



Child Friendly Spaces in Emergencies

Lessons Learned Review

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Executive Summary

The purpose of this review on Child Friendly Spaces (CFS) is to:

- a) identify and promote key lessons to improve the quality, impact, and reach of CFS implemented by Red Cross and Red Crescent National Societies in emergencies related programming;
- b) contribute to global learning and evidence on the implementation of CFS in emergencies; and to
- c) provide a basis for the development of tools to help translate the lessons learned into practical and concrete action by National Societies.

Psychosocial trauma and violence (gender-based physical, sexual, and psychological abuse, and through deprivation) against girls and boys, including the most marginalized, have consistently been identified in emergencies around the world. As such, CFS are a common approach used to reduce the risk of these vulnerabilities. In particular, CFS often address one or more of the following three specific objectives:

- a) protection from risk;
- b) promotion of psychosocial well-being; and
- c) strengthening of community child protection capacities.

Beginning in the early 2000's some National Societies, in particular in the Middle East and North Africa region, began using CFS. However, the use of CFS in emergencies began to scale up at the start of the new decade.

This report draws on a number of methods. In particular: a review of existing literature on the lessons learned around the use of CFS in emergencies; several in-person technical visits to project sites; detailed scoping reviews, conducted by external consultants, from five National Societies; and lessons learned and themes from thirteen case studies, representing National Societies from all five IFRC Regions, developed to complement this report. The case studies reflect the experience from approximately 600 CFS delivered between the start of 2011 and the end of 2016.

The key findings have been divided into five categories: scope and context; preparing to implement CFS; implementing CFS; and cross-cutting themes.

Based on the findings of this review, a number of suggested actions are listed below to strengthen the implementation of CFS by National Societies in emergencies.

#	SUGGESTED ACTIONS	DETAILS
1	Develop and implement internal child protection systems	<ol style="list-style-type: none"> a) Ensure that a National Society child protection policy is in place to outline the specific roles and responsibilities of all personnel that interact with children b) Have all personnel should sign the policy and receive an orientation to the policy c) Screen all personnel that interact with children including through conducting personal reference checks, conducting a criminal record check, and requiring personnel to clearly state if they have any criminal record, especially involving children
2	Conduct assessments	<ol style="list-style-type: none"> a) During an emergency, conduct an assessment before the initiation of a CFS b) Use globally accepted standardized tools to conduct assessments c) Prior to emergencies, conduct detailed CFS scoping reviews as part of pre-emergency planning
3	Develop systems around referral pathways	<ol style="list-style-type: none"> a) Ensure a referral pathway for concerns of violence and psychosocial support is defined, documented, and made accessible to all Red Cross Red Crescent personnel before a CFS is implemented b) Orient all personnel and parents on the referral pathway c) Visibly post in CFS a poster that provides details, in a child friendly way, from whom and where girls and boys can access help
4	Ensure safety within CFS	<ol style="list-style-type: none"> a) Ensure the physical space within CFS is made safe from potential injuries b) Require all adults that enter CFS to sign-in and sign-out and to have only supervised interaction with children c) Wherever possible, implement security measures such as having security guards, cameras, etc.
5	Enhance pre-positioning capacity	<ol style="list-style-type: none"> a) Pre-position materials, like tents, toys and educational material, as part of local DM warehousing
6	Engage communities	<ol style="list-style-type: none"> a) Prioritize reaching out to parents, professionals and community leaders to engage them in child protection solutions specific to CFS and as part of more holistic community-based approaches
7	Develop phase-out plans	<ol style="list-style-type: none"> a) Develop a phase-out / hand-over plan for CFS at the very start of the project; adjust the plan as the CFS progresses
8	Create formal partnerships	<ol style="list-style-type: none"> a) Seek formal partnerships with relevant government ministries, schools, NGOs, and UN agencies to strengthen National Society interventions
9	Put in place measurements	<ol style="list-style-type: none"> a) Define specific outcome and output measurements, for the CFS and for engagement with parents, professionals and community leaders; draw on existing global tools such as from UNICEF b) Articulate a clear theory of change
10	Train volunteers and other personnel	<ol style="list-style-type: none"> a) Ensure all personnel supporting CFS and community engagement activities complete a standardized and comprehensive training to cover basic considerations to achieve quality standards when setting up CFS
11	Include gender and age perspectives	<ol style="list-style-type: none"> a) Collect and analyse sex and age disaggregated data b) Consider gender-specific needs as part of all CFS related activities c) Address the needs of adolescents and not only younger children
12	Enhance protection systems when working with children at high risk	<ol style="list-style-type: none"> a) Put in place systems for children with disabilities to access CFS; take deliberate steps to seek out children with disabilities b) Have clear protocols and safeguards such as referral mechanisms for health, psychosocial, shelter, and protection issues when working with unaccompanied, separated, orphaned or street children



Purpose

A growing number of National Societies, across geographic regions, have begun implementing child friendly spaces (CFS) in emergencies in order to protect girls and boys from violence and to enhance their psychosocial wellbeing. This growth reflects a global trend, among humanitarian agencies, in the use of CFS as an important component of emergency responses.

The purpose of this review is to:

- d) identify and promote key lessons to improve the quality, impact, and reach of CFS implemented by Red Cross and Red Crescent National Societies in emergencies related programming;
- e) contribute to global learning and evidence on the implementation of CFS in emergencies; and to
- f) provide a basis for the development of tools to help translate the lessons learned into practical and concrete action by National Societies.

The review is complemented by a summary fact sheet about the review, a case study booklet of specific projects by Red Cross and Red Crescent National Societies, a resource manual for implementing CFS, and a three-day training package.

The Risk of Violence Against Children in Emergencies

During emergencies girls and boys can experience many stressors. These include: loss or separation from family, physical injuries, psychosocial trauma, and disruption of their normal routines, losing access to school, and living in new, chaotic and unsafe settings.

Common forms of violence that pose a risk in emergencies



PHYSICAL ASSAULT



PSYCHOLOGICAL AND VERBAL ABUSE



TRAFFICKING



CHILD, EARLY AND FORCED MARRIAGE



CHILD LABOUR

Background on Child Friendly Spaces

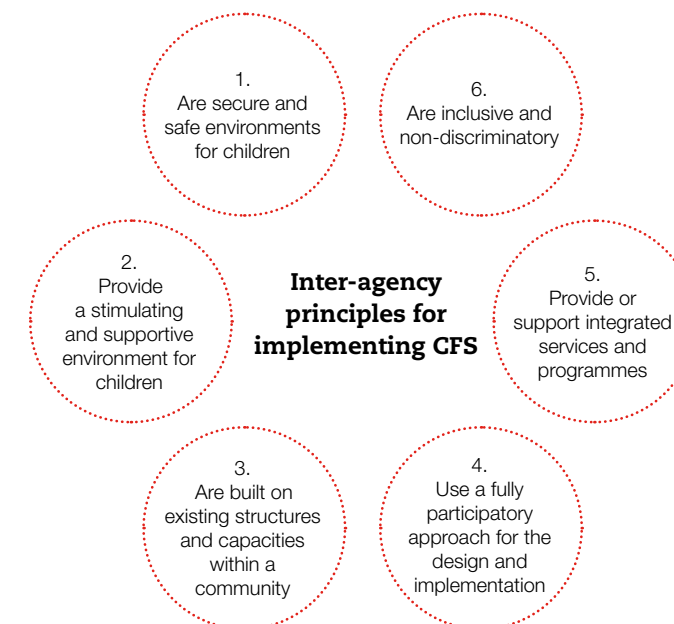
Psychosocial trauma and violence (gender-based physical, sexual, and psychological abuse, and through deprivation) against girls and boys, including the most marginalized, have consistently been identified in emergencies around the world.

CFS are:

“places designed and operated in a participatory manner, where children affected by natural disasters or armed conflict can be provided with a safe environment, where integrated programming including play, recreation, education, health, and psychosocial support can be delivered and/or information about services/supports provided...Generally CFS refer to a relatively short to medium term program response, and are very often operated from tents and/or temporary structures”.¹

CFS often address one or more of the following three specific objectives:

- d) protection from risk;
- e) promotion of psychosocial well-being; and
- f) strengthening of community child protection capacities.



The minimum standard for CFS, as defined by the Minimum Standards for Child Protection in Humanitarian Action is: All children and young people can go to community-supported child friendly spaces that provide structured activities that are carried out in a safe, child friendly, inclusive and stimulating environment.²

¹ UNICEF. (2009). *A practical guide for developing child friendly spaces*. http://cpwg.net/wp-content/uploads/sites/2/2011/09/A_Practical_Guide_to_Developing_Child_Friendly_Spaces_-_UNICEF_11.pdf.
² Child Protection Working Group. (2012). *Minimum standards for child protection in humanitarian action*. <http://cpwg.net/?get=006914%7C2014/03/CP-Minimum-Standards-English-2013.pdf>.

Existing evaluations and lessons learned of CFS have found a number of themes that report draws upon.³ These include:

- CFS can benefit children – but the extent that they do varies widely.
- Strengthening programme quality and fit to local circumstances should be the key programming priorities.
- Programme innovation is required to present more engaging and effective interventions for older children.
- Longer-term follow-up is required to document the impact of interventions on the trajectories of children’s development.
- There are gender differences in how CFS are received and the impact that they have.

Recently there has also been a growing and important trend towards seeing CFS as one aspect of more holistic approaches to child protection in emergencies. In particular, there is a recognition that not only children need to be reached but also, critically, parents and local community leaders and that a higher focus needs to be placed on supporting existing local child protection mechanisms.



Background on IFRC and Use of CFS

The IFRC Strategy on Violence Prevention, Mitigation and Response (2011-2020) has strategic directions for integrating violence prevention into emergency preparedness, response and recovery programming. The Strategy also sets a vision that prioritizes the protection of children and youth. The need to address violence in emergencies is also reinforced by the Movement-wide Resolution on Sexual and Gender Based Violence in Emergencies (2015), several pledges from the 2015 International Conference, the Principles and Rules for Red Cross Red Crescent Humanitarian Assistance, the IFRC Plan & Budget 2016-2020, and the IFRC Child Protection Action Plan (2015-2020).

To reduce the risk of violence against children in emergencies and promote psychosocial well-being, the CFS approach is one intervention that is increasingly used by humanitarian agencies, including Red Cross and Red Crescent National Societies, across geographic regions.

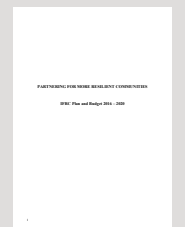
Beginning in the early 2000’s some National Societies, in particular in the Middle East and North Africa region, began using CFS. However, the use of CFS in emergencies began to scale up at the start of the new decade. This is consistent with global trends.



Resolution on Sexual and Gender Based Violence in Emergencies (2015)



Principles and Rules for Red Cross Red Crescent Humanitarian Assistance



IFRC Plan & Budget 2016-2020



IFRC Child Protection Action Plan (2015-2020)

³ Metzler, J., Savage, K., Yamano, M., & Ager, A. (2015). *Evaluation of Child Friendly Spaces: An inter-agency series of impact evaluations in humanitarian emergencies*. New York and Geneva: Columbia University Mailman School of Public Health and World Vision International.

CFS and Child Protection

The risk of violence specifically related to CFS includes:



Violence, including physical or verbal abuse, en route to a CFS.



Violence between children inside a CFS.



Abuse of power by CFS staff and volunteers against child participants.



Adults from the community accessing a CFS and hurting children.

Although there can be protection risks associated with CFS, if those can be managed, there are many benefits of using a CFS approach to enhance the safety of girls and boys. For instance, the advantages include: CFS are flexible in the settings and situations where they can be located and how they are set-up; they are able to be rapidly established, scalable, and are low cost; and CFS can help act as platforms to mobilize communities to protect children.⁴ In addition, CFS provide a place that provides a routine a predictable structure for children that may help increase their wellbeing.

⁴ UNICEF. (2009). *A practical guide for developing child friendly spaces*. http://cpwg.net/wp-content/uploads/sites/2/2011/09/A_Practical_Guide_to_Developing_Child_Friendly_Spaces_-_UNICEF_11.pdf

Methodology

This report draws on a number of methods. In particular:

- A review of existing literature on the lessons learned around the use of CFS in emergencies. In particular the *Evaluation of Child Friendly Spaces: An inter-agency series of impact evaluations in humanitarian emergencies*.⁵
- In-person technical visits to project sites in Armenia, Greece, Nepal, South Sudan, and Turkey.
- Scoping reviews, conducted by external consultants, from five National Societies that sought to identify the capacity of and opportunities for the National Society to implement CFS within emergency responses. Four of these National Societies (Colombia, Honduras, Nicaragua, and Myanmar) had not implemented CFS in the past. The fifth location (Nepal) had previous experience delivering CFS, most notably during the 2015 multiple earthquake responses.
- Lessons learned and themes from thirteen case studies developed to complement this report. The case studies reflect the experience from approximately 600 CFS delivered between the start of 2011 and the end of 2016. The regions, National Societies, and number of CFS per location are listed below.



Scoping Reviews on Child Friendly Spaces from Myanmar, Nepal, Nicaragua, Honduras and Colombia

REGION	NATIONAL SOCIETY	NUMBER OF CFS
AFRICA	Kenya	30
	South Sudan	3
	Sudan	11
AMERICAS	Canada	5
ASIA PACIFIC	Myanmar	1
	Nepal	12
	Solomon Islands	1
ASIA PACIFIC	Armenia	3
	Greece	4
	Turkey	32
MENA	Iran	416
	Syria	46
	Yemen	40
TOTAL	13 National Societies	600 CFS

⁵ Metzler, J., Savage, K., Yamano, M., and Ager, A. (2015). *Evaluation of Child Friendly Spaces: An inter-agency series of impact evaluations in humanitarian emergencies*. New York and Geneva. Columbia University Mailman School of Public Health and World Vision International.

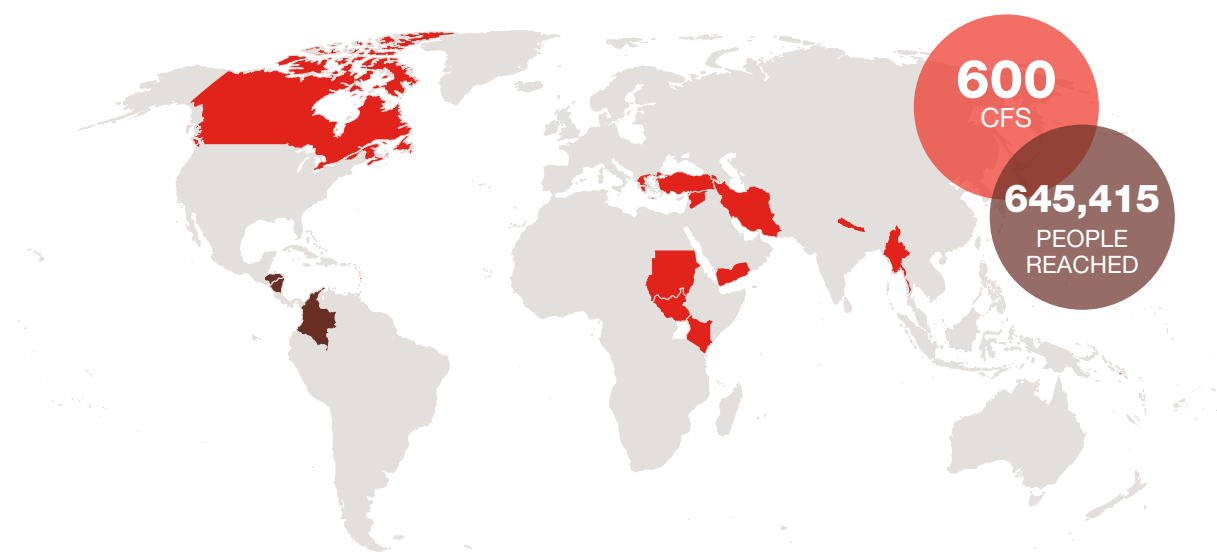
Key Findings

The key findings have been divided into five categories: scope and context; preparing to implement CFS; implementing CFS; and cross-cutting themes.

SCOPE AND CONTEXT

1. Scope of projects

There is a wide scope of National Societies, across geographic regions, that are implementing CFS in emergencies or during specific times when children's safety may be at risk. The reach of National Societies varies by location and situation but taken together the overall locations and numbers of girls and boys reached is significant.



COLOMBIA, NICARAGUA AND HONDURAS CONDUCTED SCOPING REVIEWS AND ARE SEEKING TO DELIVER CFS IN THE FUTURE

2. Type of emergency situations

National Societies implement CFS in a host of emergency situations. The most common situation identified through this review is migration crises / population movements caused by conflict and disasters. The second most common situation is natural disasters such as earthquakes, typhoons, fires, etc.



population movement



natural disasters



protracted crisis

In addition, some National Societies are using CFS to respond to children's needs as part of protracted crisis, especially where other support systems are lacking or are overwhelmed. This includes working in informal settlements, long-term refugee housing complexes, and including CFS within community centres for displaced populations. CFS have also been used to reduce the risk in non-emergency situations such as during large-scale festivals. While the use of CFS during festivals is not directly related to emergencies, it is a preventative approach that supports disaster risk reduction and is innovative.

3. Settings and modalities



fixed settings

In most situations CFS are attached to settings where National Societies are already delivering services to communities; during emergencies these activities are scaled up or intensified. These settings include schools, community centres, and health facilities.



temporary settings

In some emergencies, the National Societies implement temporary facilities like shelters / evacuation centres, and Emergency Health Units (ERUs) where CFS are attached to those.



mobile settings

A new area for National Societies is the use of mobile CFS. These are being implemented as part of a response to protracted crises. Mobile CFS provide opportunities to reach hard-to-access populations whether due to geography, remoteness, security, or political sensitivities. Although understanding the impact of this approach compared to grounded CFS requires more attention.

4. Red Cross Red Crescent added value

Red Cross and Red Crescent National Societies have a number of clear added values for protecting children, through CFS, in emergencies. A key added value of National Societies is their ability to reach hard-to-access locations where few, if any, other agencies are present. For example, these include conflict locations, remote areas, and politically sensitive regions. Working in hard-to-access locations also means, potentially, having less local support systems, partners to work with, and more demand on CFS services. Adapting to these realities requires specific effort starting with comprehensive assessments.

An additional added-value is how a number of National Societies are implementing CFS as an extension of their ongoing local disaster risk reduction and health projects through schools, community centres, or youth activities. This means the volunteers have already been interacting with communities and are often from the community. As a result of being part of existing projects in their own communities, volunteers are familiar with local customs and protection systems, have relationships with local leaders, and already have had some training on protection or psychosocial issues.

Moreover, a few National Societies are recruiting volunteers, through their existing projects or via new recruits, who are professionally trained to work with children. These include professional social workers, counselors, and teachers. Having these professionals helps to increase the likelihood of quality interventions and to support achievement of the “do no harm” principle.

An innovative approach used by several National Societies has been to mentor CFS child participants into becoming volunteers and in turn becoming mentors for other children within CFS. This model, is mainly applicable in protracted crisis where children might have extended experience with a CFS and over time develop adequate skills to support others. This model allows young people to transition from participants to leaders. Having been participants in the past and being close to the age of child participants provides these young volunteers with additional credibility and influence.

PREPARING TO ESTABLISH CFS

5. Internal protection systems

National Societies, with a few exceptions, are lacking clear or standardized screening systems for volunteers and staff who interact with children. Also missing are specific guidance and rules for working with children so volunteers and staff understand what behaviours are acceptable or not, have clear directions on ensuring children’s safety, and know how to make community referrals related to child protection concerns. Specifically, having a child protection policy, or a similar mandatory guidance, is crucial to ensure the safety of girls and boys. In situations where child protection policies do exist, it is uncertain in some locations if volunteers and staff are briefed adequately and understand the content of the policy.

In addition to volunteers and staff knowing children’s rights to protection and where to access support, girls, boys and their parents also need to have this information. Most CFS do have messages, through posters, on some types of child rights (e.g. anti-trafficking, road safety, rights to be free of violence) although these vary in quality and topic areas. Few CFS report having any type of messages available outlining safety rules for the CFS or messages to inform children of where they can access local support for any child protection concerns. Having these tools in place is essential as part of a National Society’s duty of care to protect children and in order to achieve the principle of “do no harm.”



screening checklist



phone interview



mass awareness



education

According to the IFRC Child Protection Policy (2013)⁶, IFRC is committed to:

- Upholding the rights of children and its obligations under the United Nations Convention on the Rights of the Child (in particular Article 19) and other relevant international instruments;
- The safety and best interests of all children accessing its services and programs or involved in campaigns, voluntary support, fundraising, work experience (regardless of the child’s gender, ability or background) and, in particular, to minimising the risk of abuse;
- Enhance the protection of children in planning, implementation and assessments of activities and seek ways to incorporate the voices of children in shaping the relief and development programs that affect them;
- Abiding by key international frameworks and standards such as the Sphere standards and the Minimum Standards for Child Protection, as well as relevant IFRC or Movement policies and guidelines relevant for the protection of children.

To take the online briefing, visit:

www.ifrc.org/learning-platform and search for “child protection”.

6. Assessments

A number of National Society projects have conducted detailed assessments with partners and communities before they have implemented CFS. While this is important, when assessments do occur, they are not always being done using standardized or consistent assessment tools across National Societies. As a result, the quality, depth, and content covered in the assessments and the ensuing analysis likely vary significantly.

In other cases, CFS are being established without thorough assessments at all; although some level of consultation with community leaders is often pursued when CFS are established. However, a thorough assessment is critical to ensure that a CFS is needed (it might not be in some situations), is appropriate to local needs and capacities, and addresses the right vulnerabilities in the most effective ways. Where assessments are lacking, it is partly because of limitations imposed by emergencies, in other situations it is due, perhaps, to assumptions that assessments are less important for CFS compared to other interventions, or that assessments can occur once implementation begins.

While a few National Societies have taken effort to include the participation of girls and boys in assessments, on the whole, capturing the perspectives of children and parents requires more attention at the start of CFS projects. Participation of children, in particular, needs to include ethical approaches and guidelines.

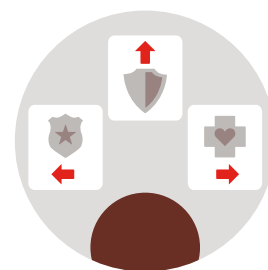
⁶ IFRC. (2013). *Child Protection Policy: Document Reference Number: 193*. IFRC.

Part of this report draws on the results of five scoping reviews conducted by National Societies in the Americas and Asia Pacific Regions. Each of National Societies (except one) has not used CFS in the past but are seeking to do so in the future. To begin the process prior to an emergency actually occurring, they conducted the scoping reviews, using external consultants, to examine their readiness, added-value, key partnership to have in place, and potential role that they might have in implementing CFS. Through the process the National Societies were able to define some of the capacities, resources, and partnerships that they would require in an actual emergency. This model of conducting scoping reviews as part of emergency preparedness is beneficial and can help National Societies take a comprehensive approach to implement CFS and support their assessments in emergencies.

7. Referral pathways

Many CFS projects support children to access community services such as psychosocial support, health, and WASH. Although it is not clear how most National Society projects include specific processes to ensure children, parents and volunteers know where and how to access local services to respond to allegations of gender-based violence or specialized mental health and psychosocial services. Most CFS do not seem to provide this information in visible ways or through clear printed referral pathway documents.

A few National Societies have put in place systems and work closely with local partners to ensure referral services are well known and available, mainly to children, if they experience any form of violence. This approach is important and can be scaled up and built into projects from the very start. Defining referral pathways, and related local partners, is ideally done prior to an emergency and needs to be in place before reaching out to children and adults through CFS. Otherwise, implementing projects can cause harm if children request help but no systems to support them are identified or if the response and support is inadequate.



visible information to communication services

8. Ensuring safety within CFS

An area not explored in detail in the scoping reviews or case studies, but warrants more attention is having in place physical safety precautions within CFS.

Creating a safe physical space is important to avoid injuries and reduce the risk of unintended accidents. Precautions can include having child safe toys, injury reducing floor mats, and having child-friendly toilets, sinks, and shelves, etc.

Moreover, ensuring all volunteers and staff are trained on first aid needs to be mandatory for all personnel working within CFS. First aid can be life-saving and help reduce the risk of trauma if injuries do occur.

Critically, having security systems is important. All personnel that have contact with children need to have identification, sign-in and out of the CFS, and have a legitimate and clear reason for interacting with children in the CFS. Only pre-authorized adults, such as parents or grandparents, should have access to children in CFS. Other options used by some CFS are to have in place security guards and security cameras; these seem typically used where CFS are part of a larger facility, like a community centre, and are ongoing programs.



safe environment with child-friendly toys and staff trained in first aid

9. Pre-positioning capacity

In order to respond quickly and efficiently using CFS in emergencies, it is imperative that National Societies prepare in advance. In most situations, National Societies organize CFS during an emergency. This includes training personnel, identifying and gathering/purchasing materials, and looking for locations to establish CFS. Having to take these actions in an emergency is challenging, takes time away from operational activities, reduces time for assessments, and importantly, means a focus on supporting survivors of an emergency is diverted, especially in the initial days and weeks.

In order to ensure a rapid and agile response, National Societies can pre-position themselves for a response. For instance, this can start with conducting a scoping review before an emergency to examine their readiness, added-value, key partnership to have in place, and potential role that they might have in implementing CFS.

Other important actions can include stocking CFS materials, like tents, toys and educational material, as part of local DM warehousing. Also National Societies can cement formal partnerships through standing agreements with like-minded and complementary agencies, such as UNICEF and Save the Children, to share materials, training, or technical support.

IMPLEMENTING CFS

10. Community involvement

As part of their CFS projects, a few National Societies conduct outreach to parents, local leaders, and health and education providers on psychosocial or child protection issues. This allows adults and children to have the same understanding of the issues, learn the same messages, and to better communicate together. At the same time, this approach also puts the responsibility of children's safety upon adults rather than on girls and boys.

Reaching out to communities can take many forms. Examples include having dedicated volunteers that focus on outreach, or organizing parent and child committees where adults and children can discuss key issues, help plan activities for CFS, and receive specific education on psychosocial, protection and health topics.

Approaches that reach out to the whole community to protect children and enhance their psychosocial wellbeing avoid the risk of CFS being delivered in isolation and not being connected to broader protection efforts, and a wider network of support systems.

11. Duration

The duration of CFS projects is very different across National Societies based on the local circumstances. Often CFS are managed for a few weeks or months, like when they are part of ERUs, responding to a temporary disasters, or when they are used for designated events.

However, the increasing protracted nature of many emergencies has meant that some CFS are being implemented over many months or even many years. This is especially the situation where CFS compliment other long-term services, or where there remains a lack of services for extended periods. Several National Societies have transitioned temporary stand-alone CFS into ongoing community centres where CFS are one service among many provided for adults and children.

Regardless of the exact duration, at some point CFS do need to be phased out. The process around the transition needs specific attention. This includes clearly communicating with and planning with the community, from the start of the project, to determine how the CFS will be phased out, what local systems will take on what aspects, and how any service gaps can be filled.

12. Partnerships

National Societies, for the most part, have pursued partnerships to enhance their delivery of CFS. Although experience from National Societies shows that the number of partnerships and the intensity of partnerships vary considerably by location.

Common partners include local government agencies like social welfare, child and women's protection ministries, schools, health providers and local municipal/village leadership. The partnerships often take the form of the government providing space for CFS to be set up, and sometimes also the provision of training resources. The relationship with local government agencies is in keeping with the role of National Societies as auxiliaries to their governments.

UNICEF is often a primary partner that provides technical (e.g. training), material (e.g. CFS kits), and/or financial assistance to National Societies to implement CFS. The partnerships with UNICEF reinforce the IFRC and UNICEF letter of agreement on promoting child related programming.

In addition, non-governmental organizations (NGOs) are also regular partners. Especially agencies that address issues like child rights and mental health. There are also important collaborations, in multiple countries, with International NGOs (INGOs) like Save the Children. This often consists of Save the Children as an implementer of CFS and the National Society providing physical space for the CFS. Examples of this include Canada (and Australia, Italy, and the United States)⁷.

13. Measurements

Outcomes, outputs, and theories of change for CFS projects are generally not clearly articulated in National Society projects. It is uncertain what factors are driving this. However they might include: a) a lack of knowledge of what is available and can be adapted, b) not having time in emergencies to develop monitoring and evaluation systems, c) not recognizing the importance of having clear outcomes, outputs and theory of change, and d) not having adequate technical support around the process.

The Minimum Standards for Child Protection in Humanitarian Action (standard 17: CFS)⁸ do provide some guidance (see appendix 1). Although these indicators are limited and do not reflect important qualitative elements such as children's perceived sense of safety, sense of belonging, and their enjoyment of play and other activities. In addition, the confidence of girls and boys to access help for protection or psychosocial concerns are lacking.

⁷ Projects from the United States, Italy and Australia were not included because enough information could not be collected. However, the National Societies in the United States and Australia have had formal memorandums of understanding with Save the Children to deliver CFS in emergencies.

⁸ Alliance for Child Protection in Humanitarian Action. (2012). *Minimum Standards for Child Protection in Humanitarian Action*.

In addition to the outcomes in the Minimum Standards, UNICEF is currently leading an inter-agency project that includes the IFRC, to develop a package of resources for Operational Guidance on Community-Based Mental Health and Psychosocial Support in Humanitarian Settings. These include standardized theories of change, outcomes, outputs, and activities for the protection of children and families in emergencies. It also includes monitoring and evaluation tools. The focus is on ensuring comprehensive approaches to protect girls, boys and their families rather than focusing solely on singular interventions like CFS. These tools can be adopted by IFRC to strengthen the measurements and quality of National Society CFS.

14. Training of volunteers and other personnel

Training for volunteers and staff is built into virtually all of the CFS projects as an essential component. The format, length and content of the trainings are different for each project. This is mainly due to local circumstances within emergencies and capacity to train on the theme. Most National Societies are working in partnership with external agencies such as local government, UNICEF, Save the Children, or local NGOs to help facilitate trainings. This model allows National Societies to draw upon the strengths of others while also building the capacity of their personnel.

A challenge is that for many CFS, training only occurs once at the start of the project. Although, ongoing training has been identified as necessary especially for projects within protracted crisis. The limited number of trainings is partly a result of low funding for projects, a lack of internal capacity to train on specialized themes, and may also be due to lack of time being dedicated in favour of delivering services.

Standardized and comprehensive training is needed to cover basic considerations to achieve quality standards when setting up CFS. Key components should include:

- Connecting CFS to family, community, and local protection and health systems;
- Facilitation skills for working with children in CFS;
- A compilation of activities (activity catalogue) that includes specific sections for: screening volunteers that work with children; activities with children of different ages, genders and abilities; working with vulnerable children, as well as reaching out to adults/caregivers and community leaders;
- Supervision and mentoring of volunteers working in CFS; and
- Evaluation of CFS activities.

CROSS-CUTTING THEMES

15. Gender and age

Most, but not all, National Societies do collect gender and age dis-aggregated data on the children who participate in CFS. With this information the National

Societies are better equipped to understand who they are reaching and what adaptations can be made to programming.

National Societies mostly reported that girls and boys interact together in CFS. However, in some locations, cultural sensitivities resulted in girls attending CFS during different times than boys to ensure a separation of sexes. Although no projects clearly defined if and how activities were adjusted to meet specific gender needs among girls and boys.

In addition to gender, age was also an element that most National Societies considered. Specifically, many National Societies reported targeting particular age groups, for example children ages 6-9 or 9-12 for their CFS activities. Although, it is uncertain how activities are adjusted for different age groups. Adolescents ages 12-17, in particular, seem to be under-served through CFS.

16. Working with children at high risk

In some locations particular efforts have been made to make CFS accessible for girls and boys with disabilities. This includes formatting the physical space to be accessible or adapting activities to be suitable for children with different types of disabilities, whether physical or cognitive. However, inclusion of children with disabilities within CFS is not widely reported among the National Societies. In order to include children with disabilities and provide a safe and accessible environment, it is necessary to take deliberate action that involves planning in advance to reduce barriers, seeking out families with children with disabilities to work out child-specific plans, and engaging girls and boys with disabilities to understand their particular needs and to have their ideas and leadership in making CFS accessible.

Unaccompanied minors are another population with much vulnerability that are part of some CFS projects. The details around how many unaccompanied minors are using CFS, in what circumstances (e.g. conflict or disaster situations or protracted crises), and what specific actions are being taken by National Societies to protect these children is unclear. However, it is essential that specific protocols and safeguards are in place such as referral mechanisms for health, psychosocial, shelter, and protection issues.

Some categories of children such as orphans and children living on the street were not specifically highlighted by any of the National Societies as using CFS in emergencies. However, as with unaccompanied minors, it is important to have in place protocols and safeguards to meet the specific needs of these children.

During health epidemics, where a disease might be highly contagious or there is high stigma against people infected or perceived to be infected, the use of CFS can be especially complicated and needs to be handled with caution. A thorough assessment to understand the risks of disease transmission, the options for psychosocial care and protection if no CFS is available, and unintended consequences of establishing a CFS should all be considered carefully.

Moving Forward

Based on the findings of this review, a number of suggested actions are listed below to strengthen the implementation of CFS by National Societies in emergencies.

#	SUGGESTED ACTIONS	DETAILS
1	Develop and implement internal child protection systems	<ul style="list-style-type: none"> a) Ensure that a National Society child protection policy is in place to outline the specific roles and responsibilities of all personnel that interact with children b) Have all personnel should sign the policy and receive an orientation to the policy c) Screen all personnel that interact with children including through conducting personal reference checks, conducting a criminal record check, and requiring personnel to clearly state if they have any criminal record, especially involving children
2	Conduct assessments	<ul style="list-style-type: none"> a) During an emergency, conduct an assessment before the initiation of a CFS b) Use globally accepted standardized tools to conduct assessments c) Prior to emergencies, conduct detailed CFS scoping reviews as part of pre-emergency planning
3	Develop systems around referral pathways	<ul style="list-style-type: none"> a) Ensure a referral pathway for concerns of violence and psychosocial support is defined, documented, and made accessible to all Red Cross Red Crescent personnel before a CFS is implemented b) Orient all personnel and parents on the referral pathway c) Visibly post in CFS a poster that provides details, in a child friendly way, from whom and where girls and boys can access help
4	Ensure safety within CFS	<ul style="list-style-type: none"> a) Ensure the physical space within CFS is made safe from potential injuries b) Require all adults that enter CFS to sign-in and sign-out and to have only supervised interaction with children c) Wherever possible, implement security measures such as having security guards, cameras, etc.
5	Enhance pre-positioning capacity	<ul style="list-style-type: none"> a) Pre-position materials, like tents, toys and educational material, as part of local DM warehousing
6	Engage communities	<ul style="list-style-type: none"> a) Prioritize reaching out to parents, professionals and community leaders to engage them in child protection solutions specific to CFS and as part of more holistic community-based approaches
7	Develop phase-out plans	<ul style="list-style-type: none"> a) Develop a phase-out / hand-over plan for CFS at the very start of the project; adjust the plan as the CFS progresses
8	Create formal partnerships	<ul style="list-style-type: none"> a) Seek formal partnerships with relevant government ministries, schools, NGOs, and UN agencies to strengthen National Society interventions
9	Put in place measurements	<ul style="list-style-type: none"> a) Define specific outcome and output measurements, for the CFS and for engagement with parents, professionals and community leaders; draw on existing global tools such as from UNICEF b) Articulate a clear theory of change
10	Train volunteers and other personnel	<ul style="list-style-type: none"> a) Ensure all personnel supporting CFS and community engagement activities complete a standardized and comprehensive training to cover basic considerations to achieve quality standards when setting up CFS
11	Include gender and age perspectives	<ul style="list-style-type: none"> a) Collect and analyse sex and age disaggregated data b) Consider gender-specific needs as part of all CFS related activities c) Address the needs of adolescents and not only younger children
12	Enhance protection systems when working with children at high risk	<ul style="list-style-type: none"> a) Put in place systems for children with disabilities to access CFS; take deliberate steps to seek out children with disabilities b) Have clear protocols and safeguards such as referral mechanisms for health, psychosocial, shelter, and protection issues when working with unaccompanied, separated, orphaned or street children

The Fundamental Principles of the International Red Cross and Red Crescent Movement

APPENDIX

The Minimum Standards for Child Protection in Humanitarian Action (standard 17: child friendly spaces)⁹

OUTCOME INDICATOR	OUTCOME TARGET	NOTES
1. Number of children going to community supported CFS		
2. Percentage of community supported CFSs that meet targets set against action indicators (below)	100%	
ACTION INDICATOR	ACTION TARGET	NOTES
3. Percentage of CFSs that meet safety and accessibility criteria (to be defined in country)	100%	
4. Percentage of CFSs made accessible for different types of disability	100%	
5. Percentage of animators working in CFSs who received initial and follow-up coaching on inclusion	90%	
6. Percentage of CFSs where age appropriate CFS activities are implemented based on needs identified by girls, boys and families	80%	
7. Number of discussion sessions held each month for each CFS to discuss performance with girls, boys and families	1	
8. Presence of an average ratio of children taking part in CFS activities per trained animator	YES	

Humanity The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

Impartiality It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

Neutrality In order to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

Independence The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

Voluntary service It is a voluntary relief movement not prompted in any manner by desire for gain.

Unity There can be only one Red Cross or Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

Universality The International Red Cross and Red Crescent Movement, in which all societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.

⁹ Alliance for Child Protection in Humanitarian Action. (2012). *Minimum Standards for Child Protection in Humanitarian Action*.

The vision of the IFRC is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view of preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.
