Child-Friendly Spaces Toolkit

Managers and Specialists training

ICEBREAKER

What is the objective of this training?

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- Operationalizing ChildFund's (CFI) Child-Friendly Spaces Toolkit

- Supporting Country Offices' senior staff to pre-position and/or setting-up Child-Friendly Spaces intervention during emergencies

[Example] Training Agenda X Days

- Day 1, MM/DD/YYYY: TOPICS COVERED, Main Facilitator: NAME

- Day 2, MM/DD/YYYY: TOPICS COVERED, Main Facilitator: NAME

- Day 3, MM/DD/YYYY: TOPICS COVERED, Main Facilitator: NAME

- Day 4, MM/DD/YYYY: TOPICS COVERED, Main Facilitator: NAME

- Day 5, MM/DD/YYYY: TOPICS COVERED, Main Facilitator: NAME

- Day 6, MM/DD/YYYY: TOPICS COVERED, Main Facilitator: NAME

- Day 7, MM/DD/YYYY: TOPICS COVERED, Main Facilitator: NAME

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Introduction and Child-Friendly Spaces Planning

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Welcome & Introduction

Session 1: Child-Friendly Spaces Global Framework

Introduction to Child-Friendly Spaces Toolkit

Planning for Child-Friendly Spaces pre- and post-emergency

Closing and Questions

Session 1: Child-Friendly Spaces Global Framework

Activity #1: Why Child-Friendly Spaces? (1/2)

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- Think of your favorite childhood play area—this can be a corner inside your childhood home, a bench in a near-by park, a hiding place in your school.

- Describe your feelings when you had no access to this area. Maybe you had outgrown the space; maybe you moved locations, and/ or other children started using the area, etc.

Why Child-Friendly Spaces? (2/2)

In emergencies, nearly all children will show some changes in emotions, behavior, thoughts and social relations in the **short term.**

➢ These are **normal** reactions to **abnormal** events.

➢ With access to basic services, support and security, the majority of children will recover.

A small percentage of children will have a more severe reaction requiring referral to specialized (medical) care.

Purpose and Objectives of the CFS Toolkit (1/2)

Vision

The CFS is more than a place for games and recreation. It is an approach for supporting children and youth to achieve their full physical, cognitive, social, emotional, and spiritual development within an emergency context.

Supporting children's wellbeing is a life saving intervention.

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Standard 15: Group activities for child wellbeing
Children are supported through access to group-based, planned activities that (a) promote protection, well-being and learning and (b) are delivered in safe, inclusive, contextually and age-appropriate approaches.

Group activities for child wellbeing can include:
- Non-formal education
- Structured and free play
- Arts and crafts
- Sports
- Resilience and life skills programs
- Leadership training for adolescents
- Parenting and support groups that strengthen families' and communities' child protection capacities

Child Protection Minimum Standards 15 (2/2)

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- Sometimes group activities take place in a fixed space, commonly referred to as a 'child-friendly space' or a 'safe space'.

- This space may act as a center for **outreach activities**.

- Group activities may also **be mobile**, facilitated by a specific group of animators in varied, rotating locations.

- The locations are identified ahead of time based on an assessment that they are safe and accessible to children of different genders, ages, disabilities and other relevant aspects of diversity.

- This standard links to and is informed by the INSPIRE strategies 'Education and life skills' and 'Safe environments'.

ChildFund International's CFS Implementation

Other Resources...

Child Centered-Spaces of Childfund (2008)

Child Protection Working Group (2011)

ChildFund in Philippines (2014)

UNICEF family-centered CFS approach referred to as "Makani" implemented in Jordan during the Syrian Crisis (2015)

Others

SOP FOR FRONTLINE STAFF IN MAKANI CENTRES IN JORDAN

JORDAN
Makani Standard Operating Procedure (SOP)
مكاني Makani

Philippine National Implementation Guidelines for
CHILD FRIENDLY SPACES IN EMERGENCIES

Starting Up Child Centered Spaces in Emergencies: A Field Manual

Christian Children's Fund
MAY 2008

GUIDELINES FOR
CHILD FRIENDLY SPACES
IN EMERGENCIES

Field-testing version developed and reviewed by:

January 2011

Session 2: Introduction to Child-Friendly Spaces

Toolkit's Objective

The toolkit is focused on providing practical tools for field staff to implement Child-Friendly Spaces during emergencies in 9 specific areas:

Step 1: Planning for Child-Friendly Spaces
Step 2: Community Engagement and Mobilization
Step 3: CFS Structure and Safety
Step 4: Staff Recruitment and Code of Conduct
Step 5: Child Protection Program Linked to CFS
Step 6: Outreach Program to Reach Excluded Children
Step 7: Monitoring and Evaluation Component
Step 8: Psychosocial Package
Step 9: CFS Transition to Community and Exit

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SharePoint Site

Step 1: Planning for CFS

Step 2: Community Engagement and Mobilization

Step 3: CFS Structure and Safety

Step 4: Staff Recruitment and Capacity Building

Step 5: Child Protection programs linked to CFS

Step 6: Outreach Program to Reach Excluded Children

Step 7: Psychosocial Package

Step 8: Monitoring and Evaluation

Step 9: CFS Transition to Community and Exit

Activity#2: How to use the resources on SharePoint?

Divide the participants into groups.

Read the case scenarios.

Decide what tools or guidance you need to respond to the case scenario.

Try to locate tool on the [Child-Friendly Space Toolkit on SharePoint.](#)

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Case Scenario # 1

An influx of refugees, mostly women and children, are moving toward boarders of LALA Land where ChildFund is operating. The LALA Land Country Office's team already have the approval to establish a CFS. The team has 30 days to hire and train the staff.

Hint! Use the CFS toolkit and refer to Step 4: Staff recruitment and capacity building **to locate guidance that you need to move forward with this action.**

Step 4: Staff Recruitment & Capacity-Building

This step contains ready-made Job Descriptions, interview questions, and capacity building training for newly recruited staff.

Step 4: Staff Recruitment & Capacity Building

1. **Staff recruitment and capacity building strategy**
   Key considerations for staff recruitment, suggested staff structure and capacity building plan.

2. **Job description of staff and interview questions**
   Detailed job descriptions to be adopted and advertised in the field.

3. **Staff's code of conduct**
   All volunteers and staff working in the CFS should understand and agree upon certain rules and regulations, and each CFS should develop a code of conduct based on these guidelines.

4. **Capacity building training package**
   The package provides materials that are ready-made for training in the field, including

   a. Safe Identification and Referral

   b. Psychological First Aid (Save the Children Materials)

   c. Child Protection in Emergencies Introduction

   d. Self-Care Training

Case Scenario # 2

ChildFund established a CFS program in a community that has experienced floods which caused serious damage to the schools and community spaces. In the first month, the team was able to locate a space and roll-out Psychosocial Activities on the ground. Facilitators administrating the PSS activities noted that several girls reported having been subjected to FGM, however facilitators never reported this because they are not sure of the internal procedures. Try to locate the guidance to initiate the following activities:

Guidelines when reporting a CP case
Examples of CP cases that need immediate case management services

Use the CFS toolkit Step 5: Child Protection programs linked to CFS **to locate guidance that you need to move forward in this action.**

Step 5: Child Protection Program Linked to CFS

This is step supports the team in establishing child protection program that respond to the needs of at-risk children and youth exposed to violence, exploitations and abuse.

Step 5: Child Protection Program Linked to CFS

1. **Key considerations for implementing a Child Protection (CP) program linked to CFS**
   A list of pre-positioning and implementation activities to be considered in CFS planning.

2. **A list of essential services that are linked to CP**
   Key services to be mapped and identified as part of CFS.

3. **Guidelines when reporting a CP case**
   Communication guidelines for identifying and referring CP cases.

4. **Risk Assessment guide for CP cases**
   A general guide to support teams for CP risk assessment, with suggested interventions and immediate actions to take.

5. **Risk categorization criteria to support community volunteers in safely identifying and referring CP cases**
   This tool is provided to volunteers to assist in determining which cases/CP situations are to be referred to the case worker immediately.

6. **Examples of CP cases that need immediate case management services**
   A list of CP cases that require immediate referral to case management services, adopted from UNHCR's Guidelines for Determining the Best Interest of Child published in May 2008.

7. **Referral form example**
   A referral form example that can be used in case interagency systems or National Child Protection forms are not available. In large scale or slow set emergencies, refer to the interagency referral form.

8. **Daily logbook of major child protection issues**
   An excel sheet to support the team in recording referred cases for follow-up services. This form should be based on referral forms and filled out daily by a CP officer or data officer.

9. **Capacity building package for volunteers and community members**
   This training package is designed for community members and volunteers who will support teams in identifying and referring CP cases within the community, or cases that are identified inside CFS premises.

Case Scenario # 3

ChildFund wants to establish a space in a community. Through community mobilization, the team was able to allocate a piece land to start construction. Until construction, the team decided to establish caravans. Locate propre guidance to finalize this action.

Use the CFS toolkit, and refer to Step 6: Outreach program to reach excluded children **to locate guidance that you need to move forward in this action.**

Step 6: Outreach Program

This step assists the team in establishing an outreach program to reach most vulnerable, remote, and marginalized children, youth and community members.

Step 6: Outreach Program

1. **Guiding note on developing an outreach program**
   Detailed interventions and key considerations for use when designing an outreach program.

2. **Key standards to develop an outreach program**
   A list of standards that should be applied to the outreach program. Level 2 is the minimum standard that CFSs should meet. If not, staff is advised to note the reason in the 'note for the record' section as part of CFS documentation.

3. **Roles and responsibilities for outreach volunteers**
   Job descriptions of the main responsibilities and tasks of outreach volunteers.

4. **Tools for recording referrals from outreach team linked to CFSs**
   Identification form to be used by volunteers in the outreach team.

5. **Tracking sheet with identified children and families**
   An excel sheet to track all identified children for the purpose of follow-up.

6. **Information Communication Education (ICE) Materials on CP, GBV and others**
   ICE materials for the outreach team to use during community visitations.

CFS and COVID-19 Considerations

1. Limit use of classroom and use open spaces/ limit number of children per group/ follow COVID-19 guidelines in country.

2. Adopt program activities to promote hygienic practices.

3. Address Child Protection issues that may result from COVID-19, namely family separation and psychosocial support.

4. Improve caregiver knowledge and skills to support children's learning.

5. Update referral to COVID-19 facilities and vaccination.

ENCIRCLE
Psychological First Aid
REMOTE TRAINING OF TRAINERS
ChildFund.
A CHILDFUND COMMUNITY-BASED INITIATIVE

RIGHT TO PLAY | 20th ANNIVERSARY

Covid-19 Parenting
When Children Misbehave...
All children misbehave. It is normal when children are tired, hungry, afraid, or learning independence. And they can drive us crazy when stuck at home.

Redirect.
Catch difficult behavior early and redirect your kids' attention from a negative to a good behavior.
Stop it before it starts!
When they start to get restless, you can distract with something interesting or fun: "Come, let's play a game together."

Take a Pause.
Feel like screaming? Give yourself a 10-second pause. Breathe in and out slowly five times. Then try to respond in a calmer way.
Millions of parents say this helps - A LOT.

Use consequences.

Keep using Tips 1-3

One-on-One time, praise for being good, and consistent routines will reduce difficult behaviour.

Session 3: Planning for Child-Friendly Spaces

Key Guidance—Step 1 Planning

- Guiding note on key considerations for coordination with government, community, UN and INGOs/NGOs

- Child Protection in Emergencies (CPiE) needs assessment

- Checklist for country senior management team (SMT) to support CFS site logistics

- A summary of steps needed to initiate CFSs in the field during the onset of an emergency.

- CFS Minimum Standards' Checklist

In This Section

Pg. 3 **Guiding note on key considerations for coordination with government, community, UN and INGOs/NGOs**
A guiding note for coordination with governments, partners, UN, and INGOs.

Pg. 4 **Child Protection in Emergencies (CPiE) needs assessment**
A rapid needs analysis tool (available for staff in Excel on ChildFund's Sharepoint site). The tool should complement government assessment tool(s) and be verified by Child Protection Rapid Assessment (CPRA), initiated by the UN Cluster System.

Pg. 6 **Checklist for country senior management team (SMT) to support Child-Friendly Spaces (CFS) site logistics**
Guiding note and checklist to mobilize support from administrative team, HR, and finance to ensure swift implementation.

Pg. 10 **Step-by-step summary for initiating CFSs in the field**
A summary of steps needed to initiate CFSs in the field during the onset of an emergency.

Pg. 14 **CFS Minimum Standards' Checklist**
A checklist to support SMT and program teams when developing and monitoring an action plan for CFS implementation.

Coordination (1/2)

1. Protection cluster and child protection coordinating groups

2. UNICEF and UNHCR/OCHA

3. Coordinate with government and other organizations

4. Government and national authorities

Coordination (2/2)

- Are there relevant government or UN policies related to supporting children that need to be taken into consideration?
- Is there common psychosocial support guidance or a Standard Operating Procedure (SOP) for CFSs?
- Are there Guidance Notes or SOPs defined by protection cluster or child protection coordination groups?
- Is there an existing coordination mechanism for community mobilization?
- Are other INGOs working on CFS programs? If so, what areas do they cover? What gaps could you fill?
- What is the coordination mechanism between schools/education services and the CFS?

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This tool should:

Support country offices in assessing the impacts of the emergency on children and communities and to identify opportunities for impactful child protection program inventions.

Should Not be confused with nor take the place of more comprehensive assessments or other country-led response and coordination initiatives.

Timeframe and frequency

- **Time:** To be finalized in 1-2 weeks
- **Frequency:** 1st week during onset of an emergency and every following quarter, if needed

Data Source

Type of Information

Questions

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1. Unaccompanied and Separated Children
2. Dangers and Injuries
3. Children's Educational Needs
4. Evacuation Centers
5. Psychosocial Distress and Mental Disorders
6. Local Partner Capacity

Activity #3: Child Protection Rapid Assessment Practice

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Instructions:
1. Read the Case Scenario/Mission Report as a group.
2. Decide which Child Protection Themes under the 'Rapid Assessment' tool are relevant to this emergency.
3. Go over the questions under each theme, and identify which data can not be collected from the Case Scenario/Mission Report.
4. Decide how you will collect the data given there is a limited access to this specific area.

Buy-in from Senior Management, Human Resources and Administrative Staff

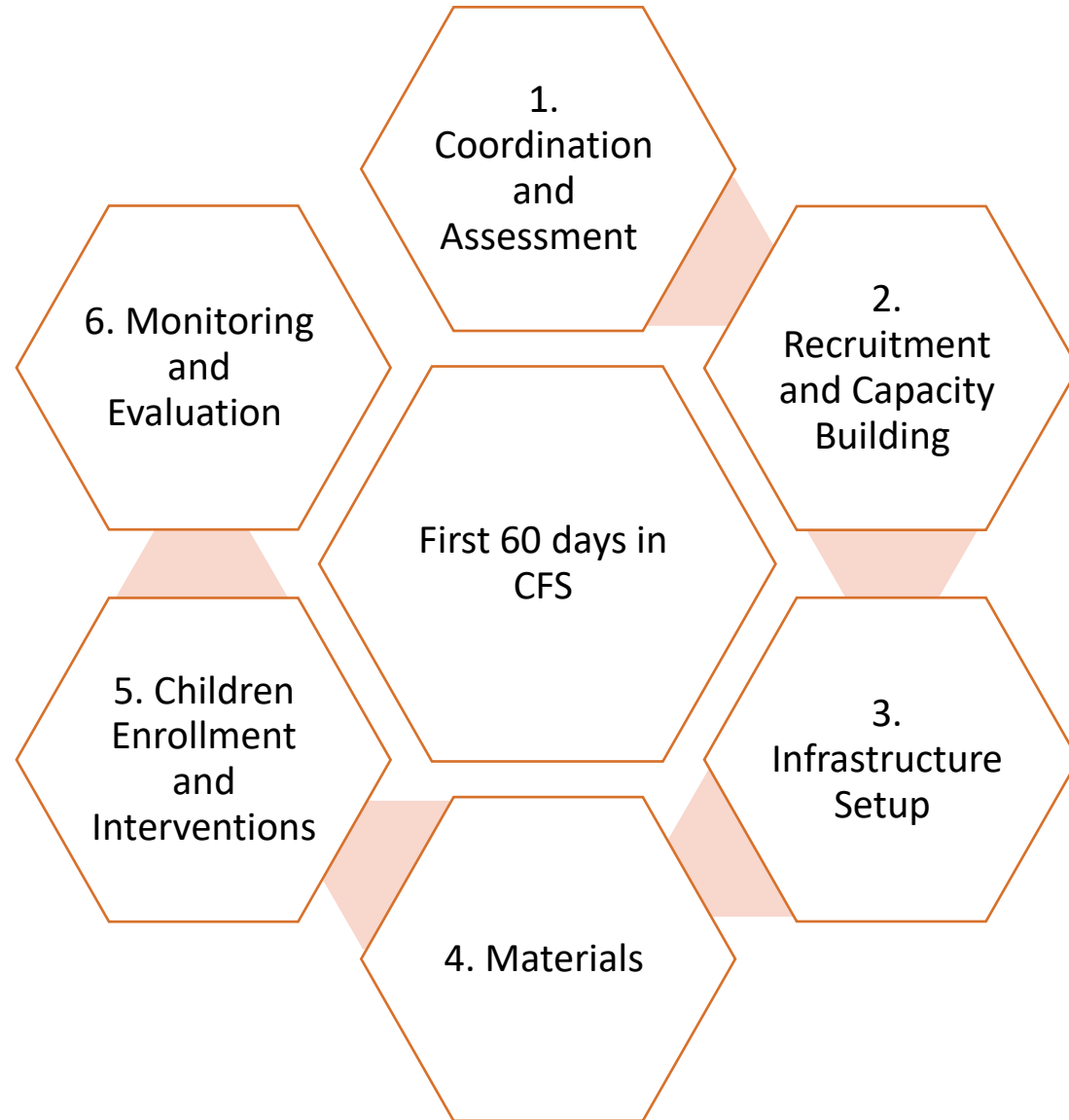Procurement capacity to purchase supplies in a timely manner
> *Tip: consider hiring a consultant designated to take on procurement*

Adequate provisions planned and budgeted for at the site for safe water supply, soap and latrine facilities; as well as safety and security

Staff and volunteer recruitment
> *Tip: consider hiring a consultant designated to take on recruitment of volunteers and CFS staff*

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Initial Step-by-Step for Establishing CFS

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1. Coordination and Assessment

2. Recruitment and Capacity Building

3. Infrastructure Setup

4. Materials

5. Children Enrollment and Interventions

6. Monitoring and Evaluation

First 60 days in CFS

Activity #4: Updating Prepositioning Plan

Homework and Closing Day 1

In three groups, prepare a role play discussing with their SMT the steps for setting-up CFSs in several communities.

- One group will prepare a role play scenario where the SMT is against setting-up a CFS program. The team needs to prepare a strategy to convince SMT members to move forward with setting up a CFS.

- The second group will prepare a role play scenario where the SMT is very weak, and the team needs to make decisions to start the initiation process to set up the CFS.

- The third group will prepare a role play scenario where the team wants the SMT to allocate appropriate funding during the AOP process. The team needs to prepare strategies to convince SMT members to allocate appropriate resources for prepositioning.

End of Step 1: Closing and Questions

STEP 2: Community Engagement and Mobilization

Objectives:

To ensure a common understanding among participants on the following:

- Process of community engagement and mobilization during emergencies

- Engaging and mobilizing marginalized members of the community such as women, youth, and children.

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Available Tools in Step 2

Guiding Note on How to Engage Community Members	Guiding note with tips and strategies for engaging community members.
Community Mobilization in Emergencies	Guiding note on community mobilization for Child-Friendly Spaces.
Suggested Community Dialogue Script members.	Suggested script for communicating with community
Guiding Note on How to Engage Women	Guiding note with tips and strategies for engaging community women.
Guiding Note on How to Engage Youth	Guiding note with tips and strategies for engaging youth

Session 1:

Community Engagement and Mobilization

What is community?

Territorial unit of society such as a village, a town, a district, a city or refugee/IDP camp.

Unit of social organization which can be based around common interests (i.e. the academic community), a shared living situation (i.e. a residential home) or around a territorial unit (i.e. a village or district).

Type of social interaction typically characterized by:
- A sense of belonging.
- A sense of purpose and common goals.
- A high degree of cooperation and participation in pursuing common goals.
- An interpersonal climate characterized by mutual respect, a sense of fraternity or fellowship.

Activity #1:

1. What is community engagement?
2. What is community mobilization?
3. Are there differences between community engagement and mobilization during development and humanitarian settings?

Community mobilization is a process whereby local groups are assisted in clarifying and expressing their needs and objectives and in taking collective action directed at meeting them. It emphasizes the involvement of the people themselves in determining and meeting their own needs. It is linked with the concepts of participation and resilience.

Community engagement is at the essence of community development, where the community leads the process of development. The community makes its own decisions, sets its own timelines, and defines its own problems and solutions.

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Why do we need to work with communities?

- Widespread child protection issues in emergency, transition, and development contexts – CFS mobilizes communities to act on these child protection concerns.
- Inability or unwillingness of governments to
- protect children.
- Key element in national child protection systems.
- Community action on behalf of children is often more sustainable than NGO-initiated activities.

Advantages of working with communities:

When a community is invited into CFS planning, implementation and monitoring and evaluation (M&E), CFS programs:

- Are more relevant to those beneficiaries' lives.
- Are more contextually appropriate.
- Are more sustainable.
- Can lead to greater mobilization of resources.
- Offer low-cost support for a large number of children.
- Can create preventative action for the future.

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Community mobilization for CFS in emergencies

The CFS is a tool used in emergencies to provide psychosocial support to children and families.

Communities are encouraged to facilitate and participate in different activities such as:
- ➤ Sports
- ➤ Arts and crafts
- ➤ Singing and dancing, or other activities children enjoy
- ➤ Awareness raising

Each Child-Friendly Space (CFS) should be implemented through the community's own network, people, and resources, as an entry point to prioritizing child protection risks within the community, and for sharing child protection messages with communities, families, children and authorities

AN IMPORTANT TIP!

In most communities, formal representatives and leaders are usually men, therefore it is important to target efforts to engage women and girls in consultations and decision-making processes, after making necessary consultations with community opinion leaders/gate keepers. This also applies to other vulnerable groups within the community who may be marginalized, such as those with disabilities or affected by HIV and AIDS.
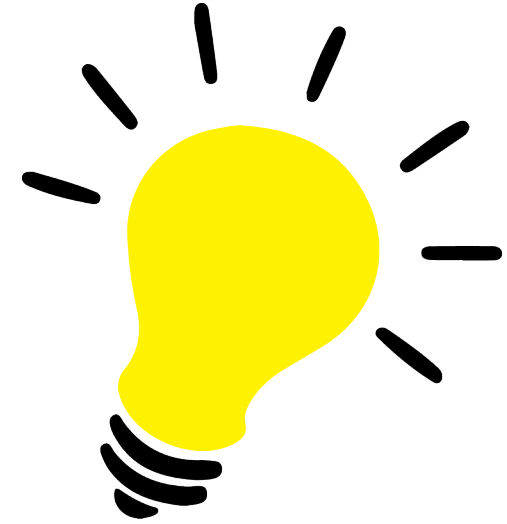
In a protracted crises including Internal Displacement (IDP) movements, CFS implementation requires the understanding and consideration of the political context, the addressed population, gender roles, community dynamics, protection risks, concerns, and priorities. Utilizing a child protection contextualized analysis, or ChildFund's Community-Based Child Protection (CPCB) Mapping in Emergencies, can provide a better understanding of the child protection landscape from the communities and from the children themselves.

Protracted crises refer to **situations in which a significant portion of a population is facing a heightened risk of death, disease, and breakdown of their livelihoods**.

Community Mobilization Tools

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Suggested Community Dialogue Script:

1. Introduce the team members attending the meeting.
2. The meeting should be conducted in the local language.
3. Introduce ChildFund, and briefly describe it's history in the area: "ChildFund is an international NGO working in the area for ___ years; and working with _____(mention Local Partner) for ___ years within the community."
4. Explain ChildFund's mission: "ChildFund is a child-focused agency that works together with children and families to create programs that help children grow up well, even in difficult circumstances."
5. If there are other ongoing ChildFund programs in the area, describe them.
6. Introduce the CFS intervention: "Here in _____ (local community), ChildFund is implementing these Child-Friendly Spaces to help children, youth and mothers with young children following the emergency."
7. Describe similar past interventions in which ChildFund has implemented CFSs: "In other emergencies (mention ones that are similar to the local emergency), ChildFund has learned the value of helping communities organize Child-Friendly Spaces to support children who have been affected by the emergency."
8. Explain how the CFSs are administered: "Child-Friendly Spaces are run by the community, with assistance from ChildFund. ChildFund will work with communities and other local agencies to provide essential materials for establishing Child-Friendly Spaces and other basic materials, such as school supplies, toys and games, and soccer balls. ChildFund will also help the community liaise with other international agencies in the area for larger items."
9. If food distribution or non-food items are part of ChildFund's emergency intervention in this area, please mention it at this point.
10. Discuss other ways the community is involved including providing volunteers and in-kind contributions: "The community also provides material and human resource support for the Child-Friendly Spaces, including adults to provide the child-focused activities to support and maintain the Child-Friendly Spaces."
11. The Child-Friendly Spaces implementation is dependent upon the cooperation and acceptance of the community.
12. After the ChildFund team has explained the above points, respond to any questions from the community leaders. If the community leaders agree to the CFS, ask for permission to talk with smaller groups of youth, women and men at that time.
13. Ideally, the community will be enthusiastic and willing to contribute space (homes, mosques, churches, etc.), time, and other necessary resources. Qualified individuals, including women, who are literate, experienced and knowledgeable about girls' issues, are needed to work in the CFSs

Activity #2: Identify your needs and challenges when mobilizing communities

➢ Train community members on Safe Identification and Referral of child protection cases. Training may include the following topics: child development, children at risk, and referral pathways available at the community level.

➢ Build community ownership through in-kind donation of time and services, such as the provision of workforce, building materials, etc.

➢ Establish complaint mechanisms to address potential abuse and raise awareness among community members on proper utilization.

➢ Ensure children's participation in activity design, site selection and in identifying child protection needs in the community Develop a service map of basic needs including health, psychological first aid, legal assistance, food distribution, and social programs such as cash assistance.

➢ Identify qualified and willing volunteers and staff in the area.

➢ Communities are encouraged to facilitate and participate in different activities

Session 2:

Mobilizing marginalized members of the community, especially women, youth, and children

Guiding Note on Mobilizing Youth

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Key principles:

➤ Children who are capable of forming their own views have the right to express those views freely in all matters affecting them; their views are to be given due weight in accordance with their age and maturity (CRC Article 12).

➤ The mobilization (or participation) of children among populations affected by emergencies will result in better protection initiatives; in addition, the children involved are likely to experience increased well-being and resilience.

➤ Youth mobilization is important where there is a lack of educational and economic opportunity, which can result in boredom, despondency and loss of self-esteem.

➤ Children can make a significant contribution to their own protection and that of others before, during and after emergencies, and can play a vital role in post-conflict reconstruction and in the rebuilding of peaceful, more tolerant communities.

➤ Organizations can support and promote youth mobilization by developing a strategic approach, using age-appropriate participatory techniques, and building and developing capacity.

➤ Youth mobilization encourages innovation and leadership, which supports their ability to prevent and respond to harm against their peers.

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Strategies for involving children and youth in CFS activities

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- ✓ Identify leaders and mentors for the CFSs.
- ✓ Communicate key information to community members.
- ✓ Provide support and care for younger children.
- ✓ Engage and support child-to-child/peer education.
- ✓ Identify risks in the community that ChildFund or local authorities can address.
- ✓ Design and create appropriate, locally-made toys and games for the younger children to use in CFS.

When deciding how to mobilize youth, consider the following questions:

✓ What do you want to know about the attitude of adults toward youth in the community?

✓ Who will you initially contact who can provide information about where other young people, perhaps marginalized, can be found? Where else can you look?

✓ What kind of criteria should be used when deciding whether to support or work with partners, organizations or associations, or groups of young people?

✓ Are there children or youth whom you might want to prioritize mobilizing (consider involving different demographic groups, particularly those who may be marginalized, i.e. different ethnicities, religious faiths, IDPs vs. host community, disabled, unaccompanied children, child-headed households, LGBTI, HIV-positive, etc.)?

✓ From the community perspective, what are some of the major issues affecting children and youth?

✓ How will you build trusting relationships with children and youth with whom you would like to work?

✓ How will you communicate your initial messages?

✓ What will be said in such communication? What are some concerns you should consider?

✓ How will you engage youth in order to begin the process of working with them once you have stimulated some initial interest? What kind of participatory tools will you use, with whom, when?

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Guiding Note on Mobilizing Women

Key principles:

Women have a right to be consulted and involved in decisions that affect them and their family. Sensitive efforts should always be made to advocate for the inclusion of women in community mobilization.

It is particularly important to mobilize women in child protection because of their role in families, the contributions they can make and, in some cultures, their marginalization.

Mobilizing women presents many challenges related to women's roles and their life circumstances. Therefore, specific efforts may be required to ensure their mobilization.

The mobilization of women may require the development of parallel women's structures.

There are many strategies for approaching the social mobilization of women and the choice of strategy will be very situation dependent

Strategies for involving women in CFS activities

➢Actively recruit female staff and volunteers.

➢Create/promote work opportunities for women.

➢Promote capacity-building initiatives to build their skills in facilitation and leadership.

➢Involve women in designing and creating appropriate, locally-made toys and games for the younger children to use in the CFS.

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When deciding how to mobilize women, consider the following questions:

➢ What do you need to know about the attitude of male members toward women in the community?

➢ Who will you initially contact who can provide information about where other women can be found? Where else can you look?

➢ What kind of criteria should be used when deciding whether to support or work with partners, organizations or associations or groups of women?

➢ Are there women, perhaps marginalized, who you might want to prioritize mobilizing?

➢ What are some of the major issues affecting women from the community perspective?

➢ How will you build trusting relationships with women you would like to work with?

➢ How will you communicate your initial messages?

➢ What will be said in such communication? What are some concerns you should consider?

➢ Once you have stimulated some initial interest, how will you engage women to begin the process of working with the CFS?

➢ What kind of participatory tools will you use, with whom, when?

Activity #3: Prepositioning for CFSs under this Step

We are going to take 15 minutes in groups to discuss the activities that we want to plan to preposition for CFSs in emergency-prone communities.

Refer to Step 1 Handout 3: **Planning Checklist for Initiating Child-Friendly Spaces in the Field**

Participants may add other actions to be taken under each of the steps that are not detailed. Note that we will be filling this checklist/plan as we advance in the training.

Under each step discussed, we will pause and select a few activities that can be initiated prior to any emergency.

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- It is important to remember that prepositioning for CFS does not mean only buying materials but preparing the community and building their capacity prior to an emergency is a vital component.
- Especially training communities in safely identifying children and establishing 'assembly points' within emergency prone communities that hosts sponsorship programs.

Implementation:

➢ A CFS can play a vital role in connecting communities to available services to support basic needs of children and families. Develop a service map of basic needs including health, psychological first aid, legal assistance, food distribution, and social programs such as cash assistance.

➢ Ensure children's participation in activity design, site selection and in identifying child protection needs in the community.

➢ Establish complaint mechanisms to address potential abuse and raise awareness among community members on proper utilization.

➢ Encourage community involvement through activities such as toy making and inviting older mothers, grandmothers and elders to the CFS to sing songs and tell stories to young children.

➢ Build community ownership through in-kind donation of time and services, such as the provision of manpower, building materials, etc.

➢ Train community members on Safe Identification and Referral of child protection cases. Training may include the following topics: child development, children at risk, and referral pathways available at

➢ the community level.

End of Step 2: Closing and Questions

STEP 3: CFS Structure and Safety

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Step 3 CFS Structure & Safety: Session Overview

Welcome & Introduction

Activity: Prepositioning for CFS under this Step

Session 2: Infrastructure Standards and list of materials required for CFS implementation

Session 1: Guiding note on CFS structure and safety

Closing and Questions

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Objectives:

- Setting up a "Safe Space" - CFS structure and safety
- Understand the standards for CFS infrastructure
- Reviewing required materials and kits required for running and implementing CFS activities.
- Monitoring CFS quality on a day-to-day basis.

Session 1: Guiding Note on CFS Structure and Safety

Which sites or locations within a community could be utilized as a CFS?

Guiding Note on Setting Up a Safe Space

- An open space
- Community center
- Existing and unused community structures
- Religious places such as temples, churches, mosques, and others
- Community members' homes
- Any structure provided by the community

Community Involvement in Site Selection

Key Actions:

- Carry out an assessment together with the community
- Before deciding to set up a CFS, decide whether a new structure is needed at all.
- Map the existing facilities and infrastructure, including schools and community centers.
- The CFS site should not be close to a conflict or disaster-effected area.
- Identify within the community available resources and people who could take part in running a CFS.
- CFSs should be fun and should promote the right to play.
- Coordinate with formal schools to make sure that CFSs do not compete with them, but rather complement them.
- Consider training local community members, youth and other human resources in identifying disaster-prone communities prior to any emergency.

Community Involvement in Site Selection

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Key Considerations:

1. Physically secure space, free from landmines or hazardous debris.
2. Accessible to children–a reasonable walking distance.
3. Adequate latrine and handwashing facilities.
4. Not a likely place for child soldier recruitment or exposure to other protection threats.
5. Neutral ground in conflict situations.

Community Involvement in Site Selection

- **Community resources:** We should identify the available resources within the community
- **Staff:** We should focus on hiring staff to promote basic play and recreation activities and build from there.
- **Coordination between CFS and formal/informal education system**: We should coordinate with formal schools to make sure that CFSs do not compete with them, but complement them.
- **CFS scheduling:** We need to anticipate other needs of children when setting the CFS schedule.
- **Communities' and children's psychological needs:** The psychosocial wellbeing of parents is important for children's care and protection and that's why we need to consider scheduling parent support groups within the CFS.
- **Empowering community**: To empower the communities and ensure they are well-prepared, we should build their capacities through training local community members, youth, and other human resources in identifying disaster-prone communities prior to any emergency.
- **Capacity building needs:** We need to ensure that staff and volunteers are trained on a quarterly basis afterwards on different topics, and/or offer refresher sessions.

Session 2: Infrastructure Standards and materials required for CFS implementation

General Infrastructure Standards Tool

Child-Friendly Spaces List of Materials

- Toolbox No. 1: Recreation Kits
- Toolbox No. 2: Games Kit
- Toolbox No. 3: Art Kits
- Toolbox No. 4: Booklets (10 sets)
- Toolbox No. 5: Toys
- Toolbox No. 6: Hygiene, Security and Safety Materials
- Toolbox No. 7: First Aid Kit
- Toolbox No. 8: Teaching Kit

Dos and Don'ts of Child-Friendly Spaces

Activity:
Updating Prepositioning Plan

End of Step 3: Closing and Questions

STEP 4: Staff Recruitment and Capacity Building

ICEBREAKER

What are your takeaways from the previous session?

Introduction and Child-Friendly Spaces Planning

Welcome & Introduction

Session 1: Staff Recruitment and Capacity Building Strategy

Activity #1: Updating Prepositioning Plan

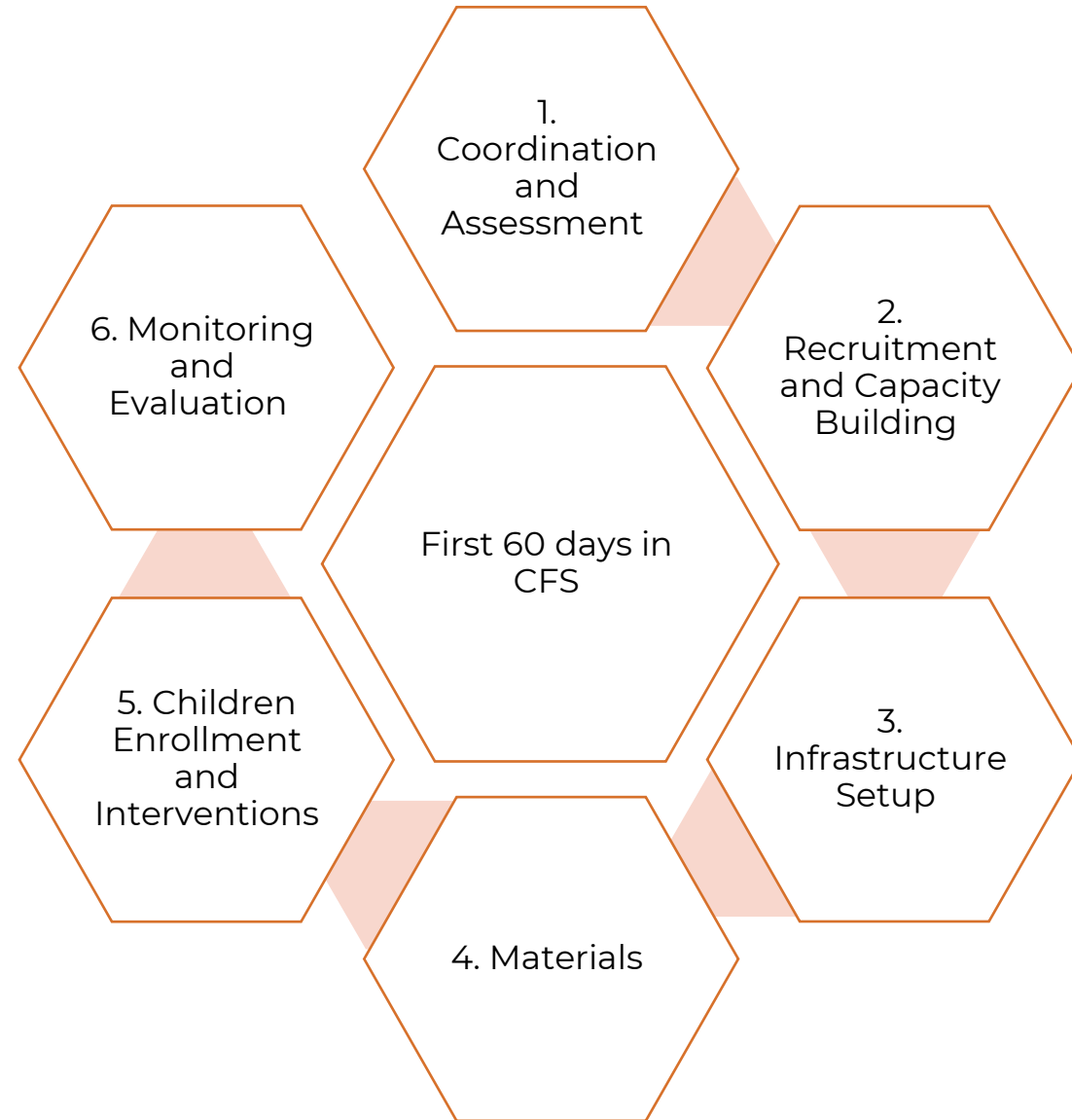Session 2: Job Description of Staff and Interview Questions

Activity #3: Updating Prepositioning Plan

Closing and Questions

Initial Step-by-Step for Establishing CFS

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1. Coordination and Assessment

2. Recruitment and Capacity Building

3. Infrastructure Setup

4. Materials

5. Children Enrollment and Interventions

6. Monitoring and Evaluation

First 60 days in CFS

Session 1:
Staff Recruitment and Capacity Building Strategy

Quick summary of available tools detailed in Step 4

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|	
Guiding note on staff recruitment and capacity building	Key considerations for staff recruitment, suggested staff, structure and capacity building plan.
Job descriptions and interview questions	Detailed staff member job descriptions to be adopted and advertised in the field.
Staff code of conduct	All volunteers and staff working in the CFS should understand and agree upon certain rules and regulations, and each CFS should develop a code of conduct based on these guidelines.

CFS' Toolkit Step 4

What factors could be considered when identifying and selecting local staff for CFS operation?

Key considerations for staff recruitment and capacity building

- Select highly motivated individuals.
- Consider the staff's gender composition.
- Consider the candidate's prior experience working with children.
- Target capable local community members, such as teachers, who have experience working with children.
- Ensure that the staff person understands and supports the concept of child participation.
- Make sure prospective staff members do not have other commitments and have available time.
- Consider staff with previous training in relevant sectors and other skills for working with children.
- If using external staff, consider the balance between them and community members.

Division of level of effort during CFS implementation
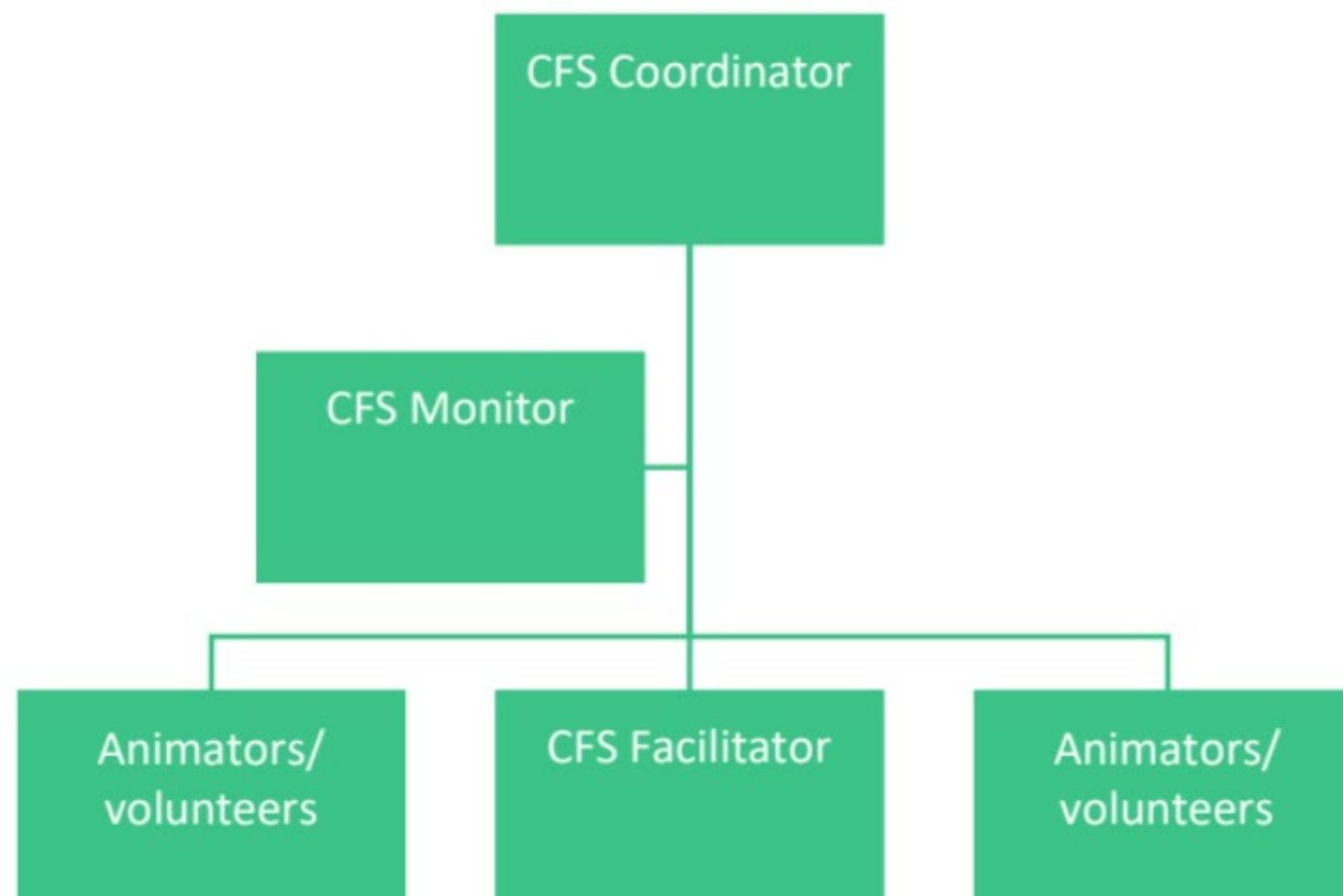
Staff Recruitment Standards

- The minimum caregiver-to-child ratio is 2 : 40 for children under 12, and 2 : 60 for children over 12.

- There should be a gender balance of CFS volunteers.

- Volunteers/animators must be at least 18 years old.

Capacity building of CFS staff

Phase I	Phase II
Focuses on CFS management including a full understanding of Child Protection in Emergencies (CPiE) and risks.	Focuses on training facilitators in child well-being and structured psychosocial activities.

Capacity building of CFS staff

Monitors	Facilitators	Volunteers
• How to run a CFS • Child safeguarding • Safe identification/ referral	• CPiE • Child safeguarding • PFA/PSS • Facilitators • PSS and activities • Safe identification/referral	• CPiE • Facilitation skills • PFA/PSS • PSS and activities • Safe identification/ referral

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Activity #1:
Updating Prepositioning Plan

Session 2:
Staff Job Descriptions and Interview Questions

Child-Friendly Spaces staff and job descriptions

- Child-Friendly Spaces Coordinator

- Child-Friendly Spaces Monitor

- Child-Friendly Spaces Facilitator

- Monitoring Coordinator

Activity #2: Guiding interview questions for recruiting volunteers

Staff's Code of Conduct

Activity #3: Prepositioning for CFS under this Step

End of Step 4: Closing and Questions

STEP 5: Child Protection Programming Linked to CFS

Step 5 Child Protection: Session Overview

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Welcome & Introduction

Session 1 Preparing and responding to CP inside CFS

Activity #1: Child Protection Preparedness & Response

Activity #2: Building Referral Pathways

Session 2: Risk Assessment & Safe Identification & Referral

Activity #3: Case Scenario – Obtaining Consent

Activity #4: Updating Preposition Plan

Closing and Questions

**Ice Breaker:
Thinking Like a Child**

What was your biggest fear when you were 7 years old?

Session Objective

- Developing, adapting, and implementing the Child Safeguarding policy & procedure in a CFS.
- Create linkages, including safe, confidential, and timely referrals to protection services.
- Identify children who are in need of either preventative and/or responsive child protection (CP) services.
- What to do when protection services are not available.

Key Guidance & Tools

Key considerations for implementing a CP program linked to CFS.	A list of pre-positioning and implementation activities to be considered in CFS planning.
A list of essential services that are linked to CP.	Key services to be mapped and identified as part of CFS.
Communication guidelines for safe identification and referral.	Communication guidelines for identifying and referring CP cases.
Risk Assessment guide for CP cases.	A general guide to support teams for CP risk assessment, with suggested interventions and immediate actions to take.
Risk categorization criteria to support community volunteers in safely identifying and referring CP cases.	This tool is provided to volunteers to assist in determining which cases/CP situations are to be referred to the case worker immediately.

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What do we mean by Child Protection Programming in CFS?

Overview Child Protection & CFS:

- CFSs are an important entry point for at-risk children and families to access child protection services.

- The CFS can link children and their families to appropriate services focusing primarily on meeting their health, safety, psychosocial, and legal needs through referrals to specialized services.

Overview Child Protection & CFS:

- It is important to highlight that a CFS should **not** offer case management services.

- Where case management service providers are available CFS staff should work to develop either an informal or ideally formal connection with the service providers.

- This allows for referrals in both directions – of children enrolled in case management into CFS programming and of children in CFS with specific needs into case management.

Safe Identification & Referral in CFSs:

- **Safety:** Some children may need of an immediate safety plan to extract them from unsafe environments where they are exposed to abuse. This can happen through arranging for interim care in a shelter through a case management service. The staff working in the CFS should coordinate the efforts but should not be responsible for a child's removal.

- **Health:** In case of severe physical abuse, children might need first aid. A referral to a specialized health service might also be required. In cases of sexual abuse, the child should be immediately referred to case management services and legal authority.

Activity #1:

Child Protection Preparedness & Response in CFS Program

Activity #1: Child Protection Preparedness & Response in CFS Program

• Violence in household/family • Risk of bullying in schools • Risk of corporal punishment by teachers	• Risk of sexual exploitation • Out of school girls increase chance of early pregnancy or marriage • Child Labor - Schools closed, family has child working/laboring to meet financial needs

Child Safeguarding Essential Steps:

- All staff, volunteers, contractors, or any adult who provides a service in the CFS **must** go through basic Child Safeguarding Training & sign child safeguarding and code of conduct documents (a ready-made Code of Conduct in Step 4).

- CFS staff have an obligation to inform children and adults accessing the CFS about their rights to be safe and protection and how to safely and confidently report if they are experiencing a safeguarding or protection concern.

Child Safeguarding Essential Steps:

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The Child Safeguarding Policy for a CFS must contain the following minimum requirements:

- Types of appropriate interactions with children and the banning of any type of physical or verbal abuse.

- Clear guidance on when it is acceptable to take photos and videos of children.

- Local emergency number.

- A reporting mechanism in case of any abuse.

Corresponding Training & Signature of Policy Acceptance are Required for All Staff, Volunteers, Consultants, & Representatives.

Consent and Assent Forms

Activity # 2:

Creating Referral Pathways to and from Child Friendly Spaces

Activity # 2 (con't)

In groups discuss & draw the following:

Step I: What would an "internal" CFS referral flow chart look like to you? Have one person draw it out.

Step II: What types of services should CFSs be linked to? List them out.

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Activity # 2 (con't)

Child Protection - Sample CFS Referral Pathway
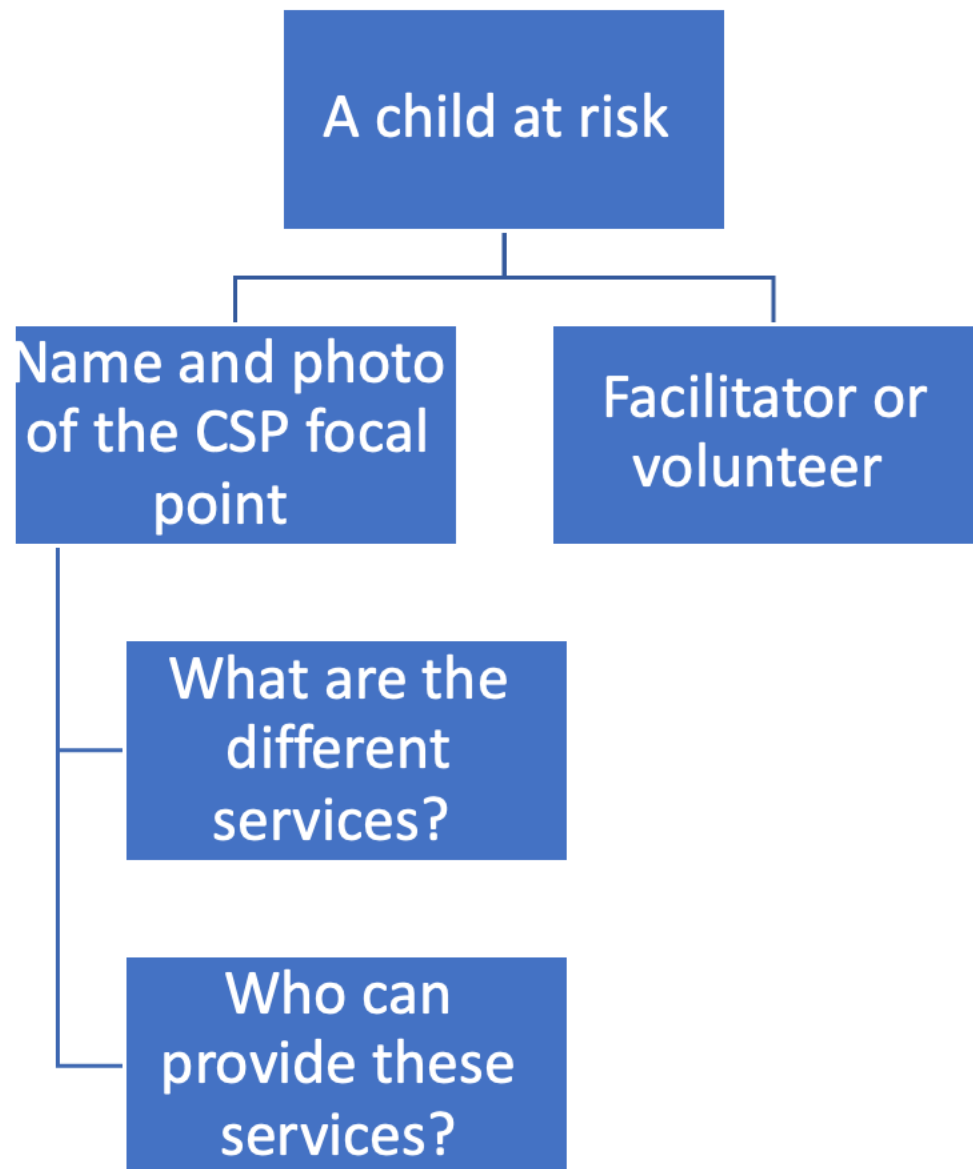
Activity # 2 (con't)

When developing referral pathways discuss the following:

- Who is going to be Child Safeguarding Focal Point at the CFS?
- Who will they report to and who will take a decision in the case?
- What are the services that are available that are essential?
- What to do if the country/community has weak case management system, i.e. there is no assigned social worker that can support in high-risk cases?
- When will the follow up will be conducted and by who?
- How can we ensure child confidentiality?

Remember that CFS even if they are implemented by the local partner, it is a liability on ChildFund International and therefore ChildFund CSP focal point must be involved at least in high-risk cases.

Child Protection Programming Linked to Child-Friendly Spaces

Service Mapping

Consider the following key service providers when creating CFS service maps & referral linkages:

- Protection Services
- Specialized Psychosocial Services
- Medical & SRH Services
- Shelter
- Medical Services
- Legal Services
- Cash Assistance Service
- Case Management Service

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Child Protection Prevention Messaging

- CFS programming provides a good opportunity to use promotive interventions – such as awareness raising on CP.
- Where possible, coordinate with advocacy and communication team members to find or develop cultural and child appropriate information, education, and communication (IEC) materials to display and share in the CFS.

Session 2: Preparing for and responding to child protection concerns in CFSs

Safe ID & Referral Communication Guidelines

First and foremost - Establish Rapport!

- Direct observation.

- Assess Situation

- Obtain consent/ assent.

Sample Referral Form

Child Friendly Spaces Service Referral Form	
Name of Child Friendly Space / Village	
Municipality / Province	
Name of CFS Volunteer that conducted the referral	
Name of the CFS Volunteer that is responsible for follow-up	
Name of the CFS supervisor who received this form	
Name of parent or guardian that was contacted	
Relationship of guardian that was contacted	
Relationship of guardian to child (Father/Mother/Grandmother/Sister...)	
Name and age of the child	

Date of Referral	
Agency/department that the child was referred to	
Contact Name and phone Number of referral agency	
Reason of referral	
Follow-up actions that need to be taken by CFS staff	
Date of Follow-up appointment with Agency/ department	
Date of follow-up appointment with family of child	
Comments	

Follow-up visits with referral Agency or Family	
Date	Summary of Follow-up Visit

Activity #3:

Case Scenario - Obtaining Consent

Activity # 3:

Case Scenario - Obtaining Consent

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Imagine you working at a CFS. An 11-year-old girl who has been coming to the CFS for a few weeks comes in one morning very distraught.

When asked what is wrong, she says she was "mistreated" on her way to the center. She usually walks to the CFS with a group of friends.

Based on what you are observing in her behavior and appearance - you are concerned that she may have been inappropriately touched. Her mother usually comes to pick her up at the end of the session.

You decide that you would like to speak with her mother to share your concern and to explore the option of making a referral to a trusted gender-based violence service provider.

Activity # 3:

Case Scenario - Obtaining Consent

You decide that you would like to speak with her mother to share your concern and to explore the option of making a referral to a trusted gender-based violence service provider.

- What would you say to the girl before her mother arrives?

- How would you approach her mother?

Take a few mins to write down what you would say to the mother on arrival.

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Referrals in CFS: Seeking Informed Consent & Assent

Informed Consent:

- The voluntary agreement of an individual who has the capacity to give consent, and who exercises free choice.

- Should be always be sought from children and their families/ caregivers before providing services.

- The person giving it must be able to understand what they are consenting to.

Referrals in CFS: Seeking Informed Consent & Assent

Informed Assent:

- The expressed willingness to participate in services

- Sought from children who are by nature/law too young to give consent

- Sought from children who are old enough to understand and agree to participate in services.

Child Protection Preparedness & Prevention in CFSs:

1. Develop **CP Services referral map including**, but not limited to legal services, medical examinations for sexual abuse cases, safe houses or temporary shelters, governmental social workers, and specialized psychosocial support.

2. Build **community members' capacities on identifying CP cases** and develop referral pathways with them.

3. **Raise awareness** among community members on agreed upon referral pathways and reporting channels.

4. Build **CFS staff capacity on safe identification and referral of CP cases** and case management services.

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Risk Categorization Criteria

Type of Case	Immediate referral	Follow-up with case management service
Sexual violence or risk of sexual violence	x	
Child is married/is engaged to be married/is at risk of being married	x	x
Child is engaged in work to support her/himself.		X
Child out of school.		x

Step 5: Child Protection - Tool on Risk Criteria

RISK CATEGORISATION CRITERIA
(for use by Community Support Volunteers)

This tool is provided to assist Community Support Volunteers ("Volunteers") determine which cases/child protection situations are to be referred to the Case Worker immediately, and which could be reported during the monthly meeting with the Case Worker. If in doubt regarding a particular case/issues, the Mentor should always consult the Case Worker for advise. If similar or detailed prioritisation/categorisation tools exist, operations may choose to use such tool in place of this tool.

Immediately: To be referred to the Case Worker immediately

Monthly: Mentor provides support to the child/family
and reports on the case/action using the Mentor Monthly Report Form

No.	Type of Case	When to Report	
		Immediate	Monthly
1	Sexual Violence or Risk of Sexual Violence		
2	Child is married / is engaged to be married / is at risk of being married		
3	Child mother / Child is pregnant		
4	Child is engaged in sex work		
5	Child has developed emotional and/or sexual relationship with and adult		
6	The child is seeking to leave the country		
7	Physical violence or threat of Violence (resulting in pain or injury or is repeated)		
9	Attempted suicide / talking of suicide		
10	Child is harming her/his self		
11	Imminent threat to the safety of a child		
12	Severe neglect by caregiver		
13	Involved in the worst forms of child labour[1]		
14	Child is engaged in work to support her/himself		
15	Child begging on the street		
16	Recruitment or risk of recruitment into armed groups or forces		
17	Argument and conflict among children at home		
18	Sustained, severe corporal punishment at home (repeated and resulting in injury and pain)		
19	Continues arguments and disagreements between child and caregiver		
20	Child out of school		
21	Child without documentation		
22	Child is in conflict with the law, or at risk		
23	Child with serious medical condition		

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Child Protection Response in CFSs:

- Do familiarize CFS staff with risk categorization criteria.

- Do not make promises during the initial stage of reporting abuse.

- Do treat the child (and their family) with respect, care and empathy.

- Do set in place a clear reporting and interview flow process.

- Do refer to a specialized person for interviewing.

- Do request the child's (and their parent's or caregiver's) permission to provide services (consent and/or assent.)

Guiding Principles for Responding to Children at Risk:

❖ **Do No Harm -** Ensuring that our actions do not place a child at greater risk or expose a child to further harm.

❖ **Best Interest of the Child -** Prioritizing a child's health and safety above other concerns

❖ **Confidentiality -** Keeping information about a child and their family safe and private

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Monitoring Referrals:

Important aspects of building a referral mechanism is monitoring the quality of the service received through:

- Following-up with child/ caregiver and respecting confidentiality.

- Following-up with service providers to ensure that the child is receiving the appropriate services.

Activity #4: Prepositioning CFS Under Step 5

Step 5: Closing and Questions

STEP 6: Outreach Programs to Promote Inclusion

Summary of Key Guidance

Guiding note on developing an outreach program	Detailed interventions and key considerations for use when designing an outreach program
Categories of children who may be excluded	A list of groups of children who may be excluded from outreach programs
Key standards to develop an outreach program	A list of standards that should be applied to the outreach program.
Roles and responsibilities for outreach volunteers	Job descriptions of the main responsibilities and tasks of outreach volunteers

Session 1:
Outreach Key Guidance

Vulnerable and Disadvantage Children

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➢ Children from ethnic and religious minorities

➢ Children affected by HIV

➢ Adolescent girls

➢ Children engaged in the worst forms of child labor

➢ Children without appropriate care

➢ Children born out of wedlock

➢ Children living in residential care or detention

➢ Out-of-school children

➢ Children with disabilities and female caregiver

➢ Child-headed households

➢ Lesbian, gay, bisexual, transgender and intersex (LGBTI) children

➢ Children living and working on the streets

➢ Children born as a result of rape

Key Guidance

- Develop a contextualized analysis to identify those who need support in your community (refer to CBCPM data or Step 1 CP assessment)
- Set a monthly detailed outreach plan based on CFS attendance records and information on most vulnerable groups in your community.
- Collaborate with religious and community; as well as influential people in the community to support in the outreach process.
- Organize welcome day in the beginning of each cycle.
- Adjust the CFS's implementation and activities to encourage the most vulnerable families and children to attend.
- Outreach data should be collected for referral and registration (Step 8 for tools)

Principles of Inclusion

- Children and adolescents with disabilities have a right to participation and inclusion in programs
- See the girl, boy, or young person first, not their disability
- Do not make assumptions
- Identify and value all contributions
- Work with families and caregivers

GENDER-BASED VIOLENCE AGAINST CHILDREN AND YOUTH WITH DISABILITIES

A Toolkit for Child Protection Actors

PRINCIPLES AND GUIDELINES

February 2016
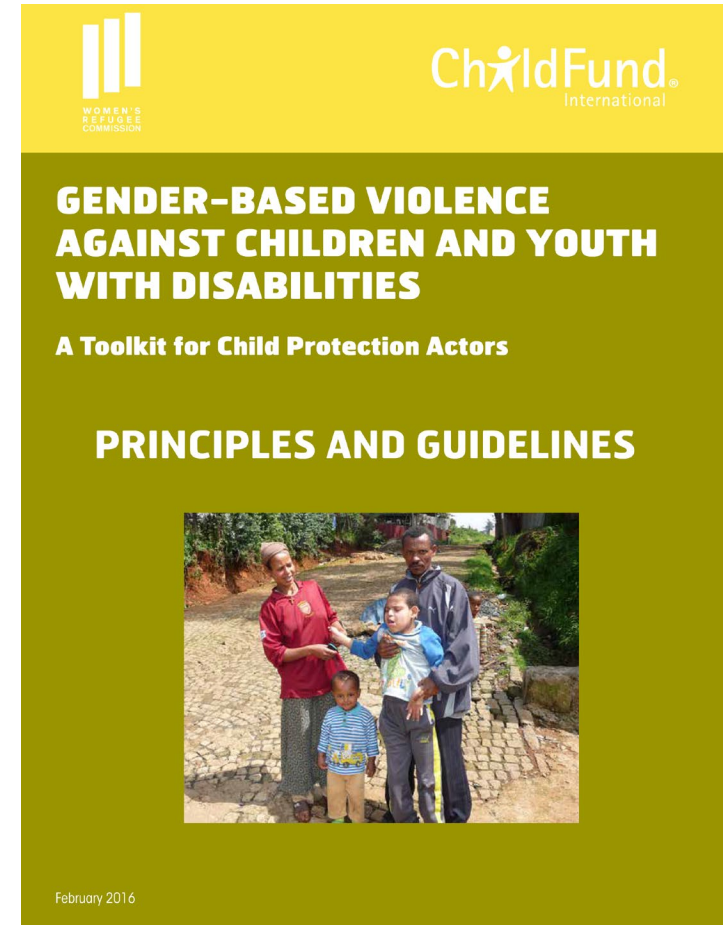
Supporting Children with Disabilities – Key Considerations

- Treat every child fairly and equally:

  ➢ Provide all available options to survivors with disabilities – then identify and address the barriers they may face in accessing those services / activities.

- Strengthen the child's resilience:

  ➢ Look at what the child can do – all children have skills, capacities and preferences which will be important in their recovery process.

  ➢ Support them to access age-appropriate information about sex and healthy relationships, and to build their protective peer network.

  ➢ Foster positive power dynamics between children with disabilities and their care-givers.

Inclusive from the Start!

Conducting information sessions for parents of children with and without disabilities together, will help to address stigma by bringing families of children with and without disabilities together to interact and get to know each other.

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Activities for Engaging Vulnerable and Disadvantaged Children

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Mobilize the CFS team to engage with the most vulnerable community members in their own settings, use:

- Mobile activities
- Phone Calls
- Door to door (field visits)
- Awareness sessions on
- Flyers and advertisements
- Open days for specific groups

Barrier Analysis Activity

Disability arises when impairments interact with barriers in society.

There are four types of barriers that persons with disabilities face:
- Attitudinal
- Communication
- Environmental or Physical
- Policy & Administrative

Think through the potential barriers children with disabilities may face in accessing our CFS and making action points on how to break down those barriers.

Attitudinal		Communications	
Barriers:	Potential Strategies:	Barriers:	Potential Strategies:

Environmental or Physical		Policy & Administrative	
Barriers:	Potential Strategies:	Barriers:	Potential Strategies:

Key Points to Addressing Barriers

- Children and adults with disabilities have a **right** participate in the same activities as other children and adults.
- Focus on types of barriers that prevent access to services, not types of disabilities.
- Consult with children and youth with disabilities to identify the best ways to improve their access to and participation in our programs.

Children with disabilities, their peers, and parents can all provide valuable information about barriers to CFS activities and effective strategies to address these barriers. The following are some suggested steps and questions that CFS facilitators can use when consulting with the community on programs and activities:

Step 1: Consult with women, children and youth with disabilities and caregivers to identify barriers and potential solutions

Each community will have specific barriers. **CFS** actors should host open meetings with community members, children with and without disabilities and their caregivers to learn more about the specific barriers they face when trying to access CFS activities. The following questions can help CFS actors to collect information about barriers and potential solutions:

- *What barriers are preventing access to services or inclusion of persons with disabilities in our activities? How is it different for women, girls, boys and men with disabilities?*

- *Does this barrier only affect the person with disabilities? Are caregivers or other family members and community members also affected?*

- *What can we do to address these barriers? What types of support is needed to improve access and inclusion of women, children and youth with disabilities in CFS activities?*

Children and adolescents may have different perspectives to parents and community members and may prefer more participatory methods of consultation.

Develop a plan for addressing barriers

Next, CFS actors should reflect on the barriers/obstacles that were shared by the community members, children and their families, and identify appropriate responses that they can implement. For each barrier consider the following questions:

- *What is one thing we could do to help to overcome this barrier?*

- *Is this suggestion feasible to implement now in our program or activity?*

- *Does this suggestion require additional support (e.g., time, funds or expertise) to implement?*

Document and detail the plan

CFS actors should work with the community members in the consultation to develop specific details on how, who and when each of the actions will take place. Some solutions may also need consultation with program staff and supervisors. For each action accepted by the group, consider the following questions:

- *Who will take the lead on this initiative?*

- *How will we know if it is working?*

- *How can we make sure that persons with disabilities can give us feedback if it isn't working, or if they have ideas on how to improve the initiative?*

Inclusive Outreach Messaging

Inclusive Outreach Messages	
Recommendation	**Sample Message**
Community volunteer / mobilizers and PSS Facilitators should inform and educate the community and parents that children with disabilities have PSS needs as well.	*"We conduct activities with children in safe spaces where they get a chance to meet other children their own age, develop social skills and relationships with others. These activities also provide an opportunity for us to identify children who need more support. For example, we know that many refugee children with intellectual disabilities have witnessed violence and are having difficulty talking about how this makes them feel."*

Inclusive Outreach Messaging

Community volunteer / mobilizers and PSS Facilitators should explain the different options available that will foster access and participation – Invite them to observe a session to learn more.	*"Children have lots of different options for how they might like to participate in these activities – some like to move around, others prefer to stay in one place – some like to draw, others prefer to do drama – some like to lead, whereas others prefer to watch and listen – we try to have many options, so that the children can decide how they want to participate. It is also ok to just come and watch. Would you like to do this one day, so you can learn more?"*

Inclusive Outreach Messaging

Community volunteer / mobilizers and PSS Facilitators should invite children with disabilities and their parents to activities – Be explicit!	"Our activities are for ALL children. We want children with different types of disabilities to attend, including: - Those with difficulty moving and walking (since birth or due to an impairment acquired later in life); - Those with difficulty seeing, even when wearing glasses; - Those with difficulty hearing, even when using hearing aids; - Those with intellectual disabilities who may have difficulty understanding, learning and remembering new things; - Those with psychosocial disabilities and mental health conditions; - Those with multiple disabilities, who are often confined to their homes and who may need assistance with personal care. We have different activities for girls and boys of ...dren with disabilities will be with other children who have similar interests and

Session 2:
Key Staff and Implementation Standards

STANDARD DEFINITION	Level 1	Level 2	Level 3	Level 4
Outreach Activities	No outreach conducted, or conducted but unfrequently	Outreach is conducted at least once a week	Outreach is conducted, and center has new registrations	Outreach is conducted, and center has new registrations of out of school children
Information Management (IM)	Outreach data not collected	Outreach data collected manually – no information management system available	Outreach data collected manually and entered in IM system, but not analysed	Outreach data collected using IM system, data is analysed and information is used for program planning

STANDARD DEFINITION	Level 1	Level 2	Level 3	Level 4
Information Education Communication Materials (IEC)	IEC are not available	IEC are and available distributed	Use of IEC observed, or evidence of use noted	IED are used and verified by community members knowledge
Community Outreach Team	Community outreach team comprised of single Sex/gender only	Community outreach team comprised of both genders from host and emergency affect community members.	Community outreach team comprised of both genders and engages youth	Community outreach team comprised of both genders, and engages youth, community and religious leaders

Take care of yourself, find ways to deal with your own feelings and give yourself time to process emotions of fear or feelings of stress. Seek professional help when needed.

...perienced harm, you are ... we are here to help

If you experience violence, now ... past, you have the right to rece... and we are here to help you.

Give your child extra time and attention, comfort and calm your child using hugs, stories, praying and playing games.

Information Education Communication Materials

- Try to disseminate messages to the community through personal networks (friends, relatives, neighbors) and the community at large through an app like WhatsApp, or by speaking directly with people, especially in gatherings and community meetings.

- Available in sharepoint ready-made messages on link here:
  - Child Protection
  - Gender-Based Violence
  - Safety in War Zones
  - Disability and Inclusive

"It is important for children with disabilities to join these activities because we know they have the same needs as other children, but often miss out on these types of activities. These types of activities help children with disabilities to express themselves and communicate better with others, as well as to have friends that they trust. This is important to reduce their risk of harassment in the community. Also, we know that some children with disabilities have feelings that are difficult to express – they may get angry and upset – we can work with these children to develop different strategies for communication, so they don't get as angry and frustrated."

"Our activities are for ALL children. We want children with different types of disabilities to attend, including: - Those with difficulty moving and walking (since birth or due to an impairment acquired later in life); - Those with difficulty seeing, even when wearing glasses; - Those with difficulty hearing, even when using hearing aids; - Those with intellectual disabilities who may have difficulty understanding, learning and remembering new things; - Those with psychosocial disabilities and mental health conditions; - Those with multiple disabilities, who are often confined to their homes and who may need assistance with personal care. We have different activities for girls and boys of different ages, so children with disabilities will be with other children who have similar interests and concerns"

Staff composition and main responsibilities

Outreach officer

- Manages outreach volunteers/ facilitators and set monthly plans for outreach team.
- Engage with leaders from groups focused on age, gender, and disability issues, and others
- Support CFS team to develop strategies for improved activity accessibility (including but not limited to sign interpretation, physical accessibility modifications, and easy reading versions of IEC materials)
- Support with data collection and verification, desegregation (by age, gender and disability) and analysis related to cross-cutting inclusion targets
- Design IEC messages and dissemination plan.
- Organize community events and campaigns.
- Ensures that all CP cases identified in the community are referred to proper services depending on the need.

Outreach facilitators

- Schedule monthly meeting with community leaders and religious leaders to discuss any changes in the communities which could potentially impact families and children at risk.
- In coordination with the outreach officer, develop community awareness-raisin activities on child labor, child development, risk of separation, child protection in emergencies, etc.
- Follow CP monitoring guidelines and send referrals to CP officer as required.

Fostering a "safe" environment for children with disabilities

All CFS actors are responsible for ensuring a safe environment for children who are accessing their activities. This includes ensuring that activities are held in a location that can be reached safely by children and their families; that the space is free of hazards that could cause harm (e.g. sharp objects, uncovered electricity plugs, etc.); that the space is accessible to all children; and that children feel safe, comfortable and respected. There are a few simple actions that that PSS facilitators can take to make children with disabilities feel welcome and build a safe environment in their activities.

Before the Activity

- **Invite children with disabilities and their caregivers:** Many children with disabilities are simply not invited to activities. Invite them – reassure them that this activity is also for them – and answer any questions.
- **Transport & Escorting**: Work in advance to ensure that the children with disabilities who have been invited have an accessible, safe and secure way to get to and from the activity. Work with the individuals, family and other group members to see what can be done if they have concerns about this – Can they come together with a sibling or other family member their own age? Is there a way that the program can provide secure transport for them? What instructions should we give to the bus driver about assisting them?
- **Set up the room and adapt activities:** Ask children with disabilities about any adaptations needed to attend and participate in the activity. How do they like to move around? What positions are they most comfortable and active in? Would they like a quiet place to go to? How often would they like to take breaks? For example:
  - Some children may prefer to use their wheelchair for all activities – In this case, make sure there is enough space for them to move around the room and that there is a space allocated to them at a table.
  - Other children may prefer to use their wheelchair for outside but slide around on their bottom when inside – In this case, consider activities that can be done on the floor with all children and have a mat available for those that request them.
  - Some children may not feel comfortable sitting for long periods in a chair – So have a mat on the floor near their table so that they can chose when they want to sit and when they want to lie down.
  - Lastly, some children may get agitated when tired and / or if the room is too noisy – Locate a supervised quiet space in or near the room and have objects that they find calming. Tell them this is their space and they can go there whenever they want.

Fostering a "safe" environment for children with disabilities

During the Activity Facilitation

- **Get to know participants and how they communicate:** Speak to them directly and ask if there is anything you can do to ensure they get the best possible experience. If you have difficulty communicating directly with someone, then you can also ask for advice from caregivers or peers about their communication skills and preferences. Facilitators should also take time to watch, listen, talk, and interact with individuals to learn more about them, what their preferences are and their skills and capacities. This is especially important when working with children with intellectual disabilities.

- **Give options for communication:** a "Communication Toolbox" can provide a range of options for communication, letting individuals decide what works best for them. Give children with intellectual and speech difficulties a little more time to respond to questions and validate or reinforce what they say with group. For example, *"Sabeen just described how she likes music because it makes her feel good ... Finding things that we like can be good way to deal with difficult emotions. Does anyone else here like music?"* You can also agree with the child on a gesture or a word "password" in case they needed assistance, without having the attention of the whole group.

- **Recognize different types of contributions**: Participation can look different for every individual and will vary according to their personal preferences, the type of activity and how familiar they are with the facilitators and other participants (i.e. just listening to sharing and expressing opinions, and even representing and supporting others). Positively reinforce these contributions, so that others in the group also recognize and value them.

End of Step 6: Closing and Questions

STEP 7: Community-based PSS and Structured PSS Activities

Key Guidance- Step 7 Community-Based PSS Activities

- MHPSS global framework

- ChildFund's approach to Community-based Psychosocial Support

- Overview of PSS trainings available

- Planning for PSS Program

- PSS quality check standards

Session 1: MHPSS Global Framework and ChildFund's approach

ICEBREAKER

Intervention Pyramid
Examples

- Mental healthcare by mental health specialists (psychiatric, nurses, psychologists, psychiatrists, etc.)

Specialized Services

- Basic mental healthcare by primary healthcare doctors.
- Basic emotional and practical supporty by community workers.

Focused non-specialized supports

- Activating social networks.
- Communal traditional supports.
- Supportive age-friendly spaces.

Strengthening community and family supports

- Advocacy for basic services that are safe, socially appropriate and protect dignity.

Social considerations in basic services and security

ChildFund's Approach to Psychosocial Support

What is community-based PSS?

"Activities that work to enhance the **capacity of a community or individual** to engage with their circumstances and more effectively identify and mobilize **internal and external resources**" ChildFund International (2015, p. 7)

Members of the community

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Community members to be considered when developing PSS programming include **children**, **caregivers**, **educators**, **local staff and volunteers**, and **international staff**

The Mental Health and Psychosocial Support Minimum Services Package

MHPSS MSP

Community members of different ages, genders and social groups should be supported to participate in community-led activities to capitalize on their different skills, ideas and experiences.

These activities provide an opportunity to proactively **include and support marginalized groups,** including people with mental health conditions.
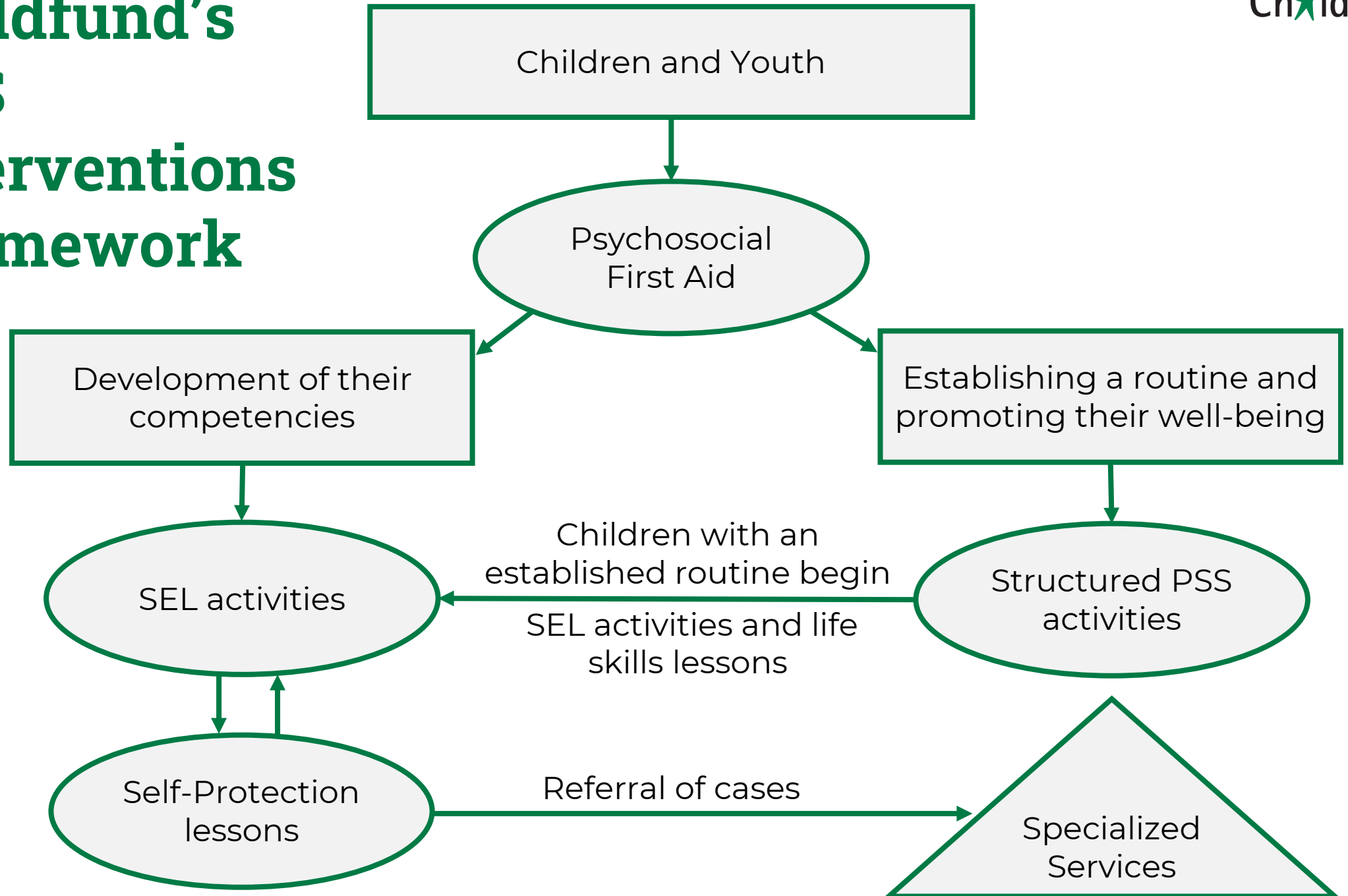
Supporting community-led activities

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➢ Identify pre-existing community-led initiatives

➢ Promote and support new community self-help interventions that promote mental health and psychosocial well-being

➢ Provide technical, financial, or in-kind support for community activities that promote mental health and psychosocial well-being

➢ Facilitate access to a safe, appropriate space in which to conduct activities if needed

➢ Facilitate links and referrals to any needed services and supports

Source: Mental Health and Psychosocial Support Minimum Service Package

Childfund's PSS Interventions Framework

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Children and Youth

Psychosocial First Aid

Development of their competencies

Establishing a routine and promoting their well-being

SEL activities

Children with an established routine begin

SEL activities and life skills lessons

Structured PSS activities

Self-Protection lessons

Referral of cases

Specialized Services

Session 2: Implementing and Planning PSS Programs

Activity #1: What are examples of community resources?

Communities have strengths!

List the strengths that exist in your own community...

Activity 1

What are PSS interventions during Emergencies? (1/2)

Structured PSS activity

➢ Set of education activities aimed to help children overcome difficulties/stress they might face.

➢ Support children, their families and communities to build a sense of safety and psychosocial stability

Recreational activity

What are PSS interventions during Emergencies? (2/2)

There are three different PSS interventions that we may roll-out during emergencies:

1. Non-structured PSS
2. Structured PSS
3. Life-skills (such as lessons on health, child-protection, disaster risk reduction, etc.)

Difference between non-structured and structured PSS activities

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Non-Structured PSS	Structured PSS
No order or routine established	Delivered with the same group of children for a period of time and follows specific routine
Has no specific outcome except promoting the general wellbeing of children	Planned based on specific outcomes
Not directed	Child Protection messages are included
Facilitators observe and supervise the activity	Facilitators manage the sessions

Activity #2: Discuss photos of structured activities in Child Friendly Spaces

Photos of structured activities in CFSs

➢ What do you see in the photos?

➢ Find different activities for different ages.

➢ List the different kinds of activities

➢ What do you notice about the facilitators?

Activity 2

Activity #2: Continued

Group painting. Dohuk, Iraq. © IOM 2018

First contact, Psychosocial Mobile Teams. Mosul, Iraq. © IOM 2016

Activity #2: Continued

Life-skills as PSS Intervention

Life-skills can complement PSS activities and contribute to increased child protection and the prevention of illness and violence.

Structured PSS can include life-skills related to:
➢ Health
➢ Child protection (including self-protection)
➢ Nutrition
➢ HIV/AIDS
➢ Disaster risk reduction/the environment

Overview of PSS trainings available

The Encricle Resources Hub provides a range of trainings including:

- A TOT module linked to Psychological First Aid.

- The resource package also provides training on non-structured and structured psychosocial support, social emotional learning, and self-protection interventions..

For capacity building and training purposes, staff should refer to ChildFund's Encricle Resources Hub.

Linking Non-Structured and Structured PSS Activites to ChildFund's Community-Based Approach

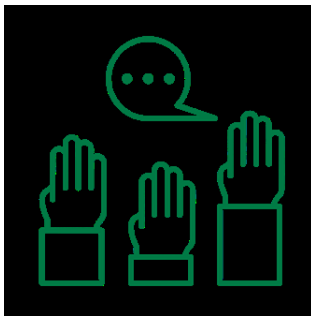1. A rapid assessment to help identify potential community strengths, assets and any limitations

2. Identifying coordinating partners

3. Meaningful child, youth, family and community participation is critical for effective community-based PSS.

4. Culture adaptation

5. Working with different groups of children and the community

6. Targeting adolescents and gender differences

CFS Quality Standards Checklist (1/2)

- Supervisor to child ratio is met
  - Supervisor to child ratio standard is the minimum caregiver to child ratio is 2:40 for children under 12, and 2:60 for children over 12.
- Code of Conduct is understood by all staff and displayed in the Safe Space
- Attendance records up to date
- Play equipment and toys are safe for children's use
- Activity schedule prepared in advance of use
- Activities available at least two hours per day, three days per week

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CFS Quality Standards Checklist (2/2)

- The Activities are divers and suited to different ages, genders and to children with disabilities
- Activities are fun and engaging and promote the right to play
- There is parental involvement in the PSS program such as parenting support groups, parenting information sessions or inter-generational activities
- There is community involvement in the PSS at least once every three months through open days, events such as netball and football matches, parent committees, parent involvement in life skills or cultural activities.

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Activity #3: Prepositioning for CFS under this Step

End of Step 7: Closing and Questions

STEP 8:
Monitoring & Tracking, and Planning for Next Steps

ICEBREAKER

Would you rather:

- Live in the Arctic or in the Sahara Desert?

- Always be overdressed or underdressed?

- Have 2-meter long legs or 2-meter long arms?

- Time travel back to the past or to the future?

Quick Summary:
Available tools detailed in Step 8

Guiding note for monitoring and evaluation	Details the outcome and input indicators for CFS implementation, and provides guidance on activities required for successful CFS implementation.
How to set up a complaints and response mechanism	A general framework for establishing a complaint mechanism, considering positive and negative feedback.
CFS monitoring database	Excel database forms including: registration, monthly reporting, weekly reporting, CP referral, CP risks reporting, outreach registration, and monthly monitoring for outreach programs.

Session 1: Monitoring program activities and children's well-being in Child-Friendly Spaces
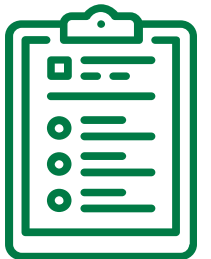
Monitoring a CFS Program

Monitoring is the systematic gathering of information (or data) while a program is being implemented.

For example: Recording weekly attendance of boys and girls attending a CFS program is an example of monitoring data. This information will:

➢ Tell you who is (and who is not) attending regularly

➢ Allow you to ask questions like, "Why are so few girls attending?" and "What can we do to make sure more girls attend?"
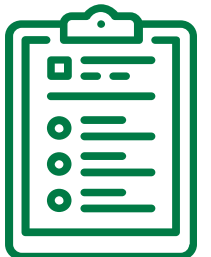
CFS' Toolkit Step 8

Monitoring a CFS Program

What would you like to know and collect data on during the implementation of your program?

CFS' Toolkit Step 8

Sample of Monitoring Indicators

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➢ (No.) of staff and volunteers trained on PFA and PSS/SEL trainings.

➢ (No.) of children attending *non-structured* PSS sessions disaggregated by gender/sex, age and disability status.

➢ (No.) of children attending *structured* PSS sessions at least 4 weeks in a row, disaggregated by gender/sex and age.

➢ Quality care for all children attending CFS program are met.

➢ (No.) of children referred to specialized services including child protection, PSS, health and others.

➢ (No.) of children who register at the CFS through intervention of outreach volunteers.

Monitoring Tools

1. Registration or enrollment

2. Attendance

3. Activities

4. Outreach

5. Referrals

6. CFS quality standards

Standardized tools across agencies

Many agencies implement similar CFS models in humanitarian contexts. It is very useful to work with other agencies at the onset of an emergency to agree on a standard M&E framework. This will allow a picture of how all children in the area are being served by CFSs.

Registration/Enrollment

Objective: this should include details about the child, contact information for parents/guardian and a consent form signed by parents/guardian.

Attendance Record

Objective: Maintains a record of children's daily attendance disaggregated by date, sex, age, and others. It also supports appropriate targeting of Child-Friendly Spaces.

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		CFS attendance tracking sheet																																
Registeration Number	Child's Name	sex	Age	Month:																														Total #
Day				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
				S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	

Activity Record

Objective: to track activities conducted at the CFS and to inform changes to the CFS activity schedule.

Schedule needs to include non-structured and structured PSS activities that are planned.

Outreach Identification

Objective:

• To record children attending mobile activities supported by CFS and/or those who have been recruited to CFS through mobile awareness campaigns in targeted locations.

• To support targeting vulnerable and at-risk children to attend CFS activities.

Referral Tracking System

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Objectives:

- To record the number of children who attend the CFS who are referred to child protection and other services.

- To record the child protection issues that are being referred and detected by CFS program staff.

- To record information on the follow-up activities carried out by CFS staff.

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Objectives:

- To assist in planning for CFSs in the field.

- To assist in monitoring CFS implementation.

- To improve CFS quality.

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- Supervisor-to-child ratio is met:
  - ➤ The minimum caregiver-to-child ratio is 2 : 40 for children under 12, and 2 : 60 for children over 12.
- Code of Conduct is understood by all staff and displayed in the CFS.
- Attendance records are up to date.
- Play equipment and toys are safe for children's use.
- Activity schedule is prepared in advance of use.
- Activities are available at least two hours per day, three days per week.

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- The activities are diverse and suited to different ages, genders and to children with disabilities.
- Activities are fun and engaging and promote the right to play.
- There is parental involvement in the PSS program such as parenting support groups, parenting information sessions or inter-generational activities.
- There is community involvement in the CFS at least once every three months through open days, events such as netball and football matches, parent committees, parent involvement in life skills or cultural activities.

Evaluation for CFS Program

Evaluation refers to examining specific **information** at **specific time points** (usually at the beginning, middle and end of a program) to see if the activities you have done have achieved the goals you set.

For example: goal of setting up a PSS is to help children recover from stressful events.
> ➢ Are the children less emotionally stressed after being part of a PSS program?

For example: goal of setting up a PSS program is to help children feel safe after recovering from a stressful event through establishing a routine.
> ➢ Do children feel safer after being part of a PSS program?

What would you like to see by the end of their program?

Sample of Evaluation Indicators

➤ % of children who identify a safe space outside the home where they can go.

➤ % of children who have attended the PSS program who are less stressed (as compared to baseline and possibly also control group who have not attended CFS program).

➤ % of children who identify a 'trusted adult' outside the family they can go to if in need.

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Baseline and endline data: This is data that is collected before a program starts. It gives a base that can be compared to data collected at the end of a program.

Impact: If there is an impact on something, it means it has changed or it is different.

Roles and Responsibilities

➤ M&E is primarily the responsibility of ChildFund specialists and managers.

➤ M&E is not responsibility of facilitators and/or volunteers.

  o Facilitators and volunteers can be involved in keeping records of sessions and by providing input on how the program is being implemented.

➤ **Monitoring coordinator is** responsible for making sure that ongoing monitoring data is collected accurately, entered into the Excel database and kept secure, and then producing reports for the CFS staff to review their work and to report to donors on progress.
  o This person can work 50% of their time on CFS program monitoring while they work on another program—it should not be a full-time job.

Activity #1: Prepositioning for CFS under this Step

**Session 2:
Action Planning**

Activity #2: Planning for next steps

What are some considerations that Country Offices need to plan for before launching CFS activities?

Activity 2

Activity #1: Planning for Next Steps

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Pre-positioning Activities

➢ What resources including staff, capacity building activities and other resources do you need to pre-position?

➢ How many communities will you target? (This question is for your reference.)

➢ What assistance do you need from IO or others?

Operational and Managerial Challenges

➢ Think of one or two operational challenges that you anticipate. What will be your strategy to overcome them?

➢ Think of one or two managerial challenges that you anticipate. What will be your strategy to overcome them?

End of Step 8: Closing and Questions

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