

Evaluation of Child Friendly Spaces

An inter-agency series of impact evaluations
in humanitarian emergencies

Research report



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Introduction

Child friendly spaces (CFS) have become a widely used approach to protect and provide psychosocial support to children in emergencies. However, little evidence documents their outcomes and impacts. There is widespread commitment among humanitarian agencies to strengthen the evidence base of programming. Recognizing this, the Child Protection Working Group (CPWG) of the Global Protection Cluster and the Inter-Agency Standing Committee (IASC) Reference Group on Mental Health and Psychosocial Support in Emergency Settings have identified research in this area as a high priority.

In response to the commitment to strengthen the evidence base for humanitarian practice and the prioritisation of CFS as a key area for research, World Vision and Columbia University, working with Save the Children, UNICEF and others, engaged in a three-year collaborative project to document the outcomes and impacts of CFS and develop capacity for rigorous evaluation.

These agencies regularly implement CFS as part of their emergency responses and agreed through this collaboration to support studies of their CFS

in various crises when they occurred. Between January 2012 and September 2014, six studies were completed in five countries in Africa and the Middle East.

This report summarises the key learning from these studies and further documents lessons from the research process. An accompanying document provides tools and guidance developed through the course of the collaboration that are relevant to both impact evaluations and strong monitoring systems.



Review of existing evidence

A systematic review of published and grey literature was first conducted to identify studies that document the outcomes or impacts of CFS or equivalent interventions in emergency contexts within the last 15 years.

Ten studies were identified that met specified inclusion criteria. Each study was reviewed with respect to the potential intervention impacts on child protection and psychosocial well-being and community mobilisation. All 10 studies documented positive outcomes of the intervention, particularly with respect to social and emotional well-being of children. However, only three studies reported the use of pre-intervention baselines, and only two utilised comparison groups of those not receiving the intervention, which are two key components for a rigorous evaluation. These major weaknesses in design constrained the ability to robustly confirm change over time or attribute any observed change as a consequence of CFS attendance.

The review called for a greater commitment to documentation and measurement of outcomes and impacts, as well as a standardised and rigorous measurement approach. In particular, evaluation research designs should include a more robust assessment of outcomes with the completion of baselines before the start of programming, the use of comparison groups and greater engagement of children within the context of evaluations. It was also concluded that long-term follow-up is required to establish credible, evidence-based interventions.



The systematic review can be found on the *Intervention* journal website:

Ager, A., Metzler, J., Vojta, M. and Savage, K. (2013). *Child Friendly Spaces: A Systematic Review of the Current Evidence-Base on Outcomes and Impact*. *Intervention* 11(2): 133–47.





Methods and design

The research methodology adopted for the studies accordingly addressed the weaknesses identified by the review of existing evidence. Specifically:

Baseline and endline (Pre- vs. Post-) Design

Information was collected before children began attending CFS. This was done through visiting a sample of households or sampling from pre-registered children before programming was available. Information was then collected with regard to the same children after the CFS had been operating for an extended period (varying between three and six months).

Comparison between CFS attenders and non-attenders

Comparisons were drawn between children who had attended CFS and those who had not done so in the time between baseline and endline. Analysis considered potential influence of factors such as vulnerability to ensure that differences in endline scores between attenders and non-attenders could reasonably be attributed to CFS attendance.

Random selection of participants

Strategies of cluster randomised sampling (generally selecting relevant geographical clusters of a settlement and then, within those, selecting households at random) were adopted to ensure unbiased selection of participants.

Locally validated quantitative measures

The studies used established questionnaires and surveys with a track record of effective application in humanitarian contexts (Appendix 2). All measures were translated into relevant local languages, and their reliability was statistically confirmed before inclusion for a specific study.

Participatory discussions with children and caregivers

In most studies quantitative survey data was complemented by structured participatory discussions with children and caregivers that yielded valuable qualitative information.

'The research methodology... addressed the weaknesses identified by the review.'

Tools and guidance for monitoring and evaluation of CFS, drawing on this work, are available in a companion document



Study summaries

Buramino Refugee Camp

ETHIOPIA

Setting

Somali refugee camp

Emergency

Drought and conflict in Somalia

Evaluation period

January–May 2012

Implementing partners

World Vision Ethiopia

Number of CFS evaluated

2

Programme focus

Emphasis on functional literacy and numeracy skills; other activities include psychosocial activities and supplementary feeding

Session availability per child

- 5 days per week, 3 hours per day

Age range assessed

- 6–11 (caregiver reports)
- 12–17 (child reports)

Measures used

Strengths and difficulties questionnaire, brief developmental assets profile, child protection rapid assessment (protection concerns and stresses of caregivers), adapted World Vision functional literacy assessment tool.

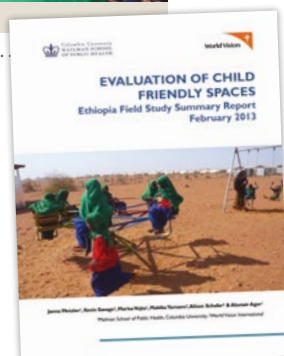


Findings

- Children attending the CFS showed good progress in literacy and numeracy; the greatest gains were among older boys.
- All children showed improved psychosocial well-being after several months in the camp.
- CFS appears to have been particularly effective in reducing the psychosocial difficulties faced by younger boys.
- Younger girls with greater 'developmental assets' (such as positive values and identity, familial and community sources of support and a commitment to learning) were more likely to attend CFS.
- All CFS attenders with extreme psychosocial difficulties at baseline showed marked improvement at follow-up.
- CFS supported a greater sense of protection in the face of increasing hardship in the camp.
- CFS appears to have buffered against the increased stresses for caregivers noted by those not attending.



Metzler, J., Savage, K., Vojta, M., Yamano, M., Schafer, A. and Ager, A. (2013). *Evaluation of Child Friendly Spaces: Ethiopia Field Study Summary Report*. World Vision International and Columbia University Mailman School of Public Health.



'CFS appears to have been particularly effective in reducing the psychosocial difficulties faced by younger boys.'

Rwamwanja Resettlement Centre

UGANDA

Setting

Congolese refugee camp

Emergency

Conflict in Democratic Republic of the Congo

Evaluation period

October 2012 – March 2013

Implementing partners

World Vision Uganda and
Save the Children in Uganda

Number of CFS evaluated

8

Programme focus

Traditional song and dance, art, storytelling, organised sports, unstructured free play, some literacy and numeracy; peer-to-peer supported group discussions

Session availability per child

- 5 days per week
- 4 hours per day (for younger children)
- 2 hours per day (for older children)

Age range assessed

- 6–12 (caregiver reports)

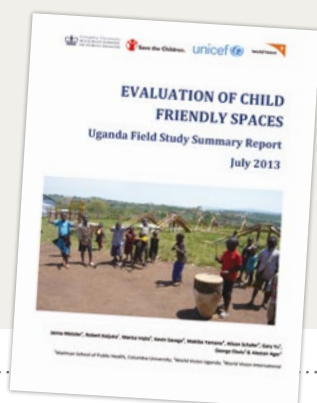
Measures used

Locally derived child psychosocial well-being indicators, brief developmental assets profile, child protection rapid assessment (protection concerns, stresses of caregivers, knowledge of resource persons, reporting mechanisms and available services), CFS quality standards checklist.



Findings

- The CFS programme was found to be well utilised by younger children, but less so by older children.
- Caregivers, regardless of their child's involvement in CFS, reported a greater sense of protection for children and a heightened awareness of support structures for their protection within the settlement area over the evaluation period.
- The stresses that affected caregivers' capability to support, care for and protect children were also reported by caregivers (of both those attending CFS and those not attending CFS) to have decreased over time in the settlement area.
- CFS helped to bolster resources (assets) supportive of children's development and to create a buffer against influences otherwise leading to the decline in children's social and emotional well-being.
- CFS assessed to meet higher quality standards had greater impact on promoting children's developmental assets and protecting psychosocial well-being than CFS assessed to meet lower standards.



Metzler, J., Kaijuka, R., Vojta, M., Savage, K., Yamano, M., Schafer, A., Yu, G., Ebulu, G. and Ager, A. (2013). *Evaluation of Child Friendly Spaces: Uganda Field Study Summary Report*. World Vision International and Columbia University Mailman School of Public Health.

'CFS assessed to meet higher quality standards had greater impact on promoting children's developmental assets and protecting psychosocial well-being than CFS assessed to meet lower standards.'

Domiz Refugee Camp

IRAQ I

Setting

Syrian refugee camp

Emergency

Conflict in Syria

Evaluation period

August – October 2013

Implementing partners

Ministry of Labour and Social Affairs (MoLSA) for the Government of Iraq and UNICEF

Number of CFS evaluated

1

Programme focus

Singing, dancing, drawing, unstructured free play, life skills, hygiene, child rights, landmine awareness and vocational skills for older children; awareness raising of MoLSA-established Child Protection Units for screening and early detection of child rights violations and facilitated counselling and referral mechanisms to respond to cases requiring immediate protection assistance

Session availability per child

- 5 days per week, 2 hours per day

Age range assessed

- 7–11 (caregiver reports)
- 12–16 (child reports)

Measures used¹

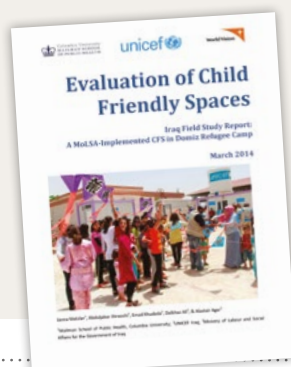
Middle East psychosocial measure, emergency developmental assets profile, caregiver rating of developmental assets, child protection rapid assessment (protection concerns, stresses of caregivers, knowledge of resource persons, reporting mechanisms and available services).

Findings

- Caregivers of children attending and not attending CFS reported similar levels of protection concerns and levels of caregiver stress.
- The patterns of reported caregiver stresses suggested that attendance at CFS was associated with lower concerns regarding children's safety but heightened concern regarding maintenance of household livelihoods and the provision of food.
- Impact on community awareness of child protection mechanisms was indicated by the widespread awareness of the Child Protection Unit, established by MoLSA in tandem with CFS programming, as a resource to support, protect and care for children.
- Most children adopt positive coping strategies, but negative coping is more common in those not attending CFS.
- There was little evidence of CFS attendance having an impact on the psychosocial well-being of children.



'Impact on community awareness of child protection mechanisms was indicated by the widespread awareness of the Child Protection Unit, established by MoLSA in tandem with CFS programming.'



Metzler, J., Atroushi, A., Khudeda, E., Ali, D. and Ager, A. (2014). *Evaluation of Child Friendly Spaces: Iraq Field Study Report: A MoLSA-Implemented CFS in Domiz Refugee Camp*. World Vision, UNICEF and Columbia University Mailman School of Public Health.

¹ Unlike the majority of the reported studies that adopted a pre- vs. post- design, this evaluation involved a cross-sectional analysis comparing CFS attenders and non-attenders at a single point in time.

Domiz Refugee Camp

IRAQ II

Setting

Syrian refugee camp

Emergency

Conflict in Syria

Evaluation period

September 2013–March 2014

Implementing partners

Save the Children and UNICEF

Number of CFS evaluated

1

Programme focus

Music, sports, drawing, storytelling and folklore, drama, English sessions, dance, 'knowledge and competition' sessions and health awareness

Session availability per child

- 5 days per week, 2 hours per day

Age range assessed

- 7–11 (caregiver reports)
- 12–16 (child reports)

Measures used

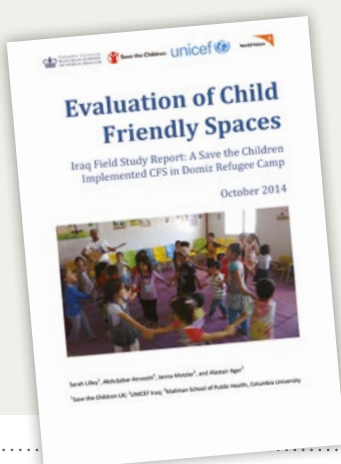
Middle East psychosocial measure, emergency developmental assets profile, caregiver rating of developmental assets, child protection rapid assessment (protection concerns, stresses of caregivers, knowledge of resource persons, reporting mechanisms and available services).



Findings

- The CFS was mainly utilised by younger children and was not able to attract high levels of engagement among older children.
- Caregivers reported more gains in developmental assets for children attending the CFS compared to those not attending, indicating a promotive effect of the CFS programme on children's well-being.
- There was little evidence that attending the CFS had an impact on reducing children's troubling thoughts and feelings, counteracting negative coping strategies for children, or linking to child protection reporting structures and services within the camp.
- Older children attending CFS tended to report fewer protection concerns and stresses, while those older children not attending noted more of those same concerns and stresses over time.

'The CFS was mainly utilised by younger children and was not able to attract high levels of engagement among older children.'



Lilley, S., Atrooshi, A., Metzler, J. and Ager, A. (2015). Evaluation of Child Friendly Spaces: Iraq Field Study Report – A Save the Children Implemented CFS in Domiz Refugee Camp. World Vision International, Save the Children and Columbia University Mailman School of Public Health.

Zarqa

JORDAN

Setting

Syrian refugees in urban host community

Emergency

Conflict in Syria

Evaluation period

February – August 2014

Implementing partners

World Vision Jordan and partners

Number of CFS evaluated

1

Programme focus

Drawing, handicrafts, puzzles, games, storytelling, singing, drama, informational videos, life skills, hygiene and community mapping

Session availability per child

- 3 days per week, 2 hours per day

Age range assessed

- 6–9 (caregiver reports)
- 10–18 (child reports)

Measures used

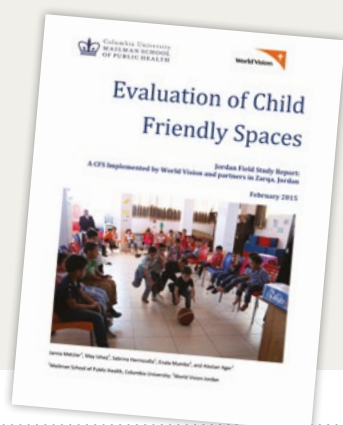
Arab youth mental health scale, Middle East psychosocial measure, emergency developmental assets profile, caregiver rating of developmental assets, child protection rapid assessment (protection concerns, stresses of caregivers, knowledge of resource persons, reporting mechanisms and available services).

Findings

- The evaluation indicated that the CFS was most effective in achieving its intended objectives in relation to linking younger children to resource persons and reporting mechanisms available to support children within the community.
- There is no evidence that the CFS had an impact in reducing or maintaining perceived protection concerns or caregiver stresses over time.
- For older children, attending CFS was associated with higher levels of reported protection concerns and stresses of caregivers.
- It is unclear whether attendance at CFS exacerbated such issues or facilitated the reporting of issues common to all.
- The CFS appeared to play a role in supporting and promoting the psychosocial well-being of younger children.
- Among older children the CFS did not appear to be effective in promoting resilience, reducing anxiety- and depression-related symptoms, or acquiring developmental assets beyond what was found among children not attending the programme.



'CFS appeared to play a role in supporting and promoting the psychosocial well-being of younger children. Among older children the CFS did not appear to be effective in promoting resilience... beyond what was found among children not attending the programme.'



Metzler, J., Ishaq, M., Hermosilla, S., Mumba, E. and Ager, A. (2015). *Jordan Field Study Report: A CFS Implemented by World Vision and Partners in Zarqa, Jordan*. World Vision and Columbia University Mailman School of Public Health.

Goma IDP Camps

EASTERN DEMOCRATIC REPUBLIC OF THE CONGO

Setting

Congolese IDP camp

Emergency

Conflict in Democratic Republic of the Congo

Evaluation period

February – March 2014

Implementing agencies

World Vision Uganda and AVSI

Number of CFS evaluated

3

Programme focus

Music, dance, crafts, health and protection awareness, vocational training

Measures used²

Child Protection Rapid Assessment (Protection Concerns, Stresses of Caregivers, Knowledge of Resource Persons, Reporting Mechanisms and Available Services), Locally Derived Child Psychosocial Well-being, Locally Developed Vulnerability Indicator³

Age range assessed

- 6–12 (caregiver reports)
- 13–17 (child reports).

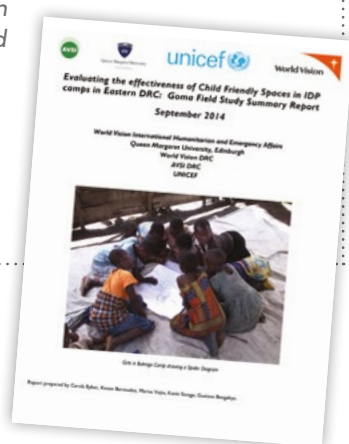


Findings

- Violence and abductions were serious protection concerns for children and caregivers.
- CFS were seen by children, caregivers and communities as an important source of safety, protection and support.
- CFS were utilised by almost all children, regardless of age or gender.
- CFS were seen as a valuable means of promoting community-based child protection, with one CFS continuing with volunteer support after the discontinuation of funding.

'Older children talked about the CFS not only in terms of safety but also as a resource for problem solving, citing the opportunities to talk to the CFS staff as an important form of psychosocial support to them.'

Eyber, C., Bermudez K., Vojta M., Savage K. and Bengheya G. (2014) *Evaluating the Effectiveness of Child Friendly Spaces in IDP Camps in Eastern DRC: Goma Field Study Summary Report*. World Vision and Queen Margaret University, Edinburgh.



² Unlike the majority of the reported studies that adopted a pre- vs. post- design, this evaluation involved a cross-sectional analysis comparing children on the basis of length and frequency of CFS attendance,

³ Quantitative survey data from this evaluation are not, for technical reasons, incorporated within the consolidated trend analysis that follows later in the report.

Nabatieh

LEBANON

This evaluation was implemented in collaboration with Mercy Corps Lebanon and was conducted during the months of September 2013 and February 2014 in Nabatieh district in the southern part of Lebanon.

Programme implementation constraints meant that the intervention did not meet the research inclusion criteria specifying a minimum exposure period for those children attending the programme. It is thus excluded from the analysis, though insights gained related to programme design, monitoring and evaluation were documented and included in the lessons learned section.



Azraq Refugee Camp

JORDAN

Baseline data collection for a proposed impact evaluation in Azraq Refugee Camp was conducted during the months of August and September 2014 in collaboration with Mercy Corps Jordan. Due to substantial outward migration during the evaluation period, an endline data collection period was not feasible. Consequently, findings from Azraq are also not included in the analysis; however, baseline data collected has been used to inform appraisal of the needs of Syrian refugee children and appropriate programmatic responses.



Key findings

Key findings – impact on psychosocial well-being

Across studies the impact of CFS attendance on children’s psychosocial well-being was generally positive. The overall average weighted effect size reflecting all indicators was 0.18. Including only the most rigorous indicators of impact, the average weighted effect size – as indicated by the vertical dashed line in the figure below – was 0.22.

A number of estimates of impact have confidence intervals that cross the zero point, indicating that the observed impact could arise by chance. However, considering trends across all measures and all sites suggests that attending CFS typically had a small but robust impact on psychosocial well-being. The main factors contributing to the considerable variation

in scores with respect to this overall trend appear to be setting, age, gender and the quality of CFS programming.

Setting: The greatest psychosocial impact of CFS attendance was noted in Rwamwanja (0.37) and the weakest (-0.01) in Buramino. These differential impacts were coherent with the differential programming foci of these interventions (the former emphasizing psychosocial activities; the latter focusing more on functional literacy and numeracy).

Age: In general there was greater impact on improving psychosocial well-being in younger children (0.23) compared to older children (0.15). Many sites reported poorer

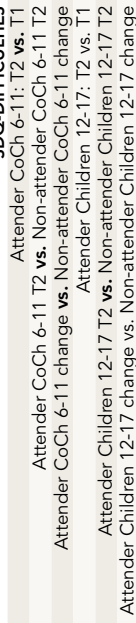
attendance for older children and greater challenges in engaging them in programming.

Gender: There was greater impact on psychosocial well-being with younger girls (0.34) compared to younger boys (0.21). However, there is variation in this trend across sites, potentially related to the programme focus and implementation strategies.

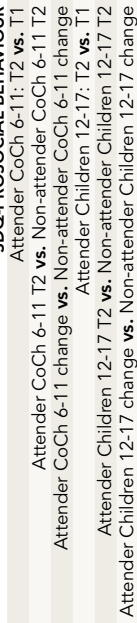
Quality: One of the strongest psychosocial impacts across all studies (0.47) was obtained for those CFS in Uganda that achieved higher scores on the quality standards checklist. This suggests the value of meeting established quality criteria as a basis for effective interventions.

BURAMINO, ETHIOPIA

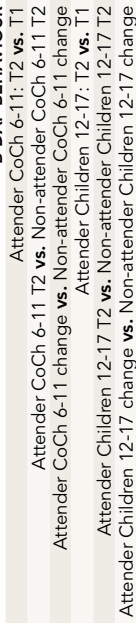
SDQ-DIFFICULTIES



SDQ-PROSOCIAL BEHAVIOUR

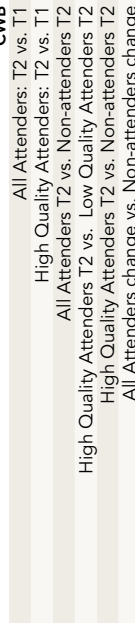


B-DAP BEHAVIOUR

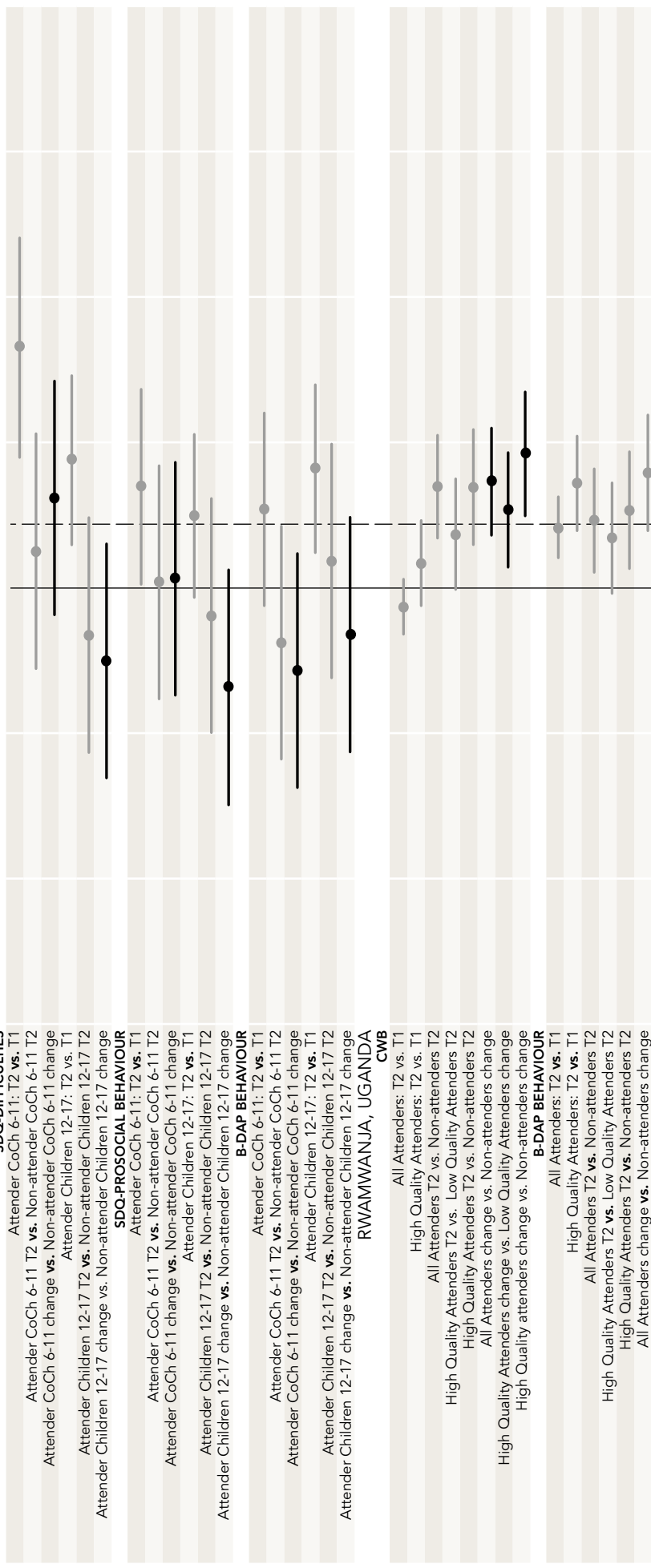


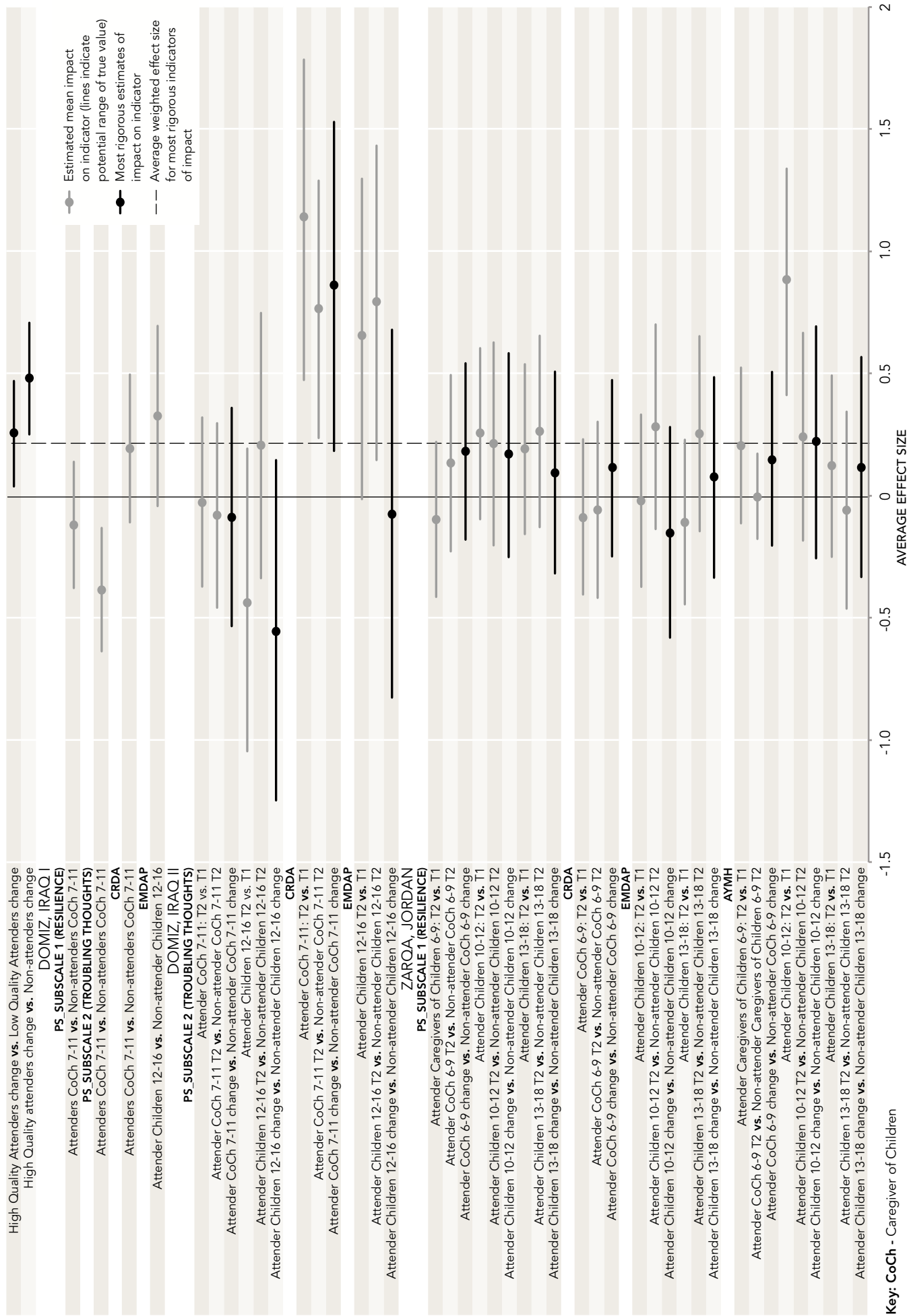
RWAMWANJA, UGANDA

CWB



B-DAP BEHAVIOUR





⁴ Unless indicated otherwise, all stated effect sizes are based on most rigorous estimates of impact (change scores that take into consideration potential baseline differences between attenders and non-attenders).

Key findings – impact on protection

Across the five studies the impact of CFS attendance on protection outcomes for children was positive but very small. The weighted average effect size reflecting all indicators was only 0.09. Including only the most rigorous indicators of impact, the average weighted effect size indicated by the vertical dashed line in the figure below was reduced to 0.08. Many individual estimates have confidence intervals that cross the zero point, suggesting the likelihood that the small differences observed could have arisen by chance. However, there were a number of measures and sites for which attending CFS did appear to have some positive impact on protection outcomes. This variation in outcomes is linked to two major factors: setting and gender.

Setting: The weighted average impact on protection scores was the highest among all the studies with the CFS in Buramino at 0.63, indicating a major reduction in perceptions of protection risks. The lowest weighted average impact on protection scores was the -0.14 observed with the cross-sectional analysis comparison of attenders and non-attenders at the MoLSA-implemented CFS in Domiz. At this site travelling to the CFS appeared to present some protection challenges, which CFS staff sought to identify. Substantial variation across sites suggests that the success of CFS in securing increased protection for children is highly dependent upon characteristics of the setting.

Gender: Overall there were much stronger protection impacts observed for girls (0.18) than for boys (0.04). CFS appears to provide a protective environment of particular salience for girls. Greater attention needs to be paid to activities that effectively engage with boys and secure positive outcomes for them.

Factors that appeared to affect scores on other domains – such as the age of participants and the quality of programming – did not have a measurable impact on protection scores.

BURAMINO, ETHIOPIA

CPRA-R

Attender CoCh 6-11: T2 vs. T1

Attender CoCh 6-11 T2 vs. Non-attender CoCh 6-11 T2

Attender CoCh 6-11 change vs. Non-attender CoCh 6-11 change

Attender Children 12-17: T2 vs. T1

Attender Children 12-17 T2 vs. Non-attender Children 12-17 T2

Attender Children 12-17 change vs. Non-attender Children 12-17 change

CPRA-CS

Attender CoCh 6-11: T2 vs. T1

Attender CoCh 6-11 T2 vs. Non-attender CoCh 6-11 T2

Attender CoCh 6-11 change vs. Non-attender CoCh 6-11 change

Attender Children 12-17: T2 vs. T1

Attender Children 12-17 T2 vs. Non-attender Children 12-17 T2

Attender Children 12-17 change vs. Non-attender Children 12-17 change

RWAMWANJA, UGANDA

CPRA-R

All Attenders: T2 vs. T1

High Quality Attenders: T2 vs. T1

All Attenders T2 vs. Non-attenders T2

High Quality Attenders T2 vs. Low Quality Attenders T2

High Quality Attenders T2 vs. Non-attenders T2

All Attenders change vs. Non-attenders change

High Quality Attenders change vs. Low Quality Attenders change

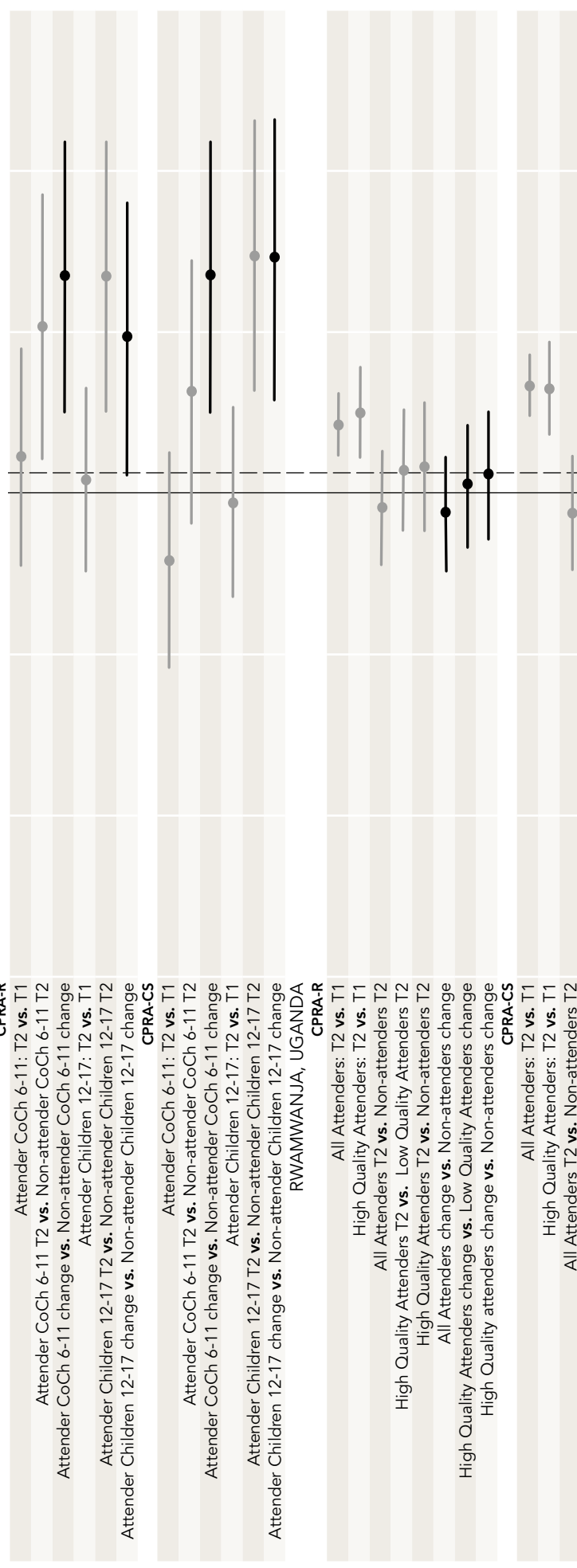
High Quality attenders change vs. Non-attenders change

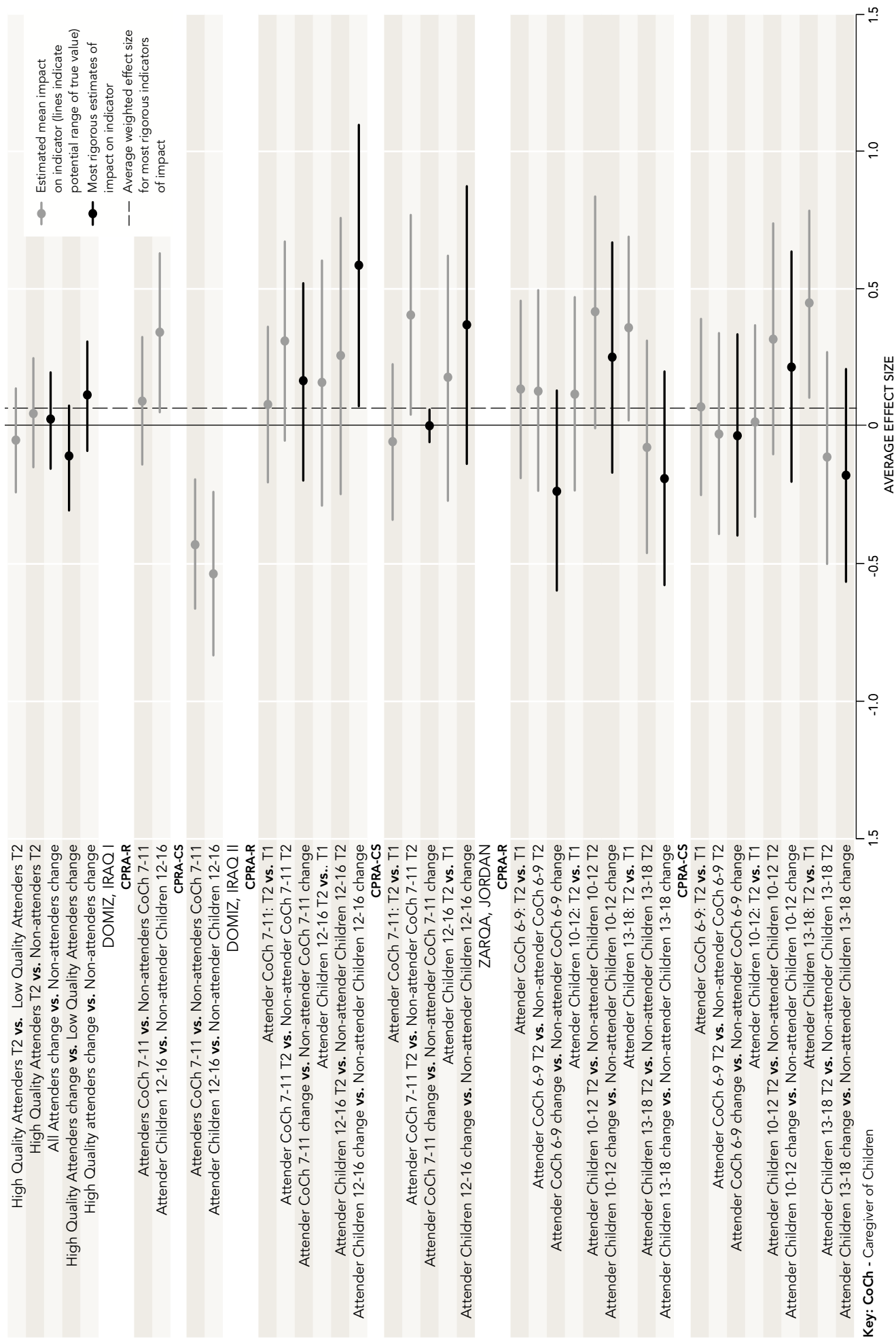
CPRA-CS

All Attenders: T2 vs. T1

High Quality Attenders: T2 vs. T1

All Attenders T2 vs. Non-attenders T2





Key findings – impact on community capacities

Across the five studies the tendency for increases in knowledge of available resources, services and reporting mechanisms to support, care for and protect children following CFS attendance was very small. There was a weighted average effect size of just 0.02 when including all indicators, although this increased to 0.07 if including only the most rigorous indicators of impact which is indicated by the vertical dashed line in the figure below. This figure also shows that there was again substantial variation in assessed impacts in relation to this overall trend, however. Factors such as quality of programming had no clear influence on scores, but setting and age did.

Setting: The weighted average impact on community capacities with the CFS implemented in Rwamwanja, Uganda, was the highest among all the studies at 0.12. The lowest weighted average impact was observed in the MolSA-implemented CFS in Domiz, with a score of -0.27. These trends are difficult to interpret. Given the influence of CFS within broader community systems of protection, attender vs. non-attender comparisons are potentially not an effective means of determining community impact. Effects on those not attending would be expected if community awareness and mobilisation were increased. Change between baseline and endline for all children may, in this

instance, be a more relevant measure of impact, although strong change on this measure was not widely observed. **Age:** Among older children there was actually a suggestion of greater knowledge and awareness regarding child protection for those children not attending CFS (weighted average effect size of -0.18). This suggests that the CFS studied had generally not effectively engaged with older children in a manner to strengthen broader community capacities.

RWAMWANJA, UGANDA

CPRA-RP

All Attenders: T2 vs. T1

High Quality Attenders: T2 vs. T1

All Attenders T2 vs. Non-attenders T2

High Quality Attenders T2 vs. Low Quality Attenders T2

All Attenders change vs. Non-attenders T2

High Qual attenders change vs. Low Qual attenders change

High Quality Attenders change vs. Non-attenders change

CPRA-RM

All Attenders: T2 vs. T1

High Quality Attenders: T2 vs. T1

All Attenders T2 vs. Non-attenders T2

High Quality Attenders T2 vs. Low Quality Attenders T2

All Attenders change vs. Non-attenders T2

High Qual attenders change vs. Low Qual attenders change

High Quality Attenders change vs. Non-attenders change

CPRA-AS

All Attenders: T2 vs. T1

High Quality Attenders: T2 vs. T1

All Attenders T2 vs. Non-Attenders T2

High Quality Attenders T2 vs. Low Quality Attenders T2

All Attenders change vs. Non-attenders T2

High Qual Attenders change vs. Low Qual Attenders change

High Quality Attenders change vs. Non-attenders change

DOMIZ, IRAQ I

CPRA-RP

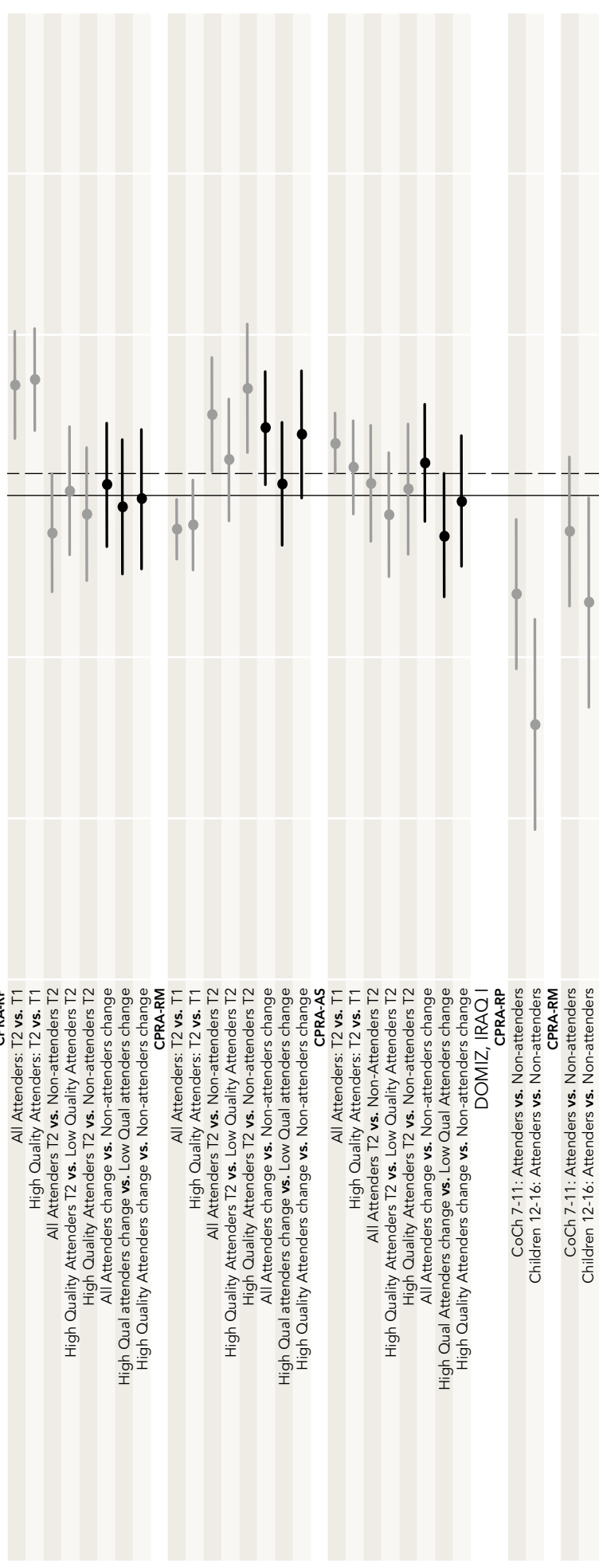
CoCh 7-11: Attenders vs. Non-attenders

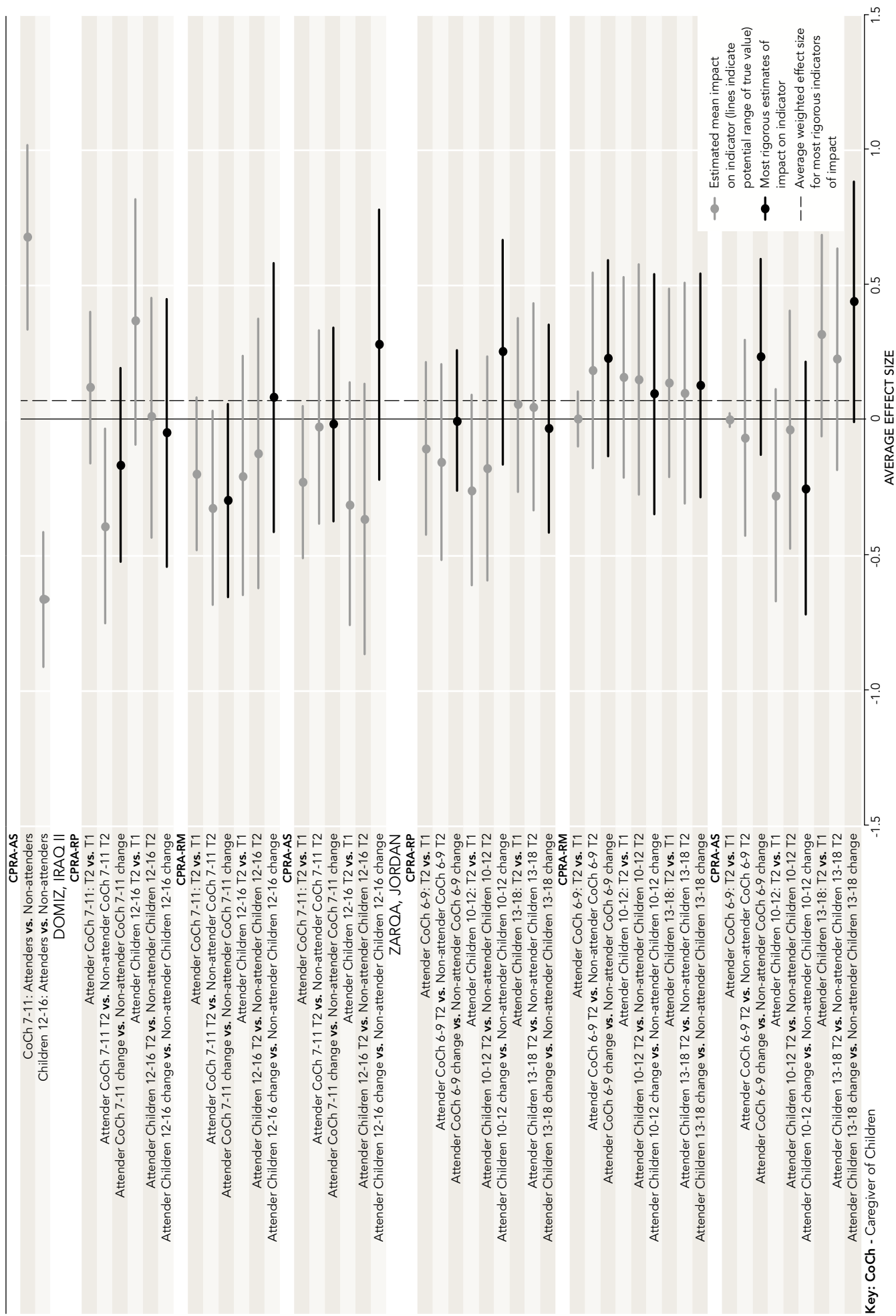
Children 12-16: Attenders vs. Non-attenders

CPRA-RM

CoCh 7-11: Attenders vs. Non-attenders

Children 12-16: Attenders vs. Non-attenders





Conclusions and implications



CFS can benefit children – but the extent that they do varies widely

The evidence suggests that across a broad range of contexts CFS provide a foundation for positive impact on children's lives. Those impacts can be substantial, but often they are small. Attention needs to be paid to what characterises more effective interventions and differing approaches to programme design. CFS should not involve only providing a safe space for children with supervising adults and facilitated activities. The nature and intensity of the activities and the relationships established between facilitators and children appear crucial in determining impact.

Strengthening programme quality and fit to local circumstances should be the key programming priorities

Evidence from across this set of evaluations suggests that programming quality and fit to local circumstances are key issues. CFS interventions need to provide activities that fit local circumstances with respect to both the general context and the specific risks faced by children. Approaches suited to isolated camp environments where there are few options for children appear to have been less effective in urban environments where there is a broader range of opportunities. Also the nature of the risks faced by children hosted in urban refugee settings are profoundly different from those faced in an IDP camp, with significant implications for the design of CFS.

Programme innovation is required to present more engaging and effective interventions for older children

Across all studies, greater attendance and stronger impacts were noted for younger children. Revising the current programming curricula and engagement approach appears necessary to address more effectively the needs of older children affected by crises. Additionally, planning in collaboration with education practitioners may help support CFS in successfully linking all children to formal education systems and addressing the gap in provision that often exists following the onset of crises.

Longer-term follow-up is required to document the impact of interventions on the trajectories of children's development

Commitment to improved programming requires commitment to rigorous impact evaluations of the sort described in this report. However, the implications of modest, short-term gains for children and caregivers are uncertain. Longer-term follow-up with evaluation participants is required to document the enduring impact of interventions and understand their influence on the developmental trajectories of children. Field-friendly guidance and documentation of successes and challenges are likely to play important roles in supporting the development of evidence-driven programming regarding both shorter- and longer-term impacts.

Practitioner response to research findings

by **Makiba Yamano** *Global Technical Team Humanitarian Affairs
Emergency Operations World Vision International*

I am delighted with this contribution to the evidence base for Child Friendly Spaces. Learning from this research reflects the dedication of practitioners in the field to learn, grow and improve programming for children in emergencies.

This report demonstrates what we as a community have thought for many years, but had little evidence to support. We now can say with the added weight of evidence that CFS are able to affect the lives of children, particularly with regard to psychosocial well-being and protection outcomes. In some instances we seem to have been particularly effective in aligning programming to the needs of children and communities and securing substantive impacts for children. This was the case for improvements in psychosocial well-being for Congolese refugees living in Rwamwanja, Uganda, and in latter phases of the Domiz Refugee Camp in Iraq for Syrian refugees. In other circumstances, however, the impacts of CFS have clearly been disappointing. As a community it is vital to understand these circumstances better in order to be able to develop a more robust programming response across settings.

Although it appears that the CFS can provide a foundation for impacts with children, our task ahead focuses on how best to build consistently on this solid foundation. Indeed, there are many lingering questions from this research and areas to explore in the coming months and years. Below are a few of my take-away messages from the research findings and potential avenues of further exploration:

1. Age

We seem in general to be better at programming with younger rather than older children. We need to develop more engaging interventions suited to older children understanding their differing capacities and challenges. Such programming may look drastically different from programmes for younger children.

2. Gender

CFS impacts are generally stronger with girls. Why is this? As a community it is helpful to understand how activities engage girls and boys, promote gender equity and secure positive outcomes.

3. Setting

There is a sense that we need to evolve strategies that are more effective in urban settings, where there are so many other activities that children are able to engage in. Increasingly, emergency response requires adjustments to programming to reflect the prevailing and unique challenges of an urban environment. Thus, it is critically important to examine if CFS is the best strategic approach in urban setting for highly mobile population.

4. Quality

The quality of programming is important and related to how effective programming can be for children. The findings from Uganda in particular point to the fact that quality standards of service provision do matter, with programming meeting higher standards having greater impact on children.



We need to continue to invest in specification of relevant standards and effective means of monitoring them. We still do not have enough evidence to single out the major contributing factors to the positive impact among the quality standards. From my own observations, the quality of staff performance matters significantly. However, it requires further research to provide firm evidence.

5. Programme Coverage

One of the practical questions raised from the research is how the length of time and frequency of sessions relates to impact. The ways in which CFS are implemented leads to a range of availability: sessions from 2 to 5 hours, provided from 3 to 6 times per week. There is a recent shift to adopt morning and afternoon 'shifts' or 1st and 2nd 'cycles' in order to reach more children with programming. How does this affect the programme quality and the overall impact on the lives of children? Further research is needed to shed light on whether reducing length of time to gain greater coverage detracts from overall programme efficacy and quality.

6. Community Linkages

Findings regarding community impact are generally rather disappointing. If CFS are to provide a basis for broader outreach into communities regarding child protection and well-being, we may need to consider new strategies to do so.

7. Longer-term Trajectories of Children

This was a good start looking at short-term outcomes for and impacts on children. However, we need to consider the longer-term trajectories of children, their transition into school and their longer-term developmental progress. We have the opportunity for such follow-up analysis in Uganda, Jordan and Southeast Asia, which we will be reporting on in the coming months.

There was a time (and even now) when CFS were considered a panacea for every emergency in any setting. CFS, it must be emphasised, are



not the answer for all types of emergencies, and they cannot address all child protection issues. That was never the intention. The research report does not aim to promote CFS programming but rather to evaluate its impact critically using robust evaluation methodology. It is hoped that this research will call practitioners to critically analyse current CFS programming and strive for better contextualisation and age-and-gender-appropriate changes that promote stronger positive impacts in children's lives. Such analysis and discussion should consider other programme options and approaches where CFS does not seem to have strong enough impact.

Appendix 1: Lessons for conducting impact evaluations

In-depth lessons learned, practical guidance, and tools, from the evaluations are available in a companion document to this report entitled *Tools and guidance for monitoring and evaluating CFS*.

A few helpful strategies towards the successful design, implementation and analysis of impact evaluations are documented below and detailed in more depth in the companion document.

Design and Planning

- Successful impact evaluations are incorporated into programme designs and collaboratively developed by Design, Monitoring and Evaluation and Programme team members.
- A framework with clear roles and responsibilities outlined for the evaluation should be endorsed at all levels of the organisation.
- A mixture of quantitative and qualitative methods should be used to triangulate findings. Qualitative data can bring clarity and depth to trends demonstrated through quantitative data. Qualitative data can also provide helpful insight into why patterns are found and how they are connected within the broader context.
- A comparison group should be used as part of the evaluation and to measure and to ensure ethical requirements are satisfied during the selection. Box 1 below describes the importance of collecting data from both intervention and comparison groups in order to ascertain the true effects of programming.
- An analysis plan should be developed (in the design phase) that clarifies the sources of information required to make effective inferences and identify the timeline and resources required for completion of the work.
- Impact evaluations are not necessary all the time; however, a good monitoring system is required for every programme. Careful thought should be placed into the design of a basic monitoring system for CFS and should include tools and processes for regular tracking of programme outputs. This, in turn, ensures quality programming linked to positive impacts.

Implementation

- Selection, training and supervision of the data collection team are critical to the success of the evaluation. Selection and training of a motivated and supported team ensures accuracy of responses, communicative participatory activities and engagement of the community in the evaluation process.
- Flexibility is the key to tracing participants over time. When working with highly mobile populations, evaluation strategies must adjust and adapt, allowing the team to meet participants at times and locations appropriate and convenient to access.
- Using mobile phones to collect data minimises error and promotes efficiency. Mobile phone survey applications are easy to use and monitor while on location to ensure the accuracy of responses and efficiency of the team.
- Taking time to pre-test the tool is essential to ensure it is measuring desired characteristics. Test the tool, preferably in a different area but one that has similar characteristics to the population with which the tool will be used.

Analysis and Reporting

- Allocate sufficient resources to strengthen internal capacity for analysis and reporting. This provides depth and insight into the work and strengthens organisational capacity towards future evaluation efforts.
- Ensure beneficiary feedback loops and the time to incorporate them into the evaluation to give further validation to findings. This encourages a richer discussion with participants that will increase the benefits to children after productive discussions regarding revisions to the programme.
- Share both successes and challenges in programming.

The importance of comparison groups

Without conducting baseline assessments and using comparison groups, understanding of programme impact is deeply unreliable

FIGURE 1: Protection Concerns Reported by Caregivers of Children 6–11 in Ethiopia

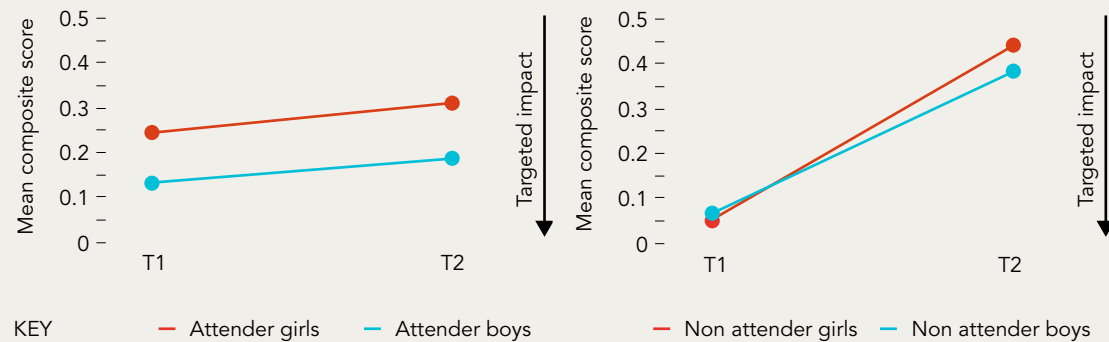
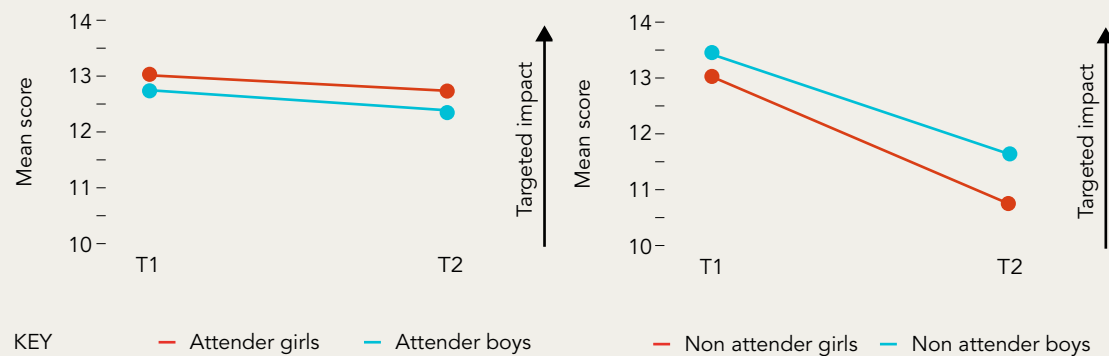


FIGURE 2: Trend in caregiver-reported psychosocial well-being for children 6–12 in Uganda



Rigorous evaluations require a baseline assessment prior to the start of programme activities and measurement of a comparison group. Starting an assessment prior to the start of programming is often difficult in emergency contexts, but it is necessary to be able to measure accurately the impact of the programme. Likewise, without a comparison group, it is difficult to ascertain if the effects are resulting from the programme or from other factors in the broader community.

The left hand graph in Figure 1 shows the trend in protection concerns over time for those children attending the CFS programming in Ethiopia. Without measurement of the comparison group, we would be likely to infer that the programme had minimal, if any, effect on reducing these concerns. However, documentation of the progress of a comparison group (shown in the

graph on the right) showed substantive increases in concerns reported by parents of same-age children not attending CFS. Thus, attending CFS appears to have moderated the extent of protection concerns for children in this age group.

Figure 2 shows the trend in psychosocial well-being over time for children attending CFS programmes in Uganda. The level of psychosocial well-being reported by caregivers of these younger children was broadly the same over time. Again, without a measurement of a comparison group, we would be likely to infer a lack of programme impact. However, for those children not attending CFS, reported psychosocial well-being reduced dramatically. This suggests that CFS played a role in buffering influences leading to the decline in children's social and emotional well-being in this context.

Appendix 2: Measures

Measures of Community Capacities

CPRA-AS	Child Protection Rapid Assessment – Knowledge of Available Services
CPRA-RM	Child Protection Rapid Assessment – Knowledge of Reporting Mechanisms
CPRA-RP	Child Protection Rapid Assessment – Knowledge of Resource Persons

Measures of Protection

CPRA-CS	Child Protection Rapid Assessment – Stresses of Caregivers
CPRA-R	Child Protection Rapid Assessment – Protection Concerns

Measures of Psychosocial Well-being

AYMH	Arab Youth Mental Health Scale
B-DAP	Brief Developmental Assets Profile
CRDA	Caregiver Rating of Developmental Assets
CWB	Child Psychosocial Well-being
EmDAP	Emergency Developmental Assets Profile
PS_Subscale 1	Middle East Psychosocial Measure (Resilience)
PS_Subscale 2	Middle East Psychosocial Measure (Troubling Thoughts and Feelings)
SDQ	Strengths and Difficulties Questionnaire (Total Difficulties, Prosocial Behaviour)

Abbreviations

CFS Child Friendly Spaces

CPWG Child Protection Working Group

IASC Inter-Agency Standing Committee

IDP internally displaced persons

MoLSA Ministry of Labour and Social Affairs (Iraq)



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