Evaluation of Child Friendly Spaces

Iraq Field Study Report: A Save the Children Implemented CFS in Domiz Refugee Camp

October 2014

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Acknowledgements

This study was funded by Save the Children and UNICEF and facilitated through a research collaboration between World Vision International, Columbia University and partners that – as a major strand of a prioritized Child Protection Working Group agenda – is addressing the impact of Child Friendly Spaces through a series of field evaluations. The work reported herein was conducted in collaboration with the Ministry of Labour and Social Affairs for the Government of Iraq, Save the Children and UNICEF.

The authors are grateful for the technical support and collaboration of the research team, particularly from UNICEF: Saji Thomas, Alexandra De Souza, Karin Ulin, Colin MacInnes, Jorge Caravotta, Shadan Tahir and Magnus Boutera; from Save the Children Iraq: Aram Shakaram, Mark Jenkins, Zeudi Liew and Rory Peters; from Save the Children UK: Giovanna Vio, Yvonne Agengo, and Katharine Williamson; and Kevin Savage and Marisa Vojta from World Vision International.

Thanks to our data collection team for their dedication in the field: Lava Mahmood Kalash, Sameer Azeez, RashwanTawfeeq, Lilav Khalil Kalash, Shiraz Abdul Aziz al Khalil, and Hevin Suliman Ali.

Summary

In a three-year collaboration, World Vision International and Columbia University, now joined by UNICEF and Save the Children, are seeking to document the protective and restorative effectiveness of Child Friendly Spaces (CFSs), identify good practice in their design and implementation, and contribute to the development of better monitoring and evaluation tools for programming. Facilitated through this research partnership, this study was conducted in Domiz Refugee Camp located in the Kurdistan Region of Iraq in collaboration with Save the Children and UNICEF. This study marks the fourth evaluation completed as part of this collaboration and the second in the Middle East region responding to the crisis in Syria.

This study built upon a structured review of the evidence-base for CFSs in emergencies (Ager, Metzler, Vojta, & Savage, 2013) as well as on learning from previous work, conducted in Ethiopia, Uganda, and Iraq (Metzler et al., 2013a, 2013b, 2014).

Survey data were collected through interviews with 49 caregivers of children aged 7 to 11 who were attending Save the Children's CFS and 79 caregivers of children aged 7 to 11 not attending the CFS. Survey data were also collected through interviews with 20 children aged 12 to 16 attending Save the Children's CFS and 69 children aged 12 to 16 not attending the CFS. All caregivers and children had been interviewed prior to the start of CFS activities through a previous study in the camp (Metzler et al., 2014). Participants were traced five months after the opening of the Save the Children CFS in an area of the Domiz camp previously not served by such programming, and interviews repeated. This allowed comparison of scores on all measures between those children that had attended the CFS and those children that had not attended the CFS. Evaluation tools were selected to assess impact with respect to three key areas: (1) the protection of children from risk, (2) the promotion of children's psychosocial wellbeing, and (3) supporting caregivers and communities in strengthening systems of child protection.

The evaluation indicated that while some of the objectives of the Save the Children-implemented CFS were achieved, there are areas where further assessment and development of the programme is required. The CFS was mainly utilised by younger children and was not able to attract high levels of engagement among older children. Future needs assessment and monitoring should bring light to how the CFS: 1) is perceived by the community, 2) can coordinate with other institutions, such as schools, in the protection of children and 3) can better address the needs of older children with different programming, such as vocational courses.

Caregivers reported more gains in developmental assets for children attending the CFS than non-attenders, indicating a promotive effect of the CFS programme on children's wellbeing. However, there was little evidence of attending the CFS having an impact on reducing children's troubling thoughts and feelings, counteracting negative coping strategies for children, or linking to child protection reporting structures and services within the camp.

Attending the CFS promoted a reduction in protection concerns for older children over time. The most frequently reported concerns - not being able to return home, storms, kidnapping and being separated from friends – were shared concerns reported by caregivers of children 7 to 11 and reported by children 12 to 16, irrespective of CFS attendance status. Older children attending CFS, tended to report fewer protection concerns and stresses for caregivers while those older children not attending noted more of those same concerns and stresses over time.

The study indicated that Save the Children should strengthen its CFS programme to ensure appropriate opportunities are taken to support children's psychosocial wellbeing. Those children attending the CFS would benefit from awareness-raising around existing protection mechanisms, such as the Child Protection Unit, to understand its role within the camp and decrease barriers to its use. Likewise, it may be helpful for the CFS to link in with teachers and the formal education system to help promote awareness of protection issues and ensure access of services to help support children.

These findings are from a single study in a specific area and, as such, are not presented as generalizable to other contexts. Learning from this and other studies will inform subsequent evaluations in the planned series, with a view to developing an evidence base across multiple contexts from which broader lessons related to CFS design, implementation and evaluation can be drawn.

Background

Little robust evidence exists related to outcomes and impacts of Child Friendly Spaces (CFSs) even though it is one of the most widely used interventions in emergencies for child protection and psychosocial support (Ager, Metzler, Vojta, & Savage, 2013; Global Protection Cluster, Global Education Cluster, INEE, & IASC, 2011). World Vision International and Columbia University began a three-year collaboration in 2012 seeking to document the protective and restorative effectiveness of CFSs, identify good practice in CFS design and implementation, and contribute to the development of better monitoring and evaluation tools for CFS programming. The initiative has increasingly engaged other agencies - including UNICEF and Save the Children - in different country sites and is endorsed by the global Child Protection Working Group (CPWG).

The first structured evaluation was conducted in 2012 with Somali refugees in Buramino Refugee Camp near the Southeast border of Ethiopia (Metzler et al., 2013a). The second was completed in 2013 with Congolese refugees in Rwamwanja Resettlement Center in Western Uganda (Metzler et al., 2013b). The third evaluation was conducted in 2014 with Syrian refugees in Domiz Refugee Camp located in the Kurdistan Region of Iraq (Metzler et al., 2014).

This fourth structured evaluation of CFS was completed in 2014 as part of this collaboration, involving Save the Children and UNICEF. Save the Children and UNICEF provided funding and technical assistance in supporting this evaluation.

Intervention

As a result of ongoing and escalating conflict in Syria, large numbers of refugees have been crossing borders into neighbouring countries, including Iraq. With the threat of U.S. involvement in response to the use of chemical weapons in Syria, neighbouring countries documented a surge of refugees at their borders in August 2013 (UNHCR, 2013). This study was conducted between September 2013 and March 2014 in Domiz Refugee Camp located in the Kurdistan Region of Iraq. As of October 2013, nearly 200,000 refugees had crossed Iraqi borders, predominately from the Hassakeh, Aleppo and Damascus governorates, with around 45,000 refugees settling in Domiz camp (UNHCR, 2013). By the time of the follow-up data collection period in February 2014, over 55,000 refugees had settled in Domiz camp (UNHCR, 2014).

The Save the Children CFS site opened in Domiz in mid-September 2013. It comprised a fenced space, four semi-permanent buildings for activities, latrines with hand-washing facilities and a playground for football, volleyball and basketball with equipment available. The CFS was located in Phase 7 of the camp, an area with no previous CFS provision. The CFS hosted activities for children aged 3 to 17 years, which included music, sports, drawing, storytelling and folklore, drama, English sessions, dance, and 'knowledge and competition' sessions. Additional sessions addressed health awareness and psychosocial support. The CFS typically provided services for children five days per week, with three two-hour shifts per day. From its opening in September 2013 until February 2014 (the time of the follow-up study), around 392 children had been enrolled with approximately 277 children aged 7 to 11 (150 male and 127 female) and 115 children aged 12 to 16 (58 male and 57 female) attending regularly at the time of this evaluation.

Design and Methods

Guided by the CFS programme's specific design, the evaluation framework looked to address the major methodological weaknesses identified by the structural review of the evidence base and key findings of the previous evaluation studies in Uganda, Ethiopia and Iraq (Ager et al., 2013; Metzler et al., 2013a; 2013b; 2014). Measurement tools were selected to assess impact with respect to three key areas in line with the programmes key objectives: a) the protection of children from risk; b) the promotion of children's psychosocial wellbeing (including the acquisition of skills and knowledge); and c) supporting caregivers and communities in strengthening systems of child protection.

Survey data were collected from interviews with caregivers of children aged 7 to 11 and from interviews with children aged 12 to 16 years through the use of mobile phones. The survey was comprised of four main sections: (1) questions drawn from the Child Protection Working Group (CPWG) Child Protection Rapid Assessment (CPRA); (2) a pilot measure of developmental assets (the EmDAP) based upon the Search Institute's Developmental Assets Profile; (3) the Middle East Psychosocial Measure; and (4) a vulnerability assessment.

Several items of the CPRA were used to assess protection risks, vulnerabilities and coping mechanisms as well as to identify child protection actors and resources within the community. The EmDAP was used to gauge reporting of internal and external assets that promote the healthy behaviours and well-being that support children in their development into adulthood. The Middle East Psychosocial Measure was initially developed by an inter-agency consortium led by UNICEF and Columbia University for use amongst Palestinian children living in West Bank and Gaza in 2011 (UNICEF, 2011a). Psychosocial wellbeing of children was ascertained on two subscales relating to local conceptions of (a) child resilience[1] and (b) troubling thoughts and feelings experienced by children. Vulnerability criteria were developed with the program team in line with agency standards for beneficiary reporting. These included: the number of children in a household below the age of ten; the number of families residing in the same tent; a primary caregiver having a mental or physical disability; a primary caregiver having a chronic disease; and being from a single-headed household. Appropriate cut-offs for each criterion were determined and children with one or more vulnerabilities were designated as 'vulnerable' for subsequent analysis. Additional information related to survey measures is located in the Annex.

Baseline data were collected using these tools, prior to any participation in CFS activities. Interviews were conducted on a house-by-house basis, using a random survey cluster methodology. The Save the Children CFS catchment area was defined as Phase 7 of the camp, which was comprised of sectors 40 to 46. Selection of sectors was randomised and every 3rd household 'cluster' was visited. Each household cluster was comprised of around four tents. Each tent was visited in the cluster and caregivers with children aged 7 to 11 asked to participate in an interview. If the caregiver had more than one child between these ages, the survey automatically randomised which child would be the focus of the interview. All children aged 12 to 16 from selected clusters were asked to participate.

[1]The resilience component of the Middle East Psychosocial Measure is not presented in the report findings as the measure had low internal reliability for the study population.

At baseline, scores of children aged 7 to 11 and aged 12 to 16 attending and not attending CFS were equivalent on most measures[2]. Differences in scores at follow-up may, therefore, reasonably be attributed to attendance patterns in the period between baseline and follow-up.

All data were collated and then analysed using a range of bivariate and multivariate tests. In the description that follows only trends that are statistically significant at the $p<0.05$ level or above are reported.

Findings

The CFS was utilized by younger children but engaged less with older children

Of 161 caregivers interviewed at baseline, 130 were traced and interviewed at follow-up. Follow-up interviews with these caregivers indicated that 49 children (38%) aged 7 to 11 had attended the Save the Children CFS, two children had attended a CFS managed by another organisation[3] (1%), and 79 children (61%) had not attended any CFS in the period since the baseline assessment. Half of caregivers whose child attended the CFS reported that the child sometimes attended and half reported that the child always attended. A higher percentage of girls (43%) compared to boys (34%) attended Save the Children's CFS during the evaluation period. The primary reason cited by caregivers of children not attending was 'other reasons' that were not specified (73%), 18% of caregivers interviewed cited the CFS was not useful, 4% cited bullying as the source of non-attendance, 3% cited fear that their child might acquire improper behaviour, 1% cited fear that their child would have an accident on the road, and 1% cited that they did not want their child raised by others.There was no difference in mean age between attenders and non-attenders (8.41 and 8.57, respectively). There was a small difference in gender distribution with attenders having a higher ratio of girls to boys than non-attenders (ratio of girls to boys: 1:.88 and 1:1.33, respectively).

Of 152 children aged 12 to 16 interviewed at baseline, 101 were traced and interviewed at follow-up. Follow-up interviews with these children indicated that 20 children (20%) had attended the Save the Children CFS, 12 children (12%) had attended a CFS managed by another organisation, and 69 children (68%) had not attended any of the CFS in the period since the baseline assessment. Of those children aged 12 to 16 years attending the CFS, half attended it some of the time and half always attended. More boys (37%) than girls (12%) attended Save the Children's CFS. Attendance was particularly low for the oldest children. Children who had not attended the programme were asked why the service had not been used. 25% of children cited that 'it was not useful' while the majority of children cited other reasons not specified and not relating to distance to CFS, being an inappropriate learning environment, accidents on the road , and bullying. The mean age of attenders was a little below that of children not attending the CFS (12.5 and 14.2, respectively). Also attenders had a lower ratio of girls to boys than non-attenders (ratio of girls to boys: 1: 1.86 and 1: .47, respectively).

[2]At baseline, caregivers of children aged 7 to 11 years who subsequently proved to be non-attenders were reported to have significantly higher caregiver stresses. For children aged 12 to 16 years, those who subsequently proved to be attenders of CFS had significantly lower scores at baseline on the measure for troubling thoughts and feelings (a component of wellbeing) and significantly higher protection concerns at baseline compared with non-attenders.

[3]The children attending CFSs managed by other organisations were not included in the analysis. Results are compared for children attending the Save the Children CFS compared to children not attending any CFS.

School attendance for children of all ages was quite high. Caregivers reported that 85% of children aged 7 to 11 attended school. For older children aged 12 to 16 years, 56% reported attending school, with equal attendance for boys and girls. School attendance was lowest among the oldest children. 60% of children aged 16 and 45% of children aged 14 and 15 did not attend either a CFS or school.

Overall, 11% of children aged 7 to 11 years and 6% of children aged 12 to 16 years were defined as 'vulnerable' according to programme criteria adopted by the evaluation. Vulnerable children aged 7 to 11 years were more likely to attend the CFS. Vulnerable children aged 7 to 11 years were, however, less likely to attend school (21% of vulnerable children never attend compared to 14% of non-vulnerable children). There was no difference in CFS attendance by vulnerability for older children aged 12 to 16 years.

Attending CFS promoted a reduction in older children's protection concerns

CPRA questions were selected to identify concerns regarding specific child protection risks or vulnerabilities. Caregivers and children were asked to report which of the 12 prompted protection risks or vulnerabilities (listed in Table 1) were a concern for children in the camp at the time of the interview. Five additional unprompted risks or vulnerabilities, denoted with an '*' in the table below, were noted by participants.

Kidnapping	Nightmares or bad memories
Trafficking	Sexual harassment
Child labour	Sexual violence
Not being able to go back to school	Fire/tents being burned*
Not being able to return home	Security*
Losing their belongings	Diseases*
Being separated from friends	Animals*
Being separated from family	Storms/weather-related problems *
Tension within family	

Table 1: Caregiver and Child Reported Protection Concerns

The four most frequently reported concerns by caregivers of children aged 7 to 11 at follow-up – not being able to return home, storms or weather-related problems, being separated from friends and kidnapping – were shared concerns, irrespective of attendance status.

Caregivers of children aged 7 to 11 attending the CFS reported a small decrease in protection concerns over time compared to a small increase for those not attending the CFS (from 2.08 to 1.96 and from 2.27 to 2.51, respectively) but the difference over time was not significant. The trend was similar for girls and boys.

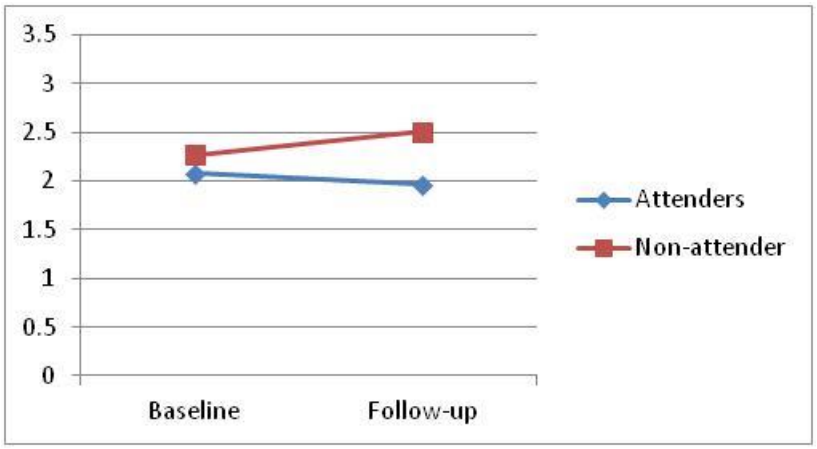

Figure 1: Caregiver reported protection concerns for children aged 7 to 11, disaggregated by CFS attendance

The three perceived risks most frequently reported by children aged 12 to 16 – not being able to return home, kidnapping and being separated from friends – were shared by both attenders and non-attenders. Children aged 12 to 16 attending the CFS reported a significant decrease in protection concerns over time compared to an increase for those not attending the CFS (from 3.20 to 2.75 and from 2.07 to 3.32, respectively) suggesting a positive impact of the CFS programme for this age group. The trend was similar for girls and boys.

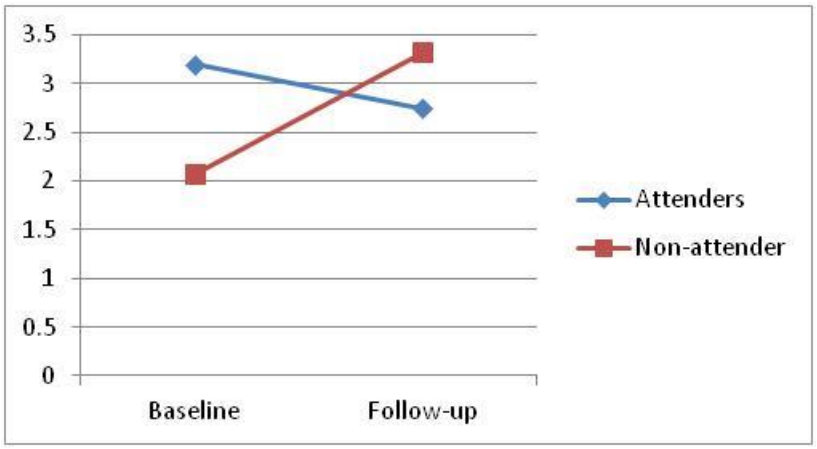

Figure 2: Reporting of protection concerns by children aged 12 to 16, disaggregated by CFS attendance

Older children attending CFS reported fewer stresses for caregivers over time

Interviewers asked participants to report on the following sources of caregiver stresses in the camp: lack of food, lack of shelter, lost property, lost livelihood, and children's safety. Additional stresses related to tents being burned and storms within the camp were also mentioned unprompted by participants.

The most frequently reported stresses by caregivers of children aged 7 to 11 at follow-up, regardless of CFS attendance, were children's safety, lost livelihood and lack of food. Caregivers of children aged 7 to 11 not attending CFS reported more stresses at both baseline and follow-up compared to CFS attenders but there was little change over time for either group (2.06 and 2.13 for the former and 1.65 and 1.71 for the latter). The trend was similar for girls and boys.

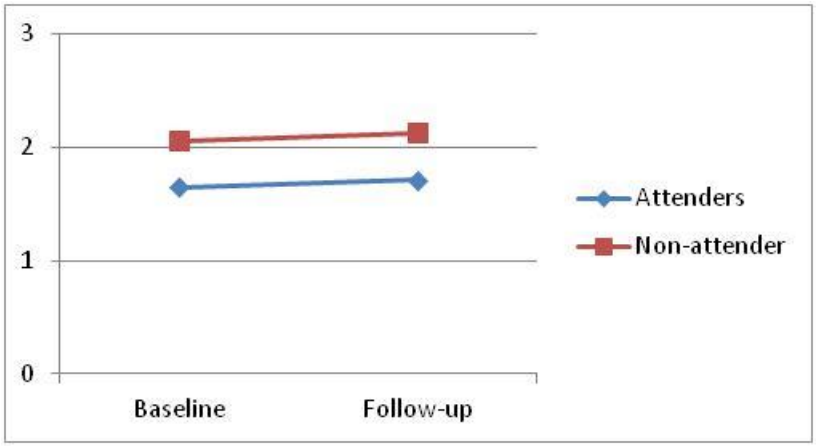

Figure 3: Caregiver-reported stresses for caregivers of children aged 7 to 11, disaggregated by CFS attendance

Children aged 12 to 16, regardless of CFS attendance, most frequently reported caregiver stresses related to children's safety, lost livelihood and lack of food. Children aged 12 to 16 attending the CFS reported a decrease in caregiver stresses over time (from 2.35 to 2.05) while children not attending the CFS reported a small increase in stresses over time (from 1.84 to 2.13). This trend was similar for girls and boys.

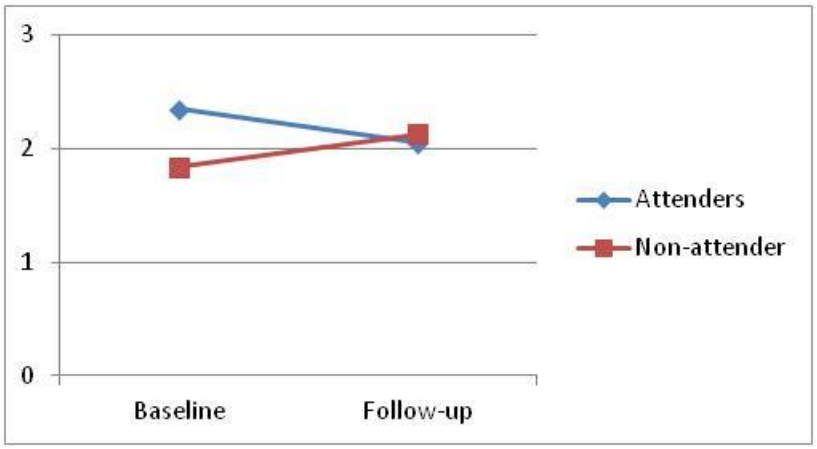

Figure 4: Reporting of caregiver stresses for children aged 12 to 16, disaggregated by CFS attendance

Caregivers of vulnerable children aged 7 to 11 years reported significantly more stresses at follow-up (increasing from 2.1 to 2.7) compared to caregivers of less vulnerable children (which remained constant at 1.9). There was no difference in reported caregiver stresses by vulnerability for children aged 12 to 16 years.

All children gained in developmental assets over time with particular improvements demonstrated among younger children who had attended CFS

The Emergency Developmental Assets Profile (EmDAP) provides a measure of internal and external assets relative to a child's developmental progress. The EmDAP showed modest levels of internal consistency reliability in this study, however, which cautions interpretations of the findings presented below.

Caregivers of all children aged 7 to 11 reported gains in developmental assets over time (from 20.14 to 23.03). Caregivers of children aged 7 to 11 attending the CFS reported significantly more gains in developmental assets (from 20.10 to 25.48) than for non-attenders (from 20.16 to 21.66) suggesting a positive impact of the CFS programme on this measure of psychosocial wellbeing. This trend was similar for girls and boys.

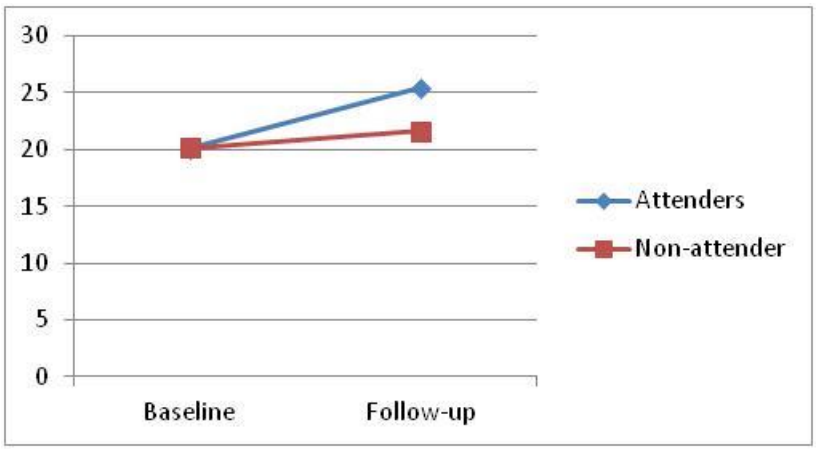

Figure 5: Trend in Developmental Assets for children aged 7 to 11 years, disaggregated by CFS attendance

Developmental assets also increased significantly for all children aged 12 to 16 over the evaluation period (from 20.53 to 25.62). However, similar gains were demonstrated in both those children attending CFS and those not attending CFS. Non-attenders had a significantly lower score on development assets at both baseline and follow-up. The trend was similar for girls and boys.

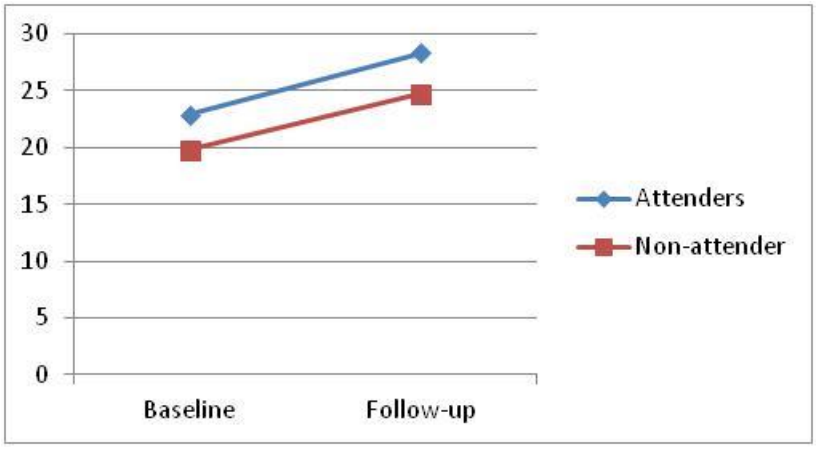

Figure 6: Trend in Developmental Assets for children aged 12 to 16 years, disaggregated by CFS attendance

Children continued to have troubling thoughts and feelings

The Middle East Psychosocial Measure provided both a resilience score and an assessment of troubling thoughts and feelings. The Middle East Psychosocial Measure showed modest levels of internal reliability which cautions interpretations of the findings. Internal reliability for the resilience score was particularly poor; therefore the findings for that part of the measure are not reported.

Caregivers of children aged 7 to 11 attending the CFS reported a slight increase in troubling thoughts and feelings between baseline and follow-up (from 7.11 to 7.75) compared to those not attending the CFS (which fell from 7.71 to 7.45), although the difference was not significant). The increase was similar for girls and boys attending the CFS. However for non-attenders, the trend was significantly different for girls compared to boys: caregivers reported an increase in troubling thoughts and feelings for girls and a decrease for boys (from 6.63 to 7.55 and from 8.75 to 7.37, respectively).

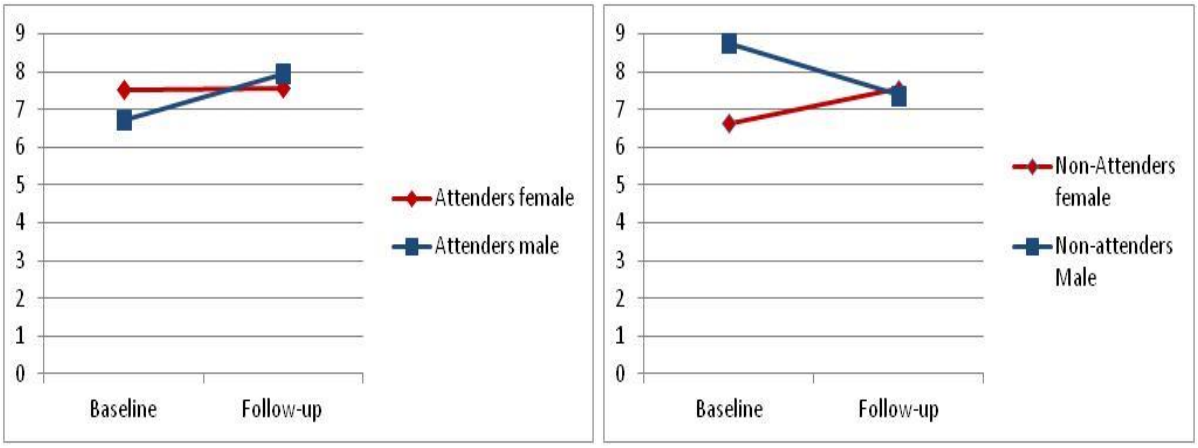

Figure 7: Trend in caregiver reported troubling thoughts and feelings for children aged 7 to 11 years, disaggregated by CFS attendance and gender

Children aged 12 to 16 who were attending the CFS reported significantly lower levels of troubling thoughts and feelings at baseline than non-attenders but by follow-up similar levels were reported (from 5.75 to 7.26 and from 8.13 to 8.07, respectively). The trend was similar for girls and boys, although boys, irrespective of CFS attendance, consistently reported lower levels of troubling thoughts and feelings than girls.

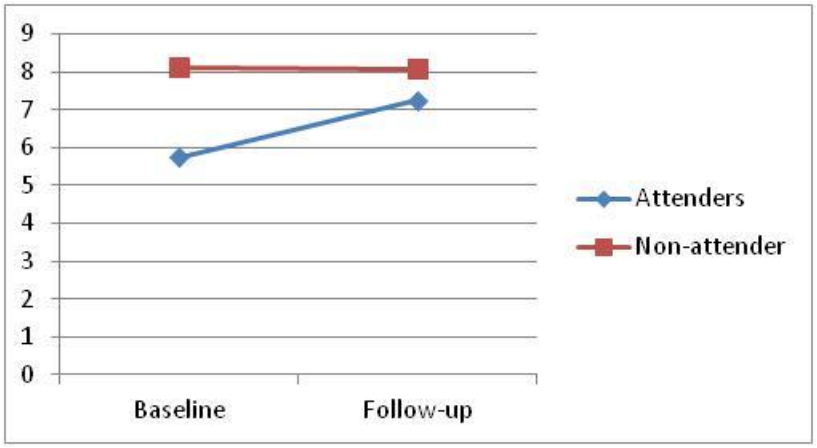

Figure 8: Trend in reported troubling thoughts and feelings for children aged 12 to 16 years, disaggregated by CFS attendance

Vulnerable children aged 7 to 11 years experienced a significant worsening in troubling thoughts and feelings compared to non-vulnerable children over time (an increase of 6.6 to 11.3 compared with scores of 7.5 and 7.2, respectively).

Most children adopted positive coping strategies but many also adopted negative coping mechanisms

The ways in which children cope with stress in contexts of crisis provide insight into the mechanisms available to children to support their wellbeing. CPRA questions addressed both the positive and negative strategies that children used to cope with stress in an emergency.

Positive coping mechanisms identified included: talking with friends and family members, spending time with friends, engaging in sports/activities, attending the CFS and helping parents. Negative coping mechanisms identified included: avoiding thinking about the stresses, working for food or money, staying in the streets, migrating to another place, early marriage, engaging in violence and joining armed forces or groups.

All children, regardless of age or whether they attended the CFS, reported slightly more positive coping strategies over time. Caregivers of children aged 7 to 11 identified three positive strategies that children increasingly adopted: 50% identified attending the CFS (from13% at baseline), 42% identified engaging in sport and activities (from 25% at baseline) and 22% identified helping parents (from 18% at baseline). Amongst older children aged 12 to 16 years, 54% identified engaging in sports and other activities (from 18% at baseline), 52% identified attending the CFS (from 17% at baseline) and 36% identified helping parents (from 21% at baseline) as positive coping strategies that children increasingly adopted over the period of the evaluation.

However many children also adopted negative coping mechanisms and strikingly, although no caregivers of children aged 7 to 11 or children aged 12 to 16 reported engaging in negative strategies at the baseline, many reported engaging in them at the follow-up months later. Caregivers of children aged 7 to 11 years identified as increasingly adopted negative strategies: child marriage (25%), joining armed forces and groups (17%), migration (16%) and working (13%). Amongst older children aged 12 to 16 years, 24% identified child marriage, 20% identified working for food or money, 17% identified migration and 13% identified joining armed forces and groups, as negative coping strategies that children had adopted since the baseline.

Knowledge of community mechanisms of support and referral improved over time and perceived barriers to accessing the mechanisms fell

CPRA questions were asked to assess the access to and utilisation of resource persons available to protect, support and care for children. Table 2 identifies nine resource persons that caregivers of children aged 7 to 11 and children aged 12 to 16 reported during the interviews.

School teachers	Community leaders
Social workers	Peer groups
Child Protection Unit	Religious leaders
Political leaders	Relatives
Organisations/NGOs	

Table 2: Resource persons identified by caregivers of 7-11 years olds and children 12-16 years

The most frequently reported resource persons available for children in the camp were school teachers. Caregivers of children aged 7 to 11 also frequently identified social workers. Notably while the Child Protection Unit was identified by nine caregivers and three children aged 12 to 16 at baseline, none of the respondents identified the Unit at follow-up.

Overall, the number of resource persons identified increased slightly between baseline and follow-up for caregivers of children aged 7 to 11. The increase was marginally larger for caregivers of children attending the CFS compared to non-attenders (from 0.61 to 0.73 and from 0.61 to 0.67, respectively). Children aged 12 to 16 were able to identify at least one resource person at follow-up compared to none at baseline.

The top three barriers to access that were reported at follow-up by caregivers of 7 to 11 year olds and by children aged 12 to 16 years included: lack of trust that the resource person would listen; lack of trust in the services or staff working there; and fear of what family and friend would say if they used the resource.

The number of barriers that caregivers of 7 to 11 year olds reported halved between baseline and follow-up (from an average of 0.82 per respondent to an average of 0.34 per respondent), with reporting of fear of what friends and family would say particularly falling. However some obstacles including lack of trust in services and staff, and fear of not being listened to remained common suggesting that more needs to be done to make community mechanisms accessible and user-friendly .

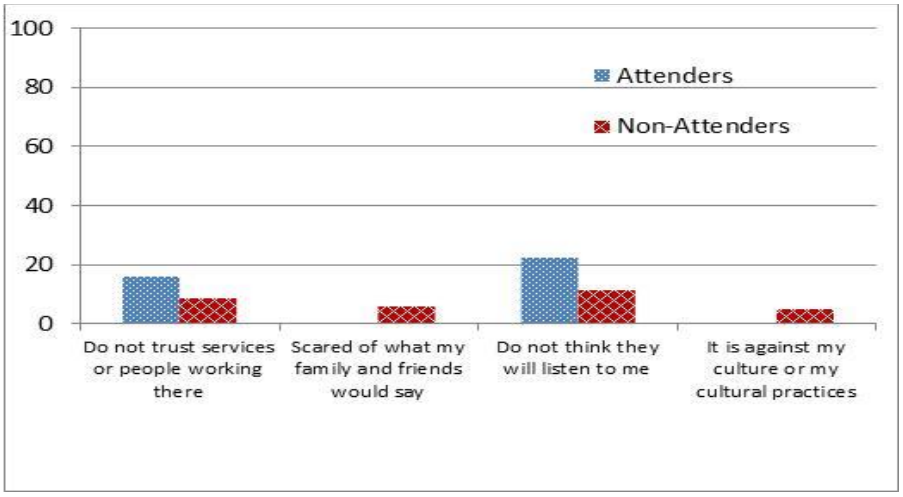

Figure 9: Percentage of caregivers of children aged 7 to 11 who reported barriers to accessing resource persons at follow-up, disaggregated by CFS attendance

Children aged 12 to 16 also reported a reduction in the perceived barriers to accessing services (average number of barriers reported fell from 0.74 per child to 0.58 per child). There was a marked fall in children reporting 'scared of what family and friends would say' as a barrier, however there was also an increase in reporting of barriers related to trust in services and not being listened to. At follow-up, children attending the CFS reported a lower average number of barriers than non-attenders (0.50 and 0.61, respectively).

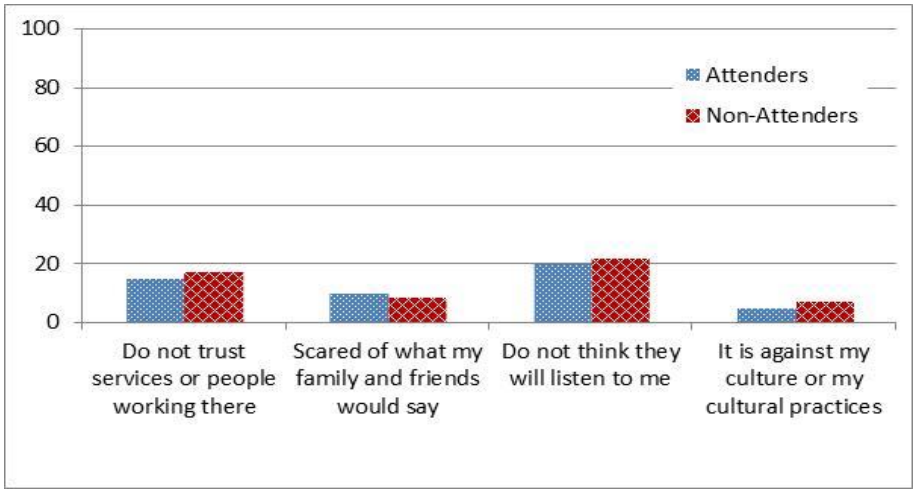

Figure 10: Percentage of children aged 12 to 16 who reported barriers to accessing resource at follow-up, disaggregated by CFS attendance

Additional CPRA questions were asked to assess knowledge of where to report and how to access services to support children being physically or sexually abused. The proportion of all caregivers of children aged 7 to 11 years who reported knowledge of where to report child abuse increased from 61% at baseline to 67% at follow-up. This trend was broadly the same for CFS attenders and non-attenders (an increase from 61% to 69% for attenders and from 61% to 65% for non-attenders). Similarly, the proportion of all 12 to 16 years olds who reported knowledge of where to report abuse increased from 52% at baseline to 75% at follow-up. Those attending the CFS reported a larger increase in knowledge than for children not attending (increase from 50% to 85% for attenders compared to 52% to 72% for non-attenders). The places to report that were identified by both caregivers and children were: security, parents, UNICEF and other organisations, the child protection unit, and the sector leader. This suggests that there was increasing awareness of reporting mechanisms within the camp with information gained through CFS attendance one contributory factor.

Knowledge of services to support children being abused also increased but from a very low base. The proportion of caregivers who could name support services for children increased from 9% at baseline to 21% at follow-up. When disaggregated by attendance, caregivers of children aged 7 to 11 years who did not attend the CFS demonstrated more of an increase in knowledge when compared to those caregivers of attenders (from 8% to 23% and from 10% to 18%, respectively). The proportion of children aged 12 to 16 able to name support services increased from 9% at baseline to 25% at follow-up.

Those children aged 12 to 16 who attended the CFS reported higher levels of knowledge of services at baseline and follow-up when compared to those children not attending CFS (from 20% to 45% and from 6% to 19%, respectively).This suggests that although knowledge of services was low at baseline for both caregivers and children, awareness was raised over time regarding helpful support services for children.

Implications for Practice and Future Evaluations

The evaluation indicated that while some of the objectives of the Save the Children-implemented CFS were achieved, there are areas where further assessment and development of the programme is required. The CFS was mainly utilised by younger children and was not able to attract high levels of engagement among older children. Additional discussions may bring light to how the CFS: 1) is perceived by the community, 2) can coordinate with other institutions, such as schools, and 3) can better address the needs of older children with different programming, such as vocational courses.

Attending the CFS promoted a reduction in protection concerns for older children. The most frequently reported concerns – not being able to return home, storms, kidnapping and being separated from friends – were shared concerns reported by caregivers of 7 to 11 year olds and reported by 12 to 16 year olds, irrespective of CFS attendance status. For older children, attending the CFS promoted a decrease in protection concerns and reported stresses of caregivers over time. Additional focus group discussions can provide more insight into these (and other) protection concerns highlighting new areas and strategies for engagement in the community.

The evaluation provides mixed evidence on the impact of CFS on children's psychosocial wellbeing. Caregivers of children aged 7 to 11 attending the CFS reported more of an increase in developmental assets than caregivers of non-attenders implying a promotive effect of the CFS programme on children's wellbeing. Older children aged 12 to 16, irrespective of attendance, generally gained developmental assets over time. Additionally and contrary to the improvements in developmental assets, older children reported a worsening in troubling thoughts and feelings, another measure of psychosocial wellbeing. Caregivers of younger children reported a worsening in troubling thoughts and feelings for girls and a reduction for boys. Taken together, these findings suggest that children can secure developmental advance while still facing emotional challenges. It would be appropriate to review the current CFS curriculum to ensure appropriate opportunities are being taken to support the social and emotional wellbeing children.

Children of all ages reported adopting positive coping mechanisms but also negative coping mechanisms. Attending the CFS did not appear to have an impact on counteracting negative coping strategies for children or linking them to child protection reporting structures and services within the camp. The identification of a sharp increase in children's adoption of negative coping strategies amongst all children is expected in this context where limited multi-sector services are available. However this should be explored further by Save the Children and UNICEF and opportunities sought to identify increased ways to support children engaging in negative coping strategies. Since school teachers were the most frequently identified resource person available to support and protect children, they may provide an entry point for identification and referral of children at risk of engaging in harmful negative coping strategies. The evaluation additionally revealed a notable lack of awareness of the Child Protection Unit. This should be explored with staff to understand its current role in the camp and how best to link in and support its role within the camp.

As noted earlier, this study is the fourth in a series of structured evaluations planned over a three-year period. Each study builds upon the next and will establish an evidence base, on which to draw broader lessons for practice and implementation of operational research in the field of CFSs and in relation to other psychosocial programming in emergencies.

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Appendix: Tools

Emergency Developmental Assets Profile (EmDAP)

The Developmental Assets Profile was designed to measure the presence (and change over time) of internal asset categories (Positive Values, Social Competencies, Positive Identity, Commitment to Learning) and external asset categories (Support, Empowerment, Constructive Use of Time, Boundaries & Expectations). These developmental assets help support healthy behaviours and well-being that allow children to develop and thrive into adulthood. From December 2011, Search Institute and World Vision International collaborated to pilot a brief 10-item version (B-DAP) of the institute's original 58-item Developmental Assets Profile to help assess the developmental condition of children affected by emergencies around the world. This work has subsequently led to the formulation of a 13-item Emergency Development Assets Profile (EmDAP) piloted in this reported work. The DAP was developed and is owned by Search Institute. Special permission was obtained for the pilot use of the EmDAP (including exploration of non-standard use of items for parental completion). For more information, visit: http://www.searchinstitute.org/developmental-assetsand http://www.wvdevelopment.org/.

Child Protection Rapid Assessment (CPRA)

The Child Protection Rapid Assessment is an inter-agency tool designed for use following the rapid-onset of an emergency. It provides a means of rapidly identifying the pressing protection needs of children and their prioritization for programmatic response. For more information, visit: http://cpwg.net/resource/cpra-guide-english-cpwg-october-2011/.

Middle East Psychosocial Questionnaire

This locally-derived measure of psychosocial wellbeing was developed by an inter-agency consortium led by UNICEF and Columbia University and administered amongst Palestinian children living in West Bank and Gaza in 2011 (UNICEF, 2011a). Psychosocial wellbeing of children was ascertained on two subscales. The first subscale relates to local conceptions of child resilience including: performance in school, problem-solving abilities, and peer relationships. The second subscale relates to troubling thoughts and feelings experienced by children including: sense of safety, troubles with sleeping, and expression of anger and worry. For more information, visit: http://www.unicef.org/oPt/FINAL_OPT_psychosocial_evaluation.pdf