

GUIDE FOR DEVELOPING CHILD FRIENDLY SPACES

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Scope and objectives of the guide

Purpose of the guide

This guide is designed to assist UNICEF staff and partners, in establishing and operating Child Friendly Spaces in an emergency. It attempts to provide the reader with the principles and processes on how to establish CFS and to contextually adapt the model.

In the past decade, UNICEF and partners have created countless child friendly spaces in many countries around the world. Yet there isn't a comprehensive guide or handbook for staff that covers the basic principles and all the steps in establishing and operating these spaces.

This guide is a practical tool for field staff and partners. It covers all aspects of developing and running CFS and presents design approaches that are adaptable and account for local conditions, resources, and existing programmes in the community.

Additionally, it can be used as an advocacy tool to promote the concept of CFS among governments and other relief organisations.

Readers will quickly discover two underlying concepts that are promoted: *participation* and *integration*. *Participation* refers to involvement of the community, children, youth, and all other actors in the process of designing and operating the CFS in a meaningful way.

Integration refers to the incorporation of various sectors, including protection, education, health, recreation, and psychosocial support, that address the complete needs of children in emergencies. This guide will attempt to encourage its readers to develop their own participatory methodology in designing and operating CFS that are appropriate to their particular situation. It will discuss key aspects, ranging from selecting locations to coordinating with local partners. The reader will be able to determine which approach and what kind of programme best suits the specific situation.

Target audience

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

Methodology

1) Desk Review

This guide was prepared using a range of UNICEF documents on CFS. To date, there have been no comprehensive evaluations of CFS, with the exception of an evaluation report prepared by the University of Pittsburgh and commissioned by UNICEF.¹ This report, published in 2004, covers CFS in six countries.

¹ Child Friendly Spaces. University of Pittsburgh. 2004

2) Several consultations were conducted with field staff from UNICEF and other agencies to gather information about best practices and lessons learned related to CFS.²

3) Finally, primary research of other agencies XXXXXXXX

Structure of guide

There are four main sections of this guide: The first section provides background information on CFS, while the second section provides a history of the concept and how it has been implemented. The third section, addresses the core *principles of CFS*. The final section presents practical guidance in establishing and operating a CFS.

Terminology

The term Child Friendly Spaces is used throughout this document to define the concept as a whole. In the field, CFS are not always referred to by the same name within various organisations. Some of these terms include: Child Centred Spaces (CCF), Safe Spaces and Child Resource Centres (Save the Children), Child Friendly Environments (UNICEF) and Safe Play Areas (ICRC).

The use of the term has presented a few challenges. First, the acronym CFS can be easily confused with "Child Friendly Schools", which is a widely applied concept, often used within the same communities as "Child Friendly Spaces". Second, the term underscores the physical qualities of the concept — space — rather than the programmatic aspect, creating the impression that this is all about creating spaces, rather than delivering important programmes to children and families.

CFS generally refer to fairly short-term programmes, usually operated from tents and/or temporary structures. They are established in an emergency context. They are usually operated by NGOs, with some degree of participation and monitoring by UNICEF or another international organisation.

Defining Child Friendly Spaces

CFS can be defined as places designed and operated in a participatory manner, where children affected by natural disasters or armed conflict can be provided with a safe environment, where integrated programming including play, recreation, education, health, and psychosocial support can be delivered. CFS should comply with UNICEF's Core Commitments for Children in Emergencies.

The major goals of CFS are to:

- Create a space for children where they are safe from violence, exploitation and abuse.
- Provide children with the basic services, such as clean water, nourishing food, hygienic toilets, etc.
- Reduce the impact of the emergency, by encouraging play and recreation
- Ensure access to education; provide educational services if there is a disruption to school systems
- Encourage participation of adolescents and children, involving them in activities and decisions on issues related to their lives;
- Incorporate psychosocial support activities facilitated by trained staff to reduce the psychological impact of the emergency on children

² For a complete list of contacts, see Appendix XX

- Support positive socialisation of children with peers
- Bring a sense of order and routine back into the lives of children
- Coordinate and/or provide critical services including health, immunisation, care and treatment for HIV and AIDS, etc.
- Ensure that the community understands and embraces these key concepts and gets actively involved

The main principles behind child friendly spaces are to:

- provide a safe and supportive environment
- build upon existing strengths and capacities within the communities
- use a participatory approach during design and implementation
- provide integrated programming that addresses needs of communities and gaps in services
- design a sustainable sustained in various forms as resources for the community
- Provide a supportive environment for children
- use inclusive and non-discriminatory approaches

Note: these principles will be discussed in greater detail in a later section.

Defining characteristics behind CFS are that they:

- Provide a quick and efficient support system and response for the safety of children after emergencies
- Provide a healing environment for traumatised children and families
- Use and apply existing available resources, services, and daily routines of families and focuses on the gaps
- Ensure holistic integrated services and supports
- Incorporate community participation from inception through operation
- Consider long-term impact and sustainability

Background and Overview of Emergencies

Contextual Background: Emergencies

On average, approximately 77 million children under the age of 15 have their lives severely disrupted every year due to natural disasters or armed conflict. Each year, approximately 115,000 children are killed as a result of these events.³ Children are one of the most vulnerable groups in disasters and armed conflict.

As a response to an emergency, government actors and humanitarian actors provide protection and care for children. Often these efforts are not coordinated among various actors and do not provide a holistic approach to responding. Neither do these basic interventions treat children as active agents who can participate in defining the needs and formulating solutions to address immediate challenges.

³ Report published by the Plan International: Children in Disasters, 2002. Also see World Disaster Report 2001 – 2006.

As in other child-related initiatives, CFS should be conceptualised and formulated using a rights-based approach. The Convention on the Rights of the Child (CRC) guarantees the rights of the children under all circumstances.

Within an emergency, post conflict or disaster setting, children's rights are often violated. These include, among others, rights for survival, protection, development, and participation.

CCF, committed to supporting children's healthy development, frames its work in terms of the UN Convention on the Rights of the Child. CCF strives to promote children's best interests, strengthen family and community systems that support children's protection and well-being, and create positive environments in which children grow up amid respect, hope and social justice. Of crucial importance is children's right to psychosocial support and education (CRC articles 39 and 19, respectively). The fulfillment of children's rights is essential for reducing children's vulnerability, strengthening their resilience, and ending the poverty, oppression, social exclusion, injustice, war and abuses that rob children of their dignity, childhood and well-being.

UNICEF's Core Commitments for Children in Emergencies

CFS should always be conceptualised in accordance with UNICEF's Core Commitments, which was last revised in 2005. Core Commitments provide CFS implementers with an excellent overview of what should happen in the aftermath of an emergency. Core Commitments can be used as a valuable checklist in developing child friendly spaces.

Key questions to verify that the core commitments have been included in a CFS:

- Do the children who have access to CFS have the same rights as children in stable contexts?
- Is there safe access?
- Have the safety and security of staff and assets considered?
- Is the CFS building on existing activities and established?
- Are the CFS being established according to nationally defined priorities?
- Was a reliable needs assessment conducted?
- Is there a reliable monitoring system in place?
- Are the CFS coordinated with the overall UN response plan?
- Is UNICEF in a position to coordinate relevant sectors for the planned CFS?
- Are there systems and resources in place to support the planned CFS?
- Are the gaps in services identified, and are CFS designed to address these gaps?
- Is there a security plan in place for the CFS?
- Is there a sustainable funding plan in place for the CFS?
- How are the partners who will be involved in CFS identified and brought on board?
- Do staff members have the capacity to carry out the functions in their roles and responsibilities?
- Are the communication systems for the CFS in place?
- Is it clear how the financing and administration of the CFS will be carried out?

- Are UNICEF Country and Regional offices as well as UNICEF Headquarters briefed, and do they support the initiative?

Impact of emergencies on children

After a disaster or in an armed conflict, children's rights violations often increase dramatically. The established social protection networks fall apart, and parents and relatives may not be able to care for and protect their children anymore. Furthermore, children are not always in a position to exercise their rights or draw attention to the violation of their rights.

Emergencies impact children physically, psychologically, and socially. It is possible to address these impacts through a well-designed and participatory CFS programme.

If the CFS is a newly created physical space, it can provide a safe, clean environment for children, even within a much poorer physical settings, such as internally displaced persons' camps. Furthermore, in a CFS setting, the basic needs of children can be addressed through provision of clean drinking water, sanitary toilets, and washing facilities. Most important, at least during the periods when children are using the CFS, they can be protected from violence and sexual abuse and exploitation.

In the aftermath of disasters, children show many psychological symptoms, including withdrawal, anxiousness, fear, denial, and regression. In the past, psychosocial support programmes have been one of the defining characteristics of CFS. When facilitated through well-trained professionals, these programmes prove to be beneficial for children. However, even in the absence of a structured psychosocial support programme, the safe, well-organised, and friendly atmosphere of a CFS will have a major positive psychological impact on children.

Creating a social environment where children can interact with their peers, using interesting and stimulating props, such as toys and art supplies, is equally important. After a disaster or armed conflict, children lose access to their traditional play and social settings. In these cases, CFS can be used to provide an alternative setting.

An advantage of CFS, however, is their ability to provide all these functions and benefits not in a prescriptive way, but through close involvement of the parents and children. CFS can provide this flexibility. Instead of being presented as a "formula" or a "predetermined solution", they can be introduced as a "general idea" that can be shaped and finalised with full participation of the various players. Parents can assist in deciding which programmes are most critical and should be incorporated into the model. Children can select toys, make decisions about colour and design, and have a say in the duration of the activities. Local NGOs can contribute suggestions about where they should be established for the most efficient access. For all these reasons, no two CFS can be exactly the same. They should evolve naturally, through the close collaboration of UNICEF, the community, local partners, and the government.

A Brief History and Overview of Child Friendly Spaces

The first CFS were used, by UNICEF, in the Kosovo crisis in 1999. The programme integrated a range of services and involved parents in a variety of activities. Subsequently, CFS were used as a response to the 1999 earthquake in Turkey. They were

established in the camps for survivors. There was a growing acceptance of CFS in interventions. CFS then became commonly part of a response to emergencies and were created in Angola, Chad, Colombia, East Timor, El Salvador, Gujarat - India, Bam - Iran, Lebanon, Liberia, Northern Caucasus - Russia, Occupied Palestinian Territories, Pakistan, Somalia, and Syria. After the tsunami in 2004, many organisations, including UNICEF, established CFS. Hundreds of CFS have been established in Aceh, Indonesia, Sri Lanka, and Southern India. In general, these were either short-term CFS established in camps or near temporary shelters, or community-based CFS⁴.

Lessons Learned

The following outlines strengths of various CFS models around the globe:

Sustainability

- CFS influenced national policy and helped UNICEF to negotiate the implementation of integrated community service models with the government. (Albania; Turkey.)
- CFS significantly contributed to the national capacity to respond to psychosocial trauma in emergency situations. (Turkey.)
- Kindergartens established by UNICEF through partners were taken over by the government successfully (Northern Caucasus - Russia.)
- The CFS initiative has influenced municipal and national policies on the quality of schools and promoted a more integrated approach. (Colombia.)
- As part of reaching out to vulnerable populations, UNICEF, through its CFS initiative, was able to influence the Ministry of Education to establish a Girl's Education Unit as a long-term strategy to create incentives for girls. (Liberia.)
- A medium to long term plan proved unique, in that it not only included the relief phase, but also looked at long-term interventions that would increase the quality of education. The Plan for Restoration involved a database on infrastructure damage, included lessons learned from other CFS experiences, incorporated monitoring and evaluation in addition to setting up temporary schools. (Gujarat - India.)
- The integrated approach of CFS (mine-awareness, supplementary feeding, sanitation, and psychosocial support) clearly enabled low-cost and high-impact services, which sustained families from the emergency up to the reconstruction process. This allowed for successful transference of these facilities from the NGOs to the government. (Northern Caucasus - Russia.)

Participation

- A good degree of parental involvement in programmes was present. This was partially possible because all the families were living in the camps and, unlike in the wake of other natural disasters, parents were not distracted by issues related to survival and reconstruction. As a result, parents participated in programmes, mostly as supporters and educators of their children. (Albania.)

⁴ [A comprehensive analysis on the sustainability of community-based CFS is not available at this time.](#)

- Adolescent participation in the camps was an important strength. Adolescents were involved in organising various recreational and cultural activities, film and sports being the most common. Teens were also directly involved in prevention programmes and recruitment of children and families for CFS programmes. (Albania; Colombia.)
- Agreement between UNICEF and the government was critical to the establishment of CFS. (Albania; Gujarat - India.)
- Youth centres and early childhood facilities, which did not exist before the disaster, gained local and international NGO support. (Turkey.)
- UNICEF, through its CFS (schools) strategy, was able to successfully establish humanitarian neutrality by emphasising participation of youth and adult members of the community as key players in its initiatives. (Colombia.)
- As several youth were involved in receiving and providing training, they were able to develop strong communication skills and actively participated in the community. The greatest impact of CFS along with local programmes was to enrich children's lives and create safer and more supportive communities. (Colombia.)
- Community involvement, contribution, and participation were vital for sustained CFS initiatives. (Gujarat - India.)

Integration

- Integrated services were made possible by the coordination of a very large number of child-focused NGOs. (Albania.)
- Integrated services were made possible by the coordination of a very large number of NGOs in various fields, such as women's organisations and cultural organisations. (Liberia.)

Activities and outcomes

- UNICEF provided support through various programmes like dance, counselling, and other social and cultural activities, to reduce the risk of adolescents getting involved in dangerous/illegal activities. (Northern Caucasus - Russia.)
- Mine- accepted into local private schools near the camps. (Liberia.) Awareness education played an important role within the scope of the CFS initiative. (Northern Caucasus - Russia.)
- UNICEF's CFS strategy of promoting child-friendly schools greatly improved the relationship between teachers and children, as well as between children. (Colombia.)
- The initial non-formal CFS programme provided children with access to literacy, ability to understand the numerical forms of mathematics, recreational activities, and psychosocial support.
- The 'Back to School' programme revitalised primary and secondary education, especially for the girl child, and was crucial for the children's return to a normal life. It also helped reduce the difference in the Gross Enrolment Rate between boys and girls by 30%. (Liberia.)
- In coordination with the government and NGOs, the quick establishment of temporary schools with resources and teacher training prevented children from losing an academic year. The special provision made for assisting teachers with family kits greatly assisted in this initiative. (Gujarat - India.)

- Summer schools that had water and sanitation facilities, recreation kits, and music kits provided children with CFS that helped them in active learning and served as a bridge back to regular schools. (Gujarat - India.)

Capacity Building

- UNICEF undertook a special initiative to support teachers and their families with resources. Teachers came together in a common institutional setting, a 'Teacher House' in each province, to facilitate registration of school children, compiling educational material, and archiving reports. This contributed to a sense of cohesion and normalcy among the teaching staff. (Turkey.)

Infrastructure

- Easily movable and detachable water and sanitation clusters, that were developed and installed through an engineering company after the earthquake, benefited more than 30,000 victims. These clusters were later moved to schools and health centres. (Turkey.)

Cost

- Successful child-focused programmes that had been developed in the 1980s (in Liberia) could be re-introduced as part of the CFS initiative, thereby reducing costs borne by UNICEF and other partners. (Liberia.)

Challenges in the development of various CFS

Sustainability

- In Turkey, this was because UNICEF used the Albanian model, which responded to refugees and IDPs who faced a complete lack of state-provided services. In Turkey, however, there were existing services in the earthquake area which, over time, were rebuilt and replaced most activities provided through the CFS. (Turkey.)

Participation

- Some field staff could not understand the concept and value of participation. (Albania.)

Integration

- Competition among NGOs, especially in order to qualify for the available funding, proved to be a challenge. (Albania.)
- There has been a lack of coordination among actors/sectors-As the different levels and sectors in the government worked in a parallel, non-integrated way, providing integrated services proved challenging. (Turkey.)
- People trained in sectoral-based approaches had difficulty in thinking about integrated 'webs of support' for children. (Turkey.)

Capacity Building

- Staff retention-Staff from other provinces found it very hard to stay in the earthquake area because of difficult working conditions. (Turkey.)
- Facing an illiteracy rate of 50%, which was gender imbalanced (men: 29%, women: 62%), UNICEF's main strategy through its CFS/E was to

address this situation by providing access to temporary schools, mass teacher training, and local capacity building. (Liberia.)

- Some areas that had a shortage of teachers faced further problems because the local dialect (in the Kutch province) was different. Therefore, teachers needed to be oriented to this dialect. (Gujarat - India.)

Monitoring & Evaluation

- Minimum standards were perceived as maximum standards, which presented a problem. (Albania.)
- Discrepancy in numbers, which made it very likely that many children were not reached. (Albania.)
- The success of CFS could have been better monitored if the UNICEF system were more attentive to the assessment of implementation, rather than just reporting successful outcomes. (Northern Caucasus - Russia.)
- The lack of assessment and evaluation of UNICEF's interventions to promote integrated services through its partners meant that limited lessons could be learned from the field. (Liberia.)

Cultural

- Initially, school officials were reluctant to introduce psychosocial interventions, as they believed that children are resilient and that they would recover anyway. However, after seeing the success of such intervention, it was introduced as a part of the curriculum. (Gujarat - India.)

CFS: Lessons Learned from around the globe

The following outline characteristics of child friendly spaces:

- CFS concept does not necessarily require a physical space. For example, it started as a child-focused, integrated programme in Albanian refugee camps.
- Minimum standards should be applied.
- Having the governments buy into the concept of CFS is not only critical for the short-term success of CFS, but also allows UNICEF to develop long-term integrated service strategies in coordination with various ministries.
- Most CFS can be relatively short-term initiatives. However, as seen from implementations in Albania and Turkey, they have the potential to transform into community-based CFS. This, however, is not a physical transformation. In other words, the tents or barracks housing the CFS do not become CFS overnight. On the contrary, building on the basic principles of CFS (such as integration and participation), communities and governments need to initiate and sustainable.....
- The reactivation of the school systems offered an effective channel for the implementation of collateral relief aid activities. UNICEF and many other aid organisations transformed school channels into the core of CFS. (Turkey.)
- As UNICEF has both sectoral-based and integration-based services, there needs to be a sustained effort to see how they can work together effectively. (Turkey.)
- A 'back to school' initiative on its own does not work in emergency situations. Security and protection issues need to be embedded into all aspects of children's services. (Northern Caucasus, Russia.)

- Having the advantage of a longstanding in-country presence, UNICEF was able to work through local players in developing a CFS. As a result, it could work through highly effective and progressive programmes that were already in place, which resulted in cheaper and more effective child-friendly strategies than in other places where UNICEF worked with international NGOs. (Colombia.)
- UNICEF could move beyond the purely medical approach. The CFS was most successful when it served as a mobilising instrument for peace, reconciliation, and healing, and also as a central activity for the reconstruction of the human and social capital of a country in crisis. It worked because it was really owned by the people. (Colombia.)
- Radio production and broadcasting proved to be the major vehicle for children's participation in the 'Back to School' programme, which was a CFS initiative. (Liberia.)
- UNICEF headquarters needs more systematic monitoring strategies that integrate successful country-level programmes into its more mainstream initiatives like CFS. (Liberia.)
- Trauma intervention in schools was a necessary part of the CFS initiative. There is a need to develop a strategy that provides psychosocial support to the affected population in the aftermath of any disaster. (Gujarat - India.)
- UNICEF's CFS needs to better incorporate the component of school design into its long-term strategy. Involving the community to participate in this aspect could have been better explored. (Gujarat - India.)
- Earlier experience with CFS proved that children who are traumatised respond better to activity-based learning, as opposed to traditional classroom settings. There should be sharing of experiences and knowledge transfer from CFS among UNICEF field staff. (Gujarat - India.)
- Experience with the earthquake showed that there should be a minimum level of preparedness on the part of the education department to ensure the safety of teachers. Also, a stockpile of resources should be maintained for setting up a CFS and restarting schools as early as possible in the event of an emergency. (Gujarat - India.)
- When operating on a large scale, an assessment of the various counterparts was critical for tracking and distributing supplies. (Gujarat - India.)
- UNICEF's procurement policy does not always work and is not always culturally relevant. UNICEF brings in several toys and other play objects from a centralised location. It needs to increase its capacity to work with local suppliers and to use more traditional materials and toys.
- Provision of food is a big challenge and is sometimes essential. It is critical that the decision on providing – or not providing – food is made with the participation of all players and the community.

General consensus from the field is that CFS are a valuable contribution for children in an emergency response. An evaluation of the CFS in Bam, Iran, following the earthquake concluded:

This was a useful and much appreciated intervention and will certainly have had a positive impact on the lives of children affected by the earthquake. Resuming and expanding early education for children took pressure off parents and gave small children a much needed routine (and safe environment) when their home lives had been terribly disrupted. The psychological value of this type of intervention post-disaster has been documented, as has the general benefit of pre-school education for children's social and

cognitive development. This is one of the interventions most appreciated by the people of Bam, and one of UNICEF's most visible programmes.⁵

⁵ UNICEF IRAN BAM EMERGENCY PROGRAMME 2003 – 2006. INDEPENDENT EVALUATION FINAL REPORT Peter Wiles, Lewis Sida, Nastaran Moossavi. February 2007

This section highlights the key principles for planning, developing and operating child friendly spaces.

CFS need to be designed and operated within the following constraints:

- Following an emergency, CFS need to be established quickly. Children require the safety and support immediately and are vulnerable without.
- CFS should be part of the original design of camps.
- Unlike regular programmes, children using CFS are under high risk of violence, sexual abuse, and HIV/AIDS. This makes security arrangements paramount.
- The population, and especially children served by the CFS, are highly traumatised and vulnerable. This requires the need for an extremely sensitive and participatory approach.
- In the case of a major disaster, it is likely that a huge number of NGOs and other aid organisations will be mobilised in a short time, trying to deliver programmes and services. Coordination is likely to be poor and difficult to achieve. Furthermore, there will be a high level of competition among the players.

Principle 1: "safe spaces" that provide a "healing environment"

One very important characteristic of CFS is their ability to provide a safe haven to children and families during a time of crisis. As such, safety needs to be considered in the physical lay out and operations of the CFS. Field staff also need to convey a sense of responsibility and sensitivity by always listening to parents and children, and responding to information and shared knowledge.. Parents and children must not only be seen as the recipients of services, but must also feel like they are partial owners of the CFS.

The safe environment and healing qualities have always been defining characteristics of CFS. For example, the UNICEF Emergency Field Handbook defines CFS as follows:

A child-friendly space is a place where children, mothers, caregivers and pregnant women caught up in instability can feel safe and protected. It is an integrated approach to guarantee children's rights to survival, development, participation and protection by providing basic services in unstable situations. The approach is based on providing a safe

East Timor

Ensuring safety is not always easy. In East Timor, for example, safety in the camps was a huge problem. Young people were getting pulled out from IDP camps and being recruited. They were also losing their way around the camps because there were no specific space/path markers and everything looked the same.

The approach was to first provide adult and child protection mechanisms to ensure basic physical safety, and only then organise activities (which included psychosocial support and play). However, the major challenge was that the staff still asked themselves "what is a CFS. This was because a structure needed to be in place before people started to consider establishing a CFS.

space and caring environment where children can engage in structured recreational and

Note: Building on existing structures

CFS do not have to be new physical spaces. While most CFS that are set up after emergencies from newly constructed tents and temporary barracks, this need not always be the case. While deciding if the CFS will need to be constructed from scratch, it is important to conduct a careful survey of the existing facilities within the community, including the newly erected ones by various aid organisations.

Principle 2: CFS are built upon existing strengths and capacities within the communities

In developing a CFS there must be an understanding of the lives of the families and children in the community and the resources that are currently available.

Importance of understanding the daily routines of families and children

Understanding the lives of children and families is essential for any child-centred design and programming. This is true for community planning and design in non-crisis situations, but becomes especially important during emergencies.

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

Assessment of existing local capacity and programmes

CFS are strictly limited to available resources and capacities within the community (this contradicts some of the ideas of capacity building). In particular, the capacities of the local NGOs that will operate the CFS are a determining factor.

In many cases, there will be resources in the community that can address a need better than CFS can. This does not mean that the holistic integrated programming needs to be compromised. A good approach would be to deliver the most needed programmes directly through the CFS and to use the CFS as a referral centre for other services that can be addressed better elsewhere in the community.

Principle 3: CFS use a fully participatory approach during design and implementation

Importance of involving the community at initial stages

Review of past experiences clearly shows that the absence of meaningful community participation in the planning, design, and operation of the CFS has been the weakest aspect of CFS to date.

Under the pressure of establishing a CFS as quickly as possible, it is generally believed that implementing a participatory process would delay the delivery of services and programming. The general trend is to establish CFS as rapidly as possible, and to determine children's needs as an afterthought.

The benefits of involving families and children in the development process are multi-fold:

- Families are the real experts about their communities. They will be able to determine what would or would not work.
- There is no single CFS model that can be applied to every situation. Should be contextually adapted.
- Participation will avoid later frustrations, misunderstandings, and alleviate suspicions toward CFS.
- Active participation will prevent people from seeing themselves as victims and mere recipients of aid. It will give them the opportunity to start having control over their lives.

Community involvement in selecting a location and the design of the physical space(s)

The community should be involved in CFS, beginning with the conceptualisation phase. If the CFS is an actual physical space, decisions early in the process must be made about the location, size, components, and design. Once established, it is difficult to make changes.

Parental involvement in programmes within the CFS/E

Early participation will also pave the way for longer-term involvement by parents in the programmes delivered by the CFS. Parents are more likely to visit and participate if they feel the CFS is something that they have created jointly with UNICEF.

Youth and child involvement

In some cases, the particular views of a culture in looking at children may also reinforce this attitude. In fact, children can be valuable resources after a disaster. Many children in developing countries have much wider access to their environment, compared to their counterparts who live in urban settings in developed countries. They do know the topography, safe and dangerous locations, people's daily patterns, and much more. Unfortunately, they are usually not given the opportunity to convey this information.

Even at the planning stage, children's involvement and participation will be a critical factor for the success of the CFS. Similarly, teenagers can be involved both in planning and in the programmes. CFS present excellent opportunities for child and youth participation in various programmes, such as mapping with children, child-to-child activities, child and youth committees.

Principle 4: CFS provide integrated programming that addresses needs and gaps in services

Build on existing resources and services

As a response to emergencies, rapidly interventions through local and international organisations, as well as the government. In the confusion created by an emergency, it is not unusual to see that many efforts are duplicated, while some critical needs for children stay undetected and are not addressed. Colleague

Do Child friendly spaces need a strategic "core"?

The multi-sectoral characteristic of CFS makes this a hard question to answer. There are arguments for both sides. The answer lies in the contextual nature of the CFS. The three most commonly involved sectors in CFS are education,

protection, and health. In many cases, based on the needs and conditions in the community, one of these functions may seem like the core activity for the CFS. Another determining factor would be the specialisation of the NGO who will be managing the CFS.

This does not, however, mean that the distribution of the activities in CFS should be static. CFS should have a flexible programme strategy that can adapt to rapidly changing situations following an emergency. For example, in a community in which all the schools are devastated, a CFS can provide a temporary alternative environment for children primary education. The other activities such as psychosocial support and health can be used to supplement this educational “core” activity. After a while, it is likely that many schools will start to operate in the community from tents or other temporary structures. In this case, the main focus of the CFS will need to be shifted from education to other activities, such as recreation, psychosocial support, parent training, etc.

A “minimum” for service deliver: determining the essentials

In the past, there have been attempts to develop minimum standards for the CFS. While minimum standards are important to ensure quality, they also pose serious dangers, especially when people start to perceive the minimum standard as the “only” or “maximum” standards and fail to take the steps to exceed the minimum standards, particularly when efforts are reduced to minimum standards.

An example of Albania

One of the major problems with the CFS in Ablanai was that the minimum standards were perceived as the maximum. None of the partners or service providers thought of implementing standards that significantly exceed the minimum ones set for the CFS. This

Principle 5: CFS are designed to be sustained in various forms as resources for the community

How long will the CFS operate? What happens after the emergency is over?

It is a mistake to think about CFS only as a short-term solution to an emergency situation. Yet, there are many examples of CFS having a short life span. This is unfortunate, but inevitable, especially in the case of CFS that were developed without a clear understanding of the needs or without true participation from the community. In these cases, CFS are also seen as a short-term emergency response action by the residents, and their long-term potential as a means for providing integrated programming for children and families is overlooked.

Even if a CFS no longer exists as a physical location, the network of service delivery and participatory community action may still continue. For example, it can evolve into a national policy for community-based services for children (Albania), it can trigger the establishment of a community based service centre for delivering programmes (Turkey), or it can be integrated into an existing government provided service and be used to strengthen that service (Indonesia).

Three Sustainable Models: Albania, Turkey and Indonesia

Principle 6: CFS provide a supportive environment for children

In addition to being safe and secure, CFS need to provide an environment that supports children both developmentally and psychologically. A supportive environment for CFS/E encompasses three elements: a wide range of participatory activities and programmes that take place, a physical environment that supports these activities, as well as supportive, encouraging, and sensitive field staff.

In an emergency, children need to feel that they have structure in their lives. As such, it is important to have a well-structured programme in CFS. Children should have the freedom to choose activities, and which activities to participate in, CFS should present formal and informal educational options, but play should also be a very important component of the programme. During the periods of play, staff and volunteers should facilitate by setting up the stage and providing the children with necessary tools, objects, and play materials.

CFS should provide children with a wide range of activities that are culturally appropriate, provide developmental skills, and psychologically supportive. Most CFS incorporate a range of core activities such as educational, literacy, artistic, cultural and environmental, as well as play and sports.

Promoting well-being through psychosocial support has always been a priority in the creating of child friendly spaces. Psychosocial activities should include:

- They are fully integrated with all other aspects of the programme, including education and community outreach activities such as cultural and religious traditions.
- The professionals involved are well trained and equipped with all the necessary knowledge and skills.
- Parents are closely involved, spending time with children in the centres.
- Parents are made aware of the psychological effects of disasters on children, and they support the activities through their behaviour and by looking out for prolonged symptoms of psychological stress in their children.
- The CFS become effective in upholding participation among the children and the adults in the communities.

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

In the case of emergency, some aid organisations do tend to send supplies and materials without giving too much thought to whether they are appropriate to the children's age and culture. CFS staff should be sensitive about this issue and should not accept all that is delivered to their CFS.

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

Principle 7: Inclusive and non-discriminatory

During the confusion following a disaster or humanitarian crisis, the priorities are to save lives and protect survivors. In this rush, it may seem less important if the aid is being provided in an equitable manner. Similarly, the populations reached by the CFS may

seem less relevant than the range and quality of services or the total number of children being reached. This is a mistake. An inclusive process and a non-discriminatory approach that ensures that all children (regardless of their class, gender, ability, language, ethnicity, sexual preference, religion, location etc.) have equal access to CFS are probably the most important principles of CFS.

Yet, in many cases, the most vulnerable populations and children are at risk of not receiving services and programmes from a CFS. There are many reasons for this, some of which are:

- CFS may not be accessible to the most vulnerable children.
- CFS may be in conflict with the daily lives and livelihood requirements of the most severely affected groups.
- As caregivers bring children to CFS on a voluntary basis, the most vulnerable families may not see or understand the value of CFS for their children.
- The activities in CFS might be in conflict with the beliefs and culture of the poorest in the community.
- The most severely affected and vulnerable families are less likely to participate in a community process for the planning and operation of CFS.

Most of these drawbacks can be overcome by an early inclusive participatory process for the planning and design of the CFS. Even if the most vulnerable populations cannot participate at the initial stage, this early phase can be used to identify the most vulnerable populations in the community. It can do so by using the knowledge and insight of other community members. An inclusive and non-discriminatory approach for CFS can be achieved through:

- Early participatory efforts in identifying vulnerable children.
- Making decisions on location, design, and programme scope, based on the needs of vulnerable children.
- Designing a strong and ongoing outreach component for the CFS.
- Involving, hiring, and training local field staff as much as possible.
- Ensuring gender balance in field staff and all the committees involved in the CFS.
- Ensuring that the community participation process is non-discriminatory.

As seen clearly from this list, inclusiveness does not start and end with the children who receive programme benefits from the CFS. It goes well beyond it, and encompasses community participation, staffing, and type and extent of outreach.

In some communities, it may not be possible to ensure equal participation by all through traditional means. For example, it may not be acceptable for women to serve on an equal basis with men on a single committee, or there may be many instances when adults do not value the ideas of children. In these cases, it is important to design and implement alternative structures, such as separate committees, in order to ensure equal participation for all.

Example: Lebanon

In Lebanon, CFS evolved as a necessity, due to the volatile situation and the resultant destruction. Children were displaced from schools and other centres they had been in and parents expressed the need for a place children could go and engage in activities. As there was a lot of internal displacement, CFS were established in whichever vacant buildings could be found.

Once the schools were operational, staff did their utmost to reach out to parents through them. Home visits were used to access vulnerable families.

Focus on gender discrimination was a priority. An informal check was carried out to

- 1) Assessment;
- 2) Design of programme and spaces;
- 3) Implementation;
- 4) Capacity building.

Action Sheet 1: Assessment

Phase: Early

A. Purpose

B. Key actions

KEY ACTION 1: Community Mapping: Identifying the Actors and Programmes

Mapping the available programmes and services in the community should be one of the first steps in establishing a CFS. This early phase will require numerous visits, interviews with programme directors, and networking. The final product can be a simple matrix that summarizes the roles and responsibilities of various actors in the community. The matrix should include the following:

Immediate Steps:

- List of all the programmes run by local NGOs working in the community
- List of all programmes run by international organisations working in the community
- List of all government programmes operating within the community
- Cross-check the information with the details of each programme:
 - Type of programme
 - The needs being addressed by the programme – For example, health screening, recreational activities, etc.
 - Target population – Age and gender
 - Geographic coverage – Is the programme accessible to all? If not, who can access the programme?
 - Numbers served – How many children are benefiting from the programme?
 - Is the programme reaching the target population – For example, is the access voluntary? Are there barriers for vulnerable populations to have access to the programme?
- Initial assessment of the quality of the programme – Staff capabilities, physical setup, etc.
- Is the programme sustainable / well funded?

Note: As seen from the list above, there are many more factors than just the basic existence of a programme. While programmes may be in place, they might be

exclusionary for some reason. The quality may be poor, or the programmes might not be sustainable

KEY ACTION 2: Planning and Collaborating with State Actors

Coordination with the government is critical for the acceptance of CFS into a country's emergency response and recovery plan. The collaboration with the government should start from the very early stages and every effort should be made for full coordination among government-initiated programmes and the planned CFS initiatives.

Steps:

- Present evidence demonstrating the value of CFS from previous emergencies similar to the present one.
- Strengthen the argument for the need for CFS by presenting the matrix of roles and responsibilities and identifying certain gaps in service delivery.
- Include the CFS as a part of the Humanitarian Action Plan or Emergency Response Plan to be signed between UNICEF, or other UN agencies and the government.
- Demonstrate to the government that a strong referral system to government services has been developed and will become an integral part of CFS. (unclear)

KEY ACTION 3: Needs Assessment

Another early step for planning a new CFS/E should be a clear assessment of the situation. It is very likely that some form of post-disaster assessments have already been conducted in the community. Post-Disaster assessments can take two forms:

- Situation Assessment
- Needs assessment

It is equally likely that even when these assessments do exist, they might not have a clear focus on the conditions and needs of the children in the community. Therefore, it is critical to start the process by an assessment that specifically focuses on children — especially, on the most vulnerable children in the community.

In major emergencies, a full disaster assessment usually goes beyond the capabilities of UNICEF. Therefore, close coordination with the United Nations Disaster Assessment and Coordination (UNDAC) and the Office for the Coordination of Humanitarian Affairs (OCHA) will be required.

Situational Analyses specifically related to CFS can also be conducted with the participation of the local community, children, and youth. The areas that should be covered in this analysis are clearly identified in the UNICEF Core Commitments after

Emergencies. The assessment should clearly explore each of the following:⁶ Situations that increase risks for children and provide important knowledge for planning and operations are:

- Health and nutrition related risks – Are children getting appropriate health services? Is their well-being at risk? Is there enough food and clothing for all? Elaborate to basic services?

⁶ Adapted from Carol Toms and Heather MacLeod. Child Protection, World Vision International, Asian Tsunami Response Team.

Examples

The scope of needs assessment usually depends on the situation and local conditions. In West Timor, for example, only a quick assessment was necessary, because it was as simple as going to the community and asking them about their needs and what problems they were facing with their children. Furthermore, the staff also realised that people may be reluctant to talk much in such situations.

In Liberia, on the other hand, families were in the camps. Consequently, it was possible to conduct focus groups, interact with different NGO's in the

- Daily Activities – Do children have enough opportunities for play and recreation? Can they use their leisure time positively?
- Environmental Risks – What are the environmental hazards caused by the disaster? Are there clean latrines? What is the quality of the water? Are there toxic materials in the environment? Are there collapsed buildings that are posing a hazard?
- Family Stress – Are children being affected by family stress? Are children psychologically stable? What kind of psychological symptoms are visible?
- Schools and Education – Are the schools still operating? If so, in what capacity? What are the rates of attendance and drop-outs? Are children dropping out because they need to work or look after siblings?
- Child Labour – Are children being forced to work? In which areas?
- Separation – Are children separated from parents? If they are staying with relatives and family friends, is this creating a problem?
- Abuse and Exploitation – Are there incidents of sexual abuse or exploitation? Which children are vulnerable? Are there cases of exploitation by aid workers?
- Recruitment to armed forces – Are children under pressure to join fighting for one of the sides?
- Trafficking – Are there incidents of child trafficking? Who are the victims of trafficking, if any? Which children are most vulnerable?

KEY ACTION 4: Understanding the daily routines of children and families

Understanding the daily routines of families and children is essential in all planning efforts. Especially after emergencies, these routines might have changed drastically, as families struggle to adapt to the new situation.

There are examples of CFS that have failed because, at the time they were being established, they failed to take these daily practicalities into account. This is especially true for CFS that are developed inside communities rather than camps, because issues such as access, operating hours, and physical features are much more complex in community-based CFS.

Another danger with CFS that are developed without giving consideration to the daily lives of residents is that they are likely to complicate daily chores, disrupt social support networks, make residents unhappy, and place new constraints on how the children are dealt with.

Understanding the daily lives of the people is not a simple process. It requires careful observations, meeting family members in separate groups, as well as taking tours within the community, settlement, or a camp. It requires the understanding of the daily chores, economic activities, cultural limitations, and — most important — key childcare functions and how they are delivered.

Maps are usually a very effective methodology to get an overview of daily activities of the parents and children. Separate maps can be drawn by different groups, showing the places where people spend their time and their activities in each location. Note that the activities of caregivers working with different age groups (young children, school-aged children, teenagers, boys and girls, women, men, and the elderly) are likely to be very different. Therefore, it might be necessary to develop separate maps for each of these groups.

Mapping should be done in small groups of five to eight people. Children are especially skilled in this activity. While pens and pencils can be used, maps also can be drawn on soil by using sticks, or on asphalt using chalk. Most of the time, the map is less important than the discussion that will evolve around it. This discussion should include the location, design, and size of the CFS, and how it will be integrated into the daily routines of each group in the community.

In addition to mapping, group discussion with adults and taking tours of the community with children are important methods that can be utilised to understand the daily lives of the people.

Immediate Steps:

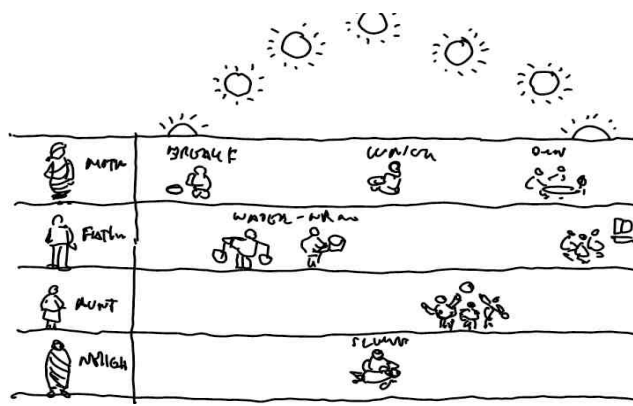
KEY ACTION 5: Understanding the coping mechanisms developed by the families after the disaster.

Educators should aim to create a safe and supportive environment in which learners may express their emotions and experiences. However, they should not attempt to conduct therapy, and instead should know when to refer a case to professionals or other specialized supports.

Immediate Steps:

- Strengthen the ability of educational institutions to provide support to learners experiencing particular mental health and psychosocial difficulties (e.g. designate focal points to monitor and follow-up individual children, if school counselors exist provide them with training on dealing with emergency related issues).
- Establish and create awareness on use of a referral system within the education system for referrals to appropriate mental health, social services and psychosocial supports in the community (see Action Sheets 5.2, 5.3 and 9.3) and through health services, if/when health staff have received training and supervision in the care of severe mental health problems in children (see Action Sheet 9.1, including the criteria for referral of severe mental health problems). Ensure that learners, parents, and community members understand how to use this system of referral.

Example: Daily activity matrix for the child



Daily activity matrix is a simple graphic tool used to identify a child's typical day. The day is represented by the positioning of the sun, from sunrise to sunset. The participants are then asked what the child does throughout the day and which adult has the responsibility for that activity. A separate row in the matrix can be created for each caregiver. Simple pictures and stick figures can be used to work with populations that are not literate.

KEY ACTION 6: Assessing the scope and quality of available resources in the community

The principle of basing CFS on the existing resources of the community requires a careful analysis and documentation of these resources. This requires a community resource mapping process to analyze all formal and informal resources available to the community and to determine how they could be utilised in the CFS/E efforts.

An efficient way of mapping resources is to develop a *Community Resource Inventory*. This is a document where all the economic, staff, physical, funding, and organisational resources in the community can be outlined in detail. The best approach would be to have a forum that has the widest possible representation from different sectors, organisations, NGOs, and community representatives. The exercise can then be carried out with full participation along the lines of a workshop model. If this is not practical or possible, the second option is to visit different stakeholders and to gradually develop an inventory.

Action Steps:

- Develop/design the resource mapping inventory form
- Identify the geographic boundaries of the community that you will be working in
- Identify all the organisations currently participating in services and programmes (Note: This should have already been developed in the form of "who is doing what" matrix)
- Include all the non-traditional resources in the inventory. Examples are:
 - Schools
 - Local businesses
 - Media
 - Religious organisations
 - Community leaders
 - Volunteering professionals
- Include physical resources such as materials, tents, available empty buildings, toys, etc.
- Identify capacity for various roles and responsibilities

Key Action 7: Identifying gaps in services and needs of children

One of the major goals of CFS should be to target the most vulnerable populations who are not accessing the services in the community. Identifying these populations — and children — can be a challenge, since they tend to be the least visible groups in a community.

The best way to reach the vulnerable groups is to have them identified by other members of the community. Most communities have knowledge of the most vulnerable groups.

Physical maps can be used to identify areas where these groups are located. Site visits to the community and focus groups with people and children who know the community well are useful methodologies.

Key Action 8: Verifying findings through community participation

Research and data collection in communities can pose challenges. For example, a powerful personality in one of the meetings or focus groups may influence the conclusions reached on an issue. Therefore, in order to have your findings and conclusions verified, it is always a very good idea to present them to the community once more.

Usually, the best way of doing this is by holding a larger community meeting with the widest participation possible. During this meeting, the findings and future plans should be presented to the participants in a clear and simple way. This should preferably be done not by outsiders, but by a group of community members who have worked closely in the CFS project.

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

Key Action 9: Selecting Partners

Selecting the partners who will be responsible for operations of the CFS is one of the most critical decisions.

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

Note, however, that shared responsibility is a risky approach. In most cases, competition among NGOs — especially for available funding — will require one leading NGO to take over the operation of the CFS. Other NGOs can be included as programme supplements, or the CFS can operate as a referral centre for services delivered by additional NGOs in other locations.

Strengths commonly associated with NGOs include the following:⁷

- Grassroots approach and good community links
- Extensive field-based expertise
- Specialised knowledge and staff skills
- Ability to innovate and adapt
- A culture of using participatory methodologies and tools

⁷ Adopted from World Bank criteria for categorising NGOs.

- Long-term commitment to and emphasis on sustainability
- Cost-effectiveness

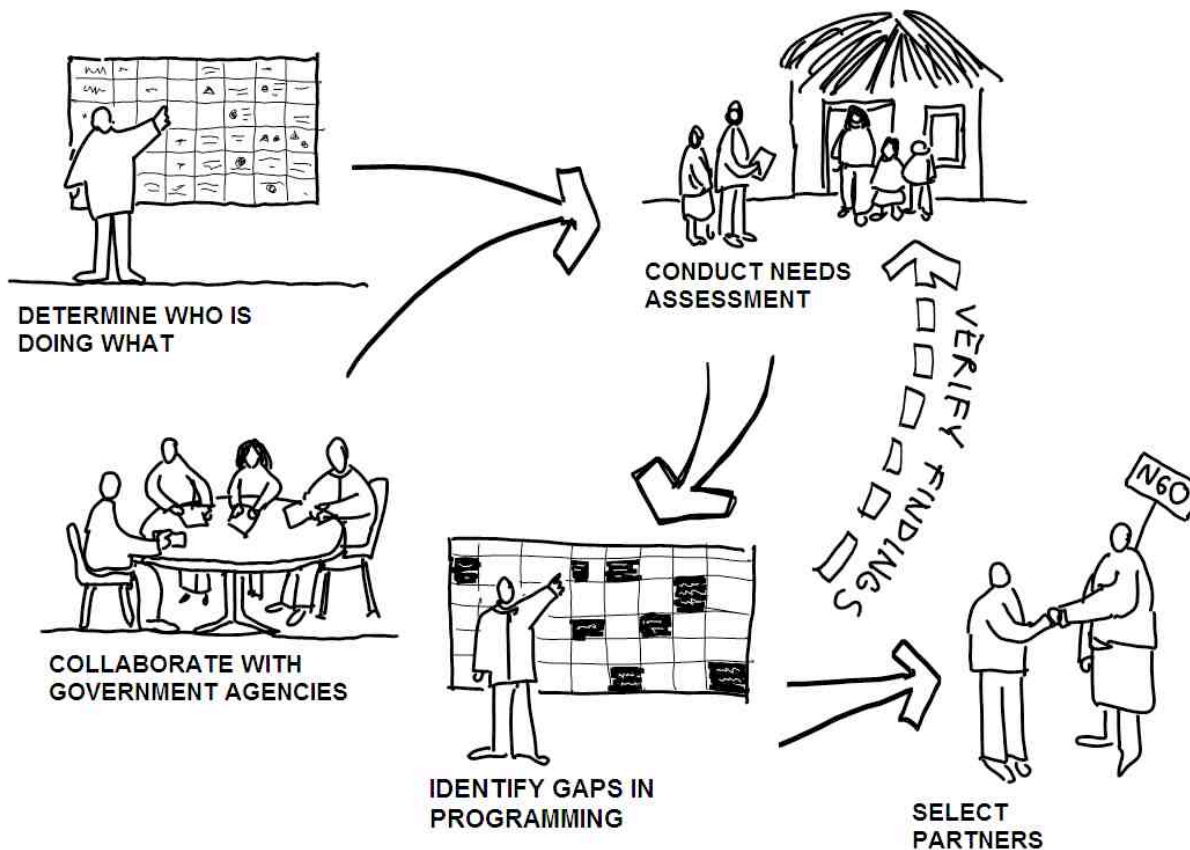
Depending on their experience and structure, some areas in which NGOs might face constraints are:

- Limited financial, analytical, and management expertise
- Limited institutional capacity
- Gap between stated mission and operational achievements;
- Low levels of self-sustainability
- Isolation / lack of inter-organisational communication or coordination
- Capability for small-scale interventions only
- Limited expertise in macro or specific economic issues

C. Key Resources

- Emergency Handbook
- Sphere Handbook
-

Steps for Action Sheet 1: Assessment



Action Sheet 2: Participatory Design

Phase: Early

A. Purpose
XXXXXXXXXXXXXXXXXX

B. Key actions

KEY ACTION 1: Coordination for Integration

The benefits of holistic integrated services have been demonstrated numerous times. In the UNICEF Early Childhood Care and Development (ECCD) brief, integrated programming is described as follows:

Integrated, holistic programmes take into consideration a child's need for a healthy body and the need for psychological and social support. These programmes provide a variety of activities that stimulate the development of cognitive skills, imagination, and creativity, and provide opportunities for children to take responsibility for themselves and their learning within the context of a social-cultural environment.⁸

Past experiences have demonstrated that programme integration in a CFS can be very challenging.

The main obstacles of programme integration are:

- Absence of an integrated service plan developed in a participatory manner
- Limited capacities of the main partner who is responsible for operating / coordinating the CFS/E
- Competition among various NGOs in the field
- Lack of understanding of the value of holistic services by partners and the government
- Funders perceiving some services as more essential or important
- Failure to understand that providing holistic services does not necessarily mean that all services need to be delivered at a single CFS
- Difficulty of integrating family support and home-based interventions into holistic services

Three different approaches for integration

There can be different ways of achieving integration through a CFS. Whichever option is selected, it is important that the starting point is the participatory needs analysis and identification of the programme gaps, as described earlier in this guide. Once the needs, community resources, and programme gaps are clearly identified, it will be much easier to develop a holistic programming concept for the CFS.

Note that the result of the analysis of the lives of people and available resources and programmes in the community may reveal that CFS may not be an appropriate solution in specific cases. UNICEF should be open-minded about this possibility. If CFS are not appropriate, this does not mean that other types of programmes cannot be carried out in a community. In these situations, the focus should be on regular programmes such as child protection, health, education, etc.

If a CFS is appropriate, the following options can be considered.

Option 1: Multiple programmes and services provided from single and diverse physical spaces

⁸ UNICEF ECCD Briefs; Integration in ECCD: What Does it Mean?

This model assumes that a diversity of programmes will be provided from a well-designed physical space. To achieve holistic programming, this model is set up in locations such as camps, where a lot of complementary programmes are available in close proximity,

Option 2: Multiple programmes in a CFS with a strong outreach component

This model incorporates multiple programmes, possibly psychosocial support, education, and recreation, which are carried out from a well designed physical setting. This might mean direct involvement of more than one partner in carrying out the programmes within the CFS. Despite this, it is very likely that many other identified needs would not be addressed from within the physical boundaries of the CFS/E. To address this, a strong outreach component needs to be incorporated into the programme design. This outreach can include:

- Referrals to established government-based programmes, such as health, immunisation, etc.
- Referrals to other community-based programmes, such as skill development, community recovery programmes, etc.
- Referrals to other CFS operated by other NGOs within the community
- Close links to the programmes carried out by Child Friendly Schools
- Links to home-based interventions

Option 3: CFS as a “hub” for programmes

In this model, CFS/E is operated mainly as a “hub”, with strong links to all of the other programmes and services in the community. The primary focus is not on the physical space, but on links and networking to other programmes. In this model, the activities carried on within the central “hub” can be quite limited. This is usually more suitable to community-based CFS rather than CFS in camps.

Steps: Ensuring Integration

- Government and partners should be clear about the value and need for integrated programming.
- Advocate CFS as an effective resource for coordinating multiple programmes and services.
- Present needs analysis and identified programme gaps to the government and to partners, to muster support for the proposed positioning of the CFS/E.
- Demonstrate the value of the participatory approach in planning the CFS/E.
- Encourage the community and children to speak for the proposed plan and CFS/E.
- Promote joint training of staff from different sectors, such as health and education.
- Create a coalition involving all stakeholders, to advocate and monitor integrated programmes.

KEY ACTION 2: Budget and Resource Management

CFS has relatively low start-up costs. In addition, a CFS that is set up as a physical entity, filled with colourful toys, soft seating areas, and with children drawing, dancing, or engaging in similar activities.

Since CFS differ in terms of size and physical setup, there is no reliable data on what it costs to set up a CFS. To give a few examples, the establishment of a CFS by UNICEF in Angola in 2002 was budgeted for \$40,000. Similarly, in 2006, Save the Children spent \$50,000 to set up a CFS/E in Sri Lanka. I recommend: Past experiences have shown a range of costs for establishing CFSE/s, from 40,000-50,000. These figures however need to be more specific- are they annual start-up costs? Running costs?

The operational costs, especially those involving multiple providers, an integrated programme, community participation, and a good outreach component, are likely to be quite expensive.

Steps:

- Set up the complete budget in advance and discuss it with partners and the community. It is important for everyone to understand the amount and duration of UNICEF financial support
- Develop and agree upon a financial exit strategy. Develop an agreement, outlining the terms of the financing (ie. Duration). Create a transition plan for the community or a partner to take over the CFS.
- Ensure the CFS are adaptable. In time, new conditions and opportunities are likely to emerge. It is important to have flexible structures that enable adjustments as needs change.
A Financial plan should be adaptable to new circumstances, conditions and/or opportunities.
- Participation is not something that should be limited to planning and design, but should also be extended into financial decisions.
- At the minimum, make sure that you have a transparent budgeting process. It is extremely important for everyone to see and understand how the funds are being used. Such an approach will strengthen community participation in all other areas.
- Informing and inviting discussion from the community about how you plan to spend your funding will prevent costly errors.
- Be careful about the hidden costs of volunteerism. Many volunteers in the field are usually compensated in one way or another. Make sure that your budget can accommodate these costs.
- Locally produced materials and toys are likely to reduce costs, be more culturally acceptable, and will be easier to reorder
- In CFS it is usually very hard to calculate costs per child, because the numbers change continuously and programmes change from child to child. Still, it is still a good idea to know from the outset what the programme costs are per child.

KEY ACTION 3: Age appropriate spaces

One of the strengths of CFS is their capacity to serve children of all ages. In general, three age groups can be considered: preschool-aged children (ages 0 to 6), school-aged children (ages 6 to 12), and teenagers (ages 13 to 18). The needs and activities of each of these age groups will be different. In addition, physical spaces will need to be set up differently for each age group. This, however, does not mean that activities and contacts of different age groups should be severed. The strongest programmes are the ones that allow children of different age groups to communicate with each other and support each

other's activities. Youth, for example, are a great resource for organising and implementing activities for younger children.

While assessing the needs of the children and how the CFS will address those needs, it is important to consider the needs of each age group separately:

Very young children

These children are likely to carry out most of the activities with their mothers. It is important to create private and comfortable spaces for mothers where they can nurse and play with their children. Mothers can also use these spaces to communicate with each other.nursing facilities.....

Children under six:

Stimulating play should probably be the core activity for this age group. Allow areas where animators (facilitators) and mothers can play and engage in a variety of activities with the children. Monitoring the health and nutrition of the children is also important.

Diverse age groups could be included in the activities. Teenagers can organise events, while grandmothers and resource people from the community can be engaged for a range of activities, such as storytelling, music, and art.

Children (6 to 12 years old):

This group would be much more aware of the situation and significantly influenced by the emergency or the disaster. It is important to assess the psychological conditions of these children and provide them with the necessary support. They should be encouraged to socialise with other children and should be engaged in activities where they can express their feelings through art, role-play, singing, dancing, and story telling. Children should also be engaged in activities they are familiar with, such as the games that they already know.

Youth (13-18 years old)

Teenagers should be kept busy and should be involved in a large range of activities. Sports are likely to be a major activity. The needs and preferences of girls and boys should be considered. It is best to allow this age group to select and organise their own activities rather than programming their day. Youth clubs are a good example. In these clubs, teens can organise and run their own activities. Clubs can operate within or outside the boundaries of the CFS.

Most programmes fail to recognise the extent to which children can contribute to the recovery efforts. Children who become meaningfully engaged in helping their community are going to feel good about themselves.

For some communities, this age group proved to be hardest to reach, largely due to two reasons: in some cases, it was not possible to reach teenagers through schools. Even more important, families were reluctant to let them participate in CFS activities because they were needed to help their parents at home.

Encouraging children of different age groups and genders to mix and interact is very relevant to cultural conventions and practices.

Gender Sensitive Programming

In Bam, Iran, there is culturally no problem with boys and girls playing together before they are of school age. As they grow older, they use separate spaces. CFS were designed to respect that while providing programs. The typical solution was for boys to come to the CFS on certain days and girls on the other days.

Girls could not exercise outside, unless there was a neighbouring school that made this possible. Boys did not participate in any sports activities, partly because it was hard to get funding for recreational activities. In general, recreation is not considered a priority.

Most activities in CFS — art, literature etc. — were more attractive to girls than boys. UNICEF tried to have things like computers and sports for boys but it was difficult. In addition, with the boys the drug addiction problem was really challenging.

KEY ACTION 4: Developing a curriculum for programmes

The range of activities that can be included or facilitated by the CFS is limitless. As with everything else, the selection of activities should be based on the needs of the community and with the participation of both community members and children. Involving children in designing the curriculum will ensure their full involvement in the CFS. While it is impossible to develop a comprehensive menu of activities, the table below includes a list of the most common activities incorporated into a CFS. It is important to realise that even if the CFS is a physical entity, all the selected activities need not take place within it. Many activities, such as sports, can be carried out in other locations within the community.

Similarly, many of the selected services can be organised as referrals to other places and organisations. As a result, the CFS need not have all the staff capacity and features to carry out all services that are identified as critical needs.

Sometimes, local situations and practices may result in unique approaches. For example, in Bam, programmes and spaces for the CFS and for psychosocial support were physically and programmatically separated.

In Bam, Iran, there were two branches of support: 1) CFS and 2) Psychosocial support. The first was mainly a space for young children below 6yrs of age. It offered recreational activities, and some spaces were cultural centres for children 6 to 18 years of age. Some had playgrounds. The setting depended on the needs of the community.

In terms of physical space, both CFS and the Psychosocial Support Spaces were two different structures. In the long-run, by being absorbed into the community, they have turned into two different kinds of community centres.

Everyone agrees that they should have coordination with each other including a strong linkage and some kind of referral system. However, it was not clear how much of this existed at the time.

Table 1: Specific Programming activities for CFS

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

The following questions should be asked while designing the curriculum for a child friendly space:

- Do the activities address the needs identified in the community?
- Do parents and children think that these activities are appropriate?
- Are the activities age-appropriate?
- Is the curriculum gender-sensitive?
- Does the curriculum allow flexibility and enable children to choose?
- Are the activities culturally relevant?

It is important to establish a system in which activities can adapt to changing needs. Conditions are likely to change rapidly as relief efforts continue. Schools will re-open, health services will be established, and safety will be prioritized. Within this changing environment, the original programme gaps identified for a CFS may no longer be applicable. Therefore, it is important to monitor the developments in a systematic way and adjust the programme goals and outcomes for the CFS accordingly.

KEY ACTION 5: Strategically positioning the CFS based on findings

At this stage in the programme design, the following should be in place:

Checklist:

- ☐ A completed matrix of “who is doing what in the community”
- ☐ A list of partners who will be coordinating and operating the CFS
- ☐ A clear understanding of the daily lives of the families and children as well as the important issues they are facing.

- ☐ A complete list of physical, organizational, and people-based resources available in the community
- ☐ A clear idea of how the new approach will be communicated to the community and the government
- ☐ How the CFS will be funded
- ☐ A plan for outreach and the implications of this plan for capacity-building and training
- ☐ An understanding of how the results will be monitored and assessed

Action Sheet 3: Implementation

Phase: XXXXXXXX

A. Purpose

XXXXXXXXXXXXXXXXXX

B. Key actions

KEY ACTION 1: Developing a framework

UNICEF always works through partners to operate CFS/E's. (this should be mentioned earlier., perhaps in the "Brief History section") Selecting a strong and compatible partner is only a part of the solution. Establishing a good working relationship with a partner usually proves to be more complicated.

Steps: CFS Set up

Site selection

Site selection is one of the most critical decisions that need to be made while setting up a CFS. Assuming that the CFS will have a physical setup, it needs to be placed in the most appropriate and accessible location. Site selection is a vital issue when the CFS is located in a community, though, even in camps, some locations are much better than others.

Site selection criteria should be closely checked against daily routines of the families and children to ensure that they are not in conflict. As attendance of children to a CFS is voluntary and the decision is made by the caregivers most of the time, accessibility and convenience will be major criteria to reach the targeted populations. While selecting a site, the following should be considered:

- Free of hazardous materials and toxic substances
- Good quality of air and soil
- Safe from natural dangers, such as flood zones, landslide zones, etc.
- Accessible to the families and children it is supposed to serve
- Visible and not isolated from other functions
- Can be easily protected (by a fence or a barrier) from dangerous outside social elements, such as wandering strangers

- Easy access to water and latrines
- Convenience for other service providers and NGOs who will be participating in the activities
- Area is sufficient for the number of children to be served
- Neighbouring activities are appropriate for the CFS
- Overall acceptability by the community
- Not allocated for another function
- Legally available, with the owner accepting its use as a CFS/E

Finding an appropriate site should involve site visits with community members and partners, mapping the site, and meetings with the specialists in the municipality.

Another consideration in selecting a site is to ensure that basic services such as transportation, electricity, water, and sanitation are readily available.

CCF in Uganda

During site selection, concerns related to safety have utmost importance. In Uganda, for example, CCF had to be very careful, because places where children come together could have been targeted for recruiting and abducting children. In this case, they tried to make more and better use of existing structures and work through them. This is a good example of why a geographical assessment and mapping of the dangerous locations together with the community prior to selecting a site is so critical.

Also, due to security concerns, CCF considered locations that are not isolated but close to a number of watch-points where members of the community are always around to keep an eye on the children. These included water distribution points, schools, and markets.

Design

The physical design of the CFS/E is determined by a number of factors. The most critical are size, (depending on the number of the children to be served) and the range of activities that will take place in the CFS/E. It is not possible to have one "standard" design for CFS. Due to climatic variations, CFS might look very different based on their location. Local building methods and practices, as well as cultural factors, are to influence the design.

If CFS are located within camps, large tents are mainly used as the first option for creating a space. This might not be the preferable method in all cases. Tents are relatively cheaper and can be quickly setup. However, they tend to get very hot in tropical / desert climates (Indonesia, Iran) and very cold in high mountainous areas (Pakistan).

Some CFS that were started in tents eventually moved into more stable structures, such as wooden barracks.

It is important to be completely flexible about the physical space and make use of the available land, resources, and existing structures.

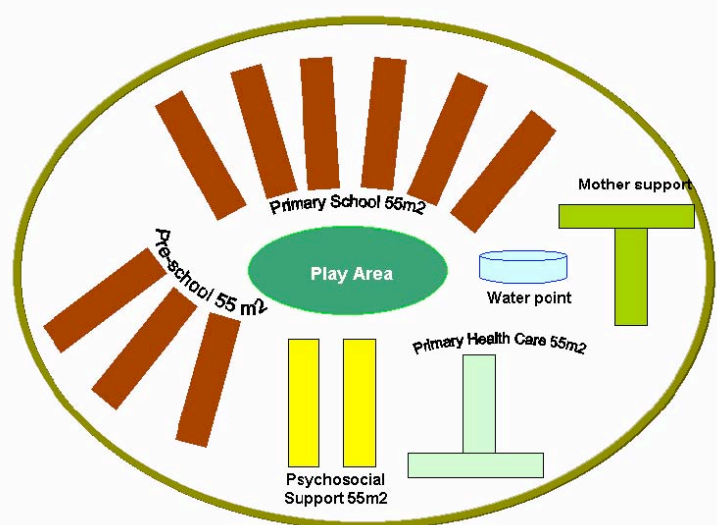
In CCF-operated CFS in Ampara, Sri Lanka, characteristics of the space and structures varied dramatically. Sometimes the government provided the space, sometimes it was community-owned land or privately-owned land. Each situation was different, and CCF made the best of what was available.

The physical structures varied too. Sometimes they were tents; other times local materials were used to build temporary structures. Also, any existing space, like a preschool, was put to use.

Typically, each CFS/E had three spaces / structures.

1. ECD activity space for children up to 5 years and their mothers
2. Activity space for children older than 6 years
3. Health / psychosocial support spaces

Sample Layout: Layout of tents and other features at the CFS built within the camps after the earthquake in Turkey



Developing a programme for a child friendly space

Once the objectives of the CFS are clearly stated, the core planning group can get to work developing a “space programme” — a statement of all the functions and factors that a particular solution needs to address.

A space programme is actually like a "user's manual" for a design. It identifies which spaces will be created, where they will be located, what the sizes and physical characteristics will be, what kind of materials will be used, and so on. The information in this programme is not limited to the physical characteristics of the spaces (tents, barracks, outdoor locations) being planned, but covers the operational aspects too – in other words, it addresses the functions that the space serves. What activities will take place in this space? Who will use this space? What will happen here during different hours of the day? Who are the staff? It is virtually

impossible to design a space that properly serves its users without having an agreement on the answers to these questions

Involving community and children in the design

The design phase of the CFS/E is an excellent opportunity to get the community and children involved in a product-oriented way. Not only will the families and children have the opportunity to provide valuable input – on how to arrange the tents in a given area, for example – but once the design is complete, they will have the opportunity to see that their ideas are being respected and they are part of the process.

Simple tools can be used to involve children and families in the design phase. Cardboard cutouts that represent different spaces (such as tents) can be arranged in different configurations by the participants until a consensus on the design is achieved. Location of the latrines, colours that are used, perimeter fencing are all critical design issues that should be discussed and agreed upon by the community and the children.

Construction

The best way to involve the community is to involve them in planning, design, and building. Most often, community members are asked to contribute labour and build things. In Pakistan, a more comprehensive involvement was possible. The community has participated in selecting the location of the CFS, tent pitching, protecting school supplies, finding furniture, planting in pathways, and building boundary walls.

The construction of a CFS can entail simply setting up a few tents or may establishing a more elaborate structure. Regardless of the type of construction, there is always an important role that the community can play. This can range from manual labour to quality control of materials and supplies.

While expecting the support of the community, it is important to ensure that it is always voluntary and that the residents are not treated as free labour.

The placing of latrines is very crucial. In Pakistan, while planning schools and CFS, many of the staff did not realise that it is unacceptable to have latrines for females besides those for male. While there is a general understanding of this issue, in many cases, due to western preconceptions, this is hardly followed through in practice. This became one of the main determining factors for girls attending school — and probably CFS — in Pakistan.

Equipment and supplies

Having the appropriate equipment and adequate supplies can make all the difference in a CFS/E. Furnishings should be age-appropriate. Use of local products and manufacturers should be encouraged. It is critical that there should be enough toys and educational materials for all the children using the CFS/E. Inadequate number of toys and materials result in competition, fights, and frustration among the children.

There are times when it is difficult to take a participatory approach because of the non-participatory approach of the service providers who are in charge of the CFS.

Materials and supplies that look too valuable for the setting can prevent real access to children. In East Timor, for example, play kits were first distributed to the adults. When the children asked for the kits, the adults shooed them away or tried to control how the children used the toys, because they were concerned that the children would break or lose them. The children were completely confused in the process.

Operating Programmes

Operating CFS/E's through partners raises a number of challenges. The biggest challenge is to ensure that the partners are fully committed to working in a participatory fashion with the community.

Management and Coordination

Operating CFS is generally the responsibility of the partner NGO. In many cases, this structure is supported by establishing a range of committees among the residents. These committees may include mothers, youth, and other community leaders. Sometimes, committees are

It is important that the responsibilities of each committee be clearly defined. In some CCF-operated CFS, volunteers were in charge of running the CFS. They were to report to the committee that was set up and the flow of material to the CFS was through this committee. However, there were often problems of coordination between the volunteers and the committee and sometimes it was confusing to determine who was in charge — the volunteers or the

established in order to play a supervisory role. An example of this is the Child Well-Being Committees established by CCF.

Collaboration with Child Friendly Schools

The relationships between CFS and Child Friendly Schools are critical but often overlooked. The close proximity among the two provides many advantages for integrated programming, especially for the protection section and education section to work in close collaboration. As a result, not only do Child Friendly Schools become an important resource for CFS, this logistically allows the families to access both locations easily

Freedom of choice in activities

Allowing children to make the decision on whether or not to participate is one of the critical indicators of how participatory a programme is. The programme design should include a significant amount of flexibility for both children and parents to choose from a range of available activities.

An equally important criterion is to allow children and parents to participate in the development of the rules and regulations for the CFS/E. Can parents come and go as they wish? How should children who disrupt activities be treated? These and other similar rules should be agreed upon

In the Save the Children **which save the children?** -operated CFS in Pakistan, in terms of activities, each age group was allowed to choose what they wanted to work on at the beginning of the day and they carried out those activities together. If certain children were not showing interest, the staff implemented various techniques (such as having a competition) in order to encourage all the children to participate.

The staff also allowed the children to make up the rules to ensure discipline. There was a child-established discipline committee and if children were not cooperating, they were made to mind each other.

by participants.

Sustainability

Steps to follow in moving from CFSs to CFEs

Experience has demonstrated the importance of having an “exit strategy” available, which is shared by the community from the outset. All participants should be clear about how long the CFS will operate and what the next steps should be.

In some cases, the transition from a Child Friendly Space to a more long-term Child Friendly Environment can be the subject of strong debate. Unless there is strong community support and unless the necessary infrastructure is available, it is not a good idea to establish long-term community-based CFS.

An alternative approach to sustainability is relying on the capacity of the volunteers to promote and support the idea of CFS in their communities once the crisis is over.

To achieve sustainability, CCF tried to identify activity leaders from various communities within camps, so that, when they got back, these activity leaders could incorporate the idea of CFS into their own communities. This did not always work because there were issues related to funding. Also, once people got back to their lives, the CFS was no longer a priority for them.

Understanding and Incorporating the Cultural Context

In CFS, misunderstandings and frictions often occur for three reasons.

- i. Lack of clarity about the purpose and goals of the CFS.
- ii. Failure to develop space and programmes with full participation of the community members.
- iii. Activities and arrangements that conflict with cultural norms.

Example: Pakistan

In some areas of Pakistan, CFSs faced resistance from communities. This was primarily because some of the activities were deemed inappropriate, along with the notion of joint spaces for boys and girls. Furthermore, there was a great deal of suspicion as to what the CFS really was and what its objective was — largely as a result of communities not having been engaged and consulted from the outset.

CFS built by Save the Children in Pakistan also faced the problem of resistance from the community. Initially, only 20 or 30 children attended the centres. Subsequently, they have solved the problem by gradually involving the community and having them observe what was happening in the CFS. When the communities observed the CFS in action, they came around.

The following questions should be raised to ensure community acceptance of the CFS:

- Are the proposed activities appropriate for this culture?
- Are the staff sensitive to cultural issues when interacting with the community and children?
- Is there a code of conduct for staff and volunteers that is approved by UNICEF and the community? (specific to UNICEF)
- Are gender issues addressed?

Action Sheet 4: Follow Up

Phase: Early

B. Key actions

KEY ACTION 1: Identification of "safe adults"

Selecting the persons as staff or volunteers is a priority. In practice, some NGO workers will be well known and trusted members of the community, such as teachers. However, as seen in many emergencies, lack of local staff usually makes it necessary for outsiders to be brought from other parts of the country. If possible, adults who are outsiders should not have unsupervised access to children, however well-meaning they seem, at least until they gain the confidence of their peers and the community. Adults who are concerned with the protection of children will appreciate the need for such measures.

KEY ACTION 2: Selecting and building the capacity of the staff

In an emergency, demand for qualified staff — especially local staff — will be very high. In many cases, it will be necessary to quickly select the eligible persons and to provide training for various roles and responsibilities. The following should be considered for identifying qualified local staff:

- Select highly motivated individuals.
- Consider gender balance in staff.
- Use a participatory approach in selection. For example, if there is more than one candidate, let the community (or parents) decide.
- Consider the candidate's prior experience in working with children.
- Make sure that the staff person understands and supports the concept of child participation. (this is not necessarily a selection criteria, rather, training of staff issue)
- Make sure the prospective staff member does not have other commitments and has available time.
- Educational background should not be the sole criteria; the communication skills and personality is important.

Most often, the volunteers who are largely responsible for operating the CFS are compensated. In most cases, they receive a stipend, which makes the volunteers dependent of the CFS for their livelihoods. This dependency makes it hard to change, modify or adapt the programmes according to the needs of the community as the situation changes.

Example: Sri Lanka

In Ampara Sri Lanka, CCF- established a child friendly space. The community was responsible for identifying volunteers. They were mostly t youth over 18 years, who were either in the area, or ones who have moved from nearby districts as a result of the disaster. These young people were then trained by CCF staff and implemented the programming. Members of CCF were always present to support the volunteers.

The staff was paid a stipend. This caused problems when CCF decided to leave the region, because the volunteers stood to lose their jobs and income. This, in turn, led to legal issues.

One suggestion regarding this issue was to train the teachers in the area who already have some relevant background as the staff for CFS. This transition was not easy to accomplish at a later stage. Having the teachers involved from the beginning would have been more fruitful.

KEY ACTION 3: Training staff, volunteers, and other participants

In many cases, extensive training for the CFS staff will not be possible prior to the start of operations. Basically, the following approaches can be used to build staff capacity:

1. Conduct pre-service training of volunteers and other staff
2. Pick partners who are already sufficiently trained
3. Bring in professionals from outside (usually from larger cities) to train local staff
4. Rely on capable local people (such as teachers) who have experience in working with the children

Regardless of which combination of approaches is selected, a complete training and capacity-building programme needs to be developed for the CFS. The topics covered in the programme should be adapted, depending on the location and the specific needs of the community. They can include:

- Goals and objectives of the CFS
- Main topics of healthy child development
- Impacts of disasters on children and families
- Working with children through supportive activities
- Child rights
- Leadership
- Addressing loss and grief
- Code of Conduct
- Behaviour management – rules and methods
- Involving parents and youth in a participatory way
- Referrals to other services
- Identifying children who need special assistance
- Reporting on activities, problems, or incidents

- Facilitating play
- Participatory learning methodology
- Malnutrition, hygiene, and health messages
- Risks to children: separation, sexual exploitation, trafficking, labour
- Non-violent conflict resolution

In Lebanon, while working with the refugees, UNICEF had to adapt to a really short time frame. Lack of resources was a big issue. When it came to establishing a CFS, there were no materials that could be shared with local partners. As a result they developed their own concept paper on CFS.

For example, the NGOs wanted to give out toys and conduct art activities. It was hard to train volunteers to go beyond this. Similarly, there was no material available on psychosocial support, so they used a booklet by a Norwegian agency on play activities, which was quite helpful. There was no training done in this area before and there was a very little capacity-building.

What is really needed at this point is:

- Material that answers practical questions, such as “what kind of training do people need to have?” and “how do we ensure what material is relevant?”
- Information on how to link different services
- A referral point to address issues and get practical advice
- Staff working under extreme pressure and facing all the misery generated through a disaster are likely to show various symptoms of stress. It is important to remember that the staff are also human.

KEY ACTION 4: Monitoring and evaluating

In an emergency, it is not always easy to develop a monitoring and evaluation plan before the implementation of CFS, as per UNICEF policies and procedures. On the other hand, complete lack of a monitoring and evaluation plan can result in:

- Unclear and unrealistic expectations from CFS
- Poor management practices
- Lack of criteria for assessing the performance of the partners
- Lack of documentation showing what really happened
- Lack of ability to make critical adjustments in the programme based on changing needs
- Inability to involve children and families in monitoring activities
- Inability to share information with other stakeholders

Monitoring the progress of the programme and the physical space can be done by using simple tools such as checklist and matrices. It is more important to have a regular and ongoing monitoring effort rather than trying to develop a perfect evaluation design. It is equally important to share the results of the ongoing evaluation as widely as possible and to engage all partners in constructive criticism and in the resolution of problems by coming up with practical solutions.

Examples:

In Bam, Iran, UNICEF staff had a sheet with a list of all the program and space indicators of CFS including health, safety, programming, facilities, strength of the structures, etc. The monitoring was a joint effort between UNICEF staff and the manager of the CFS/E. UNICEF promoted this joint effort as much as possible in order to avoid making it seem like they were checking on the partners operating the CFS.

Difficulties included lack of sufficient numbers of UNICEF staff and that the CFS were spread out over a large area.

Following the scoring, there were meetings with everyone involved to see the strengths of some CFS on certain issues compared to others and how they could be used as models.

There were also some weaknesses that were common to all the CFS. UNICEF tried to send feedback to all the managers and staff of the CFS to see how these issues could be addressed.

Tools and Samples

1. List of contact people
2. Key reference documents
3. Useful web sites
4. CFS/E space standards used in various models
5. Typical programme and spaces / resources needed for each activity
6. Sample list of supplies / equipment
7. Sample programme plan
8. Sample budgets
9. CFS/E development checklist
10. Sample materials replenished monthly
11. Sample Staff Training topics for CFS/E Leaders
12. Add a document outlining UNICEF's Core Commitments