Child Friendly Spaces in Emergencies: Research and Learning Project
Briefing Note #1

Child Friendly Spaces (CFSs) are a widely used tool to help support and protect children in the context of emergencies. Sometimes called Safe Spaces, Child Centred Spaces and Emergency Spaces for Children, CFSs are used by a growing number of agencies to help support basic child protection and psychosocial well-being as part of humanitarian response. However, little robust evidence of the impact of such interventions is currently available.

In an effort to address this growing need for an evidence base, World Vision International is partnering with Columbia University in a research and learning project. The focus is on documenting the impact of CFSs on children's social and emotional well-being, sense of security and protection and – where appropriate – acquisition of skills and competences. A series of action learning studies are planned across a range of contexts to document the protective and restorative effectiveness of CFSs and identify good practice in design and implementation of interventions. Development of effective and efficient monitoring and evaluation tools and strengthening WVI field capacity for evaluation are supplementary goals of the work. The outputs of the work are planned to be shared not only within World Vision International but, through the Child Protection in Crisis Learning Network convened by Columbia University, with other agencies working on the protection and support of children in emergencies settings.

The first of these studies is being conducted in Ethiopia. This briefing note summarizes the early stages of this work. Subsequent briefing notes will report on the development of the work in Ethiopia and also in other settings.

Methodology

Buramino refugee camp, located along the southern Somali-Ethiopia border, was selected as the first CFS Action Learning site in co-operation with World Vision-Ethiopia staff. World Vision Ethiopia is using CFS as a tool within their Education in Emergencies program. A comprehensive CFS M&E framework for the intervention was first developed in collaboration with program staff, international partners, local host and refugee community leaders, parents and youth. This addressed the key impacts anticipated for various stakeholders. Key measurement tools were then developed to address these targeted impacts (see Figure 1). Baseline data is being collected with a sample of parents and youth using these tools, with a view to repeating these assessments after several months of operations of the CFS. To help determine the specific contribution of CFS to changes noted, attempts are being made to collect information from children who do not attend the CFS as well as those who do.

Figure 1: Preliminary CFS M&E Framework

Key Tools	Group(s) Targeted	Anticipated Impact Areas
Literacy and Numeracy Assessment	Children age 6-11 Youth age 12-17	Functional literacy and numeracy Skills
Parent Interviews (including SDQ and Rapid DAP)	Parents of children aged 6-11	Child social and emotional well-being; protection concerns; coping resources
Youth Interviews (including SDQ and Rapid DAP)	Youth age 12-17	Youth social and emotional well-being; protections concerns; coping resources
Pre-/Post-Survey of Animators and Teachers	Animators and Teachers of CFS program	Knowledge and attitudes re: child development & protection
Participatory Focus Group Discussions (PRM)	Children age 6-11 Youth age 12-17 Parents of children aged 6-17 Community Leaders	Children, youth, parent and community leader child protection and psychosocial concerns

Sampling

Given program activities had already begun at the first intervention site upon arrival of the evaluation team, baseline data collection was focused upon children and youth who were registered for – but had not yet commenced – activities. 80 children and 62 youth were assessed for literacy and numeracy. 19 parents of registered children completed parent

interviews, while thirty-three youth interviews were conducted. Participatory focus group discussions were completed with 11 groups of children.

Preliminary Findings

Random sampling of households with children in advance of the opening of the second intervention site at Buramino will, in due course, provide a more robust and representative sample for the purposes of impact evaluation. However, the data from the first intervention site is potentially indicative of key issues and themes.

Participatory Ranking Methodology (PRM), a variation of a traditional focus group, encourages participants to actively engage with their peers in a participatory discussion identifying major issues facing children in the camp. Each suggested issue is ranked by children for its importance. Responses across groups are then sorted into categories. Figure 2 shows the major areas of concern cited by children, and the average ranking (1 being the highest) given these concerns.

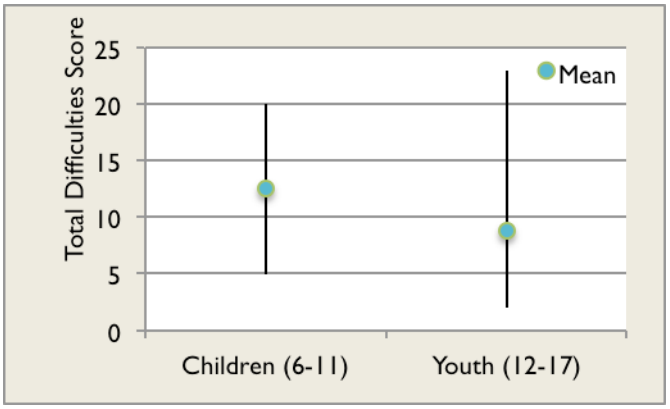
Figure 2: Frequency and Average Ranking of Major Categories of Concerns Reported by Children

Categories	Count	Average Rank
Education	20	4.0
Clothing & Personal Items	13	4.8
Food	12	5.7
Hygiene	11	4.4
Health	10	2.2
Firewood	9	6.0
Shelter	6	8.2
Care & Caregivers	4	6.3
Living Conditions	4	5.5
Livelihood	2	7.5
Water	2	7.0
Insecurity	1	7.0

Concerns around the lack of educational opportunities were clearly the most frequently cited. Issues around basic needs were also frequently cited and highly ranked. Among broader psychosocial needs, inadequate care or loss or caregivers and fears of insecurity given the proximity of military action were those cited. Loss of parents was also a concern that emerged from interviews, as did issues of incidents of sexual violence and rape.

Figure 3 shows the scores for children (reported by parents) and youth (self-report) on the difficulties scale of the SDQ (Strengths and Difficulties Questionnaire). This suggests a broad range of social and emotional functioning across the sample, with some children reporting few difficulties and others scoring at a level generally associated with major adjustment. The average difficulties score of youth is a little lower than that for children, though some youth report very high levels of experienced difficulties. Overall, these figures suggest that the SDQ should be in a position to identify positive change in children's social and emotional well-being if such benefits accrue from engaging with the CFS.

Figure 3: Range of Children and Youth Difficulties Scores



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