Evaluation of Child Friendly Spaces

Iraq Field Study Report: A MoLSA-Implemented CFS in Domiz Refugee Camp

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Summary

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

This study built upon a structured review of the evidence-base for CFSs in emergencies (Ager, Metzler, Vojta, & Savage, 2013) as well as on learning from previous work, conducted in Ethiopia and Uganda (Metzler et al., 2013a, 2013b), particularly with respect to the selection of survey measures and in the use of mobile phones in data collection. It additionally piloted new measures to assess community awareness of resources, the coping mechanisms of children, and the reasons behind children not attending CFS programming.

Unlike earlier studies, however, CFS implementation began several months before the evaluation and no baseline data was collected. The resulting cross-sectional design of the evaluation therefore relied solely on comparison between CFS attenders and non-attenders to infer impact. The study randomly selected participants from the catchment area of the CFS, collecting survey data from interviews with 294 caregivers of children aged 7 to 11 (135 of whom were attending CFS and 159 of whom were not) and with 185 children aged 12 to 16 (54 of whom were attending CFS and 131 of whom were not). The CFS programme provided a range of psychosocial activities as well as promoting life skills, hygiene, child rights, mine awareness, and vocational activities. Evaluation tools were selected to assess impact with respect to three key areas: (1) the protection of children from risk, (2) the promotion of children's psychosocial wellbeing, and (3) supporting caregivers and communities in strengthening systems of child protection.

The evaluation indicated that the CFS was successful with respect to a number of the program's objectives. The proportion of children attending CFS who were from vulnerable households (defined in terms such as sharing a tent with another household, having four or more children in the household under the age of ten years or having a single parent heading the household) was similar to the proportion not attending. Caregivers of children attending and not attending CFS reported similar levels of protection concerns, with the three most frequently reported - not being able to return home, kidnapping, and not being able to return back to school – being shared concerns irrespective of attendance status. However, caregivers of children attending CFS were less likely to report risks regarding separation from family and friends, child labor, nightmares, trafficking, and tension within the family. Caregivers of children attending CFS reported one concern more frequently than caregivers of

non-attenders: verbal sexual harassment. This appears to be related to the context of children walking across the camp to attend the CFS.

Caregiver stresses related to lack of shelter or loss of property were reported at similar levels irrespective of CFS attendance. However, reported stresses regarding safety were lower – and reported stresses regarding lost livelihood and lack of food higher – amongst caregivers of children attending CFS compared to those of caregivers of children not attending CFS. One explanation of these associations is that while a child's attendance at CFS may reduce caregiver concerns regarding safety, this may be at the expense of a child being able to supplement household labour in compensation for lost livelihoods and shortages of food.

Impact on community awareness of child protection mechanisms was indicated by the widespread awareness of the Child Protection Unit, established by MoLSA in tandem with CFS programming, as a resource to support, protect and care for children.

Attainment of some targeted outcomes was not demonstrated, however. For example, there was little evidence of attending CFS having an impact on the psychosocial wellbeing of children.

The study indicated that programming could be usefully strengthened to ensure appropriate opportunities are taken to support children's psychosocial wellbeing. Those attending the CFS would benefit from awareness of wider community-based resources and consideration should be given to the CFS serving as a hub for resource persons from non-governmental organizations, community groups and children's families to promote their activities and potential supports.

These findings are from a single study in a specific setting with a cross-sectional (rather than pre- and post-) design and as such are not presented as generalizable to other contexts. Learning from this and the first two studies will inform subsequent evaluations in the planned series, with a view of developing an evidence base from which broader lessons related to CFS design, implementation and evaluation can be drawn.

Background

Little robust evidence exists related to outcomes and impacts of Child Friendly Spaces (CFSs) even though it is one of the most widely used interventions in emergencies for child protection and psychosocial support (Ager, Metzler, Vojta, & Savage, 2013; Global Protection Cluster, Global Education Cluster, INEE, & IASC, 2011). World Vision International and Columbia University began a three-year collaboration in 2012 seeking to document the protective and restorative effectiveness of CFSs, identify good practice in CFS design and implementation, and contribute to the development of better monitoring and evaluation tools for CFS programming. The first structured evaluation was conducted in 2012 with Somali refugees in Buramino Refugee Camp near the Southeast border of Ethiopia (Metzler et al., 2013b). The second was completed in 2013 with Congolese refugees in Rwamwanja Resettlement Center in Western Uganda (Metzler et al., 2013a). The findings of both evaluations demonstrate, with important cautions and conditions, encouraging evidence of the effects of CFS on child well-being and the function these programs may have within formal and informal community child protection systems.

This third structured evaluation of CFS was completed as part of this collaboration, which now involves UNICEF and Save the Children. UNICEF provided funding and technical assistance in supporting this evaluation. It was the first study in this series to be conducted in the Middle East region. The evaluation built upon the previous studies in the choice of survey measures and in the use of mobile phones in data collection. It additionally piloted new measures to assess the coping mechanisms of children and the reasons behind some children not attending CFS programming.

Intervention

As a result of ongoing and escalating conflict in Syria, large numbers of refugees have been crossing borders into neighboring countries, including Iraq. With the threat of U.S. involvement in response to the use of chemical weapons in Syria, neighboring countries documented a surge of refugees at their borders in August 2013 (UNHCR, 2013). This evaluation was conducted during the months of August to October 2013 in Domiz Refugee Camp located in the Kurdistan Region of Iraq. As of October 2013, nearly 200,000 refugees had crossed Iraqi borders, predominately from the Hassakeh, Aleppo and Damascus governorates, with around 45,000 refugees settling in Domiz camp (UNHCR, 2013).

In August 2012, the Ministry of Labour and Social Affairs (MoLSA) for the Government of Iraq, the implementing partner of UNICEF, established one CFS in Domiz Camp near the base camp. The CFS site consisted of a fenced space, a semi-permanent activity building, latrines and playground equipment.

As part of coordinated protection activities organized by UNICEF in the camp, a Child Protection Unit was established by the Department of Care and Social Development (under MoLSA). The CFS worked closely with the Child Protection Units for screening and early detection of child rights violations and facilitating counselling and referral mechanisms to quickly respond to cases requiring immediate protection assistance.

The CFS hosted activities for children aged 4 to 16 years which included singing, dancing, drawing and unstructured free play. Additional sessions addressed life skills, hygiene promotion, child rights and mine awareness. Vocational training and computer skills were available for older children. The CFS typically provided services for children five days per week and two hours per session. Since its opening in 2012, around 600 children have been enrolled with approximately 160 children 7 to 11 years and 80 children 12 to 16 years attending regularly at the time of this evaluation.

Design and Methods

Given that the MoLSA-implemented CFS in Domiz had been in operation for almost one year before the commissioning of this evaluation, the baseline-to-follow-up design of previous impact evaluations could not be used. Rather, a cross-sectional design was adopted, making comparisons between children attending and not attending CFS who lived in the same area of the camp and had similar histories of flight and settlement. With such designs, while associations between factors can be observed, the direction of influence is uncertain. Therefore, when differences are noted between CFS attenders and non-attenders, although it may be most plausible that these differences resulted from attending the CFS, it is possible rather that these differences influenced the likelihood of a child attending CFS.

Measurement tools were selected to assess impact in three areas in line with the program's key objectives: (a) the protection of children from risk, (b) the promotion of children's psychosocial well-being (including the acquisition of skills and knowledge), and (c) supporting caregivers and communities in strengthening systems of child protection. The survey was comprised of four main sections: 1) questions drawn from the Child Protection Working Group (CPWG) Child Protection Rapid Assessment (CPRA), 2) a pilot measure of developmental assets (the EmDAP) based upon the Search Institute's Developmental Assets Profile, 3) the Middle East Psychosocial Measure, and 4) a vulnerability assessment.

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

Survey data were collected via mobile phones from interviews with 135 caregivers of children aged 7 to 11 who were attending CFS and 159 caregivers of children aged 7 to 11 not attending CFS. Survey data were also collected via mobile phones from interviews with 54 children aged 12 to 16 attending CFS and 131 children aged 12 to 16 not attending CFS.

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

Findings

The vulnerability of children did not predict the likelihood of attending the CFS

Given the lack of baseline measures, it was important to establish the extent to which those attending and those not attending CFS were equivalent with respect to their circumstances, so that differences between the groups on outcome measures could plausibly be attributed to attendance rather than other factors. Attenders and non-attenders were compared on all vulnerability criteria. There were no differences between attenders and non-attenders with respect to the numbers of children in the household below the age of ten, having a primary caregiver with a mental or physical disability, having a primary caregiver with a chronic disease or being in a single-headed household. There was a modest trend for more non-attenders than attenders to be living in a tent accommodating more than one family (average of 1.4 compared with 1.2 families per tent for children aged 7 to 11, and average of 1.5 compared with 1.2 families per tent for children aged 12 to 16).

These findings suggest that attenders and non-attenders may be considered equivalent for the purposes of subsequent comparisons, while noting the latter experienced living in the same tent as another family with slightly greater frequency. With equivalent proportions of children indicated as vulnerable amongst attenders and non-attenders, there was no evidence of major barriers for access to CFS by those from vulnerable households. However, equally, there is no evidence of the CFS disproportionately reaching vulnerable children.

Caregivers identify different protection concerns for younger children attending and not attending CFS

CPRA questions were selected and adapted to identify protection risks and vulnerabilities for children residing in Domiz camp. Caregivers and children were asked to report on whether each of the 12 protection risks or vulnerabilities (listed in Table 1 below) were a concern for children in the camp at the time of the interview.

kidnapping	being separated from their friends
trafficking	being separated from their families
child labour	tension within the family
not being able to go back to school	nightmares or bad memories
not being able to return home	sexual harassment
losing their belongings	sexual violence

Table 1. Caregiver-reported Protection Concerns of Children 7 – 11

Caregivers of children aged 7 to 11 attending and not attending CFS reported similar levels of protection concerns. The three most frequently reported concerns - not being able to return home, kidnapping, and not being able to return back to school – were shared concerns irrespective of attendance status. However, there were marked differences in the numbers of reports for other concerns (see Figure 1). Caregivers of children not attending CFS were at least twice as likely as others to report risks regarding separation from family and friends and child labor, for example. Caregivers of children not attending CFS were also more likely to report concerns regarding trafficking and tension within the family; although in these cases overall frequency of such reports was low. However, only caregivers of children attending CFS reported concerns regarding verbal sexual harassment.

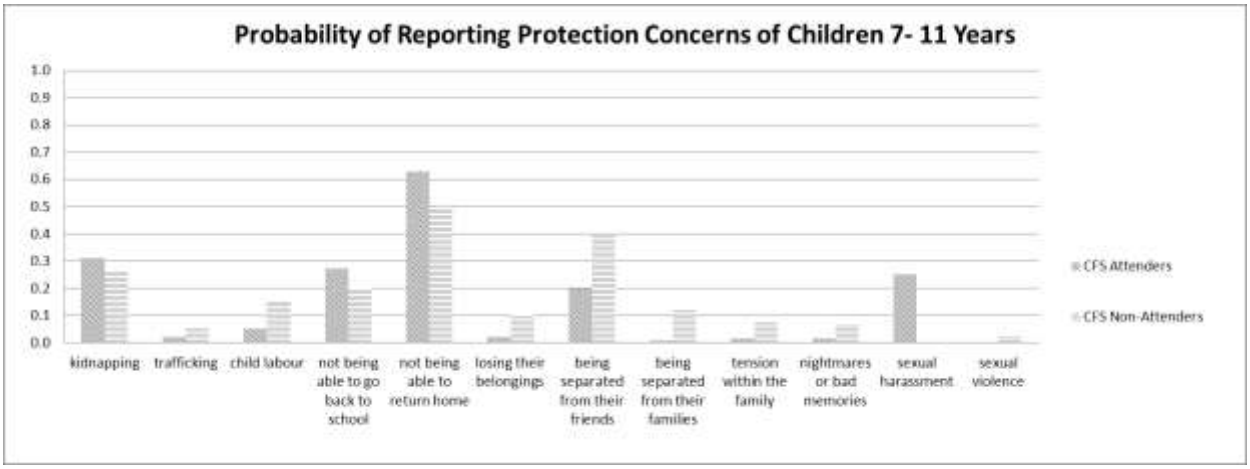

Figure 1: Probability of Caregivers Reporting Specific Protection Concerns for 7-11 year-old children

Amongst older children those attending CFS reported fewer protection concerns

Children aged 12 to 16 attending CFS reported fewer protection concerns than children not attending CFS (an average of 2.0 reports per person compared with 2.5). While, girls and boys attending CFS reported similar levels of protection concerns, amongst 12 to 16 year olds not attending CFS, girls reported considerably more protection concerns than boys (an average of 2.9 reports per person compared with 2.1).

The most frequently reported concerns for children aged 12 to 16 years were again not being able to return home, not being able to go back to school, and kidnapping. Again there was little difference in reports of such concerns by attendance. However, on most other indicators – being separated from

friends, child labour, nightmares, trafficking, being separated from their families – the probability of reporting was much higher amongst non-attenders. Again, however, concerns regarding sexual harassment showed the opposite trend: children attending CFS were more than twice as likely to report concern over verbal sexual harassment.

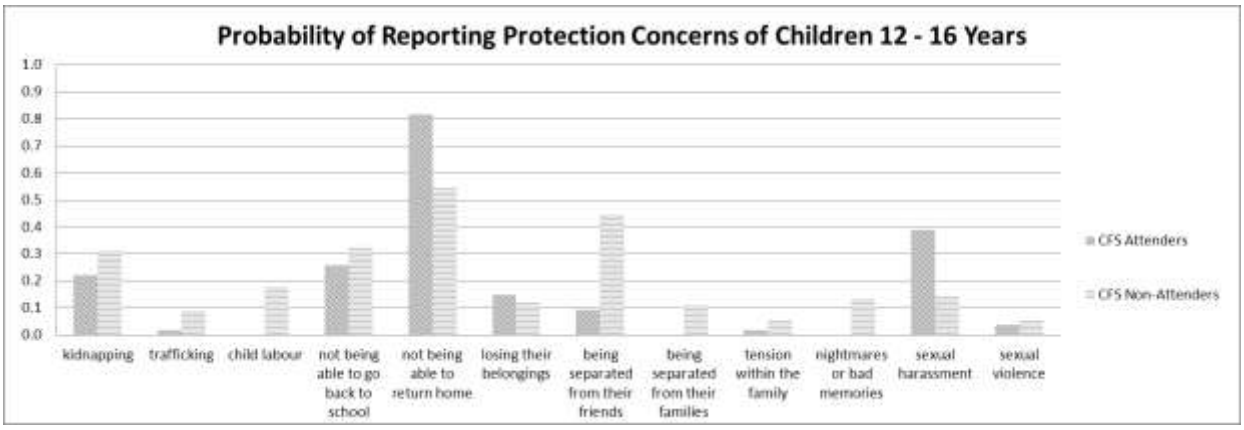

Figure 2: Probability of Children 12-16 Reporting Specific Protection Concerns

Taken together, these findings suggest substantive differences in the pattern of reported protection concerns for those attending and not attending CFS. Most plausibly, attending CFS has resulted in a reduced number of protection concerns regarding safety, security and separation, though increased concern regarding verbal sexual harassment. Alternatively, though less plausibly, these differences in patterns of protection concern led to (rather than resulted from) different patterns of attendance (e.g. those less concerned about separation from friends were more likely to choose to attend CFS).

Children's attendance at CFS is associated with reduced stress on caregivers regarding children's safety, but increased stress related to livelihood and provision of food

In addition to covering protection concerns, interviewers asked participants to report on the following sources of caregiver stresses in the camp: lack of food, lack of shelter, lost property, lost livelihood, and children's safety.

As with protection concerns, the pattern of reporting sources of caregiver stress differed by CFS attendance (see Figure 3). Thus, while the probability of a caregiver reporting lack of shelter or loss of property as a concern was similar whether their child attended CFS or not, caregivers with children attending CFS were much less likely to report children's safety as a concern but, correspondingly, nearly twice as likely to report lost livelihood and lack of food as a concern. Overall, this resulted in caregivers of children attending CFS to report a somewhat greater number of stresses than those of non CFS attending children (an average of 2.1 reports compared to an average of 1.7).

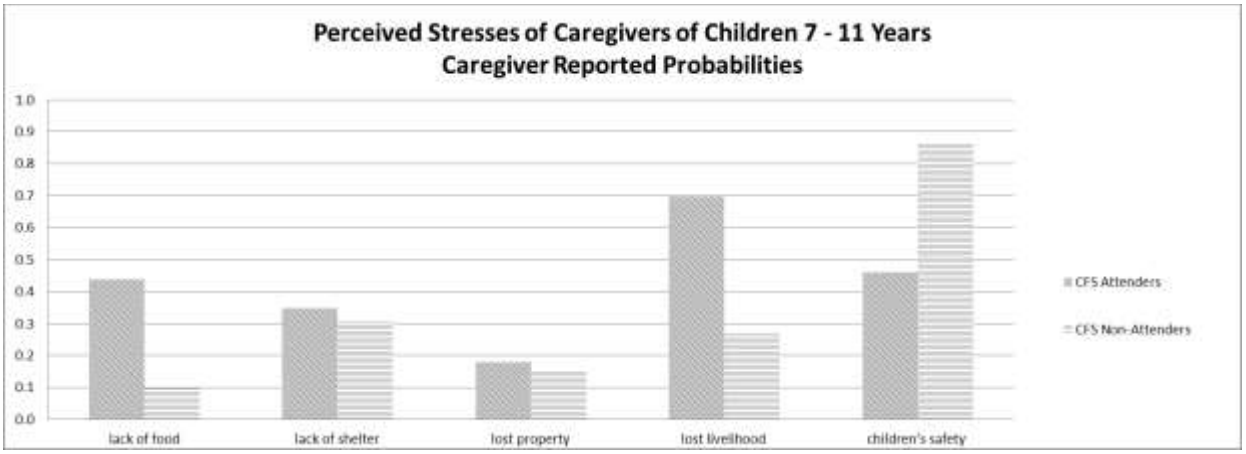

Figure 3: Reporting of Caregiver Stresses for Children (7 – 11) Attending and Not Attending CFS

There was a similar pattern for children aged 12 to 16 (see Figure 4). The likelihood of reporting lack of shelter or loss of property as stresses for caregivers was unaffected by whether children attended CFS or not. However, children not attending CFS were nearly three times more likely than attenders to cite children's safety as a concern for their caregivers. In contrast, children attending CFS were more than twice as likely as non-attenders to report loss of livelihood as a caregiver stress and over six times more likely to report lack of food as a stress. Overall, again this resulted in children attending CFS reporting a somewhat greater number of stresses than those of non CFS attending children (an average of 2.5 reports compared to an average of 1.9).

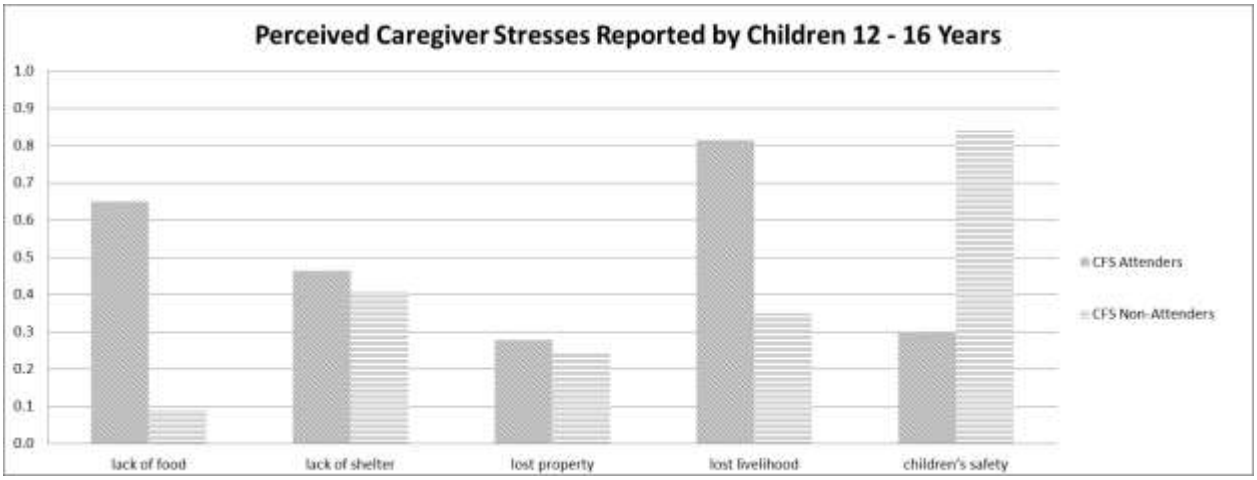

Figure 4: Reporting of Caregiver Stresses by Children (12 – 16) Attending and Not Attending CFS

Again, interpretation of these trends is challenging with a cross-sectional design. However, one plausible explanation of these findings is that while a child's attendance at CFS may reduce caregiver concerns regarding safety, this may be at the expense of a child being able to supplement household labour in compensation for lost livelihoods and shortages of food. The market and wider environment of Domiz camp provide a context for trading and other income-generating activities which may be crucial for supplementing household resources.

There is little evidence of impact of attendance at CFS on psychosocial wellbeing

The Middle East Psychosocial Scale provided both a resilience score (relating to positive adaptation) and an assessment of troubling thoughts and feelings. The Middle East Psychosocial Scale showed modest levels of internal consistency (suggestive of difficulties in the comprehension of items) which cautions interpretation of these scores. Internal consistency was particularly poor for with Child Survey version used with 12 to 16 year olds, which is therefore not reported. Assessment was also made of developmental assets - internal and external assets relevant to a child's developmental progress – using the pilot Emergency Developmental Assets Profile (EmDAP).

Caregivers of children 7 to 11 reported similar levels of resilience in children irrespective of whether they attended CFS (8.0 and 7.6 out of a potential total of 18 for attenders and non-attenders respectively). Contrary to expectation, caregivers reported higher levels of troubling thoughts and feelings in their children in this age group if they were attending CFS than if they were not attending CFS (with average scores of 9.1 and 7.7 respectively out of a potential total of 24). Caregivers reported similar levels of developmental assets irrespective of CFS attendance (with average scores of 21.7 and 22.8 for attenders and non-attenders respectively out of a potential total of 39). There were no differences in scores for attenders and non-attenders aged 7 to 11 years when disaggregated by gender.

Children 12 to 16 attending CFS reported slightly higher developmental assets than those reported by non-attenders (with average scores of 26.4 and 24.5 respectively). Differences between attenders and non-attenders were particularly notable among boys (with average scores of 28.2 and 24.9 respectively).

Overall, findings provide little evidence of impact on psychosocial wellbeing of attendance at CFS. Attribution of impact is already challenging with a one-time cross-sectional evaluation design, with no historical baseline of wellbeing. Here, with trends in opposite directions with different measures across different age-groups, it is especially difficult to unravel potential pathways of influence. For instance, with higher reports of troubling thoughts and feelings amongst young CFS attendees, it is possible that such children are drawn (or encouraged by their caregivers) to attend CFS because of such emotional difficulties; or that their parents are (or have become through their child's experience at CFS) more sensitized to such difficulties; or, indeed, that the CFS provokes such troubling emotions. While the most likely explanation is unclear, it would be an appropriate precaution to ensure that CFS activities in Domiz camp avoid undue focus on negative emotional experience and emphasize positive coping strategies.

Most children adopt positive coping strategies, but negative coping is more common in those not attending CFS

The ways in which children cope with stress in contexts of crisis provide insight into the mechanisms available to children to support their wellbeing. CPRA questions addressed both the positive and negative strategies children use to cope with stress related to the emergency. Positive coping strategies identified included: talking with friends and family members, spending time with friends, engaging in sports or play activities, attending CFS, and helping parents with chores. Negative coping strategies

identified included: avoid thinking about the stress, child labour, begging, continuous migration, early marriage, engaging in violence, and joining armed forces or fighting groups.

As attending CFS would generally prompt engagement in other positive coping strategies (such as spending time with friends or engaging in sports or play), a direct comparison of the number of strategies adopted in those attending and not attending is not valid. However, means of positive coping were widely reported for all children. Irrespective of CFS attendance status, talking with friends and family and spending times with friends were the most frequently noted positive coping strategies.

There were differences identified between CFS attenders and non-attenders regarding negative coping strategies. For CFS attenders – of any age – avoidance was, with one exception, the only negative strategy identified. For non-attenders, labouring for food or cash and early marriage were cited on several occasions. Overall, children 12 to 16 attending CFS tended to report less negative coping strategies than children 12 to 16 not attending CFS.

The Child Protection Unit is recognized as a key community mechanism for support and protection of children

CPRA questions were asked of caregivers of children 7 to 11 and children 12 to 16 to assess the knowledge and utilization of resources and services available to support, protect and care for children. Caregivers and children were asked about the following seven categories of resource persons potentially providing support and protection for children in the camp: peer groups, social workers, school teachers, religious leaders, political leaders, community leaders, or 'other resource persons'. 'Other resource persons' identified included the Child Protection Unit, camp security, non-governmental organizations, relatives and neighbors. Barriers to accessing these resource persons identified by caregivers and children included lack of trust in services/persons, lack of belief that people will take the problem seriously, and fear of what family or friends may think when seeking out support.

When asked about services available for survivors of physical and sexual violence, the most frequently identified service structure by all respondents was the Child Protection Unit. There was a tendency for both caregivers of younger children attending CFS and 12 to 16 year old CFS attenders to see the Child Protection Unit as the major service provider, while non-attenders were more likely to identify a broader range of resources.

A similar pattern emerged for awareness of child protection reporting structures for survivors of physical and sexual violence in the camp. Knowledge of such mechanisms, in particular camp security, was generally widespread, but was strongest amongst 12 to 16 year old non-attenders. It appears that attendance at CFS provided sound knowledge of key systems, but older children active in the camp outside of the CFS program had access to a broader range of information.

Implications for Practice and Future Evaluations

This study indicates that a number of the objectives of the MoLSA-implemented CFS in Domiz camp were achieved, but some were not. Overall, the CFS programme provides a safe environment that is valued by caregivers and children. Attendance at the CFS is associated with the reduction of a number of protection concerns, including separation from family and friends, child labor, and, for older children, trafficking. However, attendance is also associated with concern regarding verbal sexual harassment. This requires prompt investigation to gain further insight into the extent of specific incidents and their location (e.g. informal reports suggested the concern was principally focused on the period when children were walking through the camp to attend sessions at the CFS) and thus ensure protection from harms.

Attendance at CFS is also associated with heightened concern regarding maintenance of household livelihoods and the provision of food. The causal chain is likely complex, but two interpretations need to be explored. First, concerns over food and livelihoods may be a key driver for enrollment of children at the CFS, providing as it does a form of daycare that can allow adults to engage in economic activity. The impact of CFS on caregiver capacity has been noted in earlier studies in this series. If there are grounds for interpreting the association in this manner, it would be appropriate to consider how the scheduling and format of activities could best support this function. Second, a child's engagement with CFS – while valued for safety reasons – may be seen to curtail their potential contribution to the economy of the household. Here, the concerns over food and livelihoods emerge from, rather than motivate, attendance. If this is the case, it would, for older children especially, be appropriate to consider more activities of vocational relevance being provided by the CFS.

There is no evidence of attendance at CFS having a systematic impact on the psychosocial wellbeing of children. Given this, it would be appropriate to review the current curriculum of the CFS to see if

appropriate opportunities are being taken to support children in this area. Although the finding of higher reportage of troubling thoughts and feelings in CFS attenders has multiple explanations, it is appropriate to review the balance of activities that address emotional aspects of wellbeing to ensure that programming is not in any way exacerbating emotional vulnerability.

The identification of negative coping strategies amongst non-attending children provides an opportunity for outreach work from the CFS and/or the Child Protection Unit. The prominence of the Child Protection Unit in accounts of relevant resources to support children is to be welcomed. However, those attending the CFS will benefit from awareness of wider community-based resources, and the CFS should explore serving as a hub for resource persons from non-governmental organizations, community groups and children's families to promote their activities and potential supports.

Finally, it should be noted that the lack of baseline data – and resultant cross-section design – means that interpretation of findings needs to be made with caution. Inferences regarding impacts, or lack of them, cannot be made with the confidence of previous studies in this series which adopted a full before-and-after comparison group design. Reflecting inter-agency guidance for evaluation of psychosocial programs (UNICEF, 2011b), it is important to emphasize the importance of planning thorough baseline assessments at the program design stage as a foundation for effective program monitoring and evaluation.

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

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Appendix: Tools

Emergency Developmental Assets Profile (EmDAP)

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

Child Protection Rapid Assessment (CPRA)

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

Middle East Psychosocial Questionnaire

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