

Child-Friendly Spaces Toolkit



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OVERVIEW



Child-Friendly Spaces Toolkit Overview

The Purpose of This Toolkit

This toolkit is designed to provide practical guidance that primarily focuses on ready-made tools for field staff when implementing Child-Friendly Spaces (CFSs). The toolkit is focused on improving CFS program quality through:

1. Capitalizing on community mobilization and families as the main nucleus for CFS implementation.
2. Addressing child protection needs and priorities of affected communities.
3. Strengthening youth engagement in program implementation.
4. Improving the quality of the program during emergencies and recovery phases.
5. Delivering non-structured and structured psychosocial activities for children.



Who can use this toolkit?

This toolkit is designed primarily for frontliners who work as ChildFund staff or through implementing partners (IPs). Program management should closely review this guide and develop a work plan that addresses the various sections while allowing senior management within country offices to disseminate this toolkit to their needs. Country offices should have a work plan with clear milestones before training staff on implementation.

How to use this toolkit?

This toolkit is divided into nine (9) steps that support implementation of high-quality Child-Friendly Spaces. Each component includes a list of activities that staff may consider during pre-positioning and implementation phases, a list of input indicators to monitor implementation, as well as tools that support swift implementation during emergencies.

In this Toolkit

Step 1: Planning for CFS

Strategies to consider before implementing a Child-Friendly Space in a community during or after an emergency.

Step 2: Community Engagement and Mobilization

Considerations for involving the community in mobilizing around setting up a CFS, including engaging marginalized and vulnerable groups.

Step 3: CFS Structure and Safety

How to set up a safe, secure and sustainable CFS in a community.

Step 4: Staff Recruitment and Capacity Building

Recruitment guidelines for building a staff comprised of trained personnel from the organization and from within the community.

Step 5: Child Protection Linked to CFS

How to prioritize child protection concerns in all aspects of the CFS, and how to handle and report issues if and when they arise.

Step 6: Outreach Program

When and how to reach the most vulnerable and excluded children, so that they may be able to access and benefit from the CFS.



In this Toolkit, cont.

Step 7: Psychosocial Package

An introduction to psychosocial support and psychological first aid that may need to be administered in a CFS setting for some children.

Step 8: Monitoring and Evaluation Component

Guidelines for how to monitor and continually evaluate the CFS and its benefits for children, from set up to transition/exit.

Step 9: CFS Transition to the Community and Exit

Thoughtful ways to transition the CFS to the community, or close down the space as appropriate.

Appendix A

Alignment with CPMS Standard 15 Checklist

Appendix B

Thematic Community Messages and Strategies for Outreach

Appendix C

Child Protection Rapid Assessment

Appendix D

CFS Program Implementation Checklist

Please note that it IS NOT required to use all nine (9) steps included in this toolkit for a successful CFS implementation. Rather, ChildFund recommends that teams start small and expand based on the child protection and community needs. Each component in the toolkit is designed to be implemented separately or collectively, depending on the design of the CFS and the needs of local community members and children.

Successful CFS Parameters

- Children's and youth's physical, intellectual, emotional, and development needs are addressed in an age-appropriate way.
- Social relationships are positive and supportive, offer roles and tasks assigned to youth, and are considered within the context of the community, culture and traditions.
- Community members and children/youth have access and/or are linked to economic and environmental resources.

When and Why to Establish a CFS

A CFS is not the only intervention that can be implemented during an emergency, and it is not suitable for all emergencies (check the list in this section before deciding to implement a CFS). However, a CFS is usually a successful strategy when it:

- Offers immediate protection and security for children through the provision of safe, adequately supervised spaces for them to gather and engage in normalizing activities.
- Promotes in children healthy development and recovery from stressful events associated with the emergency.
- Mobilizes the community to organize and act on behalf of their children.

An important theme throughout this toolkit is community mobilization, as it engages communities to identify and take action to reduce harm against children during emergency situations. It is important to note that CFS should not duplicate other services nor replace any community strategies already in place.





Alignment with Child Protection Minimum Standards (CPMS) Standard 15

Standard 15: Group activities for child well-being

Children are supported through access to group-based, planned activities that (a) promote protection, well-being and learning and (b) are delivered in safe, inclusive and contextually age-appropriate approaches.¹

This toolkit aligns with Standard 15 by providing the following:

- **Step 2 Community Engagement & Mobilization:** Provides teams with easy tools to engage community members in selecting a CFS location, and involving them with designing CFS activities.
- **Step 6 Child Protection:** Supports teams in training facilitators on Child Safeguarding, developing child-friendly materials on Child Safeguarding, and providing training for safely identifying and referring child protection cases.
- **Step 7 Psychosocial Package:** Guides teams in developing an activity plan that includes non-structured, recreational activities drawing from communities' resources, and implementing age-appropriate structured psychosocial interventions.
- **Step 8 Monitoring and Evaluation:** Outlines how to set up an ongoing monitoring system that includes child registration, and regular attendance, activity and referral records. Provides guidance on how to register children (without duplication), including obtaining their consent or assent forms; and involving communities and children in monitoring activities.
- **Step 9 CFS Transition to Community and Exit:** Provides guidance on how and when to phase out of the community by using tools to support community members with organizing resources if they choose to keep the CFS activities.

Refer to Appendix A: Alignment with Child Protection Minimum Standards 15 checklist

¹ The Alliance for Child Protection in Humanitarian Action (ACPHA) (2019), Minimum Standards for Child Protection in Humanitarian Action, 2019 Edition. https://alliancecpa.org/en/system/tdf/library/attachments/cpms_2019_final_en.pdf?file=1&type=nod

Overall Objective of the CFS:

Child-Friendly Spaces are nurturing environments created within a community for children to play, learn and relax in a safe space. A CFS may also offer psychosocial and educational support to help children regain a sense of normalcy under otherwise difficult or chaotic circumstances. CFSs are participatory in nature, often established in familiar and existing spaces in the community, and may serve specific age groups or a range of ages.¹

A CFS is more than a place for games and recreation, it is an approach for supporting children and youth to achieve their full physical, cognitive, social, and emotional development within an emergency context. It can also act as a platform to mobilize affected communities to protect and support its children, youth and their families through recovery activities.

Integrated services are offered, including psychological first aid (PFA), non-structured psychosocial interventions, and life-skills; as well as referral to child protection, specialized mental health, education and immediate life-saving services within one space. Activities also include regular community awareness raising sessions to address child protection issues (see Appendix B: Thematic Community Messages and Strategies).

The CFS approach focuses on reaching vulnerable and excluded children through outreach activities that mobilize facilitators into the most remote areas within communities. ChildFund's emphasis on involving communities in the planning stage ensures the transfer of assets and knowledge after exiting communities.

Key considerations to decide if a CFS is needed:

- Community has been severely affected by an emergency or crisis.
- Basic needs of food, shelter and water are being addressed through ChildFund or other agencies within the area.
- CFS would not be used as a distribution center.
- CFS operations would not compete with school hours and activities, if the education system is functioning.

¹ Save the Children, Child-Friendly Spaces in Emergencies: A Handbook for Save the Children Staff (2008). Available at: <https://www.savethechildren.org/content/dam/global/reports/education-and-child-protection/cfs-handbook-08.pdf>

STEP 1: PLANNING FOR CHILD-FRIENDLY SPACES



STEP 1: Planning for Child-Friendly Spaces

IN THIS SECTION

Pg. 14 **Guiding Note On Key Considerations For Coordination With Government, Community, UN And INGOs**

A guiding note for coordination with governments, partners, UN, and INGOs.

Pg. 16 **Needs Assessment: Child Protection In Humanitarian Response**

A rapid needs analysis tool (available for staff in Excel on ChildFund's Sharepoint site). The tool should complement government assessment tool(s) and be verified by Child Protection Rapid Assessment (CPRA), initiated by the UN Cluster System.

Pg. 17 **Checklist For Senior Management Teams To Support CFS's Site Logistics And Planning**

Guiding note and checklist to mobilize support from administrative team, HR, and finance to ensure swift implementation.

Pg. 20 **Step-by-step summary for initiating CFSs in the field**

A summary of steps needed to initiate CFSs in the field during the onset of an emergency.

Pg. 24 **Detailed Activities For Initiating CFs In The Field**

A checklist to support SMT and program teams when developing and monitoring an action plan for CFS implementation.



GUIDING NOTE ON THE KEY CONSIDERATIONS FOR COORDINATION WITH GOVERNMENT, UN AND INGOs

A QUICK CHECKLIST FOR COORDINATION

- Coordinate with government and other organizations
- Government and national authorities
- Protection cluster and child protection coordinating groups
- UNICEF and UNHCR/OCHA

Consultation and coordination between the community, the relevant authorities, and with other agencies working in the area, before setting up a Child-Friendly Space (CFS), are key aspects to its successful implementation. An important starting point is to identify the needs from child protection coordination groups or working groups. If the cluster system is not activated, consult national authority representatives, UNICEF, UNHCR, or other active INGOs. It is highly important to work within the national coordination systems led by government or UN systems. ChildFund must actively participate in the relevant working groups set up at national, regional, and local levels before initiating any Child Protection in Emergency (CPIE) interventions.



Key assessment questions for government, UN, and INGOs:

- Are there relevant government or UN policies related to support of children that need to be taken into consideration?
- Is there common psychosocial support guidance or a Standard Operating Procedure (SOP) for CFSs?
- Are there Guidance Notes or SOPs defined by protection cluster or child protection coordination groups?
- Is there an existing coordination mechanism for community
- Are other INGOs working on CFS programs? If so, what areas do they cover? What gaps could you fill?
- What is the coordination mechanism between schools/ education services and the CFS?

NEEDS ASSESSMENT: CHILD PROTECTION IN HUMANITARIAN RESPONSE

Objective :

This Child Protection Rapid Assessment tool objective is to provide a snapshot of urgent child protection related needs among the affected population during the recovery phases of an emergency. Information gathered during this process can support country offices in developing more comprehensive child protection response strategies, including but not limited to implementation of a CFS intervention.

This tool should support country offices in assessing the impacts of the emergency on children and communities and to identify opportunities for impactful child protection program inventions.

This rapid assessment should not be confused with nor take the place of more comprehensive assessments or other country-led response and coordination initiatives.

Time: To be finalized in 1-2 weeks

Frequency: 1st week during onset of an emergency and every following quarter, if needed

Steps:

1. Data can be gathered from secondary sources, anecdotal evidence, team observations, families and children, and others.
2. This information is essential in order to determine child protection issues post-emergencies, and to assist country teams in planning child protection focused intervention(s) and activities linked to CFSs.
3. This may include gaps in services that need to be addressed to complement CFS intervention.
4. The questions are based on Child Protection Minimum Standards guidance and Child Protection Rapid Assessment guidance and tools.
5. The questions are grouped based on child protection standards and may not all be relevant to each emergency context.
6. Country offices may select the most relevant questions to their contexts and add other information they deem appropriate.
7. The Child Protection Rapid Assessment manual and training provides explicit guidance on the adaptation of the tool to specific circumstances¹.

Refer to Appendix C: Child Protection Rapid Assessment Tool for ChildFund International Child Protection Programs in Emergencies. Excel files are on ChildFund's SharePoint site: <https://childfundintl.sharepoint.com/sites/programs/EVPOffice/EmergencyMgmtUnit/cfs/SitePages/Child-Friendly-Spaces.aspx>.

¹ The Child Protection Rapid Assessment (CPRA) is an interagency tool designed for use following the rapid onset of an emergency. The CPRA is free to download at: <https://resourcecentre.savethechildren.net/library/child-protection-rapid-assessment-toolkit>

CHECKLIST FOR SENIOR MANAGEMENT TEAMS TO SUPPORT CFS'S SITE LOGISTICS AND PLANNING

Objective

This checklist is designed to support senior management teams (SMTs) during the decision-making process for CFS intervention in targeted locations. The checklist should guide SMT and in-country emergency teams working with finance and administration departments to take all necessary actions to ensure swift CFS implementation.

Time: To be discussed in SMT meetings

Frequency: Once before deciding on CFS implementation

Steps:

- The SMT should discuss this tool to assist the team in making a decision on implementing a CFS intervention.
- The tool will assist the SMT in discussing and assessing the situation with specialists and field staff.
- The proposed questions can be discussed remotely via internet platforms or/and phone, with program teams located in the field to ensure that team members are swiftly responding.

Access to Excel files are found on ChildFund's SharePoint site: <https://childfundintl.sharepoint.com/sites/programs/EVPOffice/EmergencyMgmtUnit/cfs/SitePages/Child-Friendly-Spaces.aspx>



| No. | Details | Yes | No | Remarks |
|-----|--|-----|----|---------|
| 1 | Have the logistics department and/or supply office been asked for program plan costs and implementation time frames? | | | |
| 2 | Is there adequate logistics/supply capacity to provide sites, tents or temporary structures in the time frame proposed? | | | |
| 3 | Is there a material procurement requirement, and if so, is there a plan and budget in place? Can we meet quality standards in the given time frame? | | | |
| | <input type="checkbox"/> Program supplies (e.g. toy kits or education materials) | | | |
| | <input type="checkbox"/> Structure supplies (e.g. tents, roofing or fencing materials) | | | |
| 4 | <input type="checkbox"/> Site health and safety supplies (e.g. signs, water filters, soap) | | | |
| | Are there adequate provisions planned and budgeted for at the site for safe water supply, soap and latrine facilities (as per Infrastructure Standards)? | | | |
| | <input type="checkbox"/> If a water supply system is required, design is safe and has capacity | | | |
| 5 | <input type="checkbox"/> If latrines are required to be built, design is safe and has capacity | | | |
| | <input type="checkbox"/> Consumable health and sanitation supplies are provided | | | |
| 5 | Is there an adequate plan and budget for safety and security? | | | |
| | • Guards (with CP training and reference checks) | | | |
| | • Fire extinguisher and first aid kits | | | |
| | • External fencing | | | |
| | • Shade | | | |
| | • Safe lighting and electricity supply (if available) or solar lighting | | | |
| | • Cleaning materials for site and toys/ equipment | | | |
| | • Safe cooking devices | | | |
| | • Lockable storage | | | |

| No. | Details | Yes | No | Remarks |
|--|---|-----|----|---------|
| 6 | Is there an appropriate plan in place for implementing tents? Consider the following: | | | |
| | <ul style="list-style-type: none"> Source appropriate quality tents and record donations. | | | |
| | <ul style="list-style-type: none"> Import tents from emergency stocks, considering both local and national and internal storage and transportation implications. | | | |
| | <ul style="list-style-type: none"> Consider climate and changing seasons including temperature, potential for flooding, etc. Create a plan for protecting the tents adequately with shade netting, raised flooring and plastic sheeting over the canvas. | | | |
| 7 | Is there an appropriate plan in place for building temporary structures? Consider the following: | | | |
| | <input type="checkbox"/> Design drawings and bill of quantities must be approved by the appropriately qualified specialist, program adviser and logistics/supply officer. | | | |
| | <input type="checkbox"/> Plan and budget for the procurement and delivery of suitable materials to the site within a realistic timeframe. | | | |
| | <input type="checkbox"/> Follow donor procurement processes and tendering requirements as required. | | | |
| <input type="checkbox"/> Plan for the management, time frame and cost of labor teams to clear site and build structures. | | | | |
| 8 | Staff and volunteer recruitment: Have TORs been submitted for staff and volunteers needed to run CFS? | | | |
| | <input type="checkbox"/> A dedicated staff member from HR will be deployed to hire staff and volunteers. | | | |
| | <input type="checkbox"/> HR will conduct one-day session on Code of Conduct and ensure that all newly recruited staff sig code of conduct and reporting mechanisms. | | | |

STEP-BY-STEP SUMMARY FOR INITIATING CHILD-FRIENDLY SPACES IN THE FIELD

Coordination and assessment

1. Introduce ChildFund to the camp management/host communities (use tools developed).
2. Collect estimated data on the number of school-aged children. This step should complement the initial CPiE Assessment.
3. Confirm with the camp management/protection community that there is a need for a CFS.

Staff and volunteer recruitment

1. Announce volunteer teacher and recreational facilitators recruitment in the camp/host community by posting the selection criteria, and the interview date and location.
2. Once the facilitator selection is completed, send the list of names and birth dates to government or UN for security clearance (if required).
3. Organize a meeting or workshop with facilitators to explain their duties and ChildFund rules.
4. Distribute contracts, job descriptions and the Code of Conduct (CoC) with staff and volunteers.
5. Read and discuss the CoC to make sure everyone understands and agrees.
6. Ask staff and volunteers to sign the CoC and the contract.
7. Identify one person in the camp who has previously worked as a teacher or school principal, and who has good management skills, to be the CFS monitor.
8. Ask the CFS monitor to read and sign the job description, CoC and contract.

Infrastructure setup *(Refer to Infrastructure Standards)*

1. Coordinate with WASH team or consultant to draft layout of the CFS.

2. Each CFS should have at minimum:

- 5 to 10 tents with concrete slabs, 28ft x 18ft (8.5m x 5.5m) per tent
- A distance of at least 20in (50 cm) between tents
- Access to latrine(s)
- Access to water (hand washing station)
- A fence with a gate
- Easy access for children with disabilities

3. School furniture per classroom

- 25 school benches (max per tent)
- 1 teacher desk
- 1 teacher chair
- 1 cabinet
- 1 white board

4. Other items

- Furniture and equipment for recreational tent
- 1 mattress
- Triangle shapes for special needs
- 1 ball swimming pool
- Carpets
- 2 wooden boxes

Materials

STUDENT KIT (To be distributed after a few weeks)

| Description of items | Quantity |
|--|----------|
| Backpack | 1 |
| Exercise book, ruled, 50 pages | 1 |
| Notebook, ruled, 50/100 pages | 6/4 |
| Drawing book | 1 |
| Pencil sharpeners | 1 |
| No. 2 pencils | 3 |
| Multi-colored pack of 10 to 12 pencils | 1 |
| Eraser | 1 |
| Pens, ball point, black/blue | 4 |
| 12 in ruler | 1 |

TEACHER KIT

| Description of items | Quantity |
|--|----------|
| Ledger | 1 |
| Notebook | 3 |
| Pens, ball point, black/blue | 4 |
| Eraser | 1 |
| Pencil sharpeners | 1 |
| No. 2 pencils | 3 |
| Multi-colored pack of 10 to 12 pencils | 1 |
| Box of markers | 2 |

CFS KIT

| Description of items | Quantity |
|----------------------|----------|
| Clock | 1 |
| Broom | 1/class |
| Dust pan | 1/class |
| Dust bin | 1/class |
| Map of location | 1 |
| Flash cards | 3 |

RECREATIONAL KIT

| Description of items | Quantity |
|--------------------------------|----------|
| Soccer ball | 1 |
| Volleyball ball | 3 |
| Volleyball net | 4 |
| Pumps | 1 |
| Skipping rope | 1 |
| Puzzles | 3 |
| Ludo | 1 |
| Rubber horses | 2 |
| Cars | |
| Trucks | |
| Cubes (100 pcs) | |
| Plastic ball, small | |
| Plastic ball, medium | |
| Reams A4 white paper | |
| Reams A3 poster sheets | |
| Play dough (5 jars and shapes) | |

| Description of items | Quantity |
|--|----------|
| Construction paper (pack of 10 colors) | 1 |
| Oil pastels (box of 24) | 3 |
| Colored pencils (box 36) | 4 |
| Colored markers | 1 |
| Watercolor paints | 1 |
| Scissors (children) | 3 |
| Scissors (adult) | 1 |
| Glue sticks | 2 |
| Super glue | |

Children's Enrollment

1. Prepare forms for registration.
2. Train the CFS monitors on how to fill in the forms.
3. Instruct CFS monitor/facilitators to organize the registration, using a door-to-door approach.
4. Enter all the registration data into the database.

Monitoring and Evaluation

1. Decide on which monitoring tools to use.
2. Distribute them to the team members and train them how to fill them in.
3. Set up a system for the monitoring data coordinator to collect the monitoring tools, for entering and storing data, and for regular reporting to the team.
4. Appoint a monitoring data coordinator and train them.
5. Appoint an evaluation expert to help the team decide what impacts are to be measured. This expert should then develop an impact evaluation plan which should begin with a collection of qualitative and quantitative baseline data on the impacts you have chosen to measure (see Appendix C).

Time Tables

1. Establish a learning timetable including preschool, special needs and all grades.
2. Establish a recreational timetable, including age- and gender-specific activities.

Training

1. Schedule CFS materials training for learning facilitators over the course of 6 days, including the pre- and post-tests.
2. Schedule recreational activities training for recreational facilitators over the course of 2 days, including the pre- and post-tests.
3. Provide child protection training to CFS leaders and head of teachers.



DETAILED ACTIVITIES FOR INITIATING CFS IN THE FIELD

Objective:

This is a summary of detailed activities designed to support program teams at the country level to plan an initiate quality CFS programs.

Time: Varies on the situation in field

Frequency: At the beginning of implementation and every two weeks to complete appropriate activities

Steps:

- Managers can use the list of activities to plan actions and seek funding when a program starts to plan actions when a program starts – aiming to have each of the items in the list completed means you are aiming for quality.
- Program staff including managers and specialists may use the checklist at the beginning of implementation for planning purposes and again a month or two later to check early implementation

Users: Senior management and Child Protection Specialists at the country level.

Data collection method: It is recommended that data is collected during a field visit to the CFS.

Tool: Refer to **Appendix D**—Planning Checklist for Initiating Child-Friendly Spaces in the Field

Access to Excel files are found on ChildFund's SharePoint site: <https://childfundintl.sharepoint.com/sites/programs/EVPOffice/EmergencyMgmtUnit/cfs/SitePages/Child-Friendly-Spaces.aspx>

Step 1: Planning for CFS Implementation

- Child protection needs analysis is conducted and provided to senior management.
- Team conducted coordination meeting with government, UN and INGOs to define priorities and target locations.
- Logistics and administration needs are defined and addressed by SMT.
- Step 2: Community Engagement & Mobilization
- Community members are aware and understand the function of the CFS, and have been informed of the benefits and availability of the safe space for children/youth.
- Community members, including women and children, are involved in determining site location.
- Parents and community members are involved in activities/events/awareness at the CFS at least once every 2 months.
- Community members, caregivers and parents are consulted on the CFS's schedule and activities that will be carried on inside CFSs.
- Explain to community members that the CFS will build on local resources including recruiting from staff and volunteers from the communities.
- Ensure child participation in activity design, site selection and in identifying child protection needs in the community.

Step 2: Community Engagement & Mobilization

- Community members are aware and understand the function of the CFS, and have been informed of the benefits and availability of the safe space for children/youth.
- Community members, including women and children, are involved in determining site location.
- Parents and community members are involved in activities/events/awareness at the CFS at least once every 2 months.
- Community members, caregivers and parents are consulted on the CFS's schedule and activities that will be carried on inside CFSs.
- Explain to community members that the CFS will build on local resources including recruiting from staff and volunteers from the communities.
- Ensure child participation in activity design, site selection and in identifying child protection needs in the community.
- Community involvement should also be encouraged through activities such as toy making and inviting older mothers, grandmothers and elders to the center to sing songs and tell stories to young children.
- Train community members on Safe Identification and Referral of Child Protection Cases. Training may include the following topics: child development, children at risk, and referral pathways available at the community level.

Step 3: Adolescent & Youth Participation and Protection

- Youth are invited to offer supervised mentor support for younger children as appropriate, and are provided with guidance on mentorship.
- Education materials are displayed and available for youth to take away.
- Confidential access to menstrual hygiene products are available for adolescent girls.
- Youth are trained in outreach to other youth in the service area.
- If space is for all ages, youth are provided specific times and an activities schedule for their age range. Consider age of adolescents and youth that may access the space – early adolescence (10 to 14 years), middle adolescence (15 to 19 years), and late adolescence (20 to 24 years) and adapt activities and interventions as necessary.
- Adolescents are educated by CFS staff, volunteers, or others in the community on how to report child protection concerns, problems, and violations
- of their rights, in consideration of agency and confidentiality needs depending on their age group.

Step 4: CFS Structure and Safety

This section should be considered if a CFS structure will be implemented during a recovery phase and/or in a protracted emergency. CFS structures post-emergency may be delivered through mobile activities, within community space and/or tents.

- Site selection is done in partnership with SMT and community members. The team may consider forming a committee from community leaders, inclusive of women and children, for site selection.
- The site selected adheres to Level 2 of the “Infrastructure Standards”.
- Site selection correlates to the daily routines of the families and children.
- Basic services such as transportation, electricity, water, and sanitation are readily available.
- Equipment (recreation/art kits/toys) is in good condition, is culturally and age appropriate, and can be securely stored when not in use.

Step 5: Staff Recruitment and Capacity Building

- There is a gender balance of CFS volunteers, and
- volunteers are at least 18 years old.
- The minimum caregiver to child ratio is 2:40 for children under 12, and 2:60 for children over 12.
- All staff and volunteers have signed the Code of Conduct.
- Staff have written agreements stating the hours they agree to work and the salary/incentive they will receive.
- There is at least one volunteer responsible for cleaning/maintenance and one volunteer actively responsible for the safety and security of the CFS and children during working hours .
- Records of all staff and volunteers are kept in an organized manner.
- All staff are subject to a background check.
- Communities and organizations have agreed upon a set of procedures for recruitment (including background checks) and management of volunteers.
- There are at least two qualified, experienced staff/
- volunteers at each CFS during open hours.
- Staff are periodically reviewed, and training needs
- for staff and volunteers are identified.
- Clear grievance procedures are in place for staff members and volunteers.

Step 6: Child Protection Programs Linked to CFS

- The child and family-friendly version of the CFS “Child Safeguarding Policy” is on display in the CFS. It is also explained to families who are given a hand-out. The policy should include:
 - Types of appropriate interactions with children
 - and the banning of any type of physical or
 - verbal abuse.
- Local emergency number.
- A reporting mechanism in case of any abuse.
- Code of Conduct for staff and volunteers is on display at the CFS and handed out to all staff/ volunteers.
- Staff/volunteers are provided with referral pathways to health, nutrition, education services, and psychosocial support in the camp or community.
- Child protection messages are appropriate for children and on display.

Step 7: Outreach Program

- The outreach program has conducted a vulnerability analysis to understand children/youth vulnerabilities in the community.
- A detailed monthly outreach plan is available.
- The outreach team has identified, and meets at least monthly, with the most influential people in the local community.
- All children who participate in outreach activities are recorded in a database and monitored on monthly basis.

Step 8: Community-based Psychosocial Support (PSS) and PSS activities

Refer to Childfund International's Encircle Resources Hub for details on this section

- Activity schedule is prepared in advance of use.
- Activities are available at least two hours per day, three days per week.
- The activities are diverse and suited to different ages, genders, and to children with disabilities.
- CFS coordinates with formal schools, complements them and does not compete with them.
- There is parental involvement in the CFS, such as parenting support groups, parenting information sessions or inter-generational activities.
- There is community involvement in the CFS at least once every three months through open days, events such as netball and football matches, parent committees, parent involvement in life skills or cultural activities.

Step 9: Monitoring CFS Activities

- A record of the children (enrollment/registration and daily attendance) is securely kept, including the child's point of origin, date of first-accessed service, why they came to CFS (if possible), primary caregiver/parent's information, and identification of any special needs.
- Enrollment records of children should be updated every 3 months and kept either electronically and/ or in hard copy files for at least 2 years. All files need to be confidential and should not be shared with any of the staff except the CFS manager. This is in line with the Child Safeguarding Policy.
- Weekly and monthly activity plans for different age groups, and the responsible CFS volunteers are displayed within the CFS. Records of activities should also be kept.

STEP 2: COMMUNITY ENGAGEMENT AND MOBILIZATION



STEP 2: Community Engagement and Mobilization

IN THIS SECTION

- Pg. 31** **Guiding Note On Community Mobilization**
Guiding note with tips and strategies for engaging community members.
- Pg. 33** **Community Mobilization For Cfs In Emergencies**
Guiding note on community mobilization for Child-Friendly Spaces..
- Pg. 36** **Suggested Community Dialogue Script**
Suggested script for communicating with community members.
- Pg. 38** **Guiding Note On Mobilizing Women**
Guiding note with tips and strategies for engaging community women.
- Pg. 40** **Guiding Note On Mobilizing Youth**
Guiding note with tips and strategies for engaging youth.

GUIDING NOTE ON COMMUNITY MOBILIZATION

Each Child-Friendly Space (CFS) should be implemented through the community's own network, people, and resources, as an entry point to prioritizing child protection risks within the community, and for sharing child protection messages with communities, families, children and authorities.

AN IMPORTANT TIP!

In most communities, formal representatives and leaders are usually men, therefore it is important to target efforts to engage women and girls in consultations and decision-making processes, after making necessary consultations with community opinion leaders/gate keepers. This also applies to other vulnerable groups within the community who may be marginalized, such as those with disabilities or affected by HIV and AIDS.

Specifically, in a protracted crises including Internal Displacement (IDP) movements, CFS implementation requires the understanding and consideration of the political context, the addressed population, gender roles, community dynamics, protection risks, concerns, and priorities. Utilizing a child protection contextualized analysis, or ChildFund's Community-Based Child Protection (CPCB) Mapping in Emergencies, can provide a better understanding of the child protection landscape from the communities and from the children themselves.



What is a community?

- Territorial unit of society such as a village, a town, a district, a city or refugee/IDP camp.
- Unit of social organization which can be based around common interests (i.e. the academic community), a shared living situation (i.e. a residential home) or around a territorial unit (i.e. a village or district).
- Type of social interaction typically characterized by:
 - A sense of belonging.
 - A sense of purpose and common goals.
 - A high degree of cooperation and participation in pursuing common goals.
 - An interpersonal climate characterized by mutual respect, a sense of fraternity or fellowship.

Definition of Community Mobilization

- Community mobilization is a process whereby local groups are assisted in clarifying and expressing their needs and objectives, and in taking collective action directed at meeting them.
- It emphasizes the involvement of the people themselves in determining and meeting their own needs. It is closely linked with the concepts of participation and resilience.

Why do we need to work with communities?

- Widespread child protection issues in emergency, transition, and development contexts – CFS mobilizes communities to act on these child protection concerns.
- Inability or unwillingness of governments to protect children.
- Key element in national child protection systems.
- Community action on behalf of children is often more sustainable than NGO-initiated activities.

Advantages of working with communities:

When a community is invited into CFS planning, implementation and monitoring and evaluation (M&E), CFS programs:

- Are more relevant to those beneficiaries' lives.
- Are more contextually appropriate.
- Are more sustainable.
- Can lead to greater mobilization of resources.
- Offer low-cost support for a large number of children.
- Can create preventative action for the future.

COMMUNITY MOBILIZATION FOR CFS IN EMERGENCIES

- The CFS is a tool used in emergencies to provide psychosocial support to children and families.
- Communities are encouraged to facilitate and participate in different activities such as:
 - Sports
 - Arts and crafts
 - Singing and dancing, or other activities children enjoy
 - Awareness raising



Key Activities

Prior to an emergency:

- Be sensitive to local power structures, but ensure all groups are represented, particularly the most marginalized.
- Explain ChildFund's overall mission, and the specific goals of the CFS.
- Ensure that leaders fully understand and support a CFS in their community.
- Discuss potential mentorship opportunities with various groups including men, women, youth and people with disabilities.
- Identify qualified and willing volunteers and staff in the area.
- Make sure there are no imminent protection threats that make it unsafe to set up a CFS.

Post emergency:

- A CFS can play a vital role in connecting communities to available services to support basic needs of children and families. Develop a service map of basic needs including health, psychological first aid, legal assistance, food distribution, and social programs such as cash assistance.
- Ensure children's participation in activity design, site selection and in identifying child protection needs in the community.
- Establish complaint mechanisms to address potential abuse, and raise awareness among community members on proper utilization.
- Encourage community involvement through activities such as toy making and inviting older mothers, grandmothers and elders to the CFS to sing songs and tell stories to young children.
- Build community ownership through in-kind donation of time and services, such as the provision of manpower, building materials, etc.
- Train community members on Safe Identification and Referral of child protection cases. Training may include the following topics: child development, children at risk, and referral pathways available at the community level.

CHECKLIST FOR MANAGING COMMUNITY EXPECTATIONS

- Explain Childfund's approach, programs and the CFS concept.
- Determine the human resources that are required.
- Agree on the role of community members in establishing the CFS.
- Identify the needs and priorities of children in this community.
- Seek consultation with invisible or marginalized groups.
- Support communities in accessing basic needs and other services.
- Encourage community ownership through in-kind contributions

Available Tools for Step 2:

- Suggested Community Dialogue script
- Guidance on how to engage women
- Guidance on how to engage youth

SUGGESTED COMMUNITY DIALOGUE SCRIPT:

1. Introduce the team members attending the meeting. The meeting should be conducted in the local language.
2. Introduce ChildFund, and briefly describe it's history in the area: "ChildFund is an international NGO working in the area for ___ years; and working with _____(mention Local Partner) for ___ years within the community."
3. Explain ChildFund's mission: "ChildFund is a child-focused agency that works together with children and families to create programs that help children grow up well, even in difficult circumstances."
4. If there are other ongoing ChildFund programs in the area, describe them.
5. Introduce the CFS intervention: "Here in _____ (local community), ChildFund is implementing these Child-Friendly Spaces to help children, youth and mothers with young children following the emergency."
6. Describe similar past interventions in which ChildFund has implemented CFSs: "In other emergencies (mention ones that are similar to the local emergency), ChildFund has learned the value of helping communities organize Child-Friendly Spaces to support children who have been affected by the emergency."
7. Explain how the CFSs are administered: "Child-Friendly Spaces are run by the community, with assistance from ChildFund. ChildFund will work with communities and other local agencies to provide essential materials for establishing Child-Friendly Spaces and other basic materials, such as school supplies, toys and games, and soccer balls. ChildFund will also help the community liaise with other international agencies in the area for larger items."
8. If food distribution or non-food items are part of ChildFund's emergency intervention in this area, please mention it at this point.
9. Discuss other ways the community is involved including providing volunteers and in-kind contributions: "The community also provides material and human resource support for the Child-Friendly Spaces, including adults to provide the child-focused activities to support and maintain the Child-Friendly Spaces."

10. The Child-Friendly Spaces implementation is dependent upon the cooperation and acceptance of the community.
11. After the ChildFund team has explained the above points, respond to any questions from the community leaders. If the community leaders agree to the CFS, ask for permission to talk with smaller groups of youth, women and men at that time.
12. Ideally, the community will be enthusiastic and willing to contribute space (homes, mosques, churches, etc.), time, and other necessary resources. Qualified individuals, including women, who are literate, experienced and knowledgeable about girls' issues, are needed to work in the CFSs.



GUIDING NOTE ON MOBILIZING WOMEN

Key principles:

- Women have a right to be consulted and involved in decisions that affect them and their family. Sensitive efforts should always be made to advocate for the inclusion of women in community mobilization.
- It is particularly important to mobilize women in child protection because of their role in families, the contributions they can make and, in some cultures, their marginalization.
- Mobilizing women presents many challenges related to women's roles and their life circumstances. Therefore, specific efforts may be required to ensure their mobilization.
- The mobilization of women may require the development of parallel women's structures.
- There are many strategies for approaching the social mobilization of women and the choice of strategy will be very situation dependent.

Strategies for involving women in CFS activities

1. Actively recruit female staff and volunteers.
2. Create/promote work opportunities for women.
3. Promote capacity-building initiatives to build their skills in facilitation and leadership.
4. Involve women in designing and creating appropriate, locally-made toys and games for the younger children to use in the CFS.

When deciding how to mobilize women, consider the following questions:

- What do you need to know about the attitude of male members toward women in the community?
- Who will you initially contact who can provide information about where other women can be found? Where else can you look?
- What kind of criteria should be used when deciding whether to support or work with partners, organizations or associations or groups of women?
- Are there women, perhaps marginalized, who you might want to prioritize mobilizing?
- What are some of the major issues affecting women from the community perspective?
- How will you build trusting relationships with women you would like to work with?
- How will you communicate your initial messages?
- What will be said in such communication? What are some concerns you should consider?
- Once you have stimulated some initial interest, how will you engage women to begin the process of working with the CFS?
- What kind of participatory tools will you use, with whom, when?



GUIDING NOTE ON MOBILIZING YOUTH

Key principles:

- Children who are capable of forming their own views have the right to express those views freely in all matters affecting them; their views are to be given due weight in accordance with their age and maturity (CRC Article 12).
- The mobilization (or participation) of children among populations affected by emergencies will result in better protection initiatives; in addition, the children involved are likely to experience increased well-being and resilience.
- Youth mobilization is important where there is a lack of educational and economic opportunity, which can result in boredom, despondency and loss of self-esteem.
- Children can make a significant contribution to their own protection and that of others before, during and after emergencies, and can play a vital role in post-conflict reconstruction and in the rebuilding of peaceful, more tolerant communities.
- Organizations can support and promote youth mobilization by developing a strategic approach, using age-appropriate participatory techniques, and building and developing capacity.
- Youth mobilization encourages innovation and leadership, which supports their ability to prevent and respond to harm against their peers.

Strategies for involving children and youth in CFS activities



1. Identify leaders and mentors for the CFSs.
2. Communicate key information to community members.
3. Provide support and care for younger children.
4. Engage and support child-to-child/peer education.
5. Identify risks in the community that ChildFund or local authorities can address.
6. Design and create appropriate, locally-made toys and games for the younger children to use in CFS.



*All photos by Jake Lyell

When deciding how to mobilize youth, consider the following questions:

- What do you want to know about the attitude of adults toward youth in the community?
- Who will you initially contact who can provide information about where other young people, perhaps marginalized, can be found? Where else can you look?
- What kind of criteria should be used when deciding whether to support or work with partners, organizations or associations, or groups of young people?
- Are there children or youth whom you might want to prioritize mobilizing (consider involving different demographic groups, particularly those who may be marginalized, i.e. different ethnicities, religious faiths, IDPs vs. host community, disabled, unaccompanied children, child-headed households, LGBTI, HIV-positive, etc.)?
- From the community perspective, what are some of the major issues affecting children and youth?
- How will you build trusting relationships with children and youth with whom you would like to work?
- How will you communicate your initial messages?
- What will be said in such communication? What are some concerns you should consider?
- How will you engage youth in order to begin the process of working with them once you have stimulated some initial interest? What kind of participatory tools will you use, with whom, when?



STEP 3: CHILD-FRIENDLY SPACES' STRUCTURE AND SAFETY



STEP 3: CFS Structure and Safety

In This Section

Pg. 45 Guiding Note On Child-Friendly Spaces' Structure And Safety

Guiding note with tips and activities to consider for CFS structure and safety.

Pg. 48 General Infrastructure Standards

A matrix of standards for CFS infrastructure. The infrastructure and design of each CFS should meet Level 2. If not, staff is advised to note the reason in the 'note for the record' section as part of CFS documentation.

Pg. 50 Child-Friendly Spaces List Of Materials

A list of materials and kits for running CFS activities.

Pg. 59 Do's And Don'ts Of Child-Friendly Spaces

A list of activities that is useful for managers to monitor the CFS quality on a day-to-day basis.

Guiding note on Child-Friendly Spaces' Structure and Safety

SITE SELECTION OPTIONS

- Open space
- Community center
- Existing, unused community structures
- Churches, mosques, temples and other religious places
- Community members' homes
- Any structure provided by community

ChildFund staff and implementing partners (IPs) should avoid constructing new buildings for Child-Friendly Spaces (CFSs). A major goal of the CFS is for it to be owned by the community. Therefore, it is preferable to set up the CFS in a community-owned location.

Involving community members in the site selection is a key component for a successful CFS implementation. They should also be encouraged to give feedback on activity design, and safely identify and refer at-risk children to the CFS and child protection (CP) services.



Key Activities

Prior to an emergency:

- Carry out an assessment together with the community to decide if a CFS is needed, and if it will be safe, accessible and contextually appropriate for all children nearby.
- Before deciding to set up a CFS, decide whether a new structure is needed at all. Priority should be given to areas that do not have CP or education services for children already established.
- Map the existing facilities and infrastructure, including schools and community centers.
- The CFS site should not be close to a conflict or disaster-affected area.

KEY CONSIDERATIONS

1. Physically secure space, free from landmines or hazardous debris.
 2. Accessible to children—a reasonable walking distance.
 3. Adequate latrine and handwashing facilities.
 4. Not a likely place for child soldier recruitment or exposure to other protection threats.
 5. Neutral ground in conflict situations.
- Identify within the community available resources (for materials and activities), and people who could take part in running a CFS.
 - CFSs should be fun and should promote the right to play. Initially, CFSs should focus on basic play and recreation activities and build from there.
 - Coordinate with formal schools to make sure that CFSs do not compete with them, but rather complement them. As schools re-open, ensure that there are time slots for different age groups of children to utilize the CFS.
 - Consider training local community members, youth and other human resources in identifying disaster-prone communities prior to any emergency.

Post Emergency:

- Train CP staff, relevant government counterparts and community volunteers on CFS guidelines.
- The psychosocial well-being of parents is important for children's care and protection. Consider scheduling parent support groups within the CFS.
- Anticipate children's needs when setting the CFS schedule. For example, working children may only be able to attend in the afternoon.
- Follow-up training is critical for deepening staff knowledge and addressing shifting priorities in the program. Ensure that staff and volunteers are trained on a quarterly basis on different topics, and/or offer refresher sessions.
- The CFS should work to build and utilize local professional resources within the community. Therefore, it is important to extend the training to other professionals within the referral pathways at the community level.



General Infrastructure Standards

To ensure that each CFS offers a secure and safe environment for children, it should be built on existing structures and capacities within a community. To the maximum extent possible, the design of the CFS should be done in a participatory manner, and the infrastructure and design of each CFS should be guided by the following standards. Level 2 (highlighted) is the minimum standard that CFSs should meet. If the location and physical environment does not permit meeting Level 2, it is advisable to note the reason in the “Note for the Record” as part of CFS documentation.

| Standard Definition | Level 1 | Level 2 | Level 3 | Level 4 |
|--|---|--|---|---|
| Ventilation (12 M2 the size of the room) | No or only one window | One door and more than two windows | Two doors and more than two windows | Any of the above with AC or ventilation system |
| Sanitation facilities Sphere standards One latrine per 30 F One latrine per 60 M 3 L water per child | No or only one latrine in the building or premise | Multiple and separate latrines for boys and girls | Separate latrines for boys and girls, and facility for people with disabilities | One latrine/30 F, One latrine/60 M, 3 L water per child; 1 hand washing station per facility; disabled access |
| Water facilities | No water facility in the building or premise | Water facility in the building or premise and drinking water available | Multiple water facilities and drinking water in the building or premise | Multiple water facilities with hand washing soap, and drinking water in the building or premise |

| Standard Definition | Level 1 | Level 2 | Level 3 | Level 4 |
|--|--|---|--|---|
| Size of covered area committed to CFS Sphere standards 6.2 M X 5.75 M per child | Area can hold 19 children without desks and chairs | Area can hold more than 20 children without desks and chairs | Area can hold more than 20 children with desks and chairs | Area can hold more than 20 children with desks and chairs, and space for activities |
| Safe and secure | No fence | Fence enclosed on all sides, more than one gate and no guard | Fence, more than one gate and one guard | Fence, multiple gates and one guard per gate |
| Special accommodations | Classroom for all genders with one admin room | One classroom per gender + Admin | One classroom per gender + Admin+ activity room + teachers room with shared wash units | Two classrooms per gender + Admin+ activity room + teachers room separate, wash units and play areas + kitchen facilities |
| First-aid kits | One kit in the admin office | Two advanced first-aid staff and one kit per facility | All staff first-aid certified, advanced first-aid kit and one add'l kit per room | Clinic |
| Fire extinguishers | One per facility | One per facility and all staff trained/ contingency plan in place | One per room, two exit doors, all staff trained, children trained | One per room and fire fight system/ contingency, two exit doors, all staff trained, children trained |

Child-Friendly Spaces List of Materials

When setting up a CFS, careful selection of materials and supplies is required. The following are the prepositioned support tool kits for emergency responses. All materials should be purchased locally.

NOTE
The quality of each item will be dependent on resources available.

Tool Box No. 1: Recreation Kits

Children are organized into three age groups: 0-5 years old; 6-12 years old and 13-24 years old. It is important that age and culture are considered when selecting toys and materials, as well as their appropriateness for children with disabilities. Think also of the hygiene aspects of the materials.

| Required supplies | Description | No. of supplies |
|--|--|-----------------|
| White board | Large size (not for individual use), non-toxic pens and erasers (and an extra box for markers) | 1 |
| Floor mat with ChildFund and IP's logos | Polyester, studding and bright colors | 4 |
| Stand with different colored rings | For very young children | 5 |
| Toys | Soft, plastic and make sounds | 10 |
| Building blocks (wooden not plastic, preferably) | Big pieces, suitable for very young children | 5 pails |
| Soft, cushioned balls | Soft, small, varied colors for young children | 10 |
| Hand puppets | Different types | 10 |
| Musical Instruments | Guitar, drum and others (indigenous, if available) | 10 |

Tool Box No. 2: Games Kit

Games help children relieve stress and pressure. Games that involve teams build cooperation and bonding by encouraging children to play together. Manipulative games, like puzzles, improve problem-solving. A range of equipment, which appeals to both boys and girls and children with disabilities, is important.

| Required supplies | Description | No. of supplies |
|------------------------|---|-----------------|
| Basketball | Adult size and light | 2 |
| Soccer ball (Football) | Adult size and light | 2 |
| Pump | Small iron needle to pump basketballs and soccer balls | 1 |
| Whistle | Iron | 2 |
| Jump rope | Sturdy, no extra features | 10 |
| Box of board games | Chess, Scrabble, dominos, Chinese checkers, and Snake and Ladders, etc. | 10 sets |
| Puzzles | Puzzles with different numbers of pieces (all should be 100 pieces or less) | 10 |
| CD and CD player | Games and songs | 1 |
| Sidewalk chalk | Large pieces of white and colored chalk (for floor drawings) | 10 boxes |

Tool Box No. 3: Art Kits

Aside from being fun and enjoyable, creative activities such as painting, clay modeling, paper folding and drawing, enable children to create something from their experiences. This can help children to express and cope with their feelings. A child's creative activity can also help the facilitators to learn more about what the child maybe thinking or feeling, which offers an opportunity to focus on each child.

| Required supplies | Description | No. of supplies |
|-------------------------------|---|-----------------|
| Pencil cases | Simple pencil case | 50 Cases |
| Pencils | Good quality | 250 |
| Pencil sharpener | Good quality | 50 |
| Erasers | Practical shapes | 100 |
| Colored pencils | Box of multiple colored pencils | 50 boxes |
| Drawing Pads | Plain white paper; sizes 14-28 cms | 100 |
| Adhesive tape | Scotch tape brand | 150 |
| Glue sticks | Washable, non-toxic, big size (solid adhesive, in twist or push-up) | 100 |
| Coloring paper and art papers | Assorted | 100 |
| Modeling clay | Box of different colors, non-toxic | 150 |
| Scissors | Child-friendly, different sized | 50/size |
| Coloring brushes | 3 different sizes (S,M,L) | 50 |
| Crayons | Pastel colors | 64 |

Tool Box No. 4: Booklets (10 sets)

The availability of child-friendly and age-appropriate reading materials support the informal teaching and life skills activities at the CFS. A good, eye-catching and easy to understand (preferably in the dialect) list of books stimulate the interest of children to read. Reading a book or telling a story relevant to the children's experiences can relieve anxiety and help children cope.

Look Online!

There are wonderful free books that can be printed from the internet. If you are working in Africa, www.africanstorybook.org has books for all ages in many African languages. Another general resource is <http://en.childrenslibrary.org/>.



Tool Box No. 5: Toys

It is good to have an array of toys that are safe and developmentally appropriate. Toys that promote violence, racial discrimination or gender stereotypes are not recommended.

| Required supplies | No. Required |
|--|--------------|
| Alphabet blocks | 9 |
| Balls (4 different sizes) | 9 |
| Doctor's set (plastic bag) | 10 |
| Good quality plastic or rubber dolls (male and female) | 9 |
| Flashcards (alphabet and number) | 9 |
| Kitchen set | 9 |
| Magnetic alphabet (capital and lower case) | 8 |
| Magnetic board | 9 |
| Number blocks | 9 |
| Plastic farm animals | 8 |
| Table blocks (different shapes) | 9 |
| Tea set | 9 |
| Tools set | 10 |
| Wooden smiley clock | 9 |
| Wood parquet puzzle (triangular shape) | 9 |

Tool Box No. 6: Hygiene, Security and Safety Materials

Sanitation is important to promote good health and prevent disease. This list covers different types of sanitation, such as basic sanitation (access to a toilet or latrine), food sanitation (ensuring food safety) and on-site sanitation (keeping the site clean and toys washed and sanitized). (*All highlighted items are to be added to the Emergency Response Week 1 Box for immediate deployment. See Tool Box No. 9 below*)

| Hygiene supplies | Security and Safety Materials | Administration Supplies |
|----------------------------|-------------------------------------|--|
| 1. Trash cans/bags | CFS Tent with ChildFund logo | Stackable plastic containers for storing CFS kits (12 total) |
| 2. Toilet paper | First-aid kits (see attached) | Clipboards |
| 3. Hand sanitizer, alcohol | Flashlights and batteries | Attendance/registration forms/FTR forms |
| 4. Hygiene wipes | "Slow Down, Children at Play" signs | Monitoring and referral forms |
| 5. Soap | Fire extinguisher (within the area) | Plastic ID bracelets and jackets |
| 6. Sponges | Rubber gloves | Permanent marker |
| 7. Mop | Whistles for children | Electric tape |
| 8. Bucket and dipper | Emergency contact numbers list | ChildFund CFS T-shirts (green) |
| 9. Hand towels | | Psychosocial modules scissors |
| 10. Basin for washing toys | | Name tags (for children and volunteers) |

| Hygiene supplies | Security and Safety Materials | Administration Supplies |
|------------------------|-------------------------------|-------------------------|
| 11. Disinfectant spray | | Stapler and staples |
| 12. Cleaning cloth | | Pens |
| 13. Pencils | | |
| 14. Plastic envelopes | | |
| 15. Note/writing pads | | |

Tool Box No. 7: First Aid Kit

First-aid training should be given to the CFS implementers as part of the CFS training package, and no one should distribute or use first-aid contents without proper training. Clear guidelines on what to do in the event of an emergency should be posted in the area.

| Required supplies | No. Required |
|--|--------------|
| Handy ER bag or box for kit storage | 1 |
| Adhesive bandages (BandAids) | 1 box of 25 |
| Sterile eye pads | 2 |
| Triangular bandage | 1 |
| Safety pins | 12 |
| Sterile gauze pads | 5 |
| Adhesive tape rolls, 1.25 cm wide (preferably microspore tape) | 2 |
| Crepe bandages | 2 |
| Cotton wool | 1 pkg |
| Sharp scissors | 1 |

| Required supplies | No. Required |
|---|--------------|
| Disposable gloves | 3 pair |
| Adhesive bandages in variety of sizes | 1 box |
| Alcohol swab swipes | 1 box |
| Sterile eyewash solution bottles | 2 (small) |
| Thermometer | 1 |
| Calamine lotion | 1 bottle |
| Hydrocortisone cream (1 ½) | 1 |
| Elastic bandage | 1 |
| Thermometer | 1 |
| Antiseptic solution (Bactine or Dettol) | 1 bottle |
| Antiseptic wipes | 1 pkg |
| Soap | 1 bottle |
| List of emergency contact numbers | 1 |

Tool Box No. 8: Teaching Kit

| Required supplies | No. Required |
|--|--------------|
| Set of psychosocial modules | 1 |
| Log book | 1 |
| Pen | 1 |
| Pencils | 1 box |
| Marker | 1 |
| Coupon bonds | 1 box |
| Writing pad | 1 |
| Stapler and wires | 1 |
| Clipboard | 1 |
| Scissors | 1 |
| Colored paper | 1 pkg |
| Hole puncher | 1 |
| Paper clips | 1 box |
| Sets of flipchart papers | 1 |
| Large storage box for keeping all basic supplies | 1 |

All highlighted items are to be added to the ER Week 1 Box for immediate deployment

Do's and Don'ts of Child-Friendly Spaces

At each Child-Friendly Space (CFS), DO:

Daily Activities

- Arrive at the CFS area before the children are scheduled to be there.
- Keep the CFS clean.
- Make sure the CFS and surrounding areas are safe and clear of hazardous materials such as rubble, loose wires, broken concrete, glass and rusty metal.
- Make sure the latrines are clean and that there is adequate water for personal hygiene.
- Make sure there is an adequate supply of safe drinking water available.
- Register any new children who come to the CFS.
- Encourage children to use the latrines.
- Make sure children wash their hands with soap and water after using the latrines and before any food is eaten.
- Provide activities that engage ALL children as active participants.
- Engage children to help to set up activities and keep the area clean.
- Provide activities that are attractive (and culturally sensitive, where appropriate) for girls and boys of all ages.
- Choose activities that are familiar to the children.
- Encourage children's participation by asking for their ideas or preferred activities, particularly the adolescents in the group.
- Ensure that activities flow smoothly from simple to more complicated.
- Encourage children to assist in organizing activities, but do not force them to do so.
- Listen to children's opinions and concerns, and treat them with respect.
- Be sensitive to children who are upset or withdrawn.
- Engage parents, caregivers and older persons to participate or render volunteer services.

Do's for CFS Operations and Planning

- Have a first-aid kit available, and know how to treat minor injuries.
- Obey the CFS Code of Conduct/Child Protection Policy.
- Complete the daily forms (including the activity record of numbers of children by age, sex) and the record of daily issues and concerns.
- Ask children for suggestions of activities they would like to do in the coming week.
- Plan activities for the coming week with a variety of programs and activities for each age group.
- Post the activity schedule at the beginning of each week so children know what to expect.
- Identify children who are malnourished, who face health or psychosocial risk, or those with child protection issues, and report to the CFS supervisor.
- Attend scheduled CFS meetings or other related activities that may be assigned.
- Make sure that the CFS is operating during suitable times for working children and other vulnerable groups.

At each CFS, DO NOT:

- Leave children unsupervised.
- Allow unknown individuals or agencies outside the CFS or community to work with or talk to the children without first obtaining permission from the CFS staff.
- Impose religious activities that are not consistent with the children's culture/practice.
- Hit children or use any kind of corporal punishment (e.g. threaten children with the use of a stick).
- Humiliate or verbally abuse children.
- Discriminate against children of different racial, ethnic, political or social groups, or those with disabilities.
- Engage in activities that may do harm (e.g. engaging in discussions about upsetting events where you do not have the skills to respond to the outcomes).

STEP 4: STAFF RECRUITMENT AND CAPACITY BUILDING



Step 4: Staff Recruitment and Capacity Building

In This Section

Pg. 63 **Guiding Note On Staff Recruitment And Capacity Building**

Key considerations for staff recruitment, suggested staff structure and capacity building plan.

Pg. 87 **Child-Friendly Spaces Staff And Job Descriptions**

Detailed staff member job descriptions to be adopted and advertised in the field.

Pg. 72 **Code Of Conduct For Staff And Voluteers**

All volunteers and staff working in the CFS should understand and agree upon certain rules and regulations, and each CFS should develop a code of conduct based on these guidelines.

GUIDING NOTE ON STAFF RECRUITMENT AND CAPACITY BUILDING

Child protection considerations are crucial in recruiting and selecting people to work in Child-Friendly Spaces (CFSs). All potential staff, facilitators and volunteers must be screened to ensure children’s safety. 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 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 children.
- Ensure that the candidate 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.



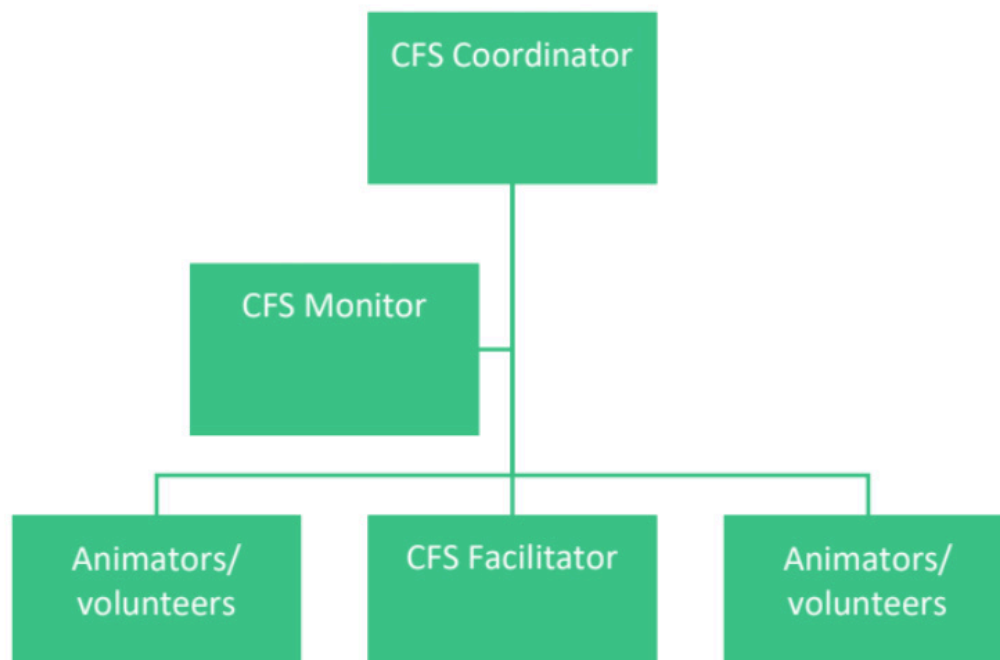
CFS management and implementation roles may be arranged as follows:

Child-Friendly Spaces Coordinator: ensures proper CFS implementation.

Child-Friendly Spaces Monitor: manages the day-to-day operations and ensures activities are properly implemented and children are properly cared for. One monitor will be assigned to each CFS.

Child-Friendly Spaces Facilitator: implements planned activities to create a structured, safe learning environment that contributes to children's emotional security and positive cognitive and physical development.

Monitoring Coordinator: sets up and manages ongoing data collection such as attendance, referral and activity outlines, enters and then produces reports for review by the program team.



Capacity Building

Capacity building is extremely important, and staff need to understand the ethos of CFSs as modes of support. Local teachers may or may not be appropriate as CFS facilitators, depending on their teaching style (very traditional teaching styles may not be conducive to the outcomes CFSs aim to generate).

Capacity building activities are divided into two phases. Phase I focuses on the CFS management including a full understanding of Child Protection in Emergencies (CPiE) and risks. Phase II focuses on training facilitators in child well-being and structured psychosocial activities. Teams may resort to external consultants for support with the psychosocial support (PSS) package. A 5-day training for facilitators should focus on recreational activities, PSS and parents and community activities and engagement.

| Capacity building for CFS staff | |
|---------------------------------|---|
| | Suggested topics |
| Phase I | <ul style="list-style-type: none"> • Child Protection in Emergencies (CPiE) • Child Safeguarding and Code of Conduct • Communicating with children (listening & observation skills) • How to run a CFS (step-by-step procedures in setting and implementing a CFS, different kinds of play, activity planning) • Psychological first-aid (PFA) |
| Phase II | <ul style="list-style-type: none"> • Self-Care Training • Facilitation Skills • Gender-based violence in emergencies • Life Skills |

During the first three weeks of CFS implementation, the following schedule, broken down by team member role, may be used as a guideline:

| Monitors | Facilitators | Volunteers |
|--|---|--|
| <ul style="list-style-type: none"> • How to run a CFS • Child safeguarding • Safe identification/referral | <ul style="list-style-type: none"> • CPiE • Child safeguarding • PFA/PSS • Facilitators • PSS and activities • Safe identification/referral | <ul style="list-style-type: none"> • CPiE • Facilitation skills • PFA/PSS • PSS and activities • Safe identification/referral |

CHILD-FRIENDLY SPACES STAFF AND JOB DESCRIPTIONS

| Job Description | |
|--|--|
| <p>Child-Friendly Spaces Coordinator: Ensures the proper implementation of the CFS project.</p> | |
| <p>Roles and responsibilities</p> | <ul style="list-style-type: none"> • Supervise facilitators in one or several CFS locations. • Provide training and orientation for CFS monitors and Facilitators on setting up and managing a CFS, child rights, child participation, child protection (including the Child Protection Policy), and provide on-going support and mentoring to practice these concepts. • Ensure that safeguarding standards are understood and met. • Compile quantitative and qualitative updated data and reports. • Ensure effective links are developed with camp services and/or other emergency initiatives. • Work with the community and/or camp authorities to address protection issues. • Ensure referral systems (e.g. health, education, psychosocial, income generation, food security, etc.) are identified as appropriate. • Screen for and monitor protection needs and gaps in and around the CFS. • Ensure that missing children are followed up and that regular meetings occur between CFS and communities. |

Job Description

Child-Friendly Spaces Monitor:

Manages the day-to-day CFS operations, ensures that activities are properly implemented and that children are properly cared for.

Roles and responsibilities

- Ensure accurate attendance is taken on a daily basis.
- Ensure that equipment inventories are up to date and that replacement needs are highlighted.
- Assist the facilitators in solving problems arising in the CFS.
- Work with CFS facilitators to establish weekly activity schedule.
- Assist the facilitators in working with children to develop new, creative activities, as appropriate.
- Ensure the participation of all groups of children, especially the most vulnerable, including girls, minorities and those with disabilities.
- Assist the facilitators in conducting parent and community meetings.
- Ensure that health and safety regulations are understood, followed, and that health and safety incidents are recorded.
- Ensure that all games and equipment are accounted for and stored securely at the end of the day.
- Conduct a visual assessment of the children every day to check for possible protection concerns and/or identify children who are malnourished, or who have health or psychosocial risks. When necessary, report to supervisor.
- Ensure that water is delivered regularly, that there is enough for all children attending, and that it is safe to drink.
- Promote equal participation by boys and girls; as well as the participation of excluded children, including girls, minorities and those with disabilities.

Job Description

Child-Friendly Spaces Facilitator:

Implement structured activities at the CFS to create a learning environment that provides structure and safety, and contributes to children's emotional security and positive cognitive and physical development.

Roles and responsibilities

- Supervise and support children's play activities from 8 to 11 a.m. and 4 to 7 p.m., 5 days/week including Fridays.
- Ensure a variety of structured games and activities within the CFS, catering to the needs of children of different ages, genders and abilities.
- A daily/weekly activity schedule should include free time, recreation, expressive activities like drama, drawing and time for small group/large group activities.
- Morning activities should be conducted for pre-school children aged 3 to 6.
- Afternoon activities should be designed for participation of children aged 6 to 12 and 13 to 18.
- Plan activities for the coming week with a variety of programs and activities for each age group that engage girls' active participation.
- Post the activity schedule at the beginning of each week so children know what to expect.
- Ensure a safe and child-friendly atmosphere within the CFS, and that no physical discipline or fighting occurs.
- Follow up with children who are not coming to sessions.
- Ensure that children have regular breaks so they can drink water and go to the toilet.
- Liaise with parents and the community regularly to keep them informed of any developments or problems within the CFS and surrounding areas.

Job Description

Monitoring Coordinator:

Sets up and manages ongoing monitoring activities. This job may not be full time, and the person could spend 50% of their time coordinating the monitoring of another program, such as WASH or specialized PSS.

Roles and responsibilities

- Ensure all staff know how to fill in ongoing monitoring tools correctly.
- Distribute ongoing monitoring tools and collect them once a month.
- Enter data from monitoring tools into Excel.
- Produce regular reports on data for CFS team to review progress.
- Ensure that registration and referral paper data is kept securely in a locked cabinet and that digital data is password protected.
- Arrange regular (at least every six months) quality data monitoring by the CFS coordinator. Enter and report on this data to the CFS coordinator.

Guiding interview questions 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:

1. Why do you want to work in the Child-Friendly Space?
2. What are your expectations?
3. What do children in the community need?
4. What are the dangers facing children?
5. What do children do in the community?
6. What is your experience working with children?
7. Why do you want to work with children?
8. What would you like to share with children?
9. What should children do at the CFS?
10. What are some things that are inappropriate to do with children?
11. What would your rules be?
12. How do you think children should participate?
13. What do you think the goal of the CFS should be?
14. How will you know if the CFS is successful?
15. What are some difficulties that you expect? How will you react?

CODE OF CONDUCT FOR STAFF AND VOLUTEERS

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 favors in exchange for services or materials supplied by the project. These favors refer to sexual contact, labor, goods and/or other services.
2. Never ask for or accept personal favors 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 centers 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.
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 labor 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 above.

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

Signature _____

Date _____

STEP 5: CHILD PROTECTION PROGRAMS LINKED TO CFS



STEP 5: Child Protection Programs Linked to CFS

IN THIS SECTION

- Pg. 75** **Child Protection And Strengthening Referral Mechanism**
A list of pre-positioning and implementation activities to be considered in CFS planning.
- Pg. 77** **List Of Essential Social Services For Child Protection Cases**
A list of key services to be mapped and identified as part of CFS.
- Pg. 79** **Communication Guidelines For Safe Identification And Referral**
Communication guidelines for identifying and referring CP cases.
- Pg. 80** **Risk Assessment Guide For Child Protection Cases**
A general guide to support teams for CP risk assessment, with suggested interventions and immediate actions to take.

CHILD PROTECTION AND STRENGTHENING REFERRAL MECHANISM

During and after an emergency, Child-Friendly Spaces (CFSs) are an important entry point for at-risk children and families to access child protection (CP) services. The CFS can link children and their families to appropriate services focusing primarily on meeting their health, safety, psychosocial, and legal needs through referrals to specialized services. It is important to highlight that a CFS should not offer case management services.

CFS staff should only refer a child when actual or potential abuse or neglect is identified, and then follow up on the quality of services only.

Immediate needs of at-risk children may include:

- **Safety:** Some children may be in need of an immediate safety plan to extract them from unsafe environments where they are exposed to abuse. This can happen through arranging for interim care in a shelter through a case management service. The staff working in the CFS should coordinate the efforts but should not be responsible for a child's removal.
- **Health:** in case of severe physical abuse, children might need first aid. A referral to a specialized health service might also be required. In cases of sexual abuse, the child should be immediately referred to case management services and legal authority.

Key Activities

Prior to an Emergency

- Develop a CP Services referral map for your community or nearby communities. CP services include, but are not limited to: legal services, medical examinations for sexual abuse cases, safe houses or temporary shelters, governmental social workers, and specialized psychosocial support.
- Build community members' capacities on identifying CP cases and develop referral pathways with them. The pathways may include community leaders' arbitration or other local methods. All methods are accepted if they are in line with child rights and the best interest of the child principle. The community-based CP mapping, or any contextualized analysis, can help to identify key entry points/natural mechanisms that can support CP.
- Raise awareness among community members on agreed upon referral pathways and reporting channels.
- Build CFS staff capacity on safe identification and referral of CP cases, as well as case management service criteria for effective referral and response to cases reported.

Post Emergency:

- All CFS staff should be familiar with risk categorization criteria, explained in detail in this chapter, to determine whether children should receive case management services or not. Children who do not meet the criteria can be referred to service providers who are trained to address their needs.
- All CFS staff should be careful not to make promises during the initial stage of reporting abuse, and to treat the child (and their family) with respect, care and empathy.
- A clear reporting and interview flow process needs to be set and in place, and CFS staff trained accordingly.
- Any case should be immediately referred to a specialized person for interviewing. A CP officer appointed in the CFS and/or the CFS manager are the only authorized people who can interview a child who has reported abuse.
- During the interview process of child abuse cases, the CP officer must request the child's (and their parent's or caregiver's) permission to provide services and provide them with enough information to make an informed decision.

LIST OF ESSENTIAL SOCIAL SERVICES FOR CHILD PROTECTION CASES

To support teams in developing referral pathways for essential social services linked to CP programming, the following list may be used as a guide.



Specialized Psychosocial

Psychosocial support is any type of local or outside support that aims to protect or promote psychosocial well-being. Specialized services are only used in very severe cases; children usually recover from traumatic events and rarely need specialized services. If needed, specialized services include a number of psychiatrists who can support children's needs.

Shelter



The emergency shelter is a service offered to children whose initial intake assessment indicates that s/he is unsafe to stay in their home. It is important to clarify that the shelter is NOT an alternative care arrangement but rather a temporary solution for children who are in need of immediate care and protection, while longer-term care is identified. Children should be admitted to interim care in our shelter or partner shelters if they meet the following criteria:

- Categorized as high-risk case
- Primary caregiver (legal guardian) is not available and will need time to identify secondary care giver
- Primary caregiver (legal guardian) advises to keep the child away from home for safety reasons
- Primary caregiver is the alleged perpetrator

The decision to place a child in a shelter should be agreed upon with the local legal authorities, social services, police, or community-based CP structures. If there is no legal authority mandated; the decision should also be approved by the legal guardian. In case the primary caregiver is absent, an active search for a secondary caregiver (or relatives) should be pursued from the very beginning. The maximum stay in the shelter should not exceed 12 weeks.



Medical Services

In general, the CFS is not expected to provide complex medical services itself, instead, the CFS should work to establish strong referral pathways with specialized medical service providers. The CFS can provide first aid when necessary until a referral is made.



Legal Services

Legal services include legal counseling and legal aid services offered by trained lawyers to children who wish to pursue legal action. CFS staff should never pressure a child or caregiver to take a legal route and should always respect their wishes. If the caregivers decide that they want to take legal actions, a lawyer should come in to explain the legal process and walk with them through the possible scenarios that can happen.

*Important Note: In case of rape or sexual assault, children should be immediately referred to specialized services for examination. If there are no trained service providers, contact UNFPA for guidance.

Cash Assistance Services



Under very specific circumstances, a child and his/her primary caregiver may be in need of life-saving cash assistance for a temporary basis. The CFS can provide this service, however, it is advisable that CFS has a partnership with an organization that is specialized in cash assistance services. Financial assistance can have different forms:

- In-kind assistance for clothing, transportation, medical supplies, rent
- Restricted cash for the above reasons
- Unrestricted cash (each CFS should include limits)

COMMUNICATION GUIDELINES FOR SAFE IDENTIFICATION AND REFERRAL

- **Direct Observation:** Directly observing the child and the caregiver helps the CP officer make initial decisions about how to explain services based on the child's age and caregiver situation, and to think through who is best-placed to provide permission for starting case management services.
- **Situation Assessment:** In situations when the child is with a caregiver, caseworkers begin by assessing whether or not it is appropriate and safe for the child to speak with the caseworker in the presence of his/her caregiver. For example, if the officer suspects the caregiver is dangerous to the child, the caseworker may decide to speak to the child alone rather than with the caregiver, as part of the procedure in obtaining permission to proceed with case management services.
- **Obtain Consent/Assent:** The CP officer must provide information on the case management process and potential risks; the information to be collected, how it will be stored and with whom it will be shared; as well as confidentiality and its limits. Children under 18 years of age can participate in an informed assent process, but require the permission of a parent or caregiver as well. In the case where no parent or caregiver is available (e.g. due to separation or role in the abuse), caseworkers can use the informed assent process, but should involve a supervisor.



RISK ASSESSMENT GUIDE FOR CHILD PROTECTION CASES

| Risk Level | Description | Timeframe | Examples |
|----------------|---|---|---|
| Immediate Risk | The child is in a life-threatening situation and, without immediate intervention, is likely to be seriously injured, sexually abused or trafficked. An immediate risk case is in effect a high-risk case where the action needs to be taken without delay. Intervention is needed as a matter of urgency. Once this has been provided, then the case can be considered High Risk. | Ideally, intervention should happen before leaving the child. Report immediately to supervisor. | Rape, sexual assault, attempted suicide incident, any sexual contact between a child and an adult (where person causing harm has access to the child). |
| High Risk | The child is likely to be seriously harmed or injured in the short term as a result of any form of abuse, if left in his/her present circumstances without protective intervention. A high-risk case is still a high priority but there may be time for more detailed planning and assessment. | Intervention should happen within 24 hours. | <p>Adolescent pregnancy/ child parent.</p> <p>Excessive corporal punishment, threats to injure, dangerous and reckless behavior, self-harming.</p> <p>Child engaging in very risky behaviors, has stopped communicating, sense of reality is affected, intense violent behaviors.</p> |

| Risk Level | Description | Timeframe | Examples |
|-------------|--|--|--|
| Medium Risk | A child is likely to suffer some degree of harm without an effective protective intervention plan. Intervention is warranted, however, there is no evidence that the child is at risk of imminent serious injury or death. | Intervention should happen within 72 hours | The child has been sexually violated in the past and not received any support; caregivers' approach to the child is harmful (occasional belittling, isolation or humiliation). |
| Low Risk | The home is safe, however a child is likely to suffer some degree of harm in the longer term unless services are not provided. | Intervention should happen within 1 week. | Non-injurious, occasional corporal punishment; child is treated differently than other siblings and parent is negative towards the child. |

If a case worker answers YES to several of the questions below, the case should be considered **Immediate Risk**.

- Do the parents show little affection towards the child, or appear overly critical?
- Does the child appear uncared for?
- Is there any concern about the safety of the child?
- Does the closeness of the relationship between the perpetrator and the child have implications for the child's immediate safety?
- Can the perpetrator access the child easily?
- Does the perpetrator's position and level of power in relation to the child raise further safety concerns?
- Has the child sustained serious or life-threatening injuries from the perpetrator (e.g., beating until loss of consciousness, hitting abdomen during pregnancy, deep cuts, injury requiring hospitalization, etc.)?
- Has the perpetrator threatened to kill the child?
- Does the perpetrator have access to weapons, and has the perpetrator used weapons or threatened to use weapons?

If the answer to several questions is YES, then the case should be dealt with as an Immediate Risk case. If the answers to most of the questions are No, then the case should be dealt with normally and assessed against the three other levels of risks.

STEP 6: OUTREACH PROGRAM



STEP 6: Outreach Program

IN THIS SECTION

- Pg. 84** **Guiding Note On Developing An Outreach Programs**
Detailed interventions and key considerations for use when designing an outreach program.
- Pg. 86** **Categories Of Children Who May Be Excluded From Child-Friendly Spaces**
A list of groups of children who may be excluded from outreach programs.
- Pg. 87** **Outreach Standards**
A list of standards that should be applied to the outreach program.
- Pg. 89** **Roles And Responsibilities Of Outreach Volunteers**
Job descriptions of the main responsibilities and tasks of outreach volunteers.

GUIDING NOTE ON OUTREACH PROGRAMS

A Child-Friendly Space (CFS) is not always attractive to all children, particularly those who are vulnerable and at risk. Designing an outreach intervention as part of the CFS's activities is a major element to identifying and recruiting the most vulnerable youth to the space.

Outreach programs should be based on an understanding of the children's/youth's vulnerabilities in the specific community, which will require a risk factors analysis that highlights the dangers children are exposed to, and protective factors that can support children and protect them from harm. Refer to the contextualized analysis that was initiated and child protection rapid assessment in Step 1 before the implementation of the CFS to help understand risk factors among children in the communities.



Key Activities

Prior to an Emergency:

- Base the outreach program on an understanding of the present vulnerabilities children face in the community using a risk factors analysis. Refer back to the Community-Based Child Protection data and report, prepared before the CFS implementation, or initiate ChildFund's Community-Based Child Protection in Emergency (CPiE) mapping process.
- Recruit a skilled team comprised of both males and females who know the cultural context and are on good relations with members of the local community.

Post Emergency:

- Mobilize the CFS team to engage with the most vulnerable community members in their own settings, in common community areas or through home visits.
- Invite children and parents to attend a full day in the CFS.
- Set a detailed outreach plan, which includes the target number of children for each session, and statistics on children from the groups you want to target.
- Continuous engagement with vulnerable groups is critical to ensure community buy-in and engagement in the CFS.
- Adjust the CFS's implementation and activities to encourage the most vulnerable families and children to attend.
- Outreach data should be collected for referral and registration. See Step 8 for tools.

Available Tools for Outreach:

- Categories of children who may be excluded
- Outreach Standards
- Roles and Responsibilities of Outreach Team

CATEGORIES OF CHILDREN WHO MAY BE EXCLUDED FROM CHILD-FRIENDLY SPACES



- Out of school children/youth
- Children/youth with disabilities
- Lesbian, gay, bisexual, transgender and intersex (LGBTI) children
- Child/youth-headed households
- Children/youth living and working on the streets
- Children/youth born as a result of rape
- Children/youth from ethnic and religious minorities
- Youth affected by HIV and AIDS
- Adolescent girls
- Children/youth engaged in the worst forms of child labor
- Children/youth without appropriate care
- Children born out of wedlock
- Youth living in residential care or detention

OUTREACH STANDARDS

The table below outlines the possible standards for Outreach Programs implemented by CFS teams. Level 2 is the minimum standard that should be met. If the outreach program is unable to meet Level 2, note the reason in “Note for the Record” as part of CFS documentation.*

| Standard Definition | Level 1 | Level 2 | Level 3 | Level 4 |
|-----------------------------|--|---|--|--|
| Outreach Activities | No outreach conducted; or conducted infrequently | Outreach is conducted at least once a week | Outreach is conducted, and center has new registrations | Outreach is conducted, and center has new registrations of out-of-school children |
| Information Management (IM) | Outreach data not collected | Outreach data collected manually – no information management system available | Outreach data collected manually and entered to an IM system, but not analyzed | Outreach data collected using technology devices, entered into an IM system, data is analyzed and information is used for program planning |

| Standard Definition | Level 1 | Level 2 | Level 3 | Level 4 |
|-------------------------------------|--|---|--|--|
| Information communication resources | Information communication resources resource) | ICRs are available, but not used | Use of ICR observed, or evidence of use noted registrations | ICRs are used and verified by community members' knowledge |
| Community Outreach Team | Community outreach team comprised of single sex only | Community outreach team comprised of male and females from host community and emergency-affected community members' management system available | Community outreach team comprised of males and females, and engages youth in outreach activities | Community outreach team comprised of male and females, engages youth, community and religious leaders in outreach activities |

**This document is adopted from UNICEF's Child-Friendly Space Approach implemented during the Syria Response in 2013, referred to as Makani. The approach was developed by UNICEF Mena region and implemented through partners.*

ROLES AND RESPONSIBILITIES OF OUTREACH VOLUNTEERS

Scope of work:

Working under the supervision of the outreach officer, outreach volunteers will work with the community and community leaders to strengthen family unity through awareness-raising activities, meeting sessions and capacity building. The aim of outreach volunteers is to spread awareness about child protection (CP) by involving the community and community leaders in early identification of children and families at risk to be referred to CFS or child protection services.

Specific duties and responsibilities:

- Schedule monthly meeting with community leaders and religious leaders to discuss any changes in the communities which could potentially impact families and children at risk.
- In coordination with the outreach officer, develop community awareness-raising activities on child labor, child development, risk of separation, child protection in emergencies, etc.
- Follow CP monitoring guidelines and send referrals to CP officer as required.



STEP 7: COMMUNITY-BASED PSS AND STRUCTURED PSS ACTIVITIES



STEP 7: Community-based PSS and Structured PSS Activities

IN THIS SECTION

Pg. 92 **Guiding Note On Community-Based Psychosocial Support (PSS)**

Provides an overview of structured and non-structured psychosocial support (PSS) activities, including social-emotional learning (SEL) activities and self-protection lessons.

Pg. 93 **Mental Health And Psychosocial Support (MHPSS) Global Framework**

An outline of the MHPSS intervention pyramid from the Minimum Standards for Child Protection in Humanitarian Action.

Pg. 94 **ChildFund's Community-Based Psychosocial Support**

ChildFund's approach to helping children identify and strengthen effective coping mechanisms to adapt to their situations and build resilience.

Pg. 94 **Pss Activities: Non-Structured And Structured Activities**

Engaging families, community members and other support systems when incorporating PSS through CFSs in communities.

Pg. 102 **Community-Based Psychosocial Activities Training**

Overview of ChildFund's five-day PSS facilitators training package as part of the Encircle Resources Hub.

GUIDING NOTE ON COMMUNITY-BASED PSYCHOSOCIAL SUPPORT (PSS)

This guidance note provides an overview of structured and non-structured psychosocial support (PSS) activities, including social-emotional learning (SEL) activities and self-protection lessons, where they fit in the PSS intervention pyramid, and how they can be integrated into community-based PSS programs. This document accompanies ChildFund's Encricle Resources Hub which includes Psychological First Aid, Self Care and Structured PSS and SEL training packages and is intended to be for Child Protection and Education Specialists designing and implementing programs.

Community-based PSS — Encricle Resources Hub

The Encricle Resources Hub provides a range of trainings including a training of trainers module linked to Psychological First Aid for Children, and psychosocial interventions. The resource package also provides training on non-structured and structured psychosocial support, social emotional learning, and self-protection interventions. The capacity building modules should be used to roll out psychosocial intervention in Child-Friendly Spaces.

For capacity building and training purposes, staff should refer to ChildFund's Encricle Resources Hub.



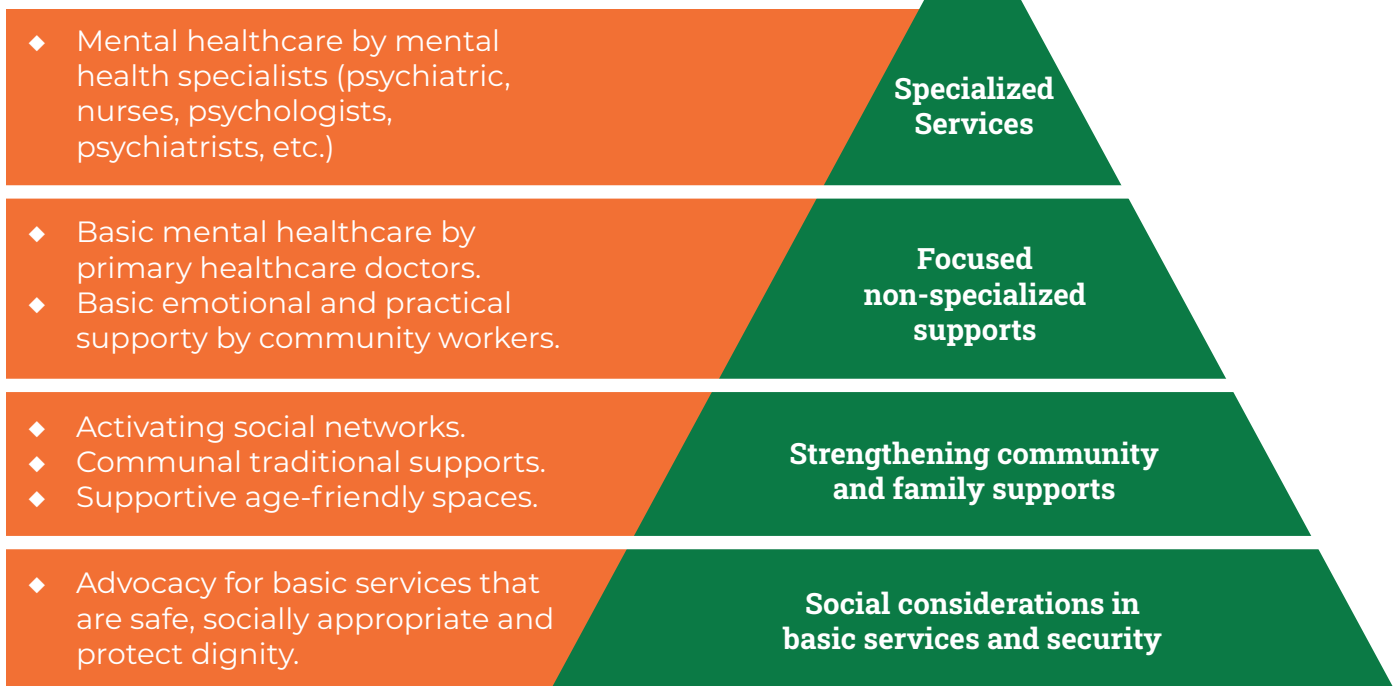
MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS) GLOBAL FRAMEWORK

Mental Health and Psychosocial Support (MHPSS) are processes and actions that promote holistic well-being. They support children’s and youth’s needs, particularly their sense of belonging, physical stimulation, intellectual stimulation, personal attachments, feeling of being valued, and their relationships with peers. These needs are often represented using a pyramid of interventions with four distinct layers. Generally, the first and second layers are non-specialized, and the most common type of interventions implemented in community spaces. Since they are non-therapeutic, teachers and local community members (also called “animators”) who have basic training can facilitate the activities. Interventions aligned with layers three and four of the pyramid are more specialized and are required when children are identified as needing additional support. These children should be referred by PSS facilitators and Psychological First Aid (PFA) helpers to specialists who have clinical training.

Figure 1: The MHPSS intervention pyramid from The Minimum Standards for Child Protection in Humanitarian Action.

Intervention Pyramid

Examples



CHILDFUND'S COMMUNITY-BASED PSYCHOSOCIAL SUPPORT

In-line with the Inter-agency Standing Committee's (IASC) pyramid on Mental Health and Psychosocial Support, ChildFund's Community-based Psychosocial Support (CBPSS) program fits in the first and second layers of the MHPSS service pyramid. Community-based PSS is about helping children and their wider support network to identify and strengthen effective coping mechanisms to adapt to their situations and build resilience; it is not about providing children with therapeutic treatment.

ChildFund's CBPSS approach recommends that in emergencies and in humanitarian settings PFA should be the first intervention to calm distressed families, caregivers, and children and identify children's needs. PFA is often sufficient enough to address children's needs in distressful situations, since many children will use their own resilience and social networks to be able to resume their lives. With access to PFA, basic services, and security, most children will recover. Following PFA, programs should offer PSS activities in child-friendly spaces (or educational settings if operating) to bring a sense of normalcy and establish a routine that children need in emergencies. Few children will require continuous support through non-structured and structured PSS activities in order to resume their daily activities/routine.

PSS ACTIVITIES: NON-STRUCTURED AND STRUCTURED ACTIVITIES

PSS activities that fall within ChildFund's approach, as noted above, include non-structured and structured activities. The objectives of non-structured and structured PSS interventions are centered around:

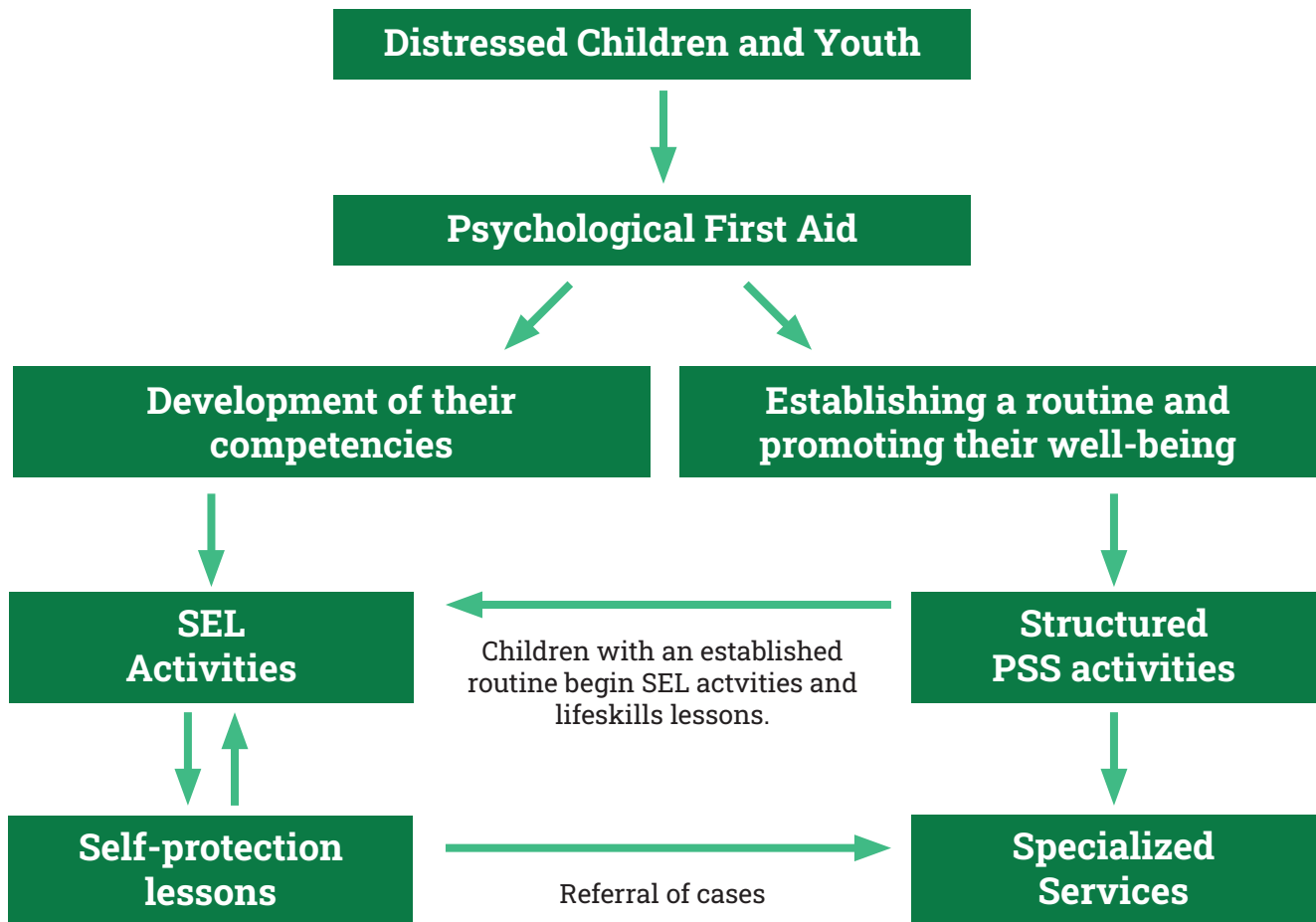
- Empowering children through educating them about their rights, child protection, and options for service provisions.
- Strengthening teachers', community mobilizers' and community leaders' PFA skills in order to improve the psychosocial well-being of parents, caregivers, children, and youth, particularly in times of crisis or distress.
- Enhancing children's skills and knowledge to overcome the negative impact of adversity, particularly violence, and to reintegrate them into the community.
- Fostering children's long-term development and psychological well-being so they may realize their full potential, through building social-emotional learning skills.

Non-structured PSS activities range between recreational and life skills activities. Recreational activities fit into the second layer of the MHPSS pyramid and are important as they help children relax, develop peer relationships, and have fun – all important for mental well-being – but they are not focused on specific PSS outcomes. Life-skills activities can, however, have specific outcomes and can contribute to increased child protection, and illness and violence prevention.

Structured PSS activities support children in identifying and recognizing their own internal resources and target three domains: emotional well-being; social well-being; and skills and knowledge related to life skills. These activities are often administered with a small group of children and youth who require more attention and show significant, but not critical, signs of distress, such as a lack of interest in everyday activities, fear of the future, and who do not seem able to adapt to the situation with only PFA (see Handout 4 of the PSS training package to identify serious signs of stress that require specialized MHPSS). Targeted children and youth should participate in activities covering the three domains with the objective of empowering them to use their own social networks to build confidence and coping mechanisms.



FIGURE 2: CHILDFUND'S APPROACH TO PSS SUPPORT



b. Social-Emotional Learning Activities and Self-protection Lessons

PSS support can also include additional activities for when children are no longer in distress and have established a healthy routine, i.e., a child's situation has normalized, and he/she is using his/her own strengths, skills, and network to cope with the environment. At this point, programs should integrate social emotional learning (SEL) activities and/or self-protection lessons in formal and non-formal settings.

SEL is the process through which children and adults understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions. SEL activities are another form of structured PSS. However, SEL fosters the long-term competency development that supports children to realize their full potential in the future.

Knowledge and skills related to self-protection enhance children's confidence to help themselves and others, and increases their ability to know their rights, seek help, and prevent violence. Self-protection lessons should also be integrated with SEL activities and PSS to build awareness on violence, abuse, and exploitation, and how to seek help when an incident occurs.

It is critical to understand that children's situations are not linear. A child that might appear to be following a routine when his/her situation is normalized, may fall behind because of unforeseen events. During PSS interventions, whether implementing non-structured/structured PSS or SEL and self-protection activities, facilitators should be administering PFA and integrating it in all activities to calm children, or identify and refer children who are in need to further specialized MPSS support, case management or immediate basic services.

Effective PSS should take place in an environment where MHPSS is being addressed at different levels (see the MHPSS intervention pyramid above). Therefore, it is important that MHPSS service providers have been identified and referral systems are in place so that children requiring more focused support can be referred to trained providers who operate at layers three and four of the intervention pyramid.

It is most important that ChildFund or other implementing organization staff not provide or attempt to provide services outside of their capacity. Specifically, to prevent unintended harm, only trained professionals outside of ChildFund or the implementing organization should provide therapy or specialized assistance. However, identifying children for referral to specialized psychosocial and mental health support is an important task for organization staff, community facilitators and PFA helpers. Daily monitoring of children is part of the PSS facilitator's job, which includes noting children's activities, moods, and behaviors while they are in the center. When a child exhibits unusual behavior repeatedly, this is often a sign of distress.

Telemedicine has been one of the positive opportunities presented as result of the COVID-19 emergency. Consider telemedicine for specialized MHPSS service for remote communities that have limited or no access to such services.

KEY ACTIVITIES TO PLAN FOR COMMUNITY-BASED MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT PROGRAM

Structured community-based PSS activities have been shown to result in many benefits traditionally delivered in CFSs, but may be delivered in any community settings. CFSs must incorporate, engage and strengthen families, community members and other support systems. Through PSS activities organized by staff or volunteers who are trained in Psychosocial First Aid, children’s psychosocial well-being is nurtured and may be improved.

Prior to beginning any non-structured/structured PSS activities, implementing staff should initiate several steps to ensure community engagement in the design and implementation of the PSS interventions:

1. A rapid assessment to help identify potential community strengths, assets and any limitations needed, covering the following questions:



- What programs currently exist, if any, providing PSS to children and families?
- What are caregivers already doing to keep children safe and calm?
- Are there adults who demonstrate a particular understanding of children’s needs?
- How are children and adolescents spending their time? Do they play soccer together or chat at the water point?
- Could you involve youth in younger children’s care and protection?
- What strategies could be built upon in a PSS program that are currently being used in the community to comfort children?

2. Identifying coordinating partners



Identifying village committees, community groups, and community-based organizations is also a way to identify strengths within the local community. PSS planning (and implementation) must include coordination and collaboration with different stakeholders including, where possible, existing community level structures.

3. Meaningful child, youth, family and community participation is critical for effective community-based PSS.



For instance:

- Involve youth in program assessment, design, activities planning, implementation, outreach and monitoring.
- Hire and use youth educators. This has positive psychosocial benefits for the youth educators by building their own confidence, leadership skills and teamwork, as well as for the youth they support, and can strengthen peer information exchange and mentorship.
- Train prominent adults in the community (teachers, coaches, community leaders) in methods to develop and promote self-esteem, negotiate and establish boundaries, improve communication, prevent and manage violence, make safe use of technology, and learn how to be a mentor and supportive adult for all children in the community.
- Support mentoring programs for children and adolescents by other community members to build life skills and provide positive role models.

4. Culture adaptation

ChildFund should build on already existing activity banks available for structured PSS, SEL, and self-protection activities, including but not limited to the following list:



- The activity catalog for CFSs in humanitarian settings from IFCRC and World Vision.
- SEL Intervention manuals from International Rescue Committee, which include a lesson bank of SEL activities and a games bank.
- The Learning and Well-being in Emergencies manual from Save the Children.
- Terres des Hommes: Laugh, run and move to develop together, which includes activities for 4-14 year olds: <https://www.tdh.ch/en/media-library/documents/laugh-run-and-move-develop-together>.
- PLAY @ HOME Games for Health and Wellbeing during the COVID-19 Outbreak: https://inee.org/system/files/resources/Play%20%40%20Home_Covid-19_Games_Packet.pdf

5. Working with different groups of children and the community

It is important that PSS activities facilitators consider children's different ages, as well as their different interests, and adapt them accordingly. Working with other community members is an effective outreach strategy to ensure that children, especially those who are hard to reach, can participate in activities. It is often difficult to reach children who are the most at-risk during an emergency. PSS strategies should also take into account that it is generally more challenging to involve youth in PSS interventions and, therefore, it is particularly valuable to develop strategies that include consulting with and meaningfully involving youth. Below are some strategies which can be used to involve diverse ranges of children.



- Consider organizing activities during separate time periods for very young children (0-3 and 4-7 years) and their caregivers, school-aged children (8-12 years), and teenagers (13-18 years), respectively. Organize developmentally appropriate activities for each group (see also: Annex — Developmental Milestones).
- Older children may benefit from being actively involved in caregiving, advocacy, or coordinating care for younger children. Consider options for child participation in how they may contribute to the CFS and PSS.
- If there are very large numbers of children, consider providing shorter sessions for more children, rotating children (e.g. some children engage in center-based activities while others, if it is safe, do activities in the community), and mobilizing community members to conduct activities in satellite locations.
- Collaborate with staff or organizations that specialize in working with traditionally excluded groups, such as adolescent girls, people with disabilities, etc. Care should be taken to ensure that the physical aspects of the CFS (e.g., accessibility for people with disabilities) enable excluded people to participate.
- Extend non-specialized psychosocial support, including PFA, to all community members by raising their awareness to detect signs of physical-emotional risk and distress among children and youth.
- Extend psychosocial support to promote caregivers' well-being and provide parents/caregivers with parenting/family strengthening programs.

6. Targeting adolescents and gender differences



Adolescents have specific needs but are also harder to engage through CFSs. It is essential to identify adolescents, including those with disabilities, without stigmatizing, and to target them with age- and gender-sensitive activities, ideally through a participatory process of design. Cultural sensitivities may be more significant at this age, for example, restrictions on girls mixing with boys, so it is important to fully understand these and find ways to adapt, such as by escorting girls or having girl-only sessions. Young mothers may need assistance with child care in order to participate. Additionally, working with the community and the girls themselves to identify culturally appropriate ways of engaging girls in meaningful activities that they see as important greatly contributes to girls attending PSS activities, as well as building their sense of agency.

Adolescents appreciate being fully informed about their situation and future. In addition to activities such as film clubs, life and social-emotional skills training, it is important to engage adolescents in other meaningful activities. For instance, as volunteers with younger children, or in leadership roles related to separation/trafficking prevention.



COMMUNITY-BASED PSYCHOSOCIAL ACTIVITIES TRAINING

Overview

ChildFund developed a five-day PSS facilitators training package as part of the Encircle Resources Hub, for teachers and other community members to develop and facilitate structured PSS activities, including SEL and self-protection activities, for children of different ages. The training encourages participants to use their local knowledge to guide activity contextualization. This training will take an estimated 30 hours to complete, based on an in-person setting.

Learning objectives:

- Understand a community-based approach to MHPSS.
- Understand structured PSS, SEL, and self-protection activities.
- Adapt structured PSS, SEL, and self-protection activities to local contexts.
- Develop workplans for structured PSS, SEL, and self-protection activities for children and youth.
- Expand PSS program to adolescents, older youth, and caregivers.
- Learn effective program monitoring for activities and children's well-being.

What is included in ChildFund's Community-Based Psychosocial Support and Structured Activities Training Package?

The training package includes the following:

1. Trainers' notes for five days of face-to-face training sessions. The session plans will also include virtual adaptations of the sessions.
2. Master slide deck with 165 slides.
3. 19 handouts

Training Outline:

| | Topic | Learning Objective |
|--------------|--|--|
| Day 1 | Introduction and objective of community-based mental health and psychosocial support | Introduction and objective of community-based mental health and psychosocial support. |
| Day 2 | Plan and organize structured PSS activities | <ul style="list-style-type: none"> • Adapt structured PSS, SEL, and self-protection activities to local contexts. • Develop workplans for structured PSS, SEL, and self-protection activities for children and youth. |
| Day 3 | Plan and organize SEL activities | <ul style="list-style-type: none"> • Adapt structured PSS, SEL, and self-protection activities to local contexts. • Develop workplans for structured PSS, SEL, and self-protection activities for children and youth. |
| Day 4 | Plan and organize self-protection activities and engage youth & caregivers | <ul style="list-style-type: none"> • Adapt structured PSS, SEL, and self-protection activities to local contexts. • Develop workplans for structured PSS, SEL, and self-protection activities for children and youth. • Expand PSS program to adolescents, older youth, and caregivers. |
| Day 5 | Monitor and track children's wellbeing | <ul style="list-style-type: none"> • Monitor program activities and children's well-being. |

Global Guidance



Global guidance on community-based child protection and MHPSS in emergencies has been developed by a number of UN-coordinated, multi-agency groups including: The Alliance for Child Protection in Humanitarian Action (previously called the Child Protection Working Group), The Inter-Agency Standing Committee (IASC) Reference Group on Mental Health and Psychosocial Support in Emergency Settings, and the International Organization for Migration (IOM).

Key global guidance on community-based approaches includes:

- Child Protection Working Group (2019). Minimum Standards for Child Protection in Humanitarian Action. Standard 17: “All children and young people can go to community-supported child-friendly spaces that provide structured activities that are carried out in a safe, child-friendly, inclusive and stimulating environment”; Standard 10: “Girls’ and boys’ coping mechanisms and resilience are strengthened, and severely affected children are receiving appropriate support”.
- Inter-Agency Network of Education in Emergency (2018). GUIDANCE NOTE PSYCHOSOCIAL SUPPORT Facilitating Psychosocial Wellbeing and Social and Emotional. Learning. https://inee.org/system/files/resources/INEE_Guidance_Note_on_Psychosocial_Support_ENG_v2.pdf.
- UNICEF (2018) Operational Guidelines on Community-Based Mental Health and Psychosocial Support in Humanitarian Settings: Three-tiered support for children and families (field test version).
- IASC Reference Group on MHPSS (2019). Community-based approaches to MHPSS programs: a guidance note.
- IOM (2019). Manual on Community based mental health and psychosocial support in emergencies and displacement and Psychosocial Support in Humanitarian Settings: Three-tiered support for children and families (field test version).
- IASC Reference Group on MHPSS (2019). Community-based approaches to MHPSS programs: a guidance note.
- IOM (2019). Manual on Community based mental health and psychosocial support in emergencies and displacement.

STEP 8: MONITORING AND EVALUATION COMPONENT



Step 8: Monitoring and Evaluation Component

IN THIS SECTION

Pg. 107 **Guiding Note On Child-Friendly Space Monitoring And Evaluation**

Details the outcome and input indicators for CFS implementation, and provides guidance on activities required for the successful CFS implementation.

Pg. 109 **Tools For Monitoring**

Excel database forms including: registration, monthly reporting, weekly reporting, CP referral, CP risks reporting, outreach registration, and monthly monitoring for outreach programs. Tool: Access to excel and editable files are found on ChildFund's SharePoint: <https://childfundintl.sharepoint.com/sites/programs/EVPOffice/EmergencyMgmtUnit/cfs/SitePages/Child-Friendly-Spaces.aspx>.

GUIDING NOTE ON CHILD-FRIENDLY SPACE MONITORING AND EVALUATION

Developing a proper monitoring and evaluation (M&E) framework for a Child-Friendly Space (CFS) is important. This can be a confusing task as often organizations have different terminology and approaches to M&E. You will probably have heard terms like 'goals', 'primary objective', 'indicator' 'outputs', 'outcomes' and 'measures' and wondered what these different terms all mean. This chapter outlines a set of simple explanations and steps, without using too many technical terms, for setting up a monitoring system and a CFS evaluation. It also includes a section on setting up a system for children, parents/ guardians and the community to give feedback on the CFS program.

Standardized tools across agencies

Many agencies implement similar CFS models in humanitarian contexts. It is very useful to work with other agencies at the onset of an emergency to agree on a standard M&E framework. This will allow a picture of how all children in the area are being served by CFSFs.

What are the differences between monitoring and evaluation¹?

Often we refer to monitoring and evaluation as if they are one thing. They are linked, but are in fact two different practices.

Monitoring is the systematic gathering of information (or data) while a program is being implemented. Collecting data like this will allow you to check (or monitor) your work. For example, having data on who is (and who is not) attending regularly will allow you to ask questions like, 'Why are so few girls attending? What can we do to make sure more girls attend?' Monitoring data is used to review and improve your implementation. It is also important when you are reporting on your program to your organization's management, and ultimately to the donor, as it shows how resources have been used.

Evaluation refers to examining specific information at specific time points (usually at the beginning, middle and end of a program) to see if the CFS activities have achieved the expected results. For example, one of the aims of setting up a CFS is to help children recover from stressful events. So an evaluation would ask questions like, 'Are the children less emotionally stressed after being part of a CFS program?' Finding ways to answer such a question is a complex task. This chapter provides some simple information on how to support an evaluation, but we suggest engaging a technical expert to help you conduct an evaluation.

¹ Adapted from Inter-Agency Standing Committee (IASC), The Common Monitoring and Evaluation Framework for Mental Health and Psychosocial Support in Emergency Settings: with means of verification (Version 2.0), IASC, Geneva, 2021.

Setting Up a Monitoring Framework¹

Be sure to allow time at the beginning, middle and end of a program and budget for a technical expert and their research team to collect data and evaluate if your program has achieved its goals.

Monitoring Coordinator

This toolkit includes a terms of reference for a monitoring coordinator who will be responsible for making sure that ongoing monitoring data is collected accurately, entered into the Excel database, kept secure, and who also produces reports for the CFS staff to review and to report to donors on the CFS progress. This person can work 50% of their time on program monitoring while they work on another program, as it should not be a full-time job.

What to monitor:

A monitoring system for a CFS program should include tools and processes for regularly tracking the following:

- Registration or enrollment – this should include details about the child as well as contact information for parent/ guardian and a consent form signed by parents/ guardian. This is not a very useful monitoring tool as a child may register and never attend. But it is important to ask parent/ guardians to fill in a registration form as it gives background information about a child, contact details and consent to participate from parent/ guardian.
- Attendance – the attendance of the enrolled children in the regular Child Friendly Space activities. It is important to record the sex and age of the children and if at all possible also disability status.
- Activities – the type of activities conducted in the Child Friendly Space each day.
- Outreach – records of children in need of protection identified during outreach activities and a tracking form to record follow up of these children.
- Referrals – the number of children who attend the Child Friendly Space who are referred to other services.
- Child Friendly Space quality standards – the extent to which a Child Friendly Space is meeting minimum quality standards. Regular monitoring of the quality of Child Friendly Space should be undertaken to make sure that children and families are receiving the best possible service.

¹ Adapted from World Vision International, (2015). Evaluation of Child Friendly Spaces: Tools and guidance for monitoring and evaluating CFS.

TOOLS FOR MONITORING

This toolkit includes tools for monitoring each of the suggested activities. They are described in more detail in the next section, and the actual forms/tools are in Excel form in ChildFund's Sharepoint site found here: <https://childfundintl.sharepoint.com/sites/programs/EVPOffice/EmergencyMgmtUnit/cfs/SitePages/Child-Friendly-Spaces.aspx>.

The monitoring tools are adopted from World Vision International's (2015) Evaluation of Child Friendly Spaces: Tools and guidance for monitoring and evaluating CFS, found here: <https://www.wvi.org/united-nations-and-global-engagement/publication/evaluation-child-friendly-spaces-tools-and-guidance>

The Monitoring Coordinator should print out the forms from Excel for use by the different members of the CFS team (see below for more information.)

Monitoring Framework Useful Terms

Overall goal: The specific objective you want to achieve at the end of a project. For a CFS program, the overall goal would be: "To promote protection, well-being and learning through safe, inclusive and contextually age-appropriate activities in a child-friendly space." ¹

Activities: The actual work that you do. Each activity you run should contribute to reaching the overall goal.

Outputs: The results of individual activities are sometimes called 'outputs'. An example of an activity is training CFS volunteers on reporting child protection issues. The output from this activity would be trained volunteers with knowledge on child protection. Another example of an activity is providing PSS support through structured groups. The output would be the number of children attending a group for more than 3 sessions.

Indicators: Think of an indicator on a car. It flashes to show that something is happening – the car is going to turn. In monitoring language, an indicator is something you can see (like a flashing light) that tells you something is happening. So the number of volunteers trained in child protection is an output indicator – it is showing a result of an activity (the training). The number of children attending PSS groups at least 6 times in a row is showing you (or indicating) how well your activity (the PSS group) is doing.

TOOLS AND FORMS

Registration or enrollment: this comprises two forms, 1) an application form filled in by the CFS facilitator for every child and kept in file, 2) a registration tracking sheet that is used to support data analysis.

Objectives: Record number of children attending CFS activities disaggregated by sex, age, and others.

Time: 10 minutes for each child at the time of registration

Frequency: Once for each child

Steps:

- Register all children and visitors (all visitors need to sign ChildFund International Child Safeguarding Policy) at the door before entering CFS.
- All data may be recorded on paper using the forms below, and then entered electronically using registration tracking sheet on excel or/and other data analysis tool.
- All records are confidential and must kept in secure space.

Example of a registration application:

Confidential Statement: The data on this form will be used by at the Child-Friendly Space to support the implementation of the programme. programme. Data to support ongoing research and development of children’s programmes may be collected here, but no identifying information (such as the caregiver name, the child’s name, phone number or place of residence) will be given to outside organizations without the caregiver’s consent.

| Registration Application for Children | |
|---|--|
| Name of Child-Friendly Space (CFS): | |
| Village/city: | |
| Municipality/province: | |
| Registration date: | |
| Name of child: | |
| Gender: | |
| Age and date of birth (mm/dd/yy): | |
| Education level: | |
| Names of parents/guardians: | |
| Names of siblings attending the CFS: | |
| Contact number of parents/guardians: | |
| If guardian is not mother or father, what is their role/relationship? | |
| Emergency contact person if guardian is not reachable: | |
| Does the child have any disability? | |
| Description of disability: | |

Example of a registration tracking sheet in Excel:

CFS registration tracking sheet is used to support data analysis.

| Child's Name | Village/City | Registration Date | Sex | Age (Date of Birth) | Education Level | Parent/ Guardians Names | Parent/ Guardians Contact Number | Name of Siblings Attending CFS | Guardian is Not Mother or Father (Y/N) | Emergency Contact Person | Disability (Y/N) | Parents/ Guardian consent for photos (Y/N) | Form Completed By | Name of CFS |
|--------------|--------------|-------------------|-----|---------------------|-----------------|-------------------------|----------------------------------|--------------------------------|--|--------------------------|------------------|--|-------------------|-------------|
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Attendance record: This is comprised of two forms, 1) a paper-based form to record daily attendance, 2) an attendance tracking sheet to support data analysis.

Objective:

- Maintains a record of the daily attendance of children disaggregated by date, sex, age, and others.
- Supports appropriate targeting of Child-Friendly Space.

Time: 10 minutes to fill the form

Frequency: Daily

Steps:

- Register all children daily before starting activities in Child-Friendly Space.
- Enter the attendance sheet electronically in a daily basis.
- On bi-weekly basis, review attendance and look for patterns of attendance by sex, age group and disability ability.

Example of a paper-based daily attendance sheet:

| | | | | | |
|---------------------------------------|--|------|-----|-----|-------------------|
| Name of CFS: | | | | | |
| Date: | | | | | |
| Activity name: | | | | | |
| Name of staff member completing form: | | | | | |
| Registration number: | | Name | Sex | Age | Disability Status |
| | | | | | |

Example of CFS attendance tracking

| CFS attendance tracking sheet | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------------------|--------------|-----|-----|--------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|---------|----|----|----|--|
| Registration Number | Child's Name | sex | Age | Month: | | | | | | | | | | | | | | | | | | | | | | | | | | Total # | | | | |
| Day | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | |
| | | | | S | M | T | W | T | F | S | S | S | M | T | W | T | F | S | S | S | M | T | W | T | F | S | S | S | M | T | W | T | F | |
| Registration Number | Child's Name | sex | Age | Month: | | | | | | | | | | | | | | | | | | | | | | | | | | Total # | | | | |
| Day | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | |
| | | | | S | M | T | W | T | F | S | S | S | M | T | W | T | F | S | S | S | M | T | W | T | F | S | S | S | M | T | W | T | F | |
| Registration Number | Child's Name | sex | Age | Month: | | | | | | | | | | | | | | | | | | | | | | | | | | Total # | | | | |
| Day | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | |
| | | | | S | M | T | W | T | F | S | S | S | M | T | W | T | F | S | S | S | M | T | W | T | F | S | S | S | M | T | W | T | F | |

Activity Record: This is comprised of two forms: 1) Non-structured Activity Plan, and 2) Structured PSS Activity plan.

Objective:

- To track activities conducted at the CFS.
- To inform changes to the CFS activity schedule.

Frequency: Every week with change of schedule

Steps:

- Prepare activity plan with team every two weeks.
- Update the schedule and keep copies of old schedules on file for review.

Example of non-structured PSS activity plan

| Non-structured activity plan | | | | |
|------------------------------|------------|-----------|---------------|-----------|
| Date | Group Size | M/F/Mixed | Activity Name | Age group |
| | | | | |
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Example of structured PSS activity plan

A -week structured PSS activity plan for a one-hour session a week

| WEEK 1 | | | | | |
|--------------------------|---|-----------|-----------|----------|--------|
| Date: | | | | | |
| Age group: | | | | | |
| Group name: | | | | | |
| | Monday | Tuesday | Wednesday | Thursday | Friday |
| Theme/domain | Emotional | Emotional | Emotional | Social | Social |
| Opening ritual | This will always be the same – write it here for the first | | | | |
| Opening game (warm up) | | | | | |
| Main activity | | | | | |
| Closing game (warm down) | | | | | |
| Closing ritual | This will always be the same – write it here for the first meeting: | | | | |

Outreach Identification

Objective:

- To record children attending mobile activities supported by CFS and/or those who have been recruited to CFS through mobile awareness campaigns in targeted locations.
- To support targeting vulnerable and at-risk children to attend CFS activities.

Time: 30 minutes for every child by outreach workers.

Frequency: Daily or depending on outreach team schedule.

Steps:

- Outreach officer fills out 'Outreach Identification Form' for every child attending mobile activities supported by CFS and/or those who have been recruited to CFS through mobile awareness campaigns in targeted locations.
- Enter electronically using outreach tracking sheet in Excel and/or other data analysis tools.
- All records are confidential and must be kept in a secure space.

Example of paper-based 'Outreach Identification' form

| Outreach Identification Form | | | |
|--|---------------------|---------------|-----|
| Volunteer name: | | | |
| Date of Family Identification: | | | |
| CHILD PROTECTION CONCERN (check one or several depending on the case) | | | |
| <ul style="list-style-type: none"> · Out-of-school youth/children · Children/youth with disabilities · Lesbian, gay, bisexual, transgender and intersex (LGBTI) children · Child/youth-headed households · Children/youth living and working on the streets · Children/youth born as a result of rape · Children/youth from ethnic and religious minorities · Youth affected by HIV and AIDS · Adolescent girls · Children/youth engaged in the worst forms of child labor · Children/youth without appropriate care · Children born out of wedlock · Youth living in residential care or detention | | | |
| FAMILY GENERAL INFORMATION | | | |
| | Father's Info | Mother's Info | |
| Name | | | |
| Date Of birth | | | |
| Job | | | |
| Marital status | | | |
| Education level | | | |
| Tribal name | | | |
| Progress ID # | | | |
| FAMILY CONTACT INFORMATION | | | |
| District # | Street number: | | |
| Detailed location: | | | |
| Phone number: | Alternative phone # | | |
| UNHCR ID | | | |
| CHILDREN IN THE FAMILY | | | |
| | Name | Gender | Age |
| 1. | | | |
| What type of information/services (in case of referrals) have been provided to the family? | | | |
| Volunteer name: | | | |
| Volunteer signature: | | | |

Example of outreach tracking sheet on Excel sheet

| Outreach Tracking Sheet | | | | | | | | |
|---|---------------|-----|--------|----|------------------------|---------------------------|----------------|-------------------|
| For identified marginalized and vulnerable children and families | | | | | | | | |
| First Name | Date of Birth | Age | Gender | ID | Identification Form ID | Child Protection Concerns | Follow-up Date | Date of Follow-Up |
| | | | | | | | | |
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Referral Tracking System

The referral tracking system consist of two forms: 1) a CFS Referral Form for Services; 2) Child Protection Identification Tracking Sheet; 3) Cases Referred to Specialized Services

Objectives:

- To record the number of children who attend the CFS who are referred to child protection and other services.
- To record the child protection issues that are being referred and detected by CFS program staff.
- To record information on the follow-up activities carried out by CFS staff.

Time: 15-30 minutes to complete the form (depending on the nature of referral and the level of details required).

Frequency: To be completed every time a referral is made.

Steps:

- Immediately after a meeting or decision to refer a child to another service, complete the form.
- Keep copies of the referral forms on file as part of the case management system and periodic review.
- Bi-weekly, record the child protection issues identified and referred by CFS staff.
- Bi-weekly, conduct a review of the type of service, child protection issues, and follow-up actions.



Example of CFS Referral Form for Service

| | | | | | | | | | |
|--|---|--------------|---|---------------|---|--|--|--|--|
| Referral No. _____ | | | | | | | | | |
| CFS Referral Form for Services | | | | | | | | | |
| Date: | | | | Time: | | | | | |
| Child Name: | | | | AGE: | | | | | |
| CFS Facilitator: | | | | | | | | | |
| CFS Location ID: | | | | | | | | | |
| Reason for Referral (summary) | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Child Protection Concerns (answer if the referral is child protection related) | | | | | | | | | |
| (check here) | Sexual violence (rape, sexual assault, early marriage, FGM) | | reckless behavior | (check here) | sexually violated in the past and not received any support | | | | |
| (check here) | Psychological issues (suicide or suicidal thoughts) | (check here) | Self-harming | (check here) | Caregivers' approach to the child is harmful (occasional belittling, Child is treated differently than other siblings | | | | |
| (check here) | Sexual contact with adult | (check here) | stopped communicating | (check here) | | | | | |
| (check here) | Adolescent pregnancy/child parent | (check here) | sense of reality is affected | (check here) | | | | | |
| (check here) | Excessive corporal punishment | (check here) | intense violent behaviors | | | | | | |
| (check here) | Threats to injure Dangerous | | Others: | Specify: | | | | | |
| Action taken by Child Protection Specialist (you may select more than one) | | | | | | | | | |
| (check here) | Contacted caregiver/parent on | | | | | | | | |
| (check here) | Held meeting with caregiver, child and supervisor | | | | | | | | |
| (check here) | Referred to (service provider name) | | | | | | | | |
| (check here) | Submitted to National/Regional Child Protection Advisor | | | | | | | | |
| | Others | | | Specify here: | | | | | |
| Select service that child was referred to (you may select more than one): | | | | | | | | | |
| (check here) | Legal | (check here) | Shelter | | | | | | |
| (check here) | Health | (check here) | Birth Registration | | | | | | |
| (check here) | Case Management | (check here) | Out-of-school program | | | | | | |
| (check here) | Cash Assistance | (check here) | Specialized Mental Health and Psychological | | | | | | |
| | | (check here) | Any other | Specify: | | | | | |
| Planned follow-up | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Follow-up activities | | | | | | | | | |
| Date: | | | | | | | | | |
| Activity | | | | | | | | | |
| Date: | | | | | | | | | |
| Activity | | | | | | | | | |
| | | | | | | | | | |
| CFS Facilitator signature: | | | | | | | | | |
| Date: | | | | | | | | | |
| | | | | | | | | | |

Examples of Child Protection Identification and Case Referral Tracking Sheets

| Child Protection Identification Tracking Sheet | | | | | | | |
|--|-----------|--------------------------|---------|------------|-----------------|---------------|-------------|
| First Name | Last Name | Date of Birth (mm/dd/yy) | UNHCR # | Referral # | Type of Concern | Identified By | Reported by |
| | | | | | | | |
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| Cases Referred to Specialized Services | | | | | | |
|---|-------------------------|------|-------|-------------------|------------------|--------|
| Services | No. of cases identified | Boys | Girls | Referral made to: | Date of referral | Status |
| Shelter | | | | | | |
| Health | | | | | | |
| Birth Registration | | | | | | |
| Out-of-school program | | | | | | |
| Legal | | | | | | |
| Cash Assistance | | | | | | |
| Specialized Mental Health and Psychological | | | | | | |
| Case Management | | | | | | |
| Any other (specify) | | | | | | |
| Total | | | | | | |

CFS Quality Standards Checklist

Objectives:

- To assist in planning for CFS in the field.
- To assist in monitoring CFS implementation.
- To improve CFS quality.

Time: 10 minutes to fill in after spending at least a morning or afternoon in the CFS.

Frequency: Every three months by the CFS Coordinator.

Steps:

- This checklist is not designed to assess the impact or monitor CFS implementation. It is designed to plan and improve quality of the CFS implementation. Therefore, it should not be used as an assessment tool.
- This checklist will be filled out by a senior program staff overseeing the CFS implementation.
- The checklist should be filled out based on field visit(s), observations and discussions with program staff.
- Ideally, the checklist should be discussed with CFS staff and management to agree on next steps.
- This checklist can be used to plan for CFSs.

CFS Quality Checklist

| Name of CFS: | | |
|--|-----------------|---------------|
| Date assessed: | | |
| Quality standards | Yes/ Partly/ No | Action points |
| Supervisor to child ratio is met: The minimum caregiver to child ratio is 2:40 for children under 12, and 2:60 for children over 12. | | |
| Code of Conduct is understood by all staff and displayed in the CFS | | |
| The space is safe i.e. strangers cannot wander in without anyone noticing. | | |
| Record kept of all visitors | | |
| Attendance records up to date | | |
| Play equipment and toys are safe for children's use | | |
| Activity schedule prepared in advance of use | | |
| Activities available at least two hours per day, three days per week | | |
| The Activities are diverse and suited to different ages, genders and to children with disabilities | | |
| Activities are fun and engaging and promote the right to play | | |
| CFS coordinates with formal schools, complements them and does not compete with them. | | |
| There is parental involvement in the CFS such as parenting support groups, parenting information sessions or inter-generational activities | | |
| There is community involvement in the CFS at least once every three months through open days, events such as netball and football matches, parent committees, parent involvement in lifeskills or cultural activities. | | |

A Monitoring Framework – How to Use the Different Tools

A monitoring framework is a summary of all of the different tools you will use to monitor activities and outputs and it also describes who will use the tools and how often. The table below is a monitoring framework for the ongoing monitoring of a CFS program.

| Monitoring framework | | |
|--|--|---|
| Outputs and indicators | | |
| Output | Indicator of output | Data source |
| (X) CFSs established to reach affected population of children | (No.) of CFSs established | Operating approval |
| | (No.) of children attending CFSs each week, disaggregated by gender/sex and age and disability status | Attendance register – Note: Monitoring actual attendance at CFS is a better output indicator than a registration form. The registration form is useful for back ground information on children contacting parents and for recording consent to participate. |
| | Evidence that affected population of children have close and safe access to CFSs | Mapping of spread and reach of each CFS in area where affected community lives – this can be done simply by using a hand drawn map of the area with all the CFSs shown and estimating the time taken from the zones or areas where children live to walk to the CFS. |
| Trained staff and volunteers to support the CFSs | (No.) of CFSs staff and volunteers trained | Training register |
| Non-structured PSS activities such as recreational and life-skills activities for children | (No.) of children attending <i>non-structured</i> PSS session disaggregated by gender/sex and age and disability status | Registration Form Attendance register |
| Structured PSS activities for children | (No.) of children attending <i>non-structured</i> PSS session disaggregated by gender/sex and age and disability status | Attendance registers for PSS groups |
| | (No.) of children attending <i>structured</i> PSS sessions at least 6 weeks in a row disaggregated by gender/sex and age Note: This indicator gives a more detailed idea of whether the output is working towards the goal as attending 6 weeks in a row is likely to have greater impact on children and youth than attending one or two sessions or attending sporadically. | Attendance register for structured PSS group |

| | | | | |
|--|--|---|---|---|
| Quality care for all children attending CFS | The indicators are contained in the Quality Standards Checklist that you will find in the Excel folder | | | |
| Children with special needs (PSS or child protection or health or other) identified and referred | (No.) of children referred to specialized services including child protection, PSS, health and other. | Referral form – note that this form includes space to identify where the child has been referred. | | |
| Children who register at CFS as a result of outreach | (No.) of children who register at CFS through intervention of outreach volunteer | Registration form – the standard form has space for indicating if child was referred by outreach | | |
| Children who will not/ cannot access CFS access CFS outreach services | (No.) of children followed up regularly (every 3 weeks) by Outreach volunteers | Outreach tracking form | | |
| Data source, frequency of collection, responsibility for collection | | | | |
| Form | Description | Frequency | Responsible person | Accountable |
| Registration form | A list of all the children, their names, <u>ages</u> and gender, as well as a list of all mothers with young children (ages 0-5). | On registration | Facilitators | CFS Monitors |
| Attendance records for each activity | Should <u>include</u> : full names of all the children, their ages, gender, parents' names and contact information. If children have stopped coming after 2 sessions, the outreach team should follow up with the child. Attendance sheet should also be used during community awareness sessions and other outreach activities. | Daily | Facilitators | CFS Monitors |
| Activity schedule | The activity schedule should include free time, recreation, expressive <u>activities</u> and time for small/ large group discussions. | Updated regularly when any changes are made | Facilitators | CFS Monitors |
| Referral form | Records information on the type of services to which referrals are made and records information on follow-up activities carried out by CFS staff | Every time a referral is made | Facilitators to report to Monitor who fills form in and keeps a record of it to follow up | CFS Coordinator and CP focal point if it is a protection case |

| | | | | |
|----------------------------|--|--|---------------------|------------------|
| Quality standard checklist | To assess the extent to which the CFS is meeting quality standards and to support improvement of quality of the CFS. This is also a useful tool for planning improvements over time. | Every three months | CFS Coordinator | Program manager |
| Outreach registration form | To record the work of the outreach team as a bridge between the community of marginalized children and the CFS | Every time a child is registered through the intervention of an outreach volunteer | Outreach volunteers | Outreach officer |
| Outreach tracking sheet | To record interaction and referral between outreach volunteers and children who are not part of the CFS | Daily | Outreach volunteer | Outreach officer |



Supporting an Impact Evaluation

As we explained at the beginning of this chapter, an evaluation does not collect ongoing data but looks at specific information at specific time points (usually at the beginning, middle and end of a program) to see if the activities done have achieved the overall goal of the CFS program.

If the overall goal of the program is:

“To promote protection, well-being and learning through safe, inclusive and contextually age-appropriate activities in a child friendly space,” then an evaluation will tell you if this goal has been achieved at the end of the project.

Baseline and endline data

This is data that is collected before a program starts. It gives a base that can be compared to data collected at the end of a program. A baseline for a CFS would probably show that there was nowhere for children to go in the area where they felt safe and protected. It may also show that a high percentage of children in the community were emotionally stressed. An evaluation would then, at the end of the program (after three years, for example) ask children in the area if there was anywhere they could go where they would feel safe and protected – hopefully a high percentage of children would say ‘Yes! The CFS. We go there every week!’ The evaluators may also test the levels of emotional stress in children. If the CFS program has achieved its goal then a smaller percentage of children in the community should have high emotional stress levels. These are examples to help you understand evaluation language, it is complex to measure things like emotional stress so this is why it is important to bring in a technical expert to help you do an evaluation.

Impact: If there is an impact on something, it means it has changed or it is different. Your goal as a CFS team is to have an impact on children’s protection, well-being and learning, and by comparing baseline and endline data you should be able to see this. Evaluators sometimes also compare data collected from children who have been part of a program with children who have not. We hope this short explanation will help you understand some of the language of M&E. If you want to understand more about CFS program evaluation, this publication is useful: World Vision International, (2015). *Evaluation of Child Friendly Spaces: Tools and guidance for monitoring and evaluating CFS*. <https://www.wvi.org/united-nations-and-global-engagement/publication/evaluation-child-friendly-spaces-tools-and-guidance>

¹ Minimum Std. 15. The Alliance for Child Protection in Humanitarian Action (ACPHA) (2019), Minimum Standards for Child Protection in Humanitarian Action, 2019 Edition. https://alliancecpa.org/en/system/tdf/library/attachments/cpms_2019_final_en.pdf?file=1&type=nod

Impact Indicator Ideas

The following are three useful impact indicators, however, hiring a technical expert to set up a full evaluation plan is advised.

| Impact indicator | Measurement tool |
|---|--|
| % of children who identify a safe space outside the home where they can go. | A simple survey of children in a specific area could be used to gather this data. |
| % of children who have attended the CFS program who show a decrease in symptoms associated with mental and psychosocial distress (as compared to baseline and possibly also control group who have not attended CFS program). | This is a complex indicator to measure. The World Vision International, (2015) publication https://www.wvi.org/unity-nations-and-global-engagement/publication/evaluation-child-friendly-spaces-tools-and-guidance includes a list of tools and their strengths and weaknesses that can be used to measure psychosocial well being. There are also qualitative research tools for measuring PSS impact in a REPSSI publication called 'Are we making a difference?' www.repssi.org . |
| % of children who identify a 'trusted adult' outside the family they can go to if in need | A survey question – if this is also discussed in a focus group it is possible to access more information about CFS staff as potential trusted adults and also how they have built trust. |
| % of children who have a friend that they trust enough to tell them a secret – this measures the presence of a social network which we know from research is protective and promotes children's wellbeing. | A survey question - if this is also discussed in a focus group it is possible to access more information about how attending a CFS builds children's social networks. |

STEP 9: CFS TRANSITION TO COMMUNITY AND EXIT



STEP 9: Transitioning to Community

IN THIS SECTION

- Pg. 126** **Transitioning The Child-Friendly Space To The Community**
Tips and suggestions for teams to consider when transitioning the CFS and exiting the community.
- Pg. 128** **Tools To Support The Team Planning The Transition**
Tools for the team to use when planning the transition.
- Pg. 131** **How To Say Goodbye To The Community**
Suggestions for effective communication with community members prior to transition/exit.
- Pg. 132** **Options For Transition**
List of possible options to be discussed with community before exiting and closing the program.
- Pg. 133** **Elements To Consider In Transition**
A list of questions and scenarios to be considered during transition/exit.

TRANSITIONING THE CHILD-FRIENDLY SPACE TO THE COMMUNITY

Child-Friendly Spaces (CFSs) should be implemented using a phased approach during emergencies. Naturally, they will evolve over time, along with the needs and priorities of the community. The initial start-up may function very differently than it does a year later.

Using intervals of 3- and 6-months can be useful for evaluating next steps, given the rapidly changing post-emergency environment. CFS activities in various countries have continued, stopped or evolved as communities have moved into more stable post-emergency phases. For example, following the earthquake in Gujarat, India, CFSs initially served as an important area for children to safely meet and gather. However, rapid rebuilding of homes and villages soon became the priority, and the decision was made to close the CFSs as other, more permanent structures for children were being created.



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

Transitioning out of the CFS: Field Example from Afghanistan



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

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

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



Quick List: Transitioning out of the CFS

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

Available Tools

- Transition process guidance
- How to Say Goodbye to the Community
- Options for Transition
- Elements to Consider During Transition

TRANSITION PROCESS GUIDELINES

| Steps to Transition | Details |
|-------------------------|--|
| Plan from the outset | <ol style="list-style-type: none"> 1. Include options for transition and steps to be in transition in your initial plans. Align these with broader recovery planning. 2. Contingency planning: What will you do if the CFS comes under attack? Or if there is an outbreak of a communicable disease? How will you deal with unforeseen developments and unintended consequences? |
| Communicate and consult | <ol style="list-style-type: none"> 1. All stakeholders (staff, planners, government, community and religious leaders, community members, families and children) need to be informed that the CFS is a temporary measure to offer support to families and communities in the first phase of the emergency and during early recovery; it is not a long-term substitute for community or family care or schooling systems. 2. The closure date should be clearly shared with all stakeholders, both children and adults, during the initial set-up stage. 3. Consult with children, parents and community leaders on how they would like to transition the CFS. Discussions around transition should take place from the outset and be on-going throughout the monitoring process. Senior staff should meet with community members at an early stage of the exit/transition process to make sure they accept and understand the consequences of closure or transition. 4. Community and religious leaders and others can be involved in planning meetings with the organizations to discuss how to close or transition the CFS. 5. Regardless, of whether the CFS transitions into a longer-term initiative or phases out completely, it is important to establish a constant dialogue with community members about the plans and future of the CFS. If there are plans to maintain a CFS on a more permanent basis, this should be planned and designed in consultation with the community. |

| Steps to Transition | Details |
|---------------------|---|
| Coordinate | <ol style="list-style-type: none"> 1. Work with other CFS implementing agencies on the timeline for phase out. 2. Have discussions with social services on support they can give to vulnerable children: Coordinate with health service providers to see what activities they will maintain for distressed children and families. Link up with education service providers to explore how they can bridge the gap to the formal system. 3. Coordinate with other sectors and agencies (especially camp management clusters and OCHA) regarding population movements, their transition plans and dates for closure, etc. |
| Assess | <ol style="list-style-type: none"> 1. Assess other community members, community-based organizations, local NGOs, government agencies and local schools' capacity to continue CFS activities, to take on the next phase of the project, management of CFS or other forms of transition activities. 2. Assess the support needs of children and capacity of long-term stakeholders to meet needs. Ensure that the needs of the children continue to be met. 3. Reinforce capacity in line with the needs identified in the assessment. 4. Identify an agreed model for phase out with all stakeholders, communicating what the chosen model is to all those involved. |



All photos by Jake Lyell

HOW TO SAY GOODBYE TO THE COMMUNITY*

1. Write a letter to the CFS staff and follow up with group and individual meetings.
2. Write an official letter about the project closure for regional, provincial, city/municipal and barangay leaders, including elders and informal leaders, whenever applicable. Follow the letter with face-to-face briefings. Put a copy of the letter to the community leaders on information boards.
3. Use a Question & Answer sheet to guide staff when communicating with beneficiaries about the end of the project.
4. Plan for conducting exit meetings with communities.
5. Report on project achievements and learnings.
6. Write a letter to other NGOs and partners. Follow up with face-to-face briefings and meetings.
7. Hold focus groups and/or house-to-house visits to reach women and vulnerable groups who may be unable to attend formal meetings.
8. Use posters and leaflets, including formats that are appropriate and can be understood by children and all groups of the population in the community, in various local languages/dialects, etc.
9. Invite feedback or comments on the CFS's activities.
10. Collect stories about successful work and positive community interactions. Consider giving these back to the community in a creative way, for example, by having a photo exhibit during the handover.
11. Support appropriate cultural activities or celebrations when projects are handed over to the community.
12. Support and facilitate special closure activities for children, such as games, theatre performances, dances, or songs.
13. Evaluate exit communication activities and record lessons learned.

**Adapted from "How to say goodbye" from T. Gorgonio (2006) "Notes on Accountable Exit from Communities when Programmes Close"*

OPTIONS FOR TRANSITION

There is a wide range of options to consider when making choices about transition.

| Steps to Transition | Details |
|--|--|
| Emergency preparedness | Materials and kits provided to trained members of the community for use to set up a CFS again, in case of another disaster in the future. |
| Transfer materials to schools | Teachers can integrate recreational and physical activities and materials into their lesson plans. Once schools reopen, they can be used during lunch breaks or after school. |
| Set up children's clubs | <p>Older adolescents or trained facilitators may volunteer to be responsible for the materials and run activities for younger children outside of school hours.</p> <p>Children may also like to use the space for:</p> <ul style="list-style-type: none"> • Music groups • Choir • Sports teams (competitive & non-competitive) • Sewing/knitting • Arts and crafts • Woodwork/metalwork • Debate groups • Health education (child-to-child) • Mine awareness activities • Peacebuilding groups • Youth/children's committees • Volunteer groups • Children's rights clubs |
| Communities fundraise to maintain CFS activities | Communities may choose to communally cover the cost of salaries and maintenance so children have on-going recreational and physical activities supervised by trained facilitators. |
| Community center or site | Site may be used for other community activities such as women's groups, community centers, children's/youth clubs, literacy initiatives, or vocational training activities. |
| Activities focused on most vulnerable, excluded children | <ul style="list-style-type: none"> • The space may also be used for children who cannot be reintegrated into formal schooling, who have ongoing needs for learning, development, and psychosocial support they cannot find elsewhere. |

ELEMENTS TO CONSIDER IN TRANSITION

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

| Categories | Elements to Consider |
|--|---|
| Children's hopes and expectations for CFS | What do the children like most about the CFS? What do they want to see continue, change or stop? |
| Community member ownership | Do community members want to support an initiative for children such as this on their own for a longer time? Is it feasible given the context within the community? |
| Institutional systems to ensure program availability/ services from community stakeholders | Are there government agencies, NGOs and other humanitarian sectors in the area that can/will continue to support the communities after the emergency and recovery? |
| Ratio of children needed : interventions on Child Protection in Emergencies (CPiE) | What groups of children can most benefit from a resource such as a club, meeting point or other structured activities? Which groups of children are most vulnerable, and could the structure be used to address some of their needs? Would the CFS become a more useful and appropriate resource if other needs, beyond protection, were addressed? |

PLANS*

| Steps to Transition | Details |
|---------------------------|--|
| Staff and volunteers | <ol style="list-style-type: none"> 1. Inform staff of next steps, other opportunities for staff, volunteers and others engaged in running the CFS. 2. Give staff an early warning on the process, and allow for consultation. |
| Monitoring and Evaluation | <ol style="list-style-type: none"> 1. Consider setting up a monitoring system, where funding is available, enabling program management to continue to see the impact of CFS programming. |
| Finances and budget | <ol style="list-style-type: none"> 1. Discuss budget requirements and fundraising plans with children, communities, partners or government agencies taking on continued activity management. 2. Consider and budget for additional specific costs associated with transition, such as moving materials, cost of closing ceremony, etc. |
| Consider a name change | <ol style="list-style-type: none"> 1. Consider renaming the CFS (with input from the community) in order to avoid confusion and recognize that emergencies require a distinctive way of working. 2. Plan follow-up visits after transition is completed, to see how skills learned through the CFS are being used, how well children are doing, how the materials and space are being used, what DRR activities are being implemented, etc. These all provide valuable lessons for future programming. |

**Adapted from Save the Children Child-Friendly Space Handbook, September 2009.*

APPENDIX A: ALIGNMENT WITH CPMS STANDARD 15 CHECKLIST, 2ND EDITION

APPENDIX A: ALIGNMENT OF CHILDFUND'S CHILD-FRIENDLY SPACES TOOLKIT WITH CPMS STANDARD 15 CHECKLIST:

| | Action detailed in Standard 15 | Activities/tools available in CFS toolkit |
|---------------------|--|---|
| Preparedness | Plan for involving the community in identifying location, human resources, and activities. | <input type="checkbox"/> Community mobilization guidance <input type="checkbox"/> Community script/dialogue tool <input type="checkbox"/> Job description of facilitators |
| | Collaborate with child protection coordination group to ensure that up-to-date service mapping and referral pathways are available. | <input type="checkbox"/> Coordination tool |
| | Develop an accessible, child-friendly diagram of referral pathways and share it with children, families and communities. | <input type="checkbox"/> Referral pathways tool |
| | Train staff to manage and facilitate activities in core knowledge and skills. | <input type="checkbox"/> Training package to facilitators |
| | Establish a child safeguarding policy and accompanying procedures, and train all staff and volunteers who will interact with children. | <input type="checkbox"/> Child safeguarding training for all staff <input type="checkbox"/> Easy access complaint mechanisms <input type="checkbox"/> Examples of child-friendly materials for children |

| | | |
|-----------------|--|--|
| Response | Fully involve children, their caregivers and communities in developing program activities. | <input type="checkbox"/> PSS package |
| | Work with other sectors to increase the range of group activities by including options such as hygiene messaging, food security distributions and environmental awareness. | <input type="checkbox"/> CFS minimum standards checklist |
| | Establish a monitoring and evaluation system that includes the meaningful participation of children, families and communities. | <input type="checkbox"/> M&E guidance — will further improve to ensure families and communities participate |
| | Conduct outreach to identify and encourage the participation of children who may generally be excluded from group activities. | <input type="checkbox"/> Outreach standards <input type="checkbox"/> Job description for guidance and outreach facilitators |
| | Work with relevant actors to (a) develop a phase-out or transition plan that connects with broader recovery planning and/or managed transition processes and (b) inform all stakeholders, including affected and host communities, about any exit, transition or handover plans. | <input type="checkbox"/> Guidance for transitioning and exiting from community |



*All photos by Jake Lyell

APPENDIX B: THEMATIC COMMUNITY MESSAGES AND STRATEGIES FOR OUTREACH ACTIVITIES

APPENDIX B: THEMATIC COMMUNITY MESSAGES AND STRATEGIES

Community Mobilization for Child Protection (CP)

Who to approach within a community:



- Community leaders
- Religious leaders
- Women's groups
- Other groups?

It is important to listen to community members in order to understand their worries regarding CP. What dangers do they see for their children in the current setting?



Key messages on Child Protection

- Give your child extra time and attention, comfort and calm your child using hugs, stories, prayer and play.
- Listen to your child and help him or her express their feelings, don't make false promises, and focus on helping them understand what is happening in simple, age-appropriate terms.
- Establish routines through regular bed times, meal times and play time. Involve your child in educational activities or recreational activities to help them learn, play and develop.
- Encourage your child to socialize with other children of a similar age group in a safe place.
- Keep track of any significant changes in your child's behavior and speak to someone you trust to access relevant services for children needing professional support
- Take care of yourself, find ways to deal with your own feelings and give yourself time to process emotions of fear or feeling stressed. Seek professional help when needed.
- Children do better when the adults around them are confident, calm and reassuring. As the parent and caregiver, you are the most important person in your children's life. Be patient with yourself and be reassured that most children return to their usual selves after some time
- Humanitarian aid is free. You don't have to pay — not in money or goods, or by performing any kind of "favor" — to receive assistance. No one is allowed to ask you for anything in exchange for humanitarian assistance.

Community Mobilization for Unaccompanied/ Separated Children (UASC)

In an emergency families might get separated. Communities can mobilize through:



- Family tracing and reunification
- Interim foster care arrangements
- Awareness raising
- Identification of UASC

Key messages for UASC

- If you have lost your family, keep calm and try to remember the last time you saw them.
- Ask authorities in the area if they know how to trace family members.
- Know your school or area where you live and keep family members' phone numbers with you.
- Know your age and date of birth.
- If you find a lost child during transportation, ask around to see if anybody knows the child.
- If nobody knows the child, keep him or her with you until you reach your destination and inform authorities or humanitarian NGOs.
- Humanitarian aid is free. You do not have to pay — not in money or goods, or by performing any kind of “favor” — to receive assistance. No one is allowed to ask you for anything in exchange for humanitarian assistance.
- It is important to listen to community members in order to understand their worries regarding CP. What dangers do they see for their children in the current setting?

Community Mobilization for Gender-based Violence (GBV)



In an emergency there may be an increase in GBV, including:

- Child marriage
- Sexual exploitation
- Domestic violence
- Rape
- Survival sex

GBV: Key topics to raise during an acute emergency

- Sexual violence risks
- Access to services (especially life-saving health services)
- Activities that can help reduce sexual violence risks for women and girls

Key messages for GBV

- If you have experienced harm, you are not to blame—we are here to help you.
- If you experience violence, or have in the past, you have the right to receive help and we are here to help you.
- You have the right to receive care and help from those around you.
- If someone you know is experiencing violence, or has in the past, be supportive and help him or her access relevant services.
- If you or someone you know has experienced violence, we are here to listen, you are not to blame, come talk to us.
- Humanitarian aid is free. You do not have to pay — not in money or goods, or by performing any kind of “favor” — to receive assistance. No one is allowed to ask you for anything in exchange for humanitarian assistance.

APPENDIX C: CHILD PROTECTION RAPID ASSESSMENT TOOL

1. Unaccompanied and Separated Children

Are there large numbers of children reported as separated, unaccompanied or missing since the emergency? If yes:

| Reported Cases | Total Estimated (if available) | Gender (check one) | Age (if available) | Comments |
|---------------------------|-----------------------------------|--|--|----------|
| a. Separated children | | <input type="checkbox"/> Mostly boys <input type="checkbox"/> Mostly girls <input type="checkbox"/> Equal <input type="checkbox"/> Don't know | <input type="checkbox"/> < 5 <input type="checkbox"/> 6-14 <input type="checkbox"/> 15-18 <input type="checkbox"/> Don't know | |
| b. Unaccompanied children | | <input type="checkbox"/> Mostly boys <input type="checkbox"/> Mostly girls <input type="checkbox"/> Equal <input type="checkbox"/> Don't know | <input type="checkbox"/> < 5 <input type="checkbox"/> 6-14 <input type="checkbox"/> 15-18 <input type="checkbox"/> Don't know | |
| c. Missing children | | <input type="checkbox"/> Mostly boys <input type="checkbox"/> Mostly girls <input type="checkbox"/> Equal <input type="checkbox"/> Don't know | <input type="checkbox"/> < 5 <input type="checkbox"/> 6-14 <input type="checkbox"/> 15-18 <input type="checkbox"/> Don't know | |

If yes, what do you think are the main causes of separations that have occurred?

(Select all relevant options and provide more details if possible.)

| | |
|---|--|
| <input type="checkbox"/> Losing caregivers/children due to medical evacuation | <input type="checkbox"/> Caregivers voluntarily sending children to institutional care |
| <input type="checkbox"/> Losing caregivers/children during relocation | <input type="checkbox"/> Caregivers voluntarily sending their children to work far from parents/caregivers |
| <input type="checkbox"/> Caregivers voluntarily sending their children to extended family/friends | <input type="checkbox"/> Continued disappearance of children/caregivers (i.e. more recent disappearance) |
| <input type="checkbox"/> Disappearance of children/caregivers in the immediate aftermath of the event (e.g. earthquake, attack, etc.) | <input type="checkbox"/> Other (specify) |

| | | |
|--|------------------------------|-----------------------------|
| Are there reported incidents of separated children aged 0-5 living without their families? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you know what resources are available to help find missing children? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you seen any children living on their own? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, how many? (Approx.) | | |
| Give details: | | |
| List any organizations taking care of separated children: | | |
| Have there been large population movements? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, how many people? (Approx.) | | |
| 2. Dangers and Injuries | | |
| What are the most common causes of child death and injury post-emergency? (e.g. accidents, open pit latrines, dangerous animals, etc.) | | |
| Are boys and girls affected differently? If so, how? | | |
| Is there anywhere for injured children to receive medical care? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, where is the facility, and what is the location like? What are the safety considerations? | | |
| If no, where are they staying and what is their current situation? How safe is the current location? | | |
| What is the estimated number of child deaths due to the emergency? | | |

| 3. Children's Educational Needs | | | Comments |
|---|------------------------------|-----------------------------|----------|
| Are school buildings damaged? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| If yes, how many school children are affected? | Boys | Girls | |
| What is the extent of disruption caused by the emergency situation? | | | |
| Will schools be reopened in one month? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Number of schools destroyed: | | | |
| Other information: | | | |
| How many children are in need of primary education? | | Boys | Girls |
| Location of the target groups: | | | |
| Are there existing facilities that could be used for nonformal schooling? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| If yes, provide details: | | | |
| List the organizations that are providing educational support: | | | |
| Provide any additional details: | | | |
| Have you identified any additional needs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| If yes, provide details: | | | |

4. Evacuation Centers

Provide exact locations and number of evacuation centers

| | | | | | |
|--|--|-------------------------------------|----------|------------------------------|-----------------------------|
| Location(s): | | Total number of evacuation centers: | | | |
| Approximate number of evacuated people: | | Infants | Children | Women | Men |
| Ratio of space vs. number of people in each center: | | # of spaces | | # of people | |
| Are there enough latrines in the evacuation centers? | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Number of restrooms and latrines vs. number of people: | | # of restrooms/latrines | | # of people | |
| Are there unmet needs which require additional evacuation assistance? | | | | | |
| What are the daily requirements of affected families in the evacuation center(s)? | | | | | |
| Number of unaccompanied children in the centers: | | | | Boys | Girls |
| Number of separated children in the centers: | | | | Boys | Girls |
| Describe the sleeping arrangements in each center: | | | | | |
| List the organizations that are providing support for children inside each center: | | | | | |

5. Psychosocial Distress and Mental Disorders

What are the biggest/main sources of stress for children in the community? How are girls and boys affected (if differently)?

| | | | |
|---|--|--|--|
| <input type="checkbox"/> Attacks | <input type="checkbox"/> Lack of shelter | <input type="checkbox"/> Trafficking | <input type="checkbox"/> Not being able to return home |
| <input type="checkbox"/> Being separated from their friends | <input type="checkbox"/> Sexual violence | <input type="checkbox"/> Tension within the family | <input type="checkbox"/> Lack of food |
| <input type="checkbox"/> Other (specify) | | | |

What are the biggest/main sources of stress for caregivers in the community?

| | | | |
|--|--|---|--|
| <input type="checkbox"/> Ongoing conflict | <input type="checkbox"/> Lack of shelter | <input type="checkbox"/> Lack of livelihood | <input type="checkbox"/> Violence within community |
| <input type="checkbox"/> Being separated from their friends | | <input type="checkbox"/> Other (specify) | |
| Is there any open space or play area available for children? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

What social groups or institutions in the community can help to provide support for children and adolescents?

| | | | |
|--|--|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Peer groups/friends | <input type="checkbox"/> Religious leaders | <input type="checkbox"/> Siblings | <input type="checkbox"/> Neighbors |
|--|--|-----------------------------------|------------------------------------|

6. Local Partner Capacity

| | | | |
|---|------------------------------|-----------------------------|---------------------------------|
| Does ChildFund have any local partners in the area? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Closed |
| Can ChildFund mobilize local partner(s) to respond? | <input type="checkbox"/> Yes | | <input type="checkbox"/> No |

Local Partner Response Needs:

| | |
|---------------------|--|
| Training | |
| Financial | |
| Human Resources | |
| Technical expertise | |

APPENDIX D: Planning Checklist for Initiating Child-Friendly Spaces in the Field

Minimum Standards Checklist for Child-Friendly Spaces (CFS)

| Step 1: Planning for CFS implementation | Yes | No | Action to be Taken |
|---|-----|----|--------------------|
| Child Protection needs analysis is conducted and provided to senior management. | | | |
| Team conducted coordination meeting with government, UN and INGOs to define priorities and target locations. | | | |
| Logistics and administration needs are defined and addressed by senior management team. | | | |
| Step 2: Community engagement and mobilization | Yes | No | Action to be Taken |
| Community members are aware and understand the function of CFS, and have been informed on the benefits and availability of the safe space for children/youth. | | | |
| Community members, including women and children, are involved in determining site location. | | | |
| Parents and community members are involved in activities/events/awareness at the CFS at least once every 2 months. | | | |
| Community members, caregivers and parents are consulted on the CFS's schedule and activities that will be carried on inside CFSs. | | | |
| Explain to community members that CFS will build on local resources including recruiting from staff and volunteers from the communities. | | | |
| Ensure child participation in activity design, site selection and in identifying child protection needs in the community. | | | |

| | | | |
|--|------------|-----------|---------------------------|
| Community involvement should also be encouraged through activities such as toy making and inviting older mothers, grandmothers and elders to the center to sing songs and tell stories to young children. | | | |
| Train community members on Safe Identification and Referral of Child Protection Cases. Training may include the following topics: child development, children at risk, and referral pathways available at the community level. | | | |
| Adolescent & Youth participation and protection | Yes | No | Action to be Taken |
| Youth are invited to offer supervised mentor support for younger children as appropriate, and are provided with guidance on mentorship. | | | |
| Education materials are displayed and available for youth to take away. | | | |
| Confidential access to menstrual hygiene products are available for adolescent girls. | | | |
| Youth are trained in outreach to other youth in the service area. | | | |
| If space is for all ages, youth are provided specific times and an activities schedule for their age range. Consider age of adolescents and youth that may access the space – early adolescence (10 to 14 years), middle adolescence (15 to 19 years), and late adolescence (20 to 24 years) and adapt activities and interventions as necessary. | | | |
| Adolescents are educated on how to report child protection concerns, problems, and violations of their rights by CFS staff, volunteers, or others in the community, in consideration of agency and confidentiality needs depending on their age group. | | | |

| Step 3: CFS structure and safety <i>This section should be considered if a CFS structure will be implemented during a recovery phase and/or in a protracted emergency. CFS structures post-emergency may be delivered through mobile activities, within community space and/or tents.</i> | Yes | No | Action to be Taken |
|---|-----|----|--------------------|
| Site selection is done in partnership with Senior Management team and community members. The team may consider forming a committee from community leaders, inclusive of women and children, for site selection. | | | |
| The site selected adheres to Level 2 of the “Infrastructure Standards”. | | | |
| Site selection correlates to the daily routines of the families and children. | | | |
| Basic services such as transportation, electricity, water, and sanitation are readily available. | | | |
| Equipment (recreation/art kits/toys) is in good condition, is culturally and age appropriate, and can be securely stored when not in use. | | | |
| Step 4: Staff recruitment and capacity building | Yes | No | Action to be Taken |
| There is a gender balance of CFS volunteers, and volunteers are at least 18 years old. | | | |
| The minimum caregiver to child ratio is 2:40 for children under 12, and 2:60 for children over 12. | | | |
| All staff and volunteers have signed the Code of Conduct. | | | |
| Staff have written agreements stating the hours they agree to work and the salary/incentive they will receive. | | | |

| | | | |
|--|------------|-----------|---------------------------|
| There is at least one volunteer responsible for cleaning/maintenance and one volunteer actively responsible for the safety and security of the CFS and children during working hours . | | | |
| Records of all staff and volunteers are kept in an organized manner. | | | |
| All staff are subject to a background check. | | | |
| Communities and organizations have agreed upon a set of procedures for recruitment (including background checks) and management of volunteers. | | | |
| There are at least two qualified, experienced staff/volunteers at each CFS during open hours. | | | |
| Staff are periodically reviewed, and training needs for staff and volunteers are identified. | | | |
| Clear grievance procedures are in place for staff members and volunteers. | | | |
| Step 5: Child Protection programs linked to CFS | Yes | No | Action to be Taken |
| The Child and Family-friendly version of the CFS “Child Safeguarding Policy” is on display in the CFS. It is also explained to families who are also given a hand-out. The policy should include: <ul style="list-style-type: none"> • Types of appropriate interactions with children and the banning of any type of physical or verbal abuse. • Local emergency number. • A reporting mechanism in case of any abuse. | | | |
| Code of Conduct for staff and volunteers is on display at the CFS and handed out to all staff/volunteers. | | | |
| Staff/volunteers are provided with referral pathways to health, nutrition, education services, and psychosocial support in the camp or community. | | | |

| | | | |
|---|------------|-----------|---------------------------|
| Child Protection messages are appropriate for children and on display. | | | |
| Records of all referral forms and data sheets are kept for at least 2 years. | | | |
| All staff and volunteers are trained in recognizing and reporting CP cases. | | | |
| All photos taken inside CFS require a consent and/or an assent from children and parents, in accordance with ChildFund International Policies and Procedures. | | | |
| A basic gender audit or assessment has been conducted to determine gender specific needs and considerations for the CFS. | | | |
| Step 6: Outreach Program | Yes | No | Action to be Taken |
| Outreach program has conducted a vulnerability analysis to understand children/youth vulnerabilities in the community. | | | |
| A detailed monthly outreach plan is available. | | | |
| The outreach team has identified and meets at least monthly with the most influential people in the local community. | | | |
| All children who participate in outreach activities are recorded in a database and monitored on monthly basis. | | | |

| Step 7: Community-Based Psychosocial Support | Yes | No | Action to be Taken |
|---|-----|----|--------------------|
| Activity schedule is prepared in advance of use. | | | |
| Activities are available at least two hours per day, three days per week. | | | |
| The activities are diverse and suited to different ages, genders, and to children with disabilities. | | | |
| CFS coordinates with formal schools, complements them and does not compete with them. | | | |
| There is parental involvement in the CFS, such as parenting support groups, parenting information sessions or inter-generational activities. | | | |
| There is community involvement in the CFS at least once every three months through open days, events such as netball and football matches, parent committees, parent involvement in life skills or cultural activities. | | | |
| Step 8: Monitoring CFS Activities | Yes | No | Action to be Taken |
| A record of the children (enrollment/registration and daily attendance) is securely kept, including the child's point of origin, date of first accessed service, why they came to CFS (if possible), primary caregiver/parent's information, and identification of any special needs. | | | |
| Enrollment records of children should be updated every 3 months and kept either electronically and/or in hard copy files for at least 2 years. All files need to be confidential and should not be shared with any of the staff except the CFS manager. This is in line with the Child Safeguarding policy. | | | |
| Weekly and monthly activity plans for different age groups, and the responsible CFS volunteers are displayed within the CFS. | | | |