



Evaluating the effectiveness of Child Friendly Spaces in IDP camps in Eastern DRC: Goma Field Study Summary Report

September 2014

World Vision International Humanitarian and Emergency Affairs

Queen Margaret University, Edinburgh

World Vision DRC

AVSI DRC

UNICEF



Girls in Bulengo Camp drawing a Spider Diagram

Acknowledgements

Support for this study came from UNICEF New York and DRC offices, and it was facilitated by World Vision International with assistance from World Vision DRC and AVSI DRC. We also thank the Office of U.S. Foreign Disaster Assistance (OFDA)/U.S. Agency for International Development (USAID) for their financial support for the study through UNICEF. The authors are grateful to Saji Thomas for making this research possible.

The research team wishes to express thanks and gratitude to World Vision DRC Goma office and AVSI Goma office for going to great length to facilitate this process despite some logistical challenges. Special appreciation goes to Sarah Carrie, Anne-Marie Connor, Gustave Bengheya and Miriam Molo from WV and Elly Bahati and Salumu Freddy Kyambo from AVSI, as well as the team of six enumerators, Annuarite Mbonekuba, Pascal Baraka, Salumu Muhindo, Innocent Biringanine, Salomé Ciza and Angali Lofo, who assisted us in collecting the data with great enthusiasm and dedication. Also, the assistance of the groups of community volunteers in each participating camp who took painstaking efforts to locate children and their caregivers scattered throughout the camp facilitated the research process greatly.

The assistance and support of Marisa Vojta and Kevin Savage (World Vision International) and Dan Rono (UNICEF DRC) were greatly appreciated. They were consistently on hand for consultation and advice and were supportive throughout. Finally, a special thanks to Janna Metzler and Alastair Ager for the methodological advice and general support throughout the research process. Their assistance was invaluable and much appreciated.



CFS at Mugunga III camp

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Summary

Child Friendly Spaces (CFSs) are used by humanitarian agencies as a means to promote protection and psychosocial wellbeing for children in emergency settings. World Vision International together with Columbia University is conducting a series of studies to investigate the effectiveness of CFSs in various humanitarian contexts in order to document evidence of the positive effects they have in relation to child wellbeing and protection, to identify good practice in their design and implementation and to develop improved monitoring and evaluation approaches for CFSs. The case studies have so far all been focused on refugee settings and while internally displaced populations (IDPs) share many of the circumstances and challenges of refugees it was decided that CFSs operating in IDP settings warrant a particular investigation in order to assess their relevance and effectiveness in promoting child protection and psychosocial wellbeing. This report thus presents the findings from an IDP focused study on CFS effectiveness in three camps near Goma, eastern Democratic Republic of Congo (DRC).

The study design was a cross-sectional mixed method design focused on eliciting information in relation to establishing CFS effectiveness in providing a protective environment for children vulnerable to abuse, exploitation and violence, providing psychosocial support to children, and in mobilising and equipping communities and carers to fulfil their roles in protecting and caring for children. A survey, developed by the Columbia University research team (Metzler et al., 2013) for their Ugandan case study, was used to collect data on child protection resources, knowledge and barriers, on psychosocial wellbeing and to assess children's vulnerability. Since the CFSs were already established and running prior to data collection, no baseline information was available and almost all children attend the CFSs, preventing a comparison between attendees and non-attendees, the study design focused on comparing two groups of children based on how long they had been attending the CFS for: 'recent enrollees' who had started attending the CFS less than 6 months ago and 'long term enrollees' who had been attending for a longer time period (more than 9 months). Data was collected from 391 randomly selected children: 6-12 year olds through interviewing their caregivers, and 13-17 year olds who were interviewed directly. Smartphone technology was used to collect survey information, and participatory techniques, interviews and focus groups were conducted in order to obtain the qualitative data.

Findings show that the CFSs were inclusive and widely utilised. Children who were designated as vulnerable attended the CFS as frequently as other children, indicating that the CFSs were accessible to all children and reaching critically vulnerable children as well. Of the 391 randomly sampled children only 3 (0.77%) did not attend the CFSs, providing evidence that the CFSs were attended by almost all children in the camps.

CFSs were perceived by children, caregivers and community members as a vital resource for promoting child wellbeing and protection. Children talked of not feeling safe anywhere except at the CFS and in school as there was a heavy presence of combatants and weapons in and round the camps. Violence and abductions and the constant threat of these were serious protection concerns to participants in the study, with girls and boys, and younger and older children having different protection concerns. The role of the CFS in providing a safe space and, in the case of adolescents, a form of psychosocial support was recognised and noted by participants. Evidence of the importance of the CFSs in these settings was provided through the fact that community volunteers kept the CFS in one of the camps going after it had officially closed down a few months earlier due to funding ending.

Regular attendance at a CFS was related to improved psychosocial wellbeing in two of the camps. Children who attended the CFS regularly ('always') scored significantly higher on the psychosocial wellbeing assessment than children who attended irregularly ('sometimes') and regularity of attendance partially accounted for this difference in wellbeing. This association was only established in the two camps which were running a fully operational CFS programme with

structured activities aimed at promoting psychosocial wellbeing and protection of children. In the camp where the CFS was being run by volunteers and where the programme was limited due to resource and capacity issues, the positive association between regular attendance and psychosocial wellbeing was not found. While these results need to be interpreted with caution, one possible explanation could be that the combination of regular attendance and high quality structured activities provide a platform where CFSs act as effective promoters of psychosocial wellbeing.

Barriers to accessing various protection resources within the camps were identified by both age groups as well as by caregivers. 23% of participants said there were no child protection resource people to turn to in the camp and 43% said only one such resource was available. A high number of adolescents (30%) said that 'authorities refuse to help' when approached on protection issues and 20% of adolescents said that 'shame' was a reason not to seek support. These findings are reason for concern and suggest that adolescents are not receiving adequate support for their protection concerns.

Positive outcomes of CFS and community collaboration on child protection issues were identified. These were parental involvement in CFS activities, partnerships with the school and an informal child protection referral system. However, the full potential of the CFSs to act as drivers of community collaboration was not realised due to a lack of consultation, training and on-going dialogue between CFS staff on the one hand and community organisations and caregivers on the other. Suggestions were made to improve the collaboration which would build the sustainability of the child protection skills, knowledge and resources in the community: investing in capacity-building of and promoting community ownership of the CFSs through joint initiatives from planning right through to implementation and evaluation.

Introduction

This report presents the findings from research conducted on the effectiveness of child-friendly spaces in three IDP camps in Goma, Eastern DRC, during February and March 2014 in the framework of a research collaboration entitled 'Child Friendly Spaces in Emergencies– Understanding and Measuring Child Wellbeing Outcomes of CFSs'. World Vision International and Columbia University in partnership with Queen Margaret University and other academic institutions, NGOs and UNICEF are documenting the impact of CFSs on children's social and emotional well-being, sense of security and protection and on local child protection systems. A series of action learning studies is being implemented across a range of contexts to document the protective and restorative effectiveness of CFSs and identify good practice in design and implementation of interventions. The outputs of the work are planned to be shared not only with the study participants and partners but, through the Child Protection Working Group of the Global Protection Cluster and other global fora, with other agencies working on the protection and support of children in emergency settings.

While the other case studies have so far focused on refugee children, this study focuses specifically on an IDP (internally displaced persons) setting. The research was begun ex-post when the CFSs had already been set up and running for some time. Given that no baseline information for children's psychosocial wellbeing and protection concerns was available and thus no comparison of the impact of the CFSs between baseline and follow-up was possible, a cross-sectional design was used. Comparison in this study was therefore based on whether children were recent or long-term enrollees at the CFS. The study also examined whether frequency of attendance at the CFSs had an impact on psychosocial wellbeing or protection concerns.

Research aims

The overall objective of this study is aligned with the main aims of the global research project on the effectiveness of CFSs, which are:

- To better understand the effectiveness of CFS in providing and strengthening protection and psychosocial support for children during crises, and
- To contribute to the development of improved monitoring and evaluation tools for such support.

The main research questions are based on this stated objective and aimed to provide answers to the following issues:

- 1) How effective are CFSs in providing a protective environment for children vulnerable to abuse, exploitation or violence?
- 2) How effective are CFSs in providing psychosocial support to children?
- 3) How effective are CFSs in mobilizing and equipping communities and carers to fulfill their roles to protect and care for children?

Background

In North Kivu province in Eastern DRC and, especially, along the axis surrounding Lake Kivu numerous IDP camps have been set up to provide refuge for the scores of displaced people fleeing armed conflict affecting their towns and villages in the province's interior. IDPs have been arriving in these camps in different waves throughout the past years when heavy fighting between Congolese national army and rebel groups, or between rebel groups, broke out in their towns and villages in Masisi, Nyiragongo and Rutshuru territories, surrounding Goma. Although currently a peace agreement has been officially reached and a return movement is underway, this movement remains tentative (IRIN, 2014). Many IDPs go back and forth between the camps and their villages, mostly to work on their fields, but the large majority of IDPs remain in the camps out of security concerns and lack of support for reintegration.

A further factor affecting the IDP camps in North Kivu is that demobilization activities for rebel groups have been concentrated in these areas which means that there is a heavy presence of combatants (rebel and Congolese army) in and around the camps (Reliefweb, 2014). The threat of sexual violence to girls and women is high and fear of abduction for both boys and girls a constant concern (UNFPA, 2014).

Research site selection

Three different lakeside axis IDP camps where CFS programmes are currently running were selected to take part in this field study:

1. World Vision operated CFS in Bweremana Camp
2. AVSI operated CFS in Bulengo Camp
3. AVSI operated CFS in Mugunga III Camp

In all three camps CFSs were established in late 2012 and offer displaced children structured and unstructured activities during those hours of the day when they are not in school. Bulengo and Mugunga III CFSs offer sensitization sessions on specific topics relevant to the children such as child recruitment or sexual health, and skilled people who engaged the children in craft and woodwork activities came to the CFSs on a regular basis. There were also daily singing and dancing sessions. Adolescents were engaged in various forms of vocational training. The CFS in Bweremana camp operated until

July 2013 when it was officially phased out due to a lack of funding. Community volunteers have, however, continued to operate the CFS as they felt strongly that this service should continue for their children. This has meant, however, that this CFS is not able to offer structured protection and psychosocial activities to the children but is limited in the activities it provides. In Bweremana the CFS operated predominantly as a safe space for children to play with no organized psychosocial, recreational and vocational activities. All three camps were also characterized by the presence of armed combatants, especially Bweremana which is a designated demobilization point for rebel combatants¹.

Research design and process

This research study used a cross-sectional mixed methods approach to answer the research questions. Since the CFSs were already running for some time before this study was conducted and no baseline information was available, the quantitative component was designed to assess whether there were differences in psychosocial well-being and protection between different groups of children attending the CFSs that would allow the researchers to ascertain how effective the CFSs are in promoting these elements. Specifically, the researchers compared two groups of children who have been attending the CFS for different lengths of time (recent enrolees and long-term enrolees) with one another. In addition, the researchers also investigated whether frequency of attendance at the CFS had an impact on psychosocial wellbeing and protection concerns. The categorisation of recent versus long-term enrolees was based on the waves of displacement that had brought different groups of children into the camp and defined children who had attended the CFS for less than 6 months as recent enrolees and those who had attended for longer than 9 month as long-term attendees.

This was based on the supposition that those children who have been attending the CFSs for a longer time period would have better psychosocial wellbeing, less protection concerns and potentially more protection resources than those who have attended for a shorter period of time. As all children, with the exception of a few, attend the CFSs in the camps a comparison between attendees and non-attendees was not possible. Frequency of attendance was assessed and scored by using the question 'After coming to the camp do you attend the CFS: 0=Never; 1=Sometimes or 2=Always'. Frequency of attendance was not part of the sampling design as it would have been too difficult to identify children based on this criterion². Frequency of attendance was therefore established as part of the survey.

The quantitative component consisted of a survey assessing the psychosocial well-being, protection concerns, protection services, resources and vulnerability of the children attending the CFSs. The survey had been developed by the Columbia University research team for the purpose of the effectiveness study and used in their Ugandan case study which had been focused on Congolese refugees, hence a similar group of participants (Metzler et al., 2013). The survey consisted of elements of the following three tools:

- I) Questions from the Child Protection Working Group (CPWG) Child Protection Rapid Assessment (CPRA) which focused on child protection risks and vulnerabilities, protection resources, knowledge of services and barriers to accessing protection resources

¹ Approximately 6,000 combatants descended on the town and have temporarily settled there till the demobilization is complete. The combatants sleep in the school classrooms of the camp school, store their weapons in the school toilets and have used doors, desks and chairs of the school for firewood.

² CFS staff reported that most children in the camps attend the CFS on a regular basis and finding children who did not would prove to be difficult.

- 2) A measure of psychosocial wellbeing which was based on ethnographic research in Uganda and adapted to the Congolese context (CPC, 2011). It consisted of nine questions assessing children's social and emotional wellbeing that were deemed to be relevant to the local context.
- 3) A vulnerability assessment which identified children as vulnerable who met three or more of the following criteria: primary caregiver aged 65 or above, member of a female-headed household, family with over 5 members residing more than 4 nights a week in the home, physical disability, and mental disability.

Two versions of the survey were used: one administered to the caregivers of children aged 6-12 and a child survey which was administered to 13-17 year olds directly. The child and his/her caregiver were asked if they were willing to participate and the purpose of the research study was explained to them. If consent was given, the enumerators administered the survey to the caregiver (if the child was aged 6-12) or to the child directly (if aged 13-17).

The surveys were available in French and Kiswahili. However, to ensure that the wording and concepts used in these surveys were appropriate, the field researcher, together with his local WV DRC counterpart, Gustave Bengheya, field tested the surveys and discussed with local participants whether changes needed to be made. Six local (Congolese) enumerators were hired and trained in how to collect survey data using Smartphone technology in the week before the start of research activities.

The qualitative component of the study was aimed at understanding the protection concerns that children had in more detail through talking with children and caregivers and conducting participatory research activities with them. The qualitative work was also concerned with answering the third research question about how the CFSs act as drivers of community involvement in promoting the protection and wellbeing of children (see Annex 2 for a list of the specific qualitative questions). The focus here was on the formal and informal community-based mechanisms that are available and how CFSs collaborate with these, with the aim of identifying successful collaborations and barriers to community mobilisation. It involved the following activities:

- Participatory research activities with groups of children in the different age ranges. These activities included Participatory Ranking Methodology (PRM), spider diagrams, risk & resource maps, and drawings.
- Recorded focus group discussions with stakeholder groups in the IDP camps such as parent committees, youth groups, child protection committees and teachers.
- Semi-structured interviews with key informants in the camp and with humanitarian agencies.

The data was analysed using a range of descriptive and inferential statistical tests for the survey data (parametric and non-parametric tests depending on the distribution of the data). Only statistical results that were significant at the $p < 0.05$ level are reported here. Thematic analysis was used for the qualitative data analysis where the transcribed data was analysed in relation to the specific research questions posed, emerging themes that arose from the interviews and focus group discussions were identified and quotes that illustrated the specific themes were selected and examined.

In addition, an assessment of the quality of the CFSs was carried out which assessed the CFSs as either 'higher' or 'lower' quality based on an abbreviated WV quality standards monitoring checklist. All three CFSs were found to be of good quality.

Sampling

Data was collected for 391 children across the three camps with approximately 1/3 coming from each camp. In each of the three camps half the sample consisted of children who had been attending the CFSs for more than 9 months (long

CFS attendees) and the other half of children who have only been attending for less than 6 months³ (short CFS attendees). Random sampling was employed using different strategies based on school and CFS registration lists.

Findings

The descriptive statistics for the sample are presented below:

Length of attendance		Gender		Total
		Girls	Boys	
more than 9 months	6-12 yr. olds	49	50	99
	13-17 yr. olds	51	49	100
	Total	100	99	199
less than 6 months	6-12 yr. olds	46	54	100
	13-17 yr. olds	41	49	90
	Total	87	103	190
Total	6-12 yr. olds	95	104	199
	13-17 yr. olds	92	98	190
	Total	187	202	389

Table 1: Length of attendance by gender and age (2 values missing)

The table above shows the number of children in each of the two 'length of attendance' groups by age and gender, indicating that roughly equal number of girls were recruited in the two age groups and slightly more boys were participated in both age groups.

CFSs are inclusive of all children and are attended on a regular basis by the majority of children

The table below describes the sample in relation to frequency of CFS attendance by age and gender. The table shows that the majority of children (76%) said they always attend (296 out of 390) and a further 23% of children said they sometimes attend. Only 3 (0.8%) children were not attending the CFS at all, providing evidence that the CFSs were widely utilised by children. There were no significant statistical differences in age and gender in relation to frequency of attendance. This shows that the CFSs acted as centres of children's activity and were inclusive of both boys and girls across both age groups.

³ The majority of the camp residents had arrived prior to July 2013; however a more recent wave in November 2013 brought with them those children who were categorised as 'new arrivals' and therefore 'short CFS enrollees'...

Frequency of attendance		Gender		Total
		Girls	Boys	
Never attend	6-12 yr. olds	1	2	3
	Total	1	2	3
Some-times attend	6-12 yr. olds	23	17	40
	13-17 yr. olds	24	27	51
	Total	47	44	91
Always attend	6-12 yr. olds	71	86	157
	13-17 yr. olds	69	70	139
	Total	140	156	296
Total	6-12 yr. olds	95	105	200
	13-17 yr. olds	93	97	190
	Total	188	202	390

Table 2: Frequency of attendance by age and gender (1 value missing)

Relatively low numbers of children were indicated as being vulnerable (see below) across the three camps although all children were clearly exposed to real and constant protection threats. A positive finding is that all children, regardless of whether they were designated as vulnerable or not, were attending the CFSs, indicating that the CFSs were accessible to all children and therefore were reaching critically vulnerable children as well.

More girls than boys are vulnerable in the camps

Of the 391 children 56 were designated as vulnerable based on the vulnerability assessment outlined in the methodology (14.3% of the sample). The table presents descriptive data on vulnerability by age and gender in the sample.

Vulnerability		Gender		Total
		Girls	Boys	
Not vulnerable	6-12 yr. olds	76	97	173
	13-17 yr. olds	75	87	162
	Total	151	184	335
Vulnerable	6-12 yr. olds	19	8	27
	13-17 yr. olds	18	11	29
	Total	37	19	56
Total	6-12 yr. olds	95	105	200
	13-17 yr. olds	93	98	191
	Total	188	203	391

Table 3: Vulnerability by age and gender

There are two aspects to note: firstly, a relatively low number of children who were categorised as being vulnerable. Secondly, significantly more girls than boys were designated as vulnerable (Independent t test, $p=0.04$). No one specific vulnerability criteria or other variables account for this difference and further research would need to investigate if there are factors that contribute to this.

The CFSs are seen as a vital child protection resource by children, caregivers and communities

Children, caregivers and community members view the CFS as a primary protection resource and in some instances as the only one available. Qualitative methods such as focus group discussions, participatory activities and semi-structured interviews were used to elicit more in-depth information from children and caregivers on how they viewed the CFS and the reasons for this. All groups of children in all three camps identified the CFS as a 'safe space' where they can play and are cared for:

"We have a place to go during the day and feel safe" [Boys, 6-12 yr. olds, Bweremana].

"The volunteers and parents at the CFS are the ones who care most about us" [Mixed group, 6-12 yr. olds, Mugunga]

"We feel at ease at the CFS since we are well protected" [Girls, 13-17 yr. olds, Bulengo].

Survey data revealed that when asked to list other child protection resources that are available apart from community resource persons 46% of the respondents named the CFS and/or WV or AVSI as a resource.

The 13-17 year olds talked about the CFS not only in terms of safety but also as a resource for problem solving, citing for instance the opportunities to talk to the CFS staff as an important form of psychosocial support to them:

"We can talk with CFS staff about our worries and receive good advice. There is a good collaboration between CFS staff and children. In the camp it's difficult to talk with adults because they are all worried with life's hardships. They don't have time to listen to us" [Boys, 13-17 yr. olds, Bulengo]

In addition, adolescents astutely observed that being at the CFS took their mind off their own concerns for some time, providing them with an opportunity to forget about their own problems while they are there:

"Activities are organised that keep us occupied and help us forget our suffering" [Mixed group, 13-17 yr. olds, Bulengo].

"This is why the CFS is so important because at least there, we remain occupied and that helps us a little to forget our suffering" [Mixed group, 13-17 yr. olds, Mugunga III].

Helping children 'forget their suffering' for a while can be seen as a positive form of psychosocial support even if this is not necessarily sustained outside of the CFS. The relevance of the CFS as mechanisms for promoting psychosocial wellbeing as well as being a protection resource is evidenced here. However, the most powerful evidence of the importance attached to the CFS as a child protection resource is the fact that community members in Bweremana continued to operate the CFS on a voluntary basis even after funding came to an end.

Regular attendance at a CFS is related to improved psychosocial wellbeing in some camps

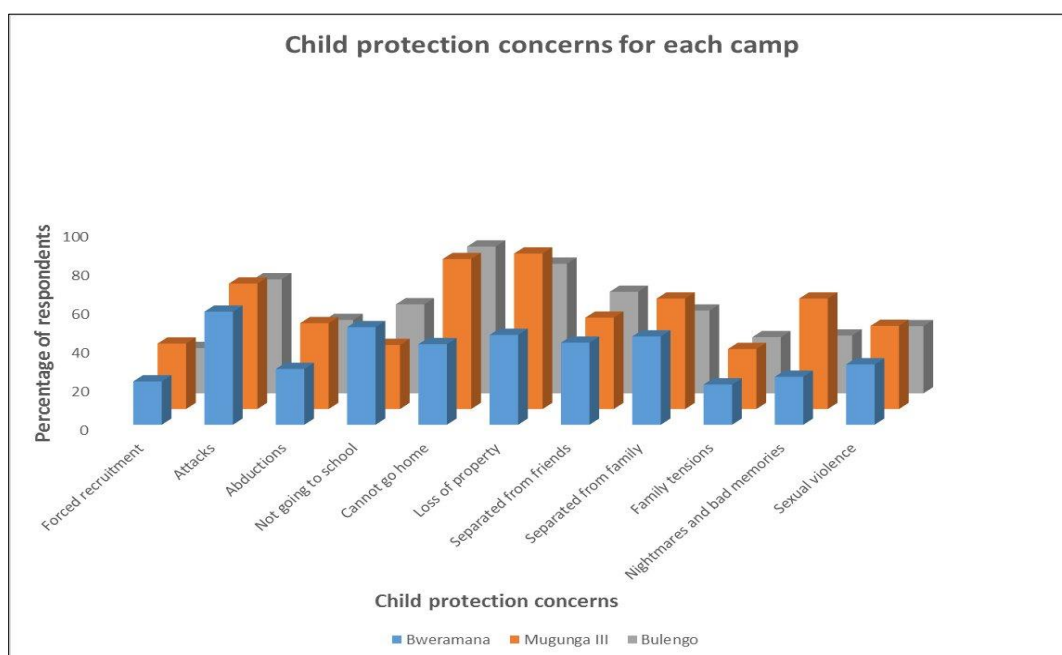
In relation to frequency of attendance at the CFS, a significant association between this factor and wellbeing scores was found in two of the camps (Bulengo and Mugunga III) with children who attend the CFS regularly ('always') scoring higher than those who attend the CFS irregularly ('sometimes'). The exception was Bweremana camp where such an association was not established. The p values were 0.001 for Mugunga III and $p = 0.037$ for Bulengo (Independent Samples Mann-Whitney U Test). In Mugunga the effect size $r = 0.28$ and for Bulengo $r = 0.19$ which means that 28% of variation in scores in Mugunga and 19% of variation in Bulengo was due to frequency of attendance. It is therefore likely that other factors in combination with frequency of attendance account for the difference in wellbeing scores and the finding must thus be interpreted with some caution. However, none of the other variables in the study accounted for these differences when logistical regression was used for analysis.

It is interesting to note that this difference was only found for the two fully functioning CFSs and not for Bweremana which does not have a fully functioning CFS. One possible explanation of this finding could be that attending the CFS on a regular basis does have a positive effect on psychosocial wellbeing in settings where there is a range of structured protection and psychosocial activities available for the children but that this effect may not be present if the CFS cannot provide a full structured range of activities.

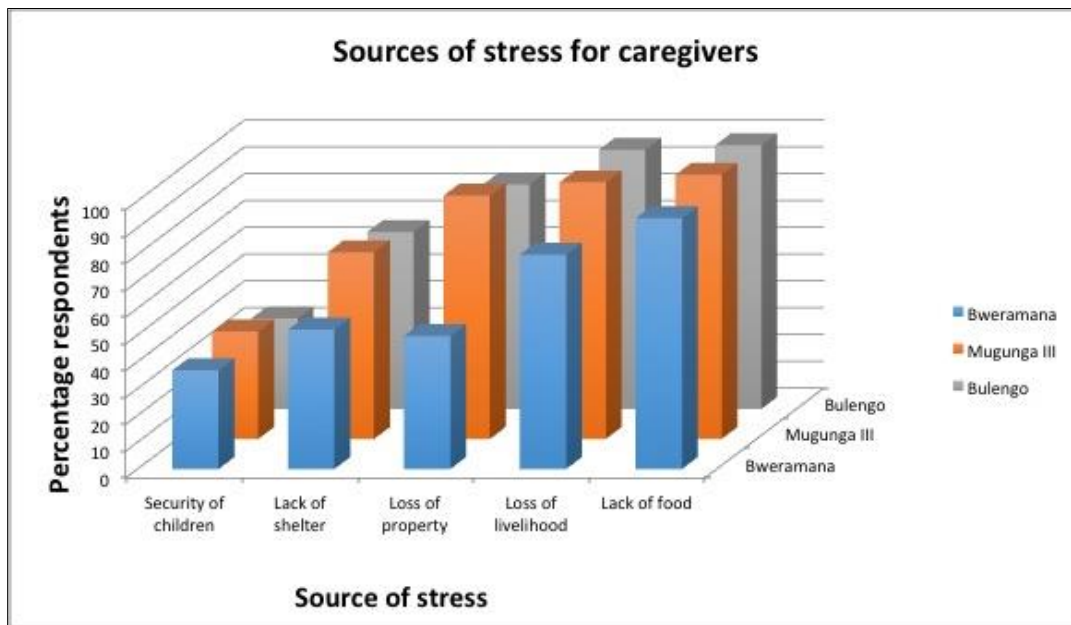
There were no significant differences in psychosocial wellbeing for age and gender in any of the camps or for the whole sample together. In relation to shorter/longer enrolment at the CFS no significant association was found with wellbeing scores.

Girls and boys, and younger and older children have different protection concerns

In general protection concerns were high in the camps with over 60% of children concerned about not being able to return home (65.5%), loss of property (65.2%) and fearing further attacks (60.9%). Close to 50% of children were concerned about separation from family (48.8%) and from friends (47.3%). These protection concerns were a source of stress for both children and caregivers. Children identified the fact that they cannot return home, loss of property and fear of attacks as their top three protection concerns but a range of other concerns existed:



Caregivers identified the lack of food, loss of livelihoods and loss of property as the three main sources of stress:



There were some significant differences in protection concerns in relation to gender and age (Independent t test):

- Significantly more boys were concerned about forced recruitment than girls ($p = 0.000$)
- Significantly more girls worried about sexual violence than boys ($p = 0.000$)
- Older girls were significantly more concerned about sexual violence than younger girls ($p = 0.000$)
- Older children were more concerned about being separated from friends than younger children ($p = 0.010$).

The presence of militia and combatants in the camps meant that children were subjected to actual and threatened violence and abduction in a very volatile environment. For boys this took the form of constant fear of forced recruitment: ‘We can’t play normally because we are afraid of being kidnapped’ [Boys, 6-12 yr. old, Bweremana]. For girls living in such close proximity to combatants was linked to the fear of sexual violence and was described by girls in the 13-17 year old age group as an ever-present protection concern:

“Men who go to war lose their moral sense and are pushed to rape any girl or woman. Girls are raped when they go to the fields but also in the camp” [Girls, 13-17 yr. olds, Bulengo]

Girls often had to go out into the fields to collect firewood and feared these outings as they exposed them to the possibility of being raped. However, girls were also being raped inside the camps and so did not feel safe there either. In addition, they mentioned being forced into early marriage by soldiers as a worry [Girls, 6-12 yr. olds, Bweremana].

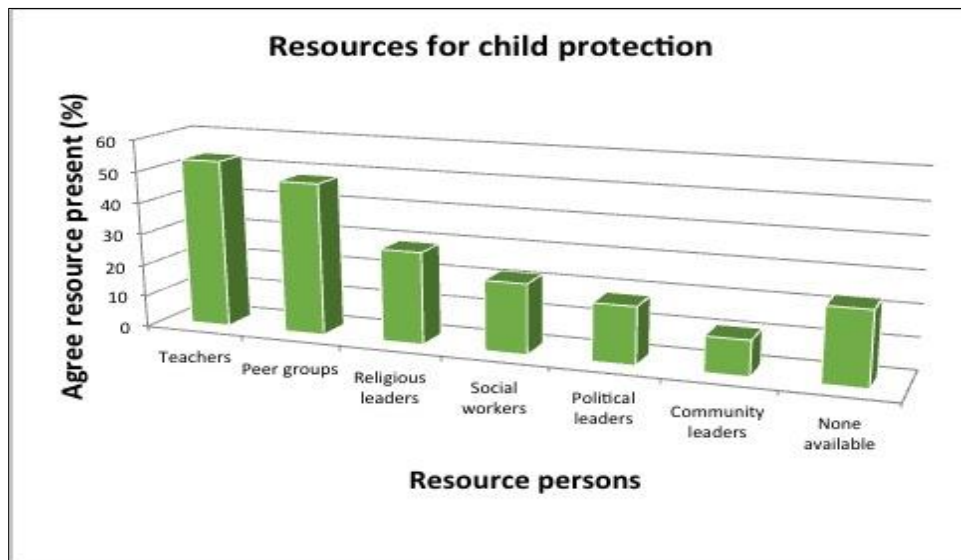
The pervasiveness of the protection concerns was evident when children talked about not feeling safe even when they are asleep as living in tents was seen as inadequate shelter and leaving them unprotected against theft and violence: “I don’t even feel safe in my tent. Anyone can break in and steal the few things we have” [Mixed group of boys & girls, 6-12 yr. olds, Bulengo]



Tents in Mugunga III

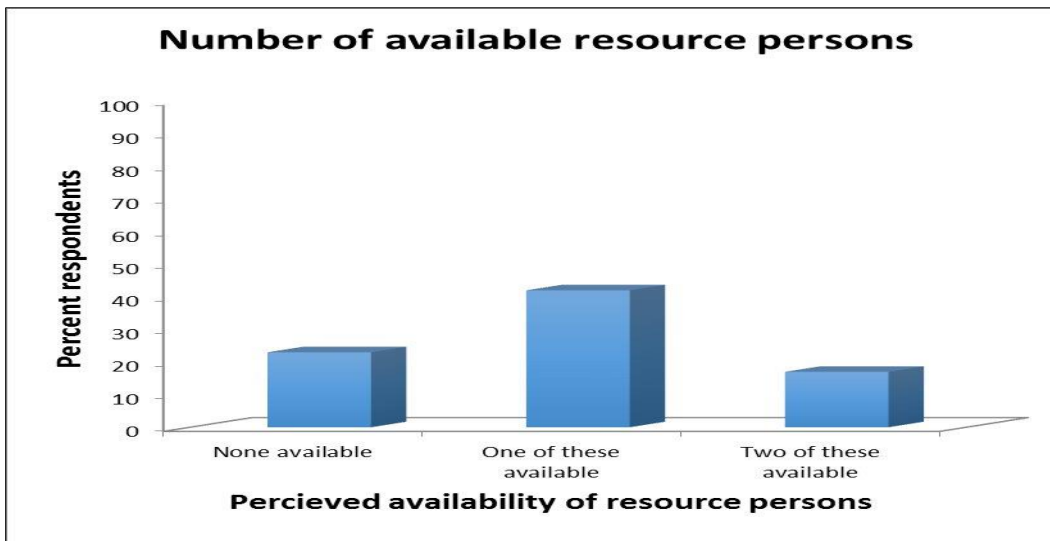
Barriers to accessing protection resources in the camps exist and operate differently for various groups

Findings from the survey suggest that participants thought that few child protection resources exist within the camps. Caregivers and children were asked if certain resource persons were available to them when they had child protection concerns⁴. Questions were asked about the availability of peer groups, social workers, teachers, religious leaders, political leaders and community leaders who can help children.



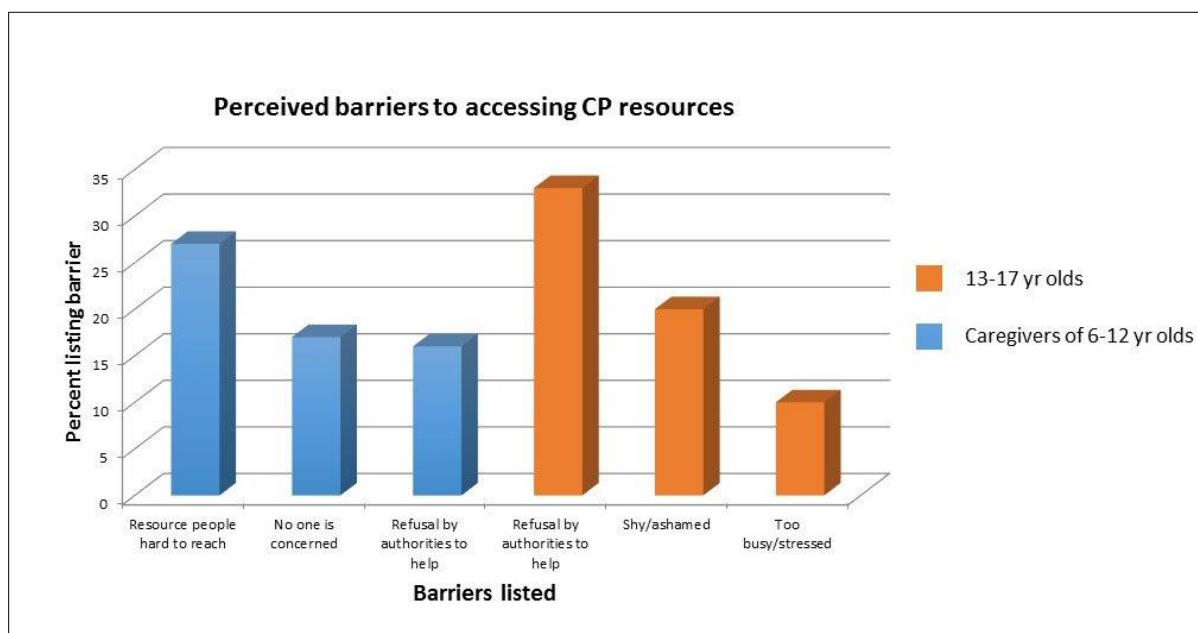
⁴ An example of these questions is: "In each community there may be resource people available to support the children. We want to know more about these resource persons in your camp. Are there peer groups available to help the children?"

It is noticeable that 23% of all participants said that none of the listed resource people were available to them as a child protection resource in the camps, and a further 60% said that only one (42%) or two (17%) of the listed resource people were available.



This finding can be interpreted to mean either that caregivers and children did not know if the listed people could provide assistance in child protection concerns or that these resource people really were not available to help them in such situations. Given the information from the qualitative data collection which showed that teachers and CP committee members perceive an effective informal referral system to be in place and operating well, this information seems to indicate firstly a divergence of opinions about how accessible the resource people are to children and caregivers, but secondly that perhaps it is not the number of available persons that is important but that there is at least one to whom children and caregivers can turn for assistance. When asked to list other child protection resources that are available 46% of the respondents listed the CFS and/or WV or AVSI as a resource. This confirms findings from the qualitative research that indicates that the CFSs and the organisations running them were identified as a valuable resource for child protection. The second and third most frequently mentioned resources were UN Agencies (13%) and other NGOs (9%).

Caregivers and children were asked what barriers to accessing resource people for child protection purposes applied to them. Of the six reasons listed in the survey the three that were most frequently identified were: 'They don't speak the same language' (18%), 'They won't listen to me' (15%) and 'No money to go there' (11%). Overall, 65% said that none of the barriers listed in the survey applied. Participants were then asked to list 'other barriers' that may prevent them from accessing resources for child protection and 38% of participants gave other reasons. Of these the three most frequently cited barriers were:



Perceived barriers relate to assessments of where one can turn for help with child protection concerns and how one will be received there. While the percentages of caregivers and children who cited the specific barriers are relatively low, the fact that ‘refusal by authorities to help’ was cited by 30% of adolescents is reason for concern, as is the finding that 20% of these adolescents said ‘shame’ was a reason for not seeking help. Feelings of shame when reporting incidents of sexual violence is a recognised barrier to accessing support and protection (e.g. Feiring & Taska, 2005) and therefore perhaps not an unusual finding. However, it does raise questions about how adolescents can be assisted to overcome this.

CFSs have the potential to promote community collaboration for improving child protection

Qualitative methods were used to explore the nature and extent of the collaboration between the CFSs and the IDP communities. For this purpose focus group discussion and semi-structured interviews were used with key informants, various committee members and community members involved in child protection. Several successful outcomes of the collaboration between the CFSs and communities were in evidence and were identified by participants as being the following: parental involvement in the CFS activities such as vocational training, the partnership between schools and the CFSs and the informal referral system to other sources for child protection that were set up. This informal referral system meant that camp residents and those working with children in the camp and schools were aware of who they could turn to and approach when they had specific concerns about a child. The involvement of parents in particular has contributed to feelings of community ownership of the CFS, and the partnership between schools and CFSs helped identify vulnerable children in the camp:

“The children who went to the CFS were the real vulnerable ones in the camp and the community... They were able to play there and receive some instruction, training, for example knitting. ... After that, they alternated between the CFS and school so there was a narrow link between both centres. We were quite pleased with the manner in which they were cared for” [FGD with teachers and school administrators, Bweremana].

However, participants expressed the view that the potential for community collaboration with the CFS had not been fully realised due to a lack of consultation with community organisations, limited training of community members on child protection issues and the absence of on-going dialogue and co-operation between the CFS and community members.

“Our collaboration with the CFS hasn’t been as strong as we expected it to be. ... we are not consulted before taking important decisions that require our point of view. We say that because the children don’t only belong to the CFS but to the entire community. We would have liked to collaborate more by sharing our points of view...” [FGD with school administrators and teachers, Mugunga III].

Sustainability of child protection systems was mentioned as an important reason for why community members need to be more directly involved in providing protection resources to children:

“It’s impossible to ensure long-term benefits for children without community participation since, after all, the NGO will leave and it’s us that will remain next to them; if we are resourced to protect children, it’ll go better” [FGD with CCPN and Youth committee, Bulengo].

The very real and immediate needs of the community were also identified as a potential barrier to collaboration. As the CFS volunteers in Mugunga III put it: “It’s difficult to gather the people together and work with them when they’re hungry. Parents prefer to take off and find ways to feed their children” [FGD with CFS volunteers, Mugunga III]. Overall, the research shows, however, that despite the very real survival concerns of the community, people were motivated and interested in the wellbeing and protection of the children. The CFSs have the potential to act as effective drivers of community involvement in child protection issues but there is a continuous need for CFS staff to actively engage the caregivers, community members and organisations in the process of building child protection skills, knowledge and resources.

Implications for practice and recommendations

Regular attendance at a fully functioning CFS

The finding that children who attend the CFS regularly have a significantly higher psychosocial wellbeing score than children who attend irregularly in the two officially functioning CFSs seems to suggest that attendance at a fully operational CFS can potentially improve psychosocial wellbeing if children attend on a regular basis⁵. One possible implication of this finding is that providing adequate resources and activities for the CFSs to run a full, structured programme with the children may be necessary in order for the CFS to have beneficial effects on children’s wellbeing. Children need to be provided with a range of activities aimed at improving their psychosocial wellbeing, protection resources and knowledge, and their regular attendance needs to be facilitated as much as possible. The CFSs were operating under extremely difficult circumstances in a heavily militarised context and with restricted scope. While the communities in all three camps appreciated the CFSs, they saw the services and facilities as limited and argued strongly for the need to improve the conditions under which the CFSs were operating.

Long-term and flexible planning for CFSs

Further, in order for CFSs to be effective in such volatile and fragile settings it is necessary for a long-term and flexible planning perspective to be adopted which goes beyond the usual short-term emergency programming cycle for CFSs. Clearly, as seen in the case of Bweremana, where funding was phased out after 6 months of operation, the CFSs are needed beyond this phase in order to provide children with a ‘safe space’ and psychosocial support. The fact that

⁵ As noted in the findings section, the difference is only partially accounted for by frequency of attendance and other factors may therefore have played a role. One interpretation is that a fully functioning CFS in combination with regular attendance could account for the difference.

community volunteers kept the CFS open on their own accord testifies to the importance they attached to providing this resource beyond the initial 6 months phase.

Need to address age and gender specific protection concerns

The finding that there were significant differences in protection concerns related to gender and age differences implies that the protection threats firstly continue to be present in the camps despite efforts by the authorities, NGOs and community groups to minimise these, and secondly that specific groups require additional and targeted protection from threats directed at them. The threat of violence and abduction are difficult to address but unless they are children's protection and wellbeing continues to be seriously jeopardised. The role of the CFSs thus goes beyond providing safety for a few hours a day and makes the collaboration with community collaborators a necessity. A further investigation into why more girls than boys are vulnerable is also necessary.

Sustainability and community ownership

The CFSs have the potential to facilitate community involvement in child protection concerns but in order to achieve this concerted efforts directed at promoting community ownership of the CFSs need to be undertaken. Several suggestions were made in relation to this: prolonged, in-depth training to enhance the skills of members of various CBOs involved in child protection work, on-going consultations with and involvement of stakeholders in the community on how they want to promote child protection and be involved in the CFS operations, and joint CFS-community initiatives⁶. In summary, the CFSs need to become sustainable and community-owned through training and investing in capacity-building of adults of the community so that long-term protection goals can be achieved.

Youth and adolescent friendly resources

The fact that a third of adolescents said that the authorities refuse to help them and a further 20% said they felt shy or ashamed to go there when they have protection concerns means that protection resources need to be made more accessible to adolescents. Sensitisation session for community members, as well as life skills sessions targeted at protection issues for adolescents may be some of the ways in which this can be achieved. Discussion and capacity building on how to make protection resources more youth-friendly need to take place involving both adolescents and child protection committees.

Need for CFSs in violent contexts

Finally, this case study was conducted in an IDP context where children live in constant threat of violence in their immediate environment due to the presence of the combatants in and around their camps. The powerful nature of these threats shapes the effectiveness and impact that the CFSs can have on the wellbeing and protection of children but makes it absolutely essential that they continue to provide a safe space for children as well as to act as drivers of broader community mobilisation beyond the initial emergency phase. Emergency guidelines for the operations of CFSs in IDP settings need to be adjusted accordingly in order to meet the particular psychosocial and protection needs of these children. In addition, advocacy with provincial and national authorities needs to be undertaken so that demobilisation activities can be moved elsewhere and separated from civilian's daily life. Child protection in the camps needs to be improved through the removal of the immediate threat of violence from the presence of the combatants.

⁶ One such joint initiative was suggested by boys from a FGD in Bulengo who noted that the CFS could facilitate friendly contact with children from the host communities so that they can come together. Such peace building activities are an interesting potential focus for CFS.

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Annex 1: Quantitative tools used for the survey

The survey consisted of elements of the following three tools:

- 4) Questions from the Child Protection Working Group (CPWG) Child Protection Rapid Assessment (CPRA) which focused on child protection risks and vulnerabilities, protection resources, knowledge of services and barriers to accessing protection resources
- 5) A measure of psychosocial wellbeing which was based on ethnographic research in Uganda and adapted to the Congolese context (CPC, 2011). It consisted of nine questions assessing children's social and emotional wellbeing that were deemed to be relevant to the local context.
- 6) A vulnerability assessment which identified children as vulnerable who met three or more of the following criteria: primary caregiver aged 65 or above, member of a female-headed household, family with over 5 members residing more than 4 nights a week in the home, physical disability, and mental disability.

Annex 2: Qualitative research focus

The research team decided to focus the qualitative component specifically on research question 3 and to focus on the following question:

- How are the CFSs acting as effective drivers of community involvement in child protection and psychosocial well-being interventions and what are the factors that might enhance or hinder this collaboration?

The sub questions that therefore guided the qualitative part of the study were:

- 1) What formal /informal community-based mechanisms are available to prevent and respond to child protection risk and improve children's psychosocial wellbeing?
- 2) In which particular ways are selected CFSs' collaborating with children's caregivers and community-based actors on an on-going basis to respond to child protection and psychosocial wellbeing concerns?
- 3) What have been some of the successful outcomes of this collaboration so far?
- 4) Which factors have assisted in promoting identified successful outcomes?
- 5) Which set of factors has hindered collaboration between selected CFSs and the wider community from achieving desired outcomes in the promotion of child protection and psychosocial wellbeing?
- 6) What do carers and CFS programme members identify as achievable in the future to improve collaboration between community and CFSs in the promotion of child protection & psychosocial wellbeing?