Child Friendly Spaces:
A Structured Review of the Current Evidence-Base

August 2012

Columbia University
MAILMAN SCHOOL
OF PUBLIC HEALTH

World Vision

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Abstract

Child Friendly Spaces (CFSs) are a widely used tool to help support and protect children in the context of emergencies. Sometimes called Safe Spaces, Child Centered Spaces and Emergency Spaces for Children, CFSs are used by a growing number of agencies as a mechanism of protecting children from risk, as a means of promoting children's psychosocial well-being, and as a foundation for strengthening capacities for community child protection capacity. A structured review of published and 'grey' literature identified ten studies that met specified inclusion criteria. Each study was reviewed with respect to the potential protective, promotive and mobilizing impacts of the intervention. All ten studies documented reports of positive outcomes of CFS, particularly with respect to psychosocial well-being. However, major weaknesses in design constrain the ability to robustly confirm change over time (only three studies reported pre-intervention baselines) or attribute any such change to CFS intervention (only two studies utilized a comparison with communities not receiving CFS). Analysis suggests that: greater commitment to documentation and measurement of outcomes and impacts is required; more standardized and rigorous measurement of processes, outputs, outcomes and impacts is necessary; evaluation designs need to more robustly address assessment of outcomes without intervention; there is a need to sustain engagement of children within the context of evaluations; and long-term follow-up is critical to establishing evidence-driven interventions.

Keywords

Child Friendly Spaces, psychosocial, child protection, evaluation, outcome, humanitarian, emergencies

Acronyms

CBCL - Child Behavior Checklist
CCS – Child Centred Space
CFS – Child Friendly Space
CPiE – Child Protection in Emergencies
CPWG – Child Protection Working Group
FGD - Focus Group Discussion
IASC – Inter-Agency Standing Committee
IDP – Internally displaced person
INEE – Inter-agency Network for Education in Emergencies
KII – Key Informant Interview
M&E – monitoring and evaluation
MHPSS – Mental Health and Psychosocial Support
NGO – Non-Governmental Organization
PTA – Parent and Teacher Association
SDQ - Strengths and Difficulties Questionnaire
UNICEF – United Nations Children's Fund
WVI – World Vision International

Introduction

International standards, currently being developed, define a CFS program as one that "supports the resilience and well-being of children and young people who have experienced disasters through community organized, structured activities conducted in a safe, child friendly, and stimulating environment" (Child Protection Working Group, 2012). Since its use in the 1999 Kosovo crisis, CFS programming to support the protection and psychosocial well-being of children is widespread (UNICEF, 2009). There is growing interest and adoption of CFSs as a prime intervention strategy as evidenced by its reference in a number of agency and inter-agency documents guiding humanitarian response (Global Protection Cluster, 2011; Kostelny, 2008; Madfis, Martyris, & Triplehorn, 2010; Save the Children, 2008, 2009; Save the Children Sweden, 2010; UNICEF, 2009; World Vision International, 2006).

There are a number of factors that have contributed to the frequent adoption of a CFS model in humanitarian emergencies. These include potential for rapid deployment, low relative costs, scalability and adaptability of activities to diverse contexts (UNICEF, 2009). The inherent flexibility of a CFS model, although originally intended for children aged 7 to 13, potentially accommodates children of all ages (Global Protection Cluster et al., 2011; UNICEF, 2009).

Guidance on CFSs generally suggests such interventions being of value with respect to three major objectives. First, CFSs are seen to serve as a protective mechanism, protecting children from abuse, exploitation or violence. Second, CFSs are considered as a means to provide psychosocial support to children, strengthening their emotional well-being, social well-being, and/or skills and knowledge (Ager et al., 2011a). Third, CFSs are seen as a key vehicle for mobilizing communities around the protection and well-being of children, and strengthening community protection mechanisms (Global Protection Cluster et al., 2011).

The evidence base for the outcomes and impact of CFSs is generally considered to be limited. As efforts are made to develop standards and international guidelines to support CFS work in emergencies, it is important to develop and consolidate evidence regarding the protective, promotive and mobilizing effects CFSs have on children and youth. As a global agency with a major commitment to child protection in emergencies, World Vision International has initiated a series of structured evaluations of CFS interventions. To ensure that these studies are fully informed by existing knowledge of CFS outcomes and impacts a structured review of the literature was commissioned.

Methodology

Through April to July of 2012 we undertook a structured review of literature describing CFSs or equivalent interventions in humanitarian contexts. The review covered published literature from the last 15 years, with a particular focus on studies that presented data relevant to the outcomes and impacts of CFSs (either baseline information and/or some assessment of outcomes). To

supplement this review of published sources, we solicited 'grey literature' – unpublished agency reports and other documents – that relate to selected inclusion criteria. Table 1 summarizes the search terminology used to identify CFS studies, and Figure 1 details the selection process of papers through different stages of review using these criteria.

We identified relevant literature by searching structured bibliographic sources of Medline, PubMed, PsychINFO and Scopus using the search terms related to "Child Friendly Spaces" (or "Child Centred Spaces" or "Safe Spaces" or "Emergency Spaces for Children" or "Safe Play Areas" or "Child Protection Centers" or "Psychosocial Spaces") and "Evaluation" (or "Outcomes" or "Impact") and "Humanitarian" (or "Disasters" or "Emergencies" or "Conflict" or "War" or "Refugee" or "Displaced"). These searches identified a total of 7,225 items, with 5,220 duplicates, that represented a literature of 2,005 articles.

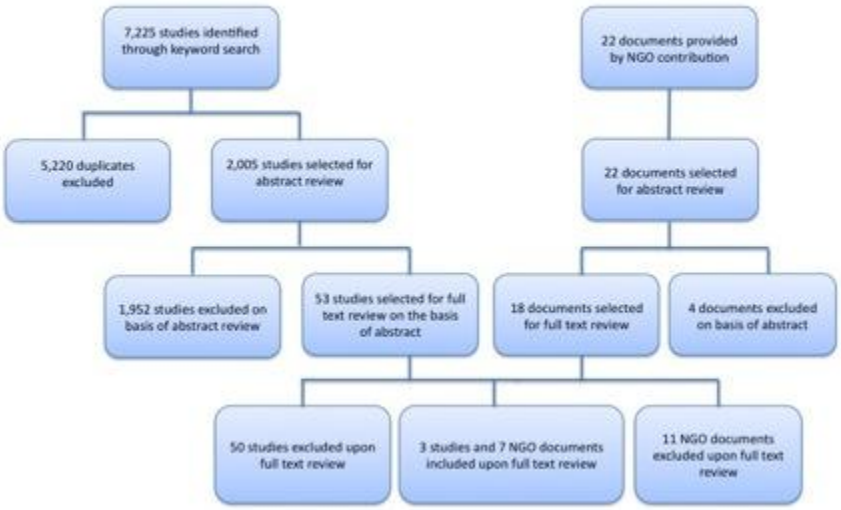
Table 1. Search Terminology Used in Structured Review by Core Theme

Child Friendly Spaces (CFSs)	Evaluation	Humanitarian
Safe Spaces	Outcome	Emergencies
Child Centred* spaces	Impact	Disasters
Emergency Spaces for Children		Conflict
Safe Play Areas		War
Child Protection Centers		Refugee
Psychosocial Spaces		Displaced
Psychosocial intervention(s)		
*Both British and American spelling variations were used.		

Abstracts of all 2,005 articles were reviewed for relevance, which identified 53 papers as potentially fulfilling inclusion criteria. Full versions of these papers were obtained, detailed review of which led to 3 of these studies being confirmed as meeting inclusion criteria.

To identify relevant 'grey' or unpublished literature, over 60 NGOs active in the use of CFS in humanitarian contexts were contacted by email through relevant networks (including the Global Child Protection Working Group, the Mental Health and Psychosocial Support (MHPSS) Network and the Child Protection in Emergencies (CPiE) learning network). Agencies were invited to provide documents that reported on (a) CFS or equivalent interventions (b) in humanitarian contexts that (c) included data relevant to the working of the CFS (either baseline information or some assessment of outcomes). 22 documents were provided by this means. Documents were reviewed with respect to the same inclusion criteria as used for published papers. This resulted in the selection of a further 7 documents. The body of literature that provides the basis for this review thus comprises a total of 10 documents, 3 identified through formal bibliographic search and 7 identified through agency consultation.

Figure 1. Selection process of papers through stages of review



Characteristics of studied interventions

Of the ten papers reviewed (see Table 2), six addressed CFSs established in conflict-affected areas while four examined CFS interventions taking place in areas affected by natural disasters. Seven of the ten papers addressed work with IDP communities; three in Asia (Arus, 2008; Sabina, 2012; TANGO International, 2009), two in Africa (Dessemie, 2010; Kostelny, 2008), and one each in the Middle East (Save the Children, 2011) and Oceana and the Caribbean (Madfis et al., 2010). Of the remaining papers, one addressed a CFS intervention in a Serbian refugee setting (Ispanovic-Radojkovic, 2003); another targeted conflict-affected communities in the occupied Palestinian Territories (oPT) (Loughry, 2006); while the last addressed South Sudanese returnees moving through the Kosti Way Station of North Sudan (Gladwell, 2011).

The majority of papers described CFS interventions for both children and adolescents, covering ages from four up to the late teens (Gladwell, 2011; Loughry, 2006; Madfis et al., 2010; Save the Children, 2011). For most interventions children and youth were separated into different activity shifts according to age and developmental abilities. Three studies addressed interventions with a narrower age span: Ispanovic-Radojkovic (2003) evaluated youth clubs for adolescents between the ages of 15 and 18, while Demessie (2010) and Kostelny (2008) evaluated CFSs for pre-school aged children under 6. Three papers did not indicate the age range of targeted participants (Arus, 2008; Sabina, 2012; TANGO International, 2009).

Evaluation design adopted

Only three papers reported both baseline and follow-up data related to CFS (Ispanovic-Radojkovic, 2003; Loughry, 2006; Madfis et al., 2010). Of these three, only one paper provided information related to a comparison group of children at both baseline and follow-up times (Loughry, 2006). One paper reported no baseline data, but assessed impact by comparing across groups who had

received and not received the intervention (Kostelny, 2008). The remaining six papers documented only post-intervention outcome data or data collected towards the close of services for those receiving the interventions described (Arus, 2008; Dessemie, 2010; Gladwell, 2011; Sabina, 2012; Save the Children, 2011; TANGO International, 2009).

Structured or semi-structured questionnaires were developed for use among children, youth and parents in four studies, three of which were adapted from established tools used in other settings (Ispanovic-Radojkovic, 2003; Kostelny, 2008; Loughry, 2006; Madfis et al., 2010). Unstructured, focus group discussions were conducted in seven studies with various stakeholders, including children and youth, parents, animators, CFS program staff, community-based child protection committees, PTA leaders, community members and/or leaders and educators (Arus, 2008; Dessemie, 2010; Gladwell, 2011; Kostelny, 2008; Sabina, 2012; Save the Children, 2011; TANGO International, 2009). Key informant interviews with program staff, child protection actors in other agencies, parents, teachers, CPC members and children were conducted in four of the nine papers reviewed (Arus, 2008; Gladwell, 2011; Sabina, 2012; Save the Children, 2011). Additional evaluation methods used include the collection and analysis of training records (Gladwell, 2011), monthly field reports (Gladwell, 2011; Sabina, 2012), and participatory feedback sessions (Save the Children, 2011).

Findings regarding outcome and impact

Outcomes and impact of CFS programming are discussed in relation to the three objectives described in the introduction: protection from risk, promotion of psychosocial well-being, and strengthening of community child protection capacities.

The building and strengthening of a protective environment for children vulnerable to abuse, exploitation or violence is paramount to effective CFS programming. Improvements in protection outcomes, such as increased sense of safety and decrease in sexual exploitation and rape, were documented in five studies (Gladwell, 2011; Kostelny, 2008; Madfis et al., 2010; Sabina, 2012; Save the Children, 2011). Other studies noted the decrease in physical injuries since the start of the CFS intervention (Dessemie, 2010; Gladwell, 2011; Kostelny, 2008).

All ten studies reported positive psychosocial outcomes for children and/or the wider community. Eight studies indicated increases in social and emotional well-being of children, although in only four studies was this documented by difference between baseline and follow-up (rather than through retrospective judgments). In only one of these did the design allow such change to be reliably attributable to CFS. There was generally little documentation regarding sex differences in social and emotional well-being of children. However, one study reported girls having more difficulty accessing CFS services due to culturally inappropriate activities and the layout of the CFS compound acting as a deterrent to engagement (Sabina, 2012).

The influence of CFS on facilitating community capacity for the protection and support of children was seldom reported on in detail. Increased knowledge and awareness of child protection concerns and available services was noted in 3 studies (Gladwell, 2011; Madfis, 2010; Sabina, 2012). There is

Table 2: Summary of Studies Identified

Study	Location	Intervention	Evaluation Method	Major Findings
Arus et al. (2008)	4-sub-districts of Bantul District, post tsunami Indonesia	CFS intervention 3-4 days per week lasting for 1.5 hours based on international guidelines	FGD with beneficiaries and key informant interviews with program staff, community facilitators, etc.	PSS: Self-reported improvements in critical & analytical thinking, increased knowledge and skills, sense of happiness, loss of traumas, pride, creativity, self-confidence, and improved peer relations. CCPC: No clear data related to effectiveness of trainings and workshops for community leaders, communities, local government members, etc.
Demessie, T. (2010)	Tawilla, Alfasher and Alsalam IDP camps in North Darfur, Sudan	CFS intervention based on international guidelines	Unstructured, open-ended question FGD with animators, supervisors, community- based child protection committees, and PTA leaders.	PC: General lack of adequate supervision for younger children (age 2-6). PSS: Inappropriately age-targeted activities observed. Parent and animator responsibility ill defined. CCPC: Community-based systems of protection, PTAs, and awareness raising in the community less emphasized in CFS.
Gladwell, C. (2011)	Kosti Way Station, North Sudan	CFS intervention based on international guidelines	Mixed methods evaluation lasting 10 days. Analysis of training records and CFS monthly reports. KII and FGD with 31 children (aged 8-20 years), 7 mothers and 10 educators.	PSS: Anecdotal evidence suggests improvements in psychosocial well-being. CCPC: Limitations clearly stated, calling for improvement in parent and community participation in CFS.
Ispanovic-Radojkovic (2003)	Boarding high schools in Belgrade, Serbia	Youth Club program involving 90-minute group meetings 1-2 times per week after school for 6-months	Semi-structured questionnaire administered to 1,106 students between the ages of 15 and 18 pre- and post-intervention (follow-up period: academic school year).	PSS: Anecdotal reports of increased self-respect and improvements in peer relations. Significant decrease in psychological problems observed, particularly Withdrawal and Anxiety-Depression in male refugees and Withdrawal and Social Problems in female refugees.
Kostelny, K. (2008)	Unyama and Paicho IDP camps in Gulu, Uganda	CFS intervention lasting 4.5 hours per day for 5 days a week	Eight FGDs held with 92 elderly caregivers, community members, single mothers, widows, and camp leaders, CCS staff, Child Activity Leaders and Child Well-Being Committee members. Semi-structured questionnaire administered to 294 households. Analysis of comparison groups performed.	PC: Decreased incidence of rape and sexual exploitation and heightened sense of safety in children relative to comparison group. PSS: Significant improvements in psychosocial well-being relative to comparison group.
Loughry et al. (2006)	Communities from West Bank and Gaza, oPT	Child-focused intervention involving daily after-school activities and week-long holiday camps at local recreational centres	Structured questionnaire administered to 400 parents and children between the ages of 6 and 17 receiving the intervention and 100 parents and children not receiving the intervention pre- and post-(1-year) intervention.	PSS: Lower CBCL total problem scores, externalizing problem scores and internalizing problem scores following intervention when compared with children in comparison group.
Madfis et al. (2010)	IDP children living in post-hurricane Noel Haiti and post-tsunami Solomon Islands	Emergency Safe Spaces intervention based on international CFS guidelines	Parent questionnaire and observation rubric completed for 10 children in Haiti and 10 children in the Solomon Islands pre- and post-(6-week) intervention.	PC: Increased knowledge of existing threats noted. PSS: Positive changes in psychosocial functioning observed.
Sabina, N. (2012)	Flood-affected areas of Tala, Debhata, and SatkhiraSadar in Southern Bangladesh	CFS intervention based on international guidelines	FGDs with parents and animators. Interviews with supervisors, leaders, business community and teachers. Desk review conducted.	PSS: Parental anecdotal support for improvements in mood and general changes following intervention. Anecdotal support for improved relationships between children and animators.
Save the Children (2011)	IDP and host populations in Amran and Haradh, Yemen	CFS intervention based on international guidelines	16 KII, 12 FGDs with children aged 6 to 18, and 2 participatory feedback sessions over the course of one week.	PC: Children reported CFS as a secure and safe area. PSS: Informal reports of benefit, but some activities viewed as culturally inappropriate for girls. CCPC: Committee members continuing to engage on CP after closure of CFS.
Tango International (2009)	Yangon and Ayeyarwady IDP populations in Myanmar post Cyclone Nargis	CFS intervention based on international guidelines	Quantitative data collected by enumerators (unknown structure). FGDs with parents and children.	PSS: Anecdotal support for improved psychosocial outcomes in children. CCPC: Ayeyarwady Division were much more likely to contribute to CFS than their counterparts in Yangon Division.

CBCL=Child Behavior Checklist. CCS=Child Centred Space. FGD=Focus Group Discussion. KII=Key Informant Interviews. PC=Protection of Children (Objective 1). PSS=Psychosocial Support (Objective 2). CCPC=Community Child Protection Capacities (Objective 3). PTA=Parent and Teacher Association. SDQ=Strengths and Difficulties Questionnaire.

evidence in support of community engagement and/or involvement in CFS activities, such as cleaning, cooking and paying levies (TANGO International, 2009). The enhancement of mechanisms to receive and respond to reports of abuse, neglect, exploitation or violence against children, such as child protection committees, referral systems, and PTAs, were considered in three studies (Arus, 2008; Gladwell, 2011; Save the Children, 2011) with a lack of robust documentation of impact generally reported.

Discussion

Greater commitment to documenting outcomes and impacts is required

Given the widespread use of CFS as an intervention strategy to address children's needs in humanitarian emergencies, the review indicates a remarkably small evidence-base. That only ten studies could be identified suggests a failure either to commit to conducting evaluations indicating impacts in the lives of children and their families or to disseminate such evaluations to the broader humanitarian community, or both. Over 60 NGOs were contacted by way of 3 inter-agency working groups in this search for unpublished or agency-specific documents related to CFS outcomes and impacts. Only 22 documents were returned, half of which were submitted by a singular agency.

This lack of evaluations may result from limitations related to staff capacity and other realities of the field (Madfis et al., 2010). Lack of expertise in M&E methods including indicator development in the midst of a humanitarian crisis may often result in the low prioritization of baseline data collection, a key foundation for most robust evaluation designs. Training and additional M&E support needs to be made available to program staff to encourage robust M&E designs in the future (Ager, Ager, Stavrou, & Boothby, 2011a).

More standardized and rigorous measurement of processes, outputs, outcomes and impacts is required

Studies reviewed suggested that significant development is required in both the standardization and rigor of measurement. Regarding the specification of CFS itself, it is clear that the composition of and emphasis on specific activities may differ dramatically by organization, leading to confusion on program goals and objectives among program staff and community members (Gladwell, 2011; UNICEF, 2009). Without an agreed upon set of activities and 'shared vision' of what constitutes a CFS, it is difficult to define and measure a set of 'standardized' outputs. Output indicators, such as the number of children attending the program, are a mainstay of psychosocial interventions (Arus et al., 2008; Gladwell, 2011; Sabina, 2012; Save the Children, 2011). They are relatively easy to measure, often include some measure of quality of care, and yet appear far from standardized among practitioners (Ager et al., 2011a; Dessemie, 2010; Madfis et al., 2010).

While an improvement in documentation and measurement of processes and outputs is important, arguably the most critical requirement is an appropriate focus on relevant outcomes and impacts. The collection of output data alone cannot reasonably validate program impact or effectiveness. Focus group discussions and self-reports can contribute to the documentation of CFS outcomes, providing useful insight into local perceptions and encouraging participation throughout the evaluation (Kostelny, 2008). However, self-reports are limited in their ability to relay accurate

information on well-being as they rely on the individual's ability to remit sensitive information, usually related to feelings or attitudes (Duncan, 2004).

Mixed method approaches are thus required for a more robust measurement of CFS outcomes and impacts, and are well represented amongst the stronger papers reviewed (Ispanovic-Radojkovic, 2003; Kostelny, 2008; Loughry, 2006; Madfis et al., 2010). As part of a CCS initiative in Northern Uganda, Kostelny (2008), for example, utilized locally derived indicators of child well-being identified through focus group discussions with caregivers and program staff. This consensus-driven approach allowed for a culturally relevant interpretation and adaptation of an established 'western' tool, the Strengths and Difficulties Questionnaire (Goodman, 1997; Kostelny, 2008). This participatory feedback loop also helped to inform the analysis of CFS impact on the social and emotional well-being of children. Loughry et al. (2006) used qualitative interviews to complement and elaborate their analysis of child well-being based upon the Child Behaviour Checklist.

Evaluation designs need to more robustly address assessment of outcomes without intervention
It is not only that measures need to be more rigorous, but also that the evaluation designs within which they are deployed need to be strengthened. In particular, attributing positive outcomes requires evaluation approaches that allow some estimation of likely outcomes without a CFS intervention. This is particularly important given the acknowledgement of child and community resilience in contexts of humanitarian emergencies (Reed et al., 2008). With studies documenting the recovery of children following humanitarian emergencies through individual and community efforts and without programmatic support (Ager, Akesson, Stark, Flouri, Okot, McCollister, et al., 2011b; Ager, Stark, Olsen, Wessells, & Boothby, 2010) it is important for CFS (or any intervention) to demonstrate 'added value'. To demonstrate positive change is insufficient, if there is evidence of such positive change being secured without focused programmatic interventions.

There are a range of methods available to address this (Ager et al., 2011a). Comparison groups provide an opportunity to view the improvement of children's well-being pre- and post-intervention, relatively independent of outside factors. Examining the counter-factual provides baseline information related to positive outcomes not attributable to the intervention while still collecting valuable information relative to program impact. Outcome mapping[1] provides an alternative approach to assessing program performance based on changes in factors, such as "behaviours, relationships, actions or activities of the people, groups, and organisations with whom a development programme works directly" (ODI, 2012). Measuring these 'factors' provides a solid basis on which to measure program change, and ultimate effects, on beneficiaries – particularly when other agencies are working in similar program areas among the same population.

There is a need to sustain engagement of children within the context of evaluations
Such robust evaluation designs should not be seen as a basis to exclude the active participation of children in the development of measures and the implementation of evaluation studies. Rather prioritizing participation strengthens the robustness of evaluation. Acknowledging children, youth

[1]Outcome Mapping is a tool developed by the International Development Research Centre, Canada.

and community members as active partners throughout the design, monitoring and evaluation process is essential and should be made explicit early on.

Increasingly, participatory methods, primarily focus group discussions, are being used as a core evaluation technique in emergency settings (Dessemie, 2010; Sabina, 2012; Save the Children, 2011; TANGO International, 2009). Focus group discussions potentially provide an excellent way to raise awareness among the community and encourage participants to voice their opinions and provide feedback related to the program. The participation of caregivers, community members and children themselves in focus groups provides an opportunity to engage and build lasting relationships critical to long-term sustainability of systems of education and protection. However, focus groups may neither constitute a representative sample of program beneficiaries nor an effective means of capturing emotions or internal processes. Other participatory methods, such as interactive games and role play, have been applied in South Sudan to explore children's attitudes, attendance rates and major problems in the Kosti Way Station (Gladwell, 2011). Demassie (2010) used dancing, picture drawing, and storytelling (among several other techniques) to encourage a participatory evaluation process with children. However promising these innovative approaches may be, methods used for analysis of data gained through such activities are typically not reported in sufficient detail to allow replication.

Madfis et al. (2010) acknowledges children as more than "passive recipients of services" suggesting that programs should make a better effort of engaging children and emphasizing their role and "capacity to protect themselves" (p. 857). Genuine participation goes beyond a token engagement and actively works with children and youth as well as the community in designing effective monitoring and evaluation strategies that are both relevant and respectful of the current situation.

Long-term follow-up is critical to establishing evidence-driven interventions

There is emerging recognition that CFSs have the potential to lay the groundwork for post-disaster formal education systems as well as link in and support indigenous systems of protection. Unfortunately, there is little documentation regarding the long lasting effects of CFS programming following the close of services. Of the ten studies reviewed, only three provide pre- and post-intervention data – none of which document effects beyond one year after the program's close. Establishing evidence-driven interventions requires long-term follow-up directed towards impacts on the well-being of children and youth as well as at understanding these community-based systems of protection and support.

Longitudinal studies would explore the nature and casual pathway of CFSs as the intervention bridges to more sustainable outlets. These studies may be costly and rigorous in nature, but bare the potential to assess lasting change. Complications arise from interpreting causal links between objectives and their subsequent impacts in the midst of other humanitarian programming that may affect the well-being of children and youth (Madfis et al., Loughry, 2006). With proper planning and robust design, active learning can commence even in the midst of humanitarian crisis.

Limitations

This review is an appraisal of evidence related to outcomes and impacts of CFSs in humanitarian settings through a structured document review process. One major constraint concerns the comprehensiveness of the search process and inclusion criteria used. While the systematic structure of this review is likely to identify most, if not all, of the published corpus of literature, restricting the search to English language articles within the last 15 years may influence the resulting number of studies identified. Furthermore, two-thirds of the documents gaining entry to the review were collected through inter-agency submissions. Inclusion criteria for the submission of unpublished documents were quite specific and in line with the criteria for published review. However, only a little over one-fourth of the total inter-agency submissions were deemed appropriate for inclusion.

Conclusion and Recommendations

The evidence base for the outcomes and impact of CFSs is clearly limited. Out of the small number of studies identified, few presented well-designed and implemented evaluations of CFSs in emergency settings. No doubt logistical constraints and staff capacity influence prioritization and implementation of rigorous monitoring and evaluation techniques in the field. However, as the international community continues to support CFS work in emergencies, it is important to consolidate evidence as well as support evidence-based interventions regarding the protective and restorative effects CFSs have on children and youth. Greater commitment to the development of this evidence base is acknowledged to be a longer-term investment in responding to the psychosocial needs of children and youth in emergencies.

Annex A: Key Documentation on Child Friendly Spaces in Emergencies

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