalent on all factors other than attendance of the CFS. Once a suitable comparison group is determined, measures should be checked for internal reliability (using a statistic such as Cronbach's α) to see how coherent the measure of well-being or protection or whatever you need to measure is.

More advanced statistical tests: Once you are comfortable with the comparison and intervention groups, it is time to make determinations of whether observed differences between groups may have happened by chance or have followed as a result of CFS programming. This stage may require some expertise in statistics and should be planned for in the design phase to ensure that appropriate resources and time are allotted for the process.

Before running multiple statistical tests, a hypothesis that indicates the direction of change for each measure should be formed, including what likely factors may affect different outcome areas. Running speculative analyses to 'trawl' for associations is not recommended. Instead, careful thought should be given to proposed outcome areas targeted by the evaluation and the tests required to determine differences between groups. Statistical analyses can then be used to explore these differences, most straightforwardly by comparing the mean score on each measure of those children who participated in CFS with those who did not.

Triangulation: Qualitative data can bring clarity and depth to trends demonstrated through quantitative data. It can provide helpful insight into why patterns are found and how they are connected within the broader context.

Interpretation: The interpretation phase allows the practitioners to determine whether the objectives of the programme were ultimately met and if there were any factors that supported or prevented obtaining successful outcomes. Often, interpretation may not be so clear-cut, with effects denoted in some outcome

areas and not others or among some groups but not all groups. Careful attention must be paid to portraying results unbiasedly, as often we tend to focus on positive findings. However, acknowledging disappointing findings and how they are linked within the broader work can provide a basis for key changes in the programme and more informed decisions for improving future work that will benefit children and communities alike. Providing a feedback loop for children, caregivers and the community to validate findings is critical to any evaluation. Often this component is left out of the evaluation process due to lack of resources or time, but it is critical to understanding linkages and future programming efforts within the community. It is also a critical component of accountability to communities.

Reporting: The reporting phase is essentially bringing it all together in a clear and concise format that can be made available to the broader practitioner community. Presentation of findings should follow clear logical pathways that describe whether the programme objectives were met or not met, and it should provide recommendations to strengthen programming in the future. Presenting this in a form that is clearly understandable also encourages discussions with programme beneficiaries and agency staff involved in delivering the evaluated intervention. Alternative versions of the report may be required to reflect the needs of different audiences regarding findings.

6. Sample tools for evaluation of CFS outcomes

This section gives details of a number of the specific tools used in the course of the multi-country CFS evaluation, particularly regarding to the measurement of outcomes.

6.1 Decision-making guide for the selection of measures related to mental health and psychosocial well-being outcomes

Key objectives

- To help practitioners and evaluators make decisions about which measures to select to evaluate mental health and psychosocial well-being outcomes for children.

Key steps

- Use the decision-making tool (in figure below), which outlines a series of questions that need to be considered when selecting measures. Go through these questions and decide if you will a) use or adapt an existing measure or b) design a local measure.
- If you are using or adapting an existing measure, look at the list of 48 tools related to mental health and psychosocial well-being outcomes provided in the *Compendium of Tools*.¹⁴ Decide if any of these match with what you want to measure in your evaluation. If they do, contact the author to ask permission to adapt and/or use the measure.

Comments on the usefulness of the tool

It is very useful to help you decide if you can adapt an existing measure or whether you should develop a local measure. The list of tools in the Compendium is also very helpful for a quick understanding of what already exists.

¹⁴ Robinson, Metzler and Ager, (2014).

6.2 Emergency Developmental Assets Profile (EmDAP)

Key objectives

- To measure children's internal assets (positive values, social competencies, positive identity, commitment to learning) and external assets (support, empowerment, constructive use of time, boundaries and expectations). These developmental assets help support healthy behaviours and well-being that allow children to develop and thrive into adulthood.
- Search Institute and World Vision International collaborated in 2011 to pilot a brief 10-item version (B-DAP) of the institute's original 58-item Developmental Assets Profile to help assess the developmental condition of children affected by emergencies around the world. This work has led to the formulation of a 13-item Emergency Development Assets Profile (EmDAP). The tool uses a Likert scale and is designed for children 12–18 years of age.

Key steps

- The DAP and EmDAP are proprietary materials of the Search Institute. If you are interested in using these measures, you should contact the Search Institute regarding conditions of use. World Vision has a collaborative agreement with the Search Institute regarding the use of the DAP and EmDAP for World Vision programming and evaluations.

Comments on the usefulness of the tool

The EmDAP has been developed based upon the Search Institute's conceptual model of developmental assets and extensive collaborative fieldwork with World Vision. It is potentially a valuable tool to assess the availability of internal and external assets likely to support children's development. As the measure includes assessment of internal assets like motivation and hope, it requires completion by children themselves rather than by caregivers. It showed acceptable reliability across a range of settings where it was used for the multi-country CFS evaluation.

For more information on the conditions of use, visit: <http://www.search-institute.org/research/developmental-assets>

For information on World Vision's collaborative agreement with Search Institute regarding EmDAP, visit: <http://www.wvdevelopment.org/>

6.3 Middle East Psychosocial Questionnaire

Key objectives

- To measure two aspects of children's psychosocial well-being:
 - Child resilience (including performance in school, problem-solving abilities and peer relationships)
 - Children's troubling thoughts and feelings (including sense of safety, troubles with sleeping, and expression of anger and worry)
- This measure of psychosocial well-being was locally developed by an inter-agency consortium led by UNICEF and Columbia University and first used among Palestinian children living in West Bank and Gaza in 2011.*

Key steps

Items were validated with Palestinian populations as part of a larger survey. Extract questions related to resilience (positive coping) and/or troubling thoughts and feelings, if these are coherent with the goals of programming.

Comments on the usefulness of the tool

For studies in the Middle East, this questionnaire is attractive because of its development from ethnographic research with children and caregivers in Palestine. However, the reliability of the measures (i.e. the extent to which items appear to relate to a shared concept such as 'resilience' or 'troubling thoughts and feelings') is often low, which makes it problematic to draw firm conclusions about change. Outside of the Middle East, other measures are likely to be more effective. If used within the Middle East, examination of the reliability of the scales (by completing a statistical analysis of their internal consistency) is strongly recommended before including data in analyses.

For more information, visit: http://www.unicef.org/oPt/FINAL_OPT_psychosocial_evaluation.pdf.

* An adapted version of the questionnaire is used for Save the Children's Child Resilience Programme, focused on five indicators: self-esteem, engagement in home, engagement in school, social relations and problem solving. For more information, visit: <http://resourcecentre.savethechildren.se/library/childrens-resilience-programme-psychosocial-support-and-out-schools-facilitator-handbook-2>.

6.4 Arab Youth Mental Health Scale

Key objectives

- To screen for depression and anxiety systems among adolescents. This locally derived measure was developed in Lebanon by the American University of Beirut.

Key steps

Use as a 'stand-alone' measure of youth mental health and well-being or add as part of a larger survey.

Comments on the usefulness of the tool

This measure was developed by a team at American University of Beirut School of Public Health. It has been validated as a measure with reasonable effectiveness as a means to identify youth with levels of depression and anxiety associated with a diagnosable mental disorder. It has also proved a very reliable measure with high degrees of internal consistency across most contexts in the Middle East where it was used for the multi-country CFS evaluation. The items make it potentially of wider geographical relevance, but it is clearly best suited to studies in the Middle East.

For more information, contact Jihad Makhoul, Dr.PH., Faculty of Health Sciences, American University of Beirut, PO Box 11-0236, Riad El-Solh Beirut 1107 2020, Lebanon; email: jm04@aub.edu.lb.

6.5 Psychosocial Well-being (Uganda/DRC)

Key objectives

- To measure various outcome areas related to social and emotional well-being of children including engagement at home, at school and in the community; social relations; problem-solving skills and behaviours; self-esteem; and the reduction in troubling thoughts and feelings.
- This locally derived measure of psychosocial well-being is based upon indicators of psychosocial well-being suggested by extensive ethnographic fieldwork in Uganda (CPC, 2011).

Key steps

- Use these items as a basis for a section of a survey on general assessment of psychosocial well-being, adjusting language as appropriate. In central and east Africa, there may be value in retaining items as close to the originals as possible for comparison purposes. However, in most contexts the items are best used for illustrating the sorts of concerns articulated by children themselves when given the opportunity to share what influences their personal sense of well-being.

Comments on the usefulness of the tool

This measure provided some useful insight into factors shaping children's understanding of well-being in the Uganda study within the multi-country CFS evaluation series (although participants were from neighbouring DRC). It is principally included here as an example of a brief tool that can be developed on the basis of local exploration of understandings of concepts of well-being, wellness or mental health.

For more information, visit the CPC Learning Network website at <http://www.cpcnetwork.org/>.

6.6 Strengths and Difficulties Questionnaire (SDQ)

Key objectives

- To measure child well-being
- The SDQ is a well-established tool looking at 25 positive and negative behavioural attributes. The SDQ indicates both the difficulties experienced by children and their demonstration of pro-social behaviour.

Key steps

- Download the survey from the SDQ info site listed below. Ensure that use is within the conditions specified on the site.

Comments on the usefulness of the tool

This is a widely used tool of proven reliability and validity in many contexts. However, it is not licensed for electronic use and thus cannot be used as part of a longer survey administered by smartphone or tablet. This is the major reason that it was not used in the multi-country CFS evaluation after the first Ethiopia study. The tool is available in over 70 languages and copyrighted for use. If there is not a language version available for the context in which you are working, you may approach the publishers to discuss the process of securing a licensed translation. This process is likely to take several months, however, so is a viable option only in settings in which there is a prospect for recurrent use of outcome measures over an extended period.

For more information, visit: <http://www.sdqinfo.org/>.

6.7 Child Protection Rapid Assessment (CPRA)

Key objectives

- To rapidly identify the pressing protection needs of children and their prioritisation for programmatic response

Key steps

- Either use the full CPRA measure or select questions of particular relevance of the context and programme. For CFS programming, key questions are likely to be around protection risks, caregiver stresses, knowledge and access of reporting mechanisms and services, etc. The CPRA manual and training provides explicit guidance on the adaptation of the tool to specific circumstances.

Comments on the usefulness of the tool

The Child Protection Rapid Assessment is an inter-agency tool designed for use following the rapid onset of an emergency. This is becoming the 'gold standard' for questions around child protection issues, so it is generally worth including in evaluation surveys. The tool's flexibility and multiple response options can make management and analysis of information challenging.

The CPRA is free to download, but the CPWG requests the practitioner register and be guided in the process of administration. For more information, download the CPRA training toolkit at:

<http://cpwg.net/resources/child-protection-rapid-assessment-training-package-2014-zip-78mb/>.

7. References

- Ager, A., W. Ager, V. Stavrou and N. Boothby, (2011).** Inter-Agency Guide to the Evaluation of Psychosocial Programming in Emergencies. New York: UNICEF.
- Ager, A., J., Metzler, M. Vojta and K. Savage, (2013).** Child Friendly Spaces: A Systematic Review of the Current Evidence-Base on Outcomes and Impact. *Intervention* 11(2): 133–47.
- Ager, A., S. Robinson and J. Metzler, (2014).** Methodologies and Tools for Measuring Mental Health and Psychosocial Wellbeing of Children in Humanitarian Contexts: Report of a Mapping Exercise for the Child Protection Working Group (CPWG) and Mental Health & Psychosocial Support (MHPSS) Reference Group. New York: Columbia University, Columbia Group for Children in Adversity and Child Protection in Crisis (CPC) Network.
- Eyber, C., K. Bermudez, M. Vojta, K. Savage. and G. Bengheya, (2014)** Evaluating the Effectiveness of Child Friendly Spaces in IDP Camps in Eastern DRC: Goma Field Study Summary Report. World Vision and Queen Margaret University, Edinburgh.
- Global Protection Cluster, Global Education Cluster, INEE and IASC, (2011).** Guidelines for Child Friendly Spaces in Emergencies.
- Landis, D., K. Williamson, D. Fry and L. Stark, (2013).** Measuring Violence against Children in Humanitarian Settings: A scoping exercise of methods and tools. New York and London: Child Protection in Crisis (CPC) Network and Save the Children UK.
- Lilley, S., A. Atrooshi, J. Metzler and A. Ager, (2014).** Evaluation of Child Friendly Spaces: Iraq Field Study Report – A Save the Children Implemented CFS in Domiz Refugee Camp. World Vision International, Save the Children and Columbia University Mailman School of Public Health.
- Robinson, S., J. Metzler and A. Ager. (2014).** A Compendium of Tools for the Assessment of the Mental Health and Psychosocial Wellbeing of Children in the Context of Humanitarian Emergencies. New York: Columbia University, Columbia Group for Children in Adversity and Child Protection in Crisis (CPC) Network.
- Metzler, J., A. Atrooshi, E. Khudeda, D. Ali and A. Ager., (2014).** Evaluation of Child Friendly Spaces: Iraq Field Study Report – A MoLSA-Implemented CFS in Domiz Refugee Camp. World Vision International and Columbia University Mailman School of Public Health.
- Metzler, J., M. Ishaq, S. Hermosilla, E. Mumba and A. Ager., (2015).** Jordan Field Study Report: A CFS Implemented by World Vision and Partners in Zarqa, Jordan. World Vision and Columbia University Mailman School of Public Health.
- Metzler, J., R. Kaijuka, M. Vojta, K. Savage, M. Yamano, A. Schafer, G. Yu, G. Ebulu and A. Ager., (2013).** Evaluation of Child Friendly Spaces: Uganda Field Study Summary Report. World Vision International & Columbia University Mailman School of Public Health.
- Metzler, J., K. Savage, M. Vojta, M. Yamano, A. Schafer and A. Ager, (2013).** Evaluation of Child Friendly Spaces: Ethiopia Field Study Summary Report. World Vision International & Columbia University Mailman School of Public Health.
- Save the Children, (2008).** Child Friendly Spaces in Emergencies: A Handbook for Save the Children Staff. London: Save the Children.
- World Vision International, (2006).** Children in Emergencies Manual. Geneva: WWI.

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For more information please visit: www.wvi.org/global-engagement/article/child-friendly-spaces-research-collaboration



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