

GUIDELINES FOR CHILD FRIENDLY SPACES IN EMERGENCIES



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INTRODUCTION

Child Friendly Spaces (CFSs) are widely used in emergencies as a first response to children’s needs and an entry point for working with affected communities. Because CFSs can be established quickly and respond to children’s rights to protection, psychosocial well-being, and non-formal education, CFSs are typically used as temporary supports that contribute to the care and protection of children in emergencies. However, they are used also as transitional structures that serve as a bridge to early recovery and long-term supports for vulnerable children. Although different agencies call CFSs different things—safe spaces, child centered spaces, child protection centers or emergency spaces for children—the interventions are all part of a common family of supports for children and young people.¹ For purposes of convenience, this paper refers to these related interventions as Child Friendly Spaces.

Broadly, the purpose of CFSs is to support the resilience and well-being of children and young people through community organized, structured activities conducted in a safe, child friendly, and stimulating environment. The primary participants in and beneficiaries of CFSs are children (people under 18 years of age), although in some contexts, CFSs may also engage and benefit young people who are beyond 18 years of age. The specific objectives are to: (1) mobilize communities around the protection and well-being of all children, including highly vulnerable children; (2) provide opportunities for children to play, acquire contextually relevant skills, and receive social support; and (3) offer inter-sectoral support for all children in the realization of their rights. Depending on the context, CFSs are also used for a variety of other purposes such as laying a foundation for restarting formal education and supporting national education systems, enabling wider work on issues such as child protection and early child development, stimulating efforts on disaster preparedness and disaster risk reduction. Some of these activities extend beyond the emergency context into the early recovery period or even into longer-term development.

The purpose of these principles is to give practical guidance to the field teams that establish CFSs in different types of emergencies and contexts. They are also intended to guide advocacy efforts and donor practices in emergency settings where protection and well-being ought to be high priorities.

The process of building consensus among different stakeholders is as important as the product (the Guidelines themselves). The development of the Guidelines has helped to build consensus across three different communities of practice: the IASC Reference Group on Mental Health and Psychosocial Support in Emergency Settings, the global Child Protection Working Group, and the global Education Cluster. As CFSs address the educational, protection, and psychosocial needs of children, it is essential that these three sectors have a common approach and collaborate on CFSs in the emergency settings.

In using the Guidelines, it is essential to take an approach that is contextual and culturally appropriate. These Guidelines define a framework for action but are not a recipe of identical steps to be applied in every context. For example, armed conflicts and natural disasters present different challenges, making it important to adapt CFSs to each kind of emergency. Similarly, emergencies differ significantly in regard to how strongly children have been affected and the levels of resources that are available for support. In addition, the Guidelines recognize that quality CFSs are not established overnight but evolve during emergencies through continued reassessment and adjustment that enrich and strengthen the supports

¹ In some situations, Temporary Learning Centers may perform the same child protection, psychosocial, and emergency education functions as CFSs. In such situations, Temporary Learning Centers may be categorized as part of ‘Child Friendly Spaces.’ If Temporary Learning Spaces focus mostly on education, it is best to categorize them as educational supports rather than CFSs.

for children. Since the development of CFSs is an ongoing and evolving process, these Guidelines should be used on a continuing basis to enable CFSs to achieve their full potential.

The Guidelines should also be implemented with sensitivity to child development and the distinct needs of girls and boys. For example, the particular activities or the way in which activities are implemented might be very different for a 16-year-old girl than for an eight-year-old boy. Skilled implementation requires the adaptation of CFS activities and modes of implementation to children and young people who have different competencies and needs. For all age groups, careful attention should be given to meeting the distinctive needs of girls and enabling their full participation.

The terminology of the Guidelines deserves comment. At present, there is no universally accepted management system for CFSs, or names for the various roles and positions involved in establishing and running CFSs. A common structure is to have a supervisor (international or national staff) - with expertise in child protection, emergency education, and/or psychosocial support - who supervises several “area managers” who oversee multiple CFSs and also national staff who train and support the people who implement particular CFSs. Usually, each CFS has a supervisor who oversees the CFS operations and the people who work in it, including the people (staff or community volunteers) who work specifically with children. In this document, the term ‘CFS workers’ refers broadly to all the people who actively organize activities for children in the CFSs or visit CFSs regularly to support the people working there. The term ‘animators’ refers specifically to people (staff or volunteers) who conduct activities with children on a regular basis, while the term ‘activity specialists’ refers to people who come in occasionally to conduct a specific activity such as traditional dancing.

To have positive effects and avoid causing harm, CFSs should adhere to the UN Convention on the Rights of the Child, the *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings* and the *INEE Minimum Standards for Education: Preparedness, Response, Recovery*, and they should follow the principles and actions outlined below, which are the product of extensive inter-agency dialogue and learning from different emergencies.

PRINCIPLES AND ACTIONS

The following five principles are essential and should be built into all the actions outlined below:

1. Take a coordinated, inter-agency, and multi-sectoral approach
2. Use CFSs as a means of mobilizing the community
3. Make CFSs highly inclusive and non-discriminatory
4. Ensure that CFSs are safe and secure
5. Make CFSs stimulating, participatory, and supportive environments

The actions cover the following:

- a. Conduct an assessment
- b. Organize integrated supports and services
- c. Provide ongoing training and follow-up support for animators and staff
- d. Monitor and evaluate CFS programs
- e. Phase out or transition in a contextually appropriate manner

PRINCIPLES

1. Take a coordinated, inter-agency, and multi-sectoral approach

A coordinated, inter-agency, and multi-sectoral approach to CFSs is needed to address the needs of the affected population and achieve program consistency, quality, and sustainability. Effective coordination is essential for avoiding duplications, gaps, and ineffective use of scarce resources. Coordination between the protection, education, mental health and psychosocial sector, and other sectors (such as camp coordination) should be ensured at the very first stages of the emergency to avoid duplication of assessments and activities. A coordinated approach is based on a spirit of collaboration and occurs when practitioners:

- Establish and participate in coordination mechanisms for interagency collaboration on CFSs. Coordination mechanisms should map the locations of CFS to identify and address gaps and overlap in coverage, develop common interagency approaches and standards for CFSs, coordinate training and capacity development, and share and collaborate on CFS tools.
- Share reports on assessments and interventions with other agencies, including Government Ministries such as the Ministry of Education and Ministry of Social Welfare.
- Use and share with other agencies tools that are consistent with these inter-agency principles.
- Coordinate with broader child protection efforts and integrate relevant child protection work within CFSs such as prevention of separation and gender-based violence, information about available child protection support, and work on child protection committees.
- Link with the education sector (including education ministries and local authorities), ensuring that CFSs support and complement existing formal education and also non-formal education venues such as Temporary Learning Spaces. Where appropriate, integrate non-formal education.
- Link and collaborate with other sectors, coordination structures and government ministries such as health, nutrition, camp management, water and sanitation and youth. Integrate as appropriate cross-sectoral issues such as HIV/AIDS and gender.
- At the local level, coordinate CFSs with local coordination structures such as government disaster management committees, local camp management structures or community committees (e.g. jirgas, village committees, and community groups in urban settings).
- In collaboration with existing Government structures, develop systems for the referral of children and families in need of additional support such as separated children, children with specific health or nutritional issues, or families in need of police, legal or social services. Protect confidentiality in making referrals.

2. Use CFSs as a means of mobilizing the community

Emergencies usually disrupt the community routines, services, and supports for children, and often reduce families' abilities to care for and protect their children. Organizing CFSs can be an important first step in enabling the community to protect and support its children. To the extent possible, CFSs should be implemented through the community's own networks, people, and resources. Top-down approaches by outside agencies should be avoided. Parents, grandparents, religious leaders, women's groups, youth groups, and others can be encouraged to become involved.

It is essential for the community to take responsibility for children's well-being at the earliest, appropriate moment. Ideally, the community will lead the development of CFSs and experience a sense of ownership of them, with external agencies playing a facilitative role. This may be infeasible at the onset of the emergency, particularly if community resources have been disrupted or eroded, or if external partners have limited capacities for facilitating community ownership. However, it is possible to build community ownership by working in a phased approach in which communities assume increased responsibility for CFSs over time. For example, CFSs may be started in consultation with affected people in situations that do not permit high levels of community participation. Over time, the responsibility for the CFSs can be handed progressively over to the community. Building the skills of external agencies in promoting community ownership may be a key part of this process. As responsibility is handed over to the community, it is important to define clearly the roles, responsibilities, and contributions of the community and the external agencies.

- Engage with local government officials, male and female community leaders, community people, and different sub-groups on the idea behind CFSs. Ensure the participation of girls and boys and marginalized people who seldom have a voice and who may offer different views than those of official leaders. Ask whether CFSs are appropriate or whether the community prefers other options for supporting children. If CFSs are seen as appropriate, elicit ideas about activities that might be involved.
- Obtain community leaders' and local authorities' commitment, and ask how the community will help to organize the CFSs. Ask whether the community will maintain the security of the proposed site and CFS materials (e.g., tents, recreational materials, instructional items). Suggest that the community identify focal points who will lead the work on CFSs.
- Identify resources such as community networks and available suitable adults who can conduct activities. The design of the location and activities should also be informed by consultation with the wider community and children themselves.
- Wherever possible, select animators and CFS staff from the affected group, identifying natural helpers by asking to whom boys and girls go when they need help and support.
- Enable girls' and boys' participation, which is essential for promoting inclusion and equity. For example, engage teenage girls and boys as possible leaders and decision makers in designing and implementing CFSs.
- Involve parents and caregivers (including fathers and youths) by engaging them in activities for the children and conducting activities to help them. These activities could include discussion groups, training on caring for children, and workshops to make toys for the center.
- Make the CFS a center for information exchange where community people can go to learn about the humanitarian intervention and available support and a resource where humanitarian workers can learn about the community.
- Mobilize children to conduct activities such as peer-to-peer education, awareness-raising on child rights, child protection issues, HIV and AIDS prevention through arts and media, and mentoring of younger children by older children. In parallel, conduct similar activities on child rights and child protection issues with parents in order to avoid creating gaps and imbalances between parents' and children's perspectives.

- Consider community mobilization in the budgeting of CFSs. Priority should be given to having CFS workers from the communities², and some money should be included in the budget to support community initiatives/action (e.g. supplies, incentives, small grants etc.).

Make CFSs hubs of community mobilization and activity. Some activities can be done within a typical CFS (e.g. a tent), with other ‘satellite’ activities being conducted in the community. From the beginning, encourage families to provide resources for the CFSs (e.g., land, food, or other supplies).

3. Make CFSs highly inclusive and non-discriminatory

CFSs provide an opportunity to support all children and to promote equity and inclusion. In many contexts, however, highly vulnerable children are unlikely to participate without deliberate efforts to include them. If CFSs discriminate against particular people or are perceived as excluding particular sub-groups, the CFSs will likely increase tensions at a moment when social cohesion and unity are needed. It is essential to take steps to reach out to and include highly vulnerable children without singling them out and stigmatizing them, and to meet the distinctive needs of girls and boys of different age groups, ethnicities, living situations, etc.

- Organize activities to meet the specific needs of girls and boys of different ages.
- Reach out to and include children with disabilities, working children, out of school children, children who are separated from their families, children who are infected or affected by HIV and AIDS, minority children, and other vulnerable children. Activities should enable the participation of vulnerable children as well as relatively resilient children from all groups.
- When appropriate, locate CFS sites in or near places where there are significant numbers of vulnerable children. To avoid stigmatizing vulnerable children, include other, less vulnerable children.
- Train female and male CFS animators or staff in child friendly, participatory approaches and how to support and include highly vulnerable children.
- Use a transparent process for the selection of children for CFSs. Ideally, CFSs are open to all children. However, if limitations of space and resources may make it impossible to include all children, it is useful to develop a selection process based on clear criteria. These should be explained to community members to avoid perceptions of CFSs as exclusive clubs (e.g. children living within a specific neighborhood or children 5-12 yrs). Encourage the participating children to share what they had learned with those who had not participated in the activities. Efforts should be made to include highly affected children (e.g. those that suffered attack or live in precarious conditions) with less affected children to avoid stigmatization and promote social integration and peer support.
- Consider organizing activities during separate time periods for very young children (0-3 and 4-7 years.) and their caretakers, school aged children (8-12 yrs.), and teenagers (13-18 yrs.), respectively. Organize developmentally appropriate activities for each subgroup.
- If there are very large numbers of children, consider providing shorter sessions for more children, rotating children (e.g. some children engage in center based activities while others do activities in the community), and mobilizing community members to conduct activities in satellite locations.
- Ensure that children’s religious preferences are respected by, for example, enabling girls and boys to dress in the manner that is appropriate to their religious orientation. If the participating children

² This might include giving small stipends to support volunteer workers. Whether community members are volunteers or paid staff, it is important to coordinate with the practices of other agencies in the area.

come from multiple religious or ethnic groups, make sure that each sub-group has its own prayers and activities and that CFS workers show respect for all orientations or ethnic groups.

- Collaborate with staff or organizations that specialize in working with traditionally excluded groups, e.g., adolescent girls, people with disabilities, etc. Care should be taken to ensure that the physical aspects of the CFS (e.g., accessibility to people with disabilities) enable the participation of excluded people.

4. Ensure that CFSs are safe and secure

CFSs are part of a wider strategy of creating a protective environment for children. Concerns about safety and security that had been prominent in the assessment process should also be high priorities in the development and ongoing implementation of CFSs. Key steps to ensure safety and security both internally and externally are to:

- Adopt a Code of Conduct or Child Safety Policy (as included in Sphere) and train all CFS workers.
- Make sure that clean water and separate female and male latrines are available at the CFS site and ensure that children learn the importance of proper hygiene.
- Remove from the physical space of the CFS itself hazards such as broken glass, exposed electrical wires, landmines and UXO, etc.
- Keep the CFS free of violence, abuse, exploitation, and neglect, insuring that CFS staff and volunteers do not use physical punishment, are aware of and use 'positive discipline' techniques, and work to reduce violence among children. Engage children in planning how to reduce and address violence, and how and when discipline measures should be used.
- Promote positive behaviors among adolescent girls and boys around issues of gender and sexual and reproductive health, using methods such as drama and role playing.
- Promote the protection of children through awareness raising among children, families, and the community on how to protect children.
- Establish and post regular schedules, which contribute to a sense of predictability.
- Consider creating a baby friendly area, taking note of babies' special needs.
- Train female and male staff and animators how to identify, talk with, and refer any suspected cases of violence, abuse, or exploitation among children participating in the CFS.
- Train CFS workers on how to identify, talk with and refer any suspected cases of serious mental disorder, developmental disability, or epilepsy.
- Train female and male CFS workers on how to identify, talk with, and refer any suspected cases of serious mental disorder, particularly among adolescents and including severe drug or alcohol abuse.
- Build life skills for children and youth, thereby enabling them to more effectively protect themselves and each other.

5. Make CFSs stimulating, participatory, and supportive environments

To develop in a healthy manner, children need stimulation and play on a regular basis. Particularly in very stressful environments, many children also need the psychosocial support gained through participation in an engaging and supportive environment.

- Organize diverse activities, appropriate for girls and boys, including song, drama, dance, drawing, play, storytelling/reading, sports, and basic literacy and numeracy. Ensure that the toys and

activities are culturally appropriate. Use of culturally inappropriate activities and toys may dissuade parents from sending their children to the CFS.

- Establish a balance between structured group activities and free play. At a specific time, set up different activities in various locations and allow children to choose their activity.
- Make CFSs bright, engaging environments that display colors, local toys, play items made by children themselves, art work, and other appealing items.
- Encourage adults to motivate the children and engage positively with children, to listen to them and value their views.
- Train staff to facilitate interactive games and activities with children that focus more on child-to-child or group interaction than on using materials or toys.
- Treat children with respect and encourage the participation of each individual, including children with a disability or other special needs.
- Provide psychosocial support for all children by treating them with kindness, respecting their dignity, enabling social integration, and avoiding completely verbal humiliation or corporal punishment.
- Use different kinds of play to stimulate qualities such as creativity and build skills of problem solving, critical thinking, communication, cooperation, etc.
- Refer children who have been severely affected for specialized support, when available. To prevent unintended harm, only trained professionals should provide therapy or specialized assistance.
- Organize occasional community events that allow children to demonstrate their skills to parents and communities and encourage support for children.

ACTIONS

A. Conduct an assessment

Agencies that are considering the establishment of CFSs should conduct an initial assessment to determine whether CFSs are needed, safe, and contextually appropriate. CFSs may not be needed if children have access to other means of meeting their needs for education, protection, and psychosocial support. In some settings, CFSs may be inappropriate because they would likely become places where children are attacked or recruited by armed groups, or where girls are likely to be sexually harassed or attacked on the way to the CFS. If CFSs are needed, then the assessment should also help to identify how CFSs can be established in an effective manner. This assessment should take into account wider issues that inform broader strategies and programs.

Where possible, questions relating to CFSs should be addressed through coordinated, inter-agency assessments within or across clusters and sectors. Assessments should encourage community participation and actively engage children and young people, parents, women's groups, youth groups, religious and community leaders, etc. Assessments should disaggregate data according to gender, age, and other relevant dimensions in order to ensure inclusivity. They should also address issues such as:

Safety and Appropriateness of a CFS

- What are the main protection threats (physical and psychosocial) to children and youth? How do they vary for diverse groups, e.g., by sex, religion, ethnicity, sexual orientation, disability, etc.?
- Would a CFS help to prevent or diminish these threats, or could it increase these threats (e.g., are there risks to children in accessing the CFS)?

- Are there other protective practices that people did before the crisis that they aren't being done now and that could be restarted?
- How are children spending their time? Does this vary for girls and boys or according to other social categories?
- Would a CFS strengthen the existing supports for children, or would it duplicate existing activities and supports?
- How feasible and safe would CFSs be in the present context for girls as well as boys?
- What is the acceptance of families and communities of this type of intervention?
- What types of play do girls and boys usually engage in within the culture and could these be organized in the CFSs?

Community Engagement and Inclusivity

- How does the community view the establishment of a CFS? Is the community likely to develop a spirit of ownership in developing a CFS?
- Is the community or camp able to organize itself to help children?
- Who are the key people in the community or camp who support children or that child go to when they need help or advice?
- Who are the key people in the community or camp to involve when setting up a CFS?
- Which girls and boys are highly vulnerable and may need additional support to participate in CFS activities? Note that there may be locally defined social categories of vulnerable children that are not apparent to outsiders.
- Are there other excluded children who should participate in CFS activities that we may have missed?
- Have appropriate steps been taken to set up complaints and feedback mechanisms through the use of child protection committees, complaints boxes, etc. to ensure downward accountability to beneficiaries?

Site Selection

It is important to engage with girls and boys and young women and men as well as adults, asking:

- Where do highly vulnerable children congregate and could these places be possible CFS sites?
- Is the possible site hazard free?
- Are there health facilities nearby?
- Does the place have accessible clean water and child- and gender-friendly toilets or latrines?
- Is the site accessible for girls, children with disabilities, and other vulnerable children?
- How will the site change over seasons and the calendar year? Does it have particular owners or users at particular times of the year?
- Who owns the land or the property where the child friendly space is located?
- Does the CFS allow access from unauthorized, inappropriate adults?

In conflict or recent post-conflict settings, danger can arise from situating CFSs close to military camps or places where fighting might erupt. In such settings, it is useful to ask additional questions such as:

- What are the main risks to children due to the conflict or fighting?
- How can one limit these risks for children who participate in the CFSs?
- Have there been recent attacks on schools or public places?
- Are children safe on the way to and going home from the CFSs? How could their safety be increased?

Similarly, in areas that are affected by natural disasters or likely to be affected, it is helpful to ask additional questions that are appropriate to the type of disaster such as:

- What would be a safe site for the CFS that would not likely be affected by repeat flooding?
- Are possible structures for CFSs safe (e.g., in earthquakes), or should CFSs be in open spaces?
- If the need arose, could children be evacuated safely from the proposed CFS site?

Answers to the above questions should be considered carefully in light of a wider situation analysis in making decisions about whether or how to establish CFSs. If CFSs are not safe or appropriate, there may be other family or community-based interventions for supporting vulnerable children.

B. Organize integrated supports and services

CFSs are more than a site for recreational activities—they are means of supporting children’s and young people’s holistic development, including physical, cognitive, emotional, social, and spiritual development. To avoid overload, it is often useful for CFSs to focus initially on relatively simple play and recreation activities that are linked to family and community support. Subsequently, the CFSs can implement more advanced activities such as establishing referral mechanisms or organizing activities for individual or small groups of children who had already been participating in the CFS group activities and who need additional support. These advanced activities are often aimed at supporting vulnerable children such as orphans, children separated from their families, children who have or are affected by HIV and AIDS, children who need health care or adequate shelter or children who are victims of abuse.

Basic activities include:

- Play and recreational activities for children, such as sports, arts and cultural activities provided in a structured manner to restore a sense of predictability and continuity.
- Child protection activities such as awareness raising on prevention of violence and separation; how to recognize and avoid landmines and UXO; referral mechanisms for identification and response to child protection issues; codes of conduct for staff and volunteers for the prevention of violence, abuse, and exploitation; parenting skills and the constructive handling of diversity and conflict.
- Awareness raising and education for children and young people about key issues including health, HIV and AIDS, nutrition, hygiene promotion, waste management, disaster preparedness, etc.
- Information on services and rights for children and their families concerning health, education, food distribution, water, and other necessities.
- Information on child protection services for children and families such as family tracing, alternative care for separated children, juvenile justice, and social services.
- Civic engagement and mobilization of young women and men in various activities of the CFS and/or the community (e.g. asking young people to develop project proposals, set up debates etc).
- Use of space for other community activities such as mother or parent groups and other community gatherings.
- Encouragement of civil society organizations to use the CFS to organize their activities.

Advanced activities include:

- Activities for parents, e.g., discussion groups on parenting skills and care practices for caregivers, effective hygiene and waste management, children’s rights, child participation, etc.

- Early Childhood Development activities such as caretaker discussion groups for psychosocial support, and play activities that are appropriate for babies (and caretakers) and children under three years of age.
- Specific, gender sensitive activities for adolescents girls and boys such as discussion groups for teenage girls and boys, awareness raising in regard to reproductive health and HIV and AIDS, discussions of gender-based violence, skills building activities, etc.
- Non-formal education for out of school children and young people (insuring that CFSs are not pulling children away from formal education), including basic literacy and numeracy.
- Engage in activities and discussions around peace building and environmental education in both conflict natural disaster settings.
- Establish a referral system to indentify, refer and follow up on children and families who need access to other services such as health, HIV and AIDS, psychosocial, etc.

C. Provide ongoing training and follow-up support for animators and staff

Effective CFS workers have both high levels of motivation and appropriate skills and competencies. Everyone who works in a CFS should receive an initial training, which is part of an ongoing process of capacity building. Over time, as CFS workers develop new skills and competencies, they are in a better position to enrich the work done in and through CFSs.

To enable this progression:

- Staff and volunteers should be carefully selected and trained on how to deal with children, including how to communicate with and protect children, and how to organize group activities with children.
- Set up a system of “activity specialists” who come and go for their activity and more general “CFS supervisors” who stay throughout the day and know the children in the center. Make sure that activity specialists receive training and are committed to the success of the CFS.
- Have experienced CFS workers make weekly follow-up visits to CFSs to observe the situation and activities, help animators and community members reflect on what is or is not working, and advise on how to strengthen activities and handle challenges.
- Recognize that CFS workers may themselves have been affected by the emergency and will benefit from group discussions.
- Organize a progression of training workshops that prepare animators and staff to facilitate play and recreational activities and performing arts activities such as song, dance, theatre, and drawing; build literacy, numeracy, and life skills for children; enrich animator or staff understandings of child development; and address topics such as emerging protection threats and how to address them, how children and youth have been affected by the conflict/emergency, and appropriate means of providing psychosocial support.
- Arrange for more experienced CFS workers to mentor less experienced workers.
- If stipends or payments are provided for CFS workers, they should not exceed teachers’ salaries and should be based on an inter-agency agreement regarding minimum and maximum levels.
- Establish a CFS manager who provides supervision and whom CFS workers know and can go to for advice when difficult situations arise.
- Build up resources such as books and training manuals that enable ongoing learning.

D. Monitor and evaluate CFS programs

CFSs should be monitored on an ongoing basis to track the development of the CFS and to identify gaps in the levels of community mobilization, quality of activities, safety, logistical support, etc. CFSs should be evaluated periodically by people who are experienced in monitoring, to determine whether the activities are producing meaningful improvements in the lives of the children. Key steps are to:

- Develop early in the project a monitoring and evaluation plan.
- Train selected CFS workers and staff how to monitor program activities effectively.
- Monitor via animators the registration of children, parental consent, children's informed consent, attendance, behaviour during the activities, follow-up of children who missed activities, activity planning and whether activities include girls as well as boys and highly vulnerable children.
- Monitor via agency staff the quality of the activities, animators' skill levels, adequacy of supplies and logistics supports, protection threats in the area, and the implementation of the code of conduct.
- Evaluate not only process (output) indicators such as the number of children who participate regularly but also outcome indicators such as children's psychosocial well-being that are contextually relevant, measurable, and developmentally appropriate.
- Use participatory methods of monitoring and evaluation that engage children and youth and invite community members' views.
- Whenever possible, collect sex- and age-disaggregated baseline and end-point measures of outcomes concerning changes in children's lives, and enable comparisons with other interventions or sites where no CFS had been implemented³. To manage the ethical issues that can arise in making comparisons, consider strategies such as wait-list comparisons (e.g., compare girls and boys who participate in CFSs with children who have not had CFSs but are about to begin participating in CFSs).
- When possible, conduct inter-agency, collaborative evaluations, which can improve coordination and yield conclusions that apply more widely.

E. Phase out or transition in a contextually appropriate manner

- Develop in close consultation with the community and other stakeholders a phase-out or transition plan that links with broader recovery planning. Use a bottom-up approach that will support ownership and also transition of the CFS to the community. Ensure that the community is aware from the outset that a phase-out period and/or handover will take place, and provide information as soon as possible about when the phase out or transition will occur.
- Consider options such as closing down CFSs once schools re-open or transitioning CFSs into community resources such as early child development centers, women-friendly spaces, community centers, spaces for children's/youth clubs, literacy initiatives, or vocational training activities. It is appropriate to call these by names other than 'CFSs' in order to avoid confusion and recognize that emergencies require a distinctive way of working. These options should be decided with full collaboration of community stakeholders.
- Include budget considerations in planning the phase-out or transition.
- Enable communities to make key decisions about the transition of the CFS whenever possible.
- Engage children and youth in implementing the strategy.
- Adapt plans on the basis of the changing context.

³ A useful reference on how to make comparisons in an ethical manner and how to develop effective evaluations is the Interagency Guide to the Evaluation of Psychosocial Programming in Humanitarian Crises (UNICEF, 2010), which is available at www.psychosocialnetwork.net

CFS: DO'S AND DON'TS

DO	DON'T
Coordinate with the government and other agencies that implement CFSs, especially protection, psychosocial, education, and other relevant coordination groups.	Set up CFSs as a single agency without coordinating with other agencies and the government.
Take an integrated approach that includes nonformal education, protection, and psychosocial supports.	Make CFSs recreational and psychosocial supports only since protection and education needs also warrant attention.
Engage communities, parents and girls and boys in all key decisions regarding CFSs, encouraging their ownership of CFSs in all phases of work.	Set up CFSs as services, treating community people as beneficiaries.
Build on existing resources such as community groups, parents, cultural songs, and natural helpers such as youth leaders and women whom children seek out for support. Initially, teams can be mobilized to visit communities and animate groups of children for a few hours each day.	Select and recruit CFS animators and staff from outside the affected group only or use only materials and activities imported from outside.
Make CFSs accessible and inclusive for girls and excluded children such as those with disabilities and tailoring activities to meet their distinctive needs and capacities.	Assume that because the CFS is open to all children it is therefore accessible and inclusive.
Ensure that all staff and animators understand and adhere to an appropriate code of conduct.	Have CFS workers sign a code of conduct that they do not understand or care about.
Make CFSs physically, culturally, and developmentally appropriate, providing adequate space for small groups to conduct different activities simultaneously.	Design CFSs to look like a place of worship or to display colors used by parties to an armed conflict.
Listen and be supportive to children who have particular concerns, making referrals for children who need specialized services.	Force children to draw or talk about their difficult experiences.
Ensure that the timing and nature of activities are compatible with daily routines of girls and boys and family members.	Predefine the kinds and timing of activities without careful consultation with girls and boys and community members.
Organize separate CFS sessions or activities for girls and boys of different age groups, such as 0-7 (or 0-3, 4-7), 8-12, and 13-18 years.	Organize CFSs only for children 4-10 years or only for boys.
Provide in the CFS appropriate equipment, including materials for play, first aid items, cleaning materials, etc. Use locally available and environmentally friendly materials where possible.	Focus excessively on manufactured toys or forget to maintain equipment.
Keep the number of children who participate in CFSs manageable at a particular time.	Encourage or allow so many children to participate that CFSs cannot be supportive and stimulating.

Provide ongoing training, follow-up, and capacity building for animators and staff	Offer a one-off training and assume that animators and staff are well prepared as a result
Draw on existing assessment data, include questions on CFSs in coordinated needs assessments, and, where necessary, conduct a dedicated assessment before establishing CFSs to determine that they are needed, safe, and appropriate to the context.	Assume that CFSs are appropriate interventions in all contexts.
Organize psychosocial support for national and local CFS workers who have been affected by the emergency.	Assume that all national and local workers or children need counseling or therapy. Only severely affected people, who are a small minority of the population, need such specialized mental health services.
Monitor and evaluate CFSs, and use the information to learn from experience and improve program quality.	Neglect evaluation or conduct an evaluation only to please donors.
Develop early on with the community an exit or transition strategy.	Continue CFSs indefinitely or allow CFSs to compete with schools.