Inclusion in Child Friendly Spaces: A Study on Barriers and Good Practices

Ann Abraham, Marian Gamboa, Trung Le

This research paper was produced for review by Plan International. It was prepared by Ann Abraham, Marian Gamboa and Trung Le of The George Washington University’s Elliott School of International Affairs.
Acknowledgements

We are grateful to Plan International for the opportunity to conduct research on the successes and challenges to inclusion within Child Friendly Spaces. We especially want to thank Sweta Shah, Janis Ridsdel and Katie Tong for their expert guidance and all their assistance in ensuring that we were able to carry out our research.

We would also like to extend a special thanks to Plan Philippines staff for welcoming our research team so warmly and for arranging all the necessary logistics to accommodate our fieldwork. Also, thank you to the Plan Davao team, especially Telesforo Lapalana and Melvin Diancin for assisting us during our fieldwork in Mindanao.

Additionally, we would like to thank Child Protection practitioners and experts who provided great insight and feedback on inclusivity within Child Friendly Spaces (CFSs).

Finally, we would like to recognize the children, families, volunteer CFS facilitators and community members in Mindanao, who were all survivors of Typhoon Bopha (Pablo). Without their hospitality and their openness, this research would not have been possible. Their stories of hope, resilience and expressions of gratitude were truly inspiring and helped us further understand how the work of Plan International makes a significant impact. We believe that reaching the most vulnerable children is truly important because they are the ones who are most in need of protection.
# Table of Contents

Acknowledgement .................................................................................................................. 1  
Table of Contents .................................................................................................................. 2  
Acronyms ............................................................................................................................... 3  
Executive Summary ................................................................................................................ 4  
Introduction ............................................................................................................................ 5  
Methodology ........................................................................................................................... 6  
Impacts of CFSs .................................................................................................................... 7  
Barriers to Inclusion .............................................................................................................. 9  
More Good Practices and Recommendations ..................................................................... 17  
Conclusion ............................................................................................................................ 21  
Interviews Conducted ............................................................................................................ 23  
Bibliography .......................................................................................................................... 24  
Annex A: Research Question ............................................................................................... 27  
Annex B: Research Tools .................................................................................................... 28
**Acronyms**

<table>
<thead>
<tr>
<th>Acronym(s)</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CFS(s)</td>
<td>Child Friendly Space(s)</td>
</tr>
<tr>
<td>CPIE</td>
<td>Child Protection in Emergencies</td>
</tr>
<tr>
<td>CPWG</td>
<td>Child Protection Working Group</td>
</tr>
<tr>
<td>IDP</td>
<td>Internally Displaced Persons</td>
</tr>
<tr>
<td>INGO(s)</td>
<td>International Non Governmental Organization(s)</td>
</tr>
<tr>
<td>FGD(s)</td>
<td>Focus Group Discussion(s)</td>
</tr>
<tr>
<td>NGO(s)</td>
<td>Non Governmental Organization(s)</td>
</tr>
<tr>
<td>PRM</td>
<td>Participatory Ranking Methodology</td>
</tr>
<tr>
<td>ToT</td>
<td>Training of Trainers</td>
</tr>
<tr>
<td>WFS</td>
<td>Women Friendly Spaces</td>
</tr>
</tbody>
</table>
Executive Summary

Child Friendly Spaces (CFSs) are a very important intervention in humanitarian settings because they 1) are safe shelters for children 18 and under, 2) provide children with psychosocial support to heal from any trauma and loss experienced after an emergency, and 3) are a stepping stone to recovery by reducing the risks that threaten children’s rights after an emergency.

Ensuring that all children in a community post-emergency have access to CFSs is important because it is essential to take steps to include highly vulnerable children and to meet the distinctive needs of children of various age groups, ethnicities, sexes, backgrounds and abilities.

Our research question asked, “To what extent can and do Plan International’s CFSs address the needs of children of different sexes, ages, abilities and backgrounds?” Based on fieldwork conducted in the Philippines and a desk review on CFSs world-wide, we found strong evidence that Plan International addresses the psychosocial and educational needs of children of different sexes, ages, abilities and backgrounds. Specifically, children under the age of 12 are more likely to attend CFS and benefit from Plan International’s support. However, there are certain barriers that prevent children over the age of 12 from attending or accessing CFSs regularly. This report will cover those issues and identify good practices and recommendations to help these children overcome barriers.
Introduction
Children need to be protected, loved and cared for to enable them to reach their full potential. After an emergency, children are especially vulnerable to many forms of abuse and exploitation due to the temporary breakdown of a community or family structure. They can also be separated from their families and/or communities, experience loss, be displaced and have limited access to formal education. Thus, a child is left more vulnerable to abuse, child-soldiering and recruitment into armed forces, trafficking, child labor and increased exposure to violence, harassment, discrimination and exclusion.

In theory, CFSs are child protection intervention methods utilized by an increasing number of international and local Non-Governmental Organizations (NGOs) after an emergency in order to protect children’s (or child) rights. CFSs are meant to be community-based areas where children from all backgrounds, ages, sexes and abilities are encouraged to gather, play, and participate in formal and informal educational activities. In CFSs, children should have access to psychosocial support and health care. In practice, depending on the implementing NGOs, CFSs may vary in their operational guidelines and also differ in their names. CFSs are sometimes called Safe Spaces, Child Centered Spaces and Emergency Spaces for Children, but for the purposes of this paper, we will use the title “Child Friendly Space(s)” or “CFS(s).”

Despite the diversity in practice, all CFSs must adhere to a number of principles, one of which is to promote equity and inclusion among all children. The Child Protection Working Group (CPWG) established guidelines to further elaborate on these principles. The promotion of inclusion is seen as meeting “the distinctive needs of girls and boys of different age groups, ethnic backgrounds, living situations, disability, etc.” and designing “responses from services with the needs of these groups in mind” (Global Protection Cluster - Child Protection, 2012). Although these global standards have been established, inclusion remains a concept that is fluid and is contextually dependent on culture, class, and environment. After an emergency, the concept of inclusion can be especially challenging to address because the change in both the social and physical environment can produce a shift in norms, responsibilities and expectations for community members. Therefore, in real-life situations, highly vulnerable children are even more vulnerable and less likely to participate in CFSs without deliberate efforts to include them. It is essential to understand what the barriers are for highly vulnerable children to access CFSs, and how to meet the distinctive needs of children of various age groups, ethnicities, sexes, backgrounds and abilities. Failure to do so would mean that a number of highly vulnerable children would be unable to take advantage of these services, and in some cases, adversely affect the community. If CFSs unintentionally discriminate against particular people or are perceived as excluding particular sub-groups, the CFSs will likely increase community tensions after an emergency when social cohesion and unity are needed.

For these reasons, Plan International sponsored this research on practices of inclusion within CFSs in order to strengthen the ability of CFSs to support as many vulnerable children as possible. In order to understand inclusion as it applies to CFSs, our research team asked, “To what extent can and do Plan International’s CFSs address the needs of
children of different sexes, ages, abilities and backgrounds?" (See Annex A for more detailed research sub-questions). This report is divided in five sections. The next section discusses our methodology in conducting this research. The sections that follow present findings on the impacts of CFSs and the barriers to inclusion. The last section and subsequent conclusion provides a number of good practices on inclusion as well as practical recommendations for humanitarian organizations.

**Methodology**

To answer the research question we used four different methods. Some of the methods were carried out during our fieldwork in Mindanao, the Philippines. This fieldwork looked at internally displaced communities that were affected by Typhoon Bopha in December 2012.

1. **Literature Review**

   We consulted relevant international development organizations’ documents and academic sources such as
   - Scholarly articles and research on inclusion in CFS
   - Policy documents that elaborate on what the commonly accepted standards in inclusion are
   - Manuals that show how to address the needs of children of different sexes, ages, abilities and backgrounds
   - Country reports that provide best practices and lessons learned in addressing inclusion issues in CFSs

   The literature review gave us a better understanding of the barriers to inclusion in different contexts, as well as helped us identify good practices to address those barriers.

2. **Open-ended Interviews**

   In order to gain insights in existing CFS practices, we conducted open-ended interviews with CFS staff and program-designers who worked in the Philippines, Pakistan, Uganda, Senegal, Afghanistan, Mali, Niger, Pakistan, Indonesia and Bolivia. These respondents were grouped into CFS donors, implementers, academic researchers, and beneficiaries. CFS donors include both bilateral and multilateral donor agencies. CFS implementers include staff at Plan International, and other organizations that provide CFSs. The beneficiary group includes parents, or any adults who had direct experience with CFSs. For each group of respondents, we designed separate sets of interview questions (See Annex B). This was a key method in the research because it helped us gather information about the opportunities, challenges, and solutions from diverse perspectives.

3. **Focus Groups**

   We conducted focus group discussions (FGDs) in three different communities in Mindanao. FGDs are a participatory method used to obtain information about opinions, beliefs, attitudes, feelings and emotional reactions—all aspects that affect a group’s perception of inclusivity. Understanding these issues informed us of contextually-appropriate recommendations for improving the design and implementation of CFSs.
Like the open-ended interviews, we designed FGDs to be appropriate to the demographic and responsibility of each group. For instance, with children, we used visuals and local games, such as sunka\textsuperscript{1}. We also used Participatory Ranking Methodology (PRM) and community mapping in order to facilitate interaction, stimulation, and revelation. PRM allowed us to gain both qualitative and quantitative data on different perspectives of inclusion and socio-cultural and environmental factors that affect inclusivity (see Annex B).

4. Observation
We visited three Child Friendly Spaces and observed active CFS sessions in which children and facilitators congregated and we also observed children during times when the CFS did not have any formal sessions. We drew the space and made markings of the significant placement of children in order to reach the following objectives:
- To see what kinds of children attend CFSs. Do they vary in background, age, gender, and religion?
- To assess children’s socialization practices within the CFSs.
- To better understand the role of the adult facilitators/caregivers.
- To better understand the role of individual children.

5. Data Analysis
Each of the above four methods has its own strengths and complement each other, allowing us to collect data from a wide range of sources. Initially, we were asked to identify what are the barriers to inclusion and how humanitarian organizations can make CFSs more inclusive. However, much evidence on the impacts of CFSs has emerged from our collected data; therefore, we have also included this in our report. At the same time, evaluations of CFSs and interviews with experts point to the lack of evidence-based data on the impacts. Therefore, findings are presented in the following sections: “Impacts of CFSs,” “Barriers to Inclusion,” and “Good Practices and Recommendations.”

Impacts of CFSs
Research in various countries shows that CFSs have a number of positive impacts on the development of children in emergencies. First, the most commonly known impact is that of children’s improved psychosocial well-being. This benefit has been confirmed by evaluations of CFSs in North Sudan, Myanmar and Uganda (Gladwell, 2011; Tango International, 2009; Kostelny, 2008). Our fieldwork in the Philippines also reaffirms this benefit. Many parents articulated that after their children started attending CFSs, they were no longer afraid of a little wind or rain, and had a better understanding of storm systems because of the Disaster Risk Management (DRM) classes. Before CFSs, their children—as a result of Typhoon Bopha—were afraid of rain and gusts of wind, thinking that these were signs of another impending typhoon. Their fear created so much anxiety

\textsuperscript{1}Sunka is a traditional board game played by two players.
that the children did not want to leave their parents, thinking they might be separated if another typhoon struck. This fear affected the daily lives of the children and parents because they could not go about their normal routines.

Second, CFSs also contribute towards positive changes in relationships between children, which is an important factor in reducing withdrawal, anxiety-depression and other social problems among refugees and internally displaced persons (IDP). For example, an evaluation of a youth club program in Belgrade, Serbia showed increased self-respect and improvement in peer relations (Ispovic-Radojkovic, 2003). In our fieldwork in the Philippines, the children stated that they viewed CFSs as a place where they “feel happy” and are able to “play with their friends.” During the community mapping exercise with children ages 13 and older, all the children drew the CFS as one of their favorite places to frequent, citing it as a place where they can find happiness and create bonds with other children and with the facilitators. Furthermore, there is evidence of CFSs fostering inter-ethnic friendships among the children, as many of them spoke positively about their new friends in IDP camps who came from different ethnic backgrounds or tribes.

Third, CFSs contribute greatly to the learning needs of children. Evaluations of CFSs conducted in Haiti and the Solomon Islands demonstrated that children have more knowledge of disaster preparedness as well as existing risks in their living environments, such as drowning and unhygienic behaviors (Madfis et al., 2010). In North Sudan, parents appreciated CFSs because they provide education and care at no charge, while they have to pay money for the same kind of services in Khartoum (Gladwell, 2011). Data collected during the fieldwork also point to greater learning aptitudes and easier transitions back to formal education. During interviews, some parents mentioned that prior to the typhoon, their children often skipped school, but after attending the CFS, they regained interest in learning and now attend school regularly. A mother added that her daughters were able to read, count, and create handicrafts after attending the CFS.

Fourth, CFSs also have a positive impact on adults, including volunteer facilitators and community members. CFS facilitators in the Philippines, who are also survivors of Typhoon Bopha, have found that the activities and preparation for CFS activities—such as creating toys for CFSs with indigenous materials or drawing signs and educational materials to place around the CFSs—serve as a sort of art therapy for them. Moreover, community members learn more about the importance of securing child rights and protection during times of disaster when they are included in the planning, implementation and monitoring of CFSs. For example, in a Sri Lankan IDP/refugee camp, community members mentioned that the establishment of the CFS in the camp allowed them to understand more about children’s diverse needs and rights. Like other places where children are not often seen as a priority by adults, it had not previously crossed the mind’s of the adults that it would be beneficial to establish an area meant just for children to play and be protected (UNICEF 2013).
Barriers to Inclusion

While CFSs are effective in providing psychosocial support and supplementary education to many children, our findings show that older children and children with less visible vulnerabilities—poor socialization skills, poor health, intellectual disabilities, and children from poorer families—face a number of barriers inhibiting their access to CFSs.

There are different ways to conceptualize these barriers. In *Understanding Children’s Experience of Poverty: An Introduction to the DEV Framework*, the authors cite deprivation, exclusion and vulnerability (DEV) as three dimensions that capture the broad spectrum of a child’s poverty experience (Wordsworth, McPeak and Feeny 2005, 12). Their analyses on deprivation and exclusion in particular inform our findings on reasons why children do not attend or have access to CFSs. The deprivation dimension refers to a child’s lack of material conditions that are essential to the development of a child’s well-being. These may include, but are not limited to health, shelter, education, food, water and/or facilities. While deprivation focuses on the absence or scarcity of basic necessities, the exclusion dimension refers to the “broader processes” that contribute to the lack of basic necessities. (Wordsworth, McPeak and Feeny 2005, 12-16). Social stigma, ethnic and/or gender discrimination, or economic barriers are examples of broader processes that affect a child’s full participation in society.

Below are four main barriers—health, economic status, social, political and cultural contexts, and CFS operations—that can prevent CFS attendance or access by children. As in the DEV Framework, these barriers can overlap, meaning a child can experience multiple barriers simultaneously. For instance, a girl with disabilities from a poor household is highly vulnerable, because she may suffer from not only physical challenges, but also social stigma related to her gender and disabilities. This section also presents various solutions that Plan International and other NGOs have identified and applied.

1. Health

A child’s physical and psychological health post-emergency may affect his or her CFS attendance. The most common problems are the lack of nutrition, clean water and proper hygiene that can lead to various health concerns. For instance, during all the focus groups and interviews with Plan staff, parents, and facilitators, sickness and a child’s poor health were cited as a major barrier against children to attend CFSs. Infectious diseases, parasites and gastrointestinal problems such as chronic diarrhea are prevalent in the IDP camps. This can be due to the living conditions within the camps as well as the lack of health facilities in the area. On the other hand, children who are in the contagious stages of their illnesses should not be encouraged to attend CFSs because they can also spread infectious diseases among other children. In camp sites in Way Station, North Sudan, staff reported a significant number of sick children attending CFSs. Eye and skin infections are common. “These diseases are contagious and can spread. But it’s hard to tell the children not to come to school” (Gladwell, 2011). If CFSs are places where diseases are spread among children who attend, this will be counterproductive to the goals of CFSs and will create a negative public image of CFSs among parents—who will be hesitant to send their children to CFSs if they hear that it is a place where diseases are spread.
Children also face situations such as the loss of their parents, relatives and neighbors that affect their emotional health and consequently their ability to attend CFSs. For example, some of the children we interviewed in the Philippines said that one of the reasons they cannot attend CFS is because they go to the bus station every day. The bus station is the place where separated children were told to congregate after Typhoon Bopha in order to look for their parents and relatives. Even after four months, the relatives of these children remain missing. These children are have not yet accepted the loss. Also, common symptoms of grief and loss are isolation, withdrawal and depression. These can all be barriers to a child’s attendance to CFSs because he/she is still recovering from the trauma caused by the loss of their loved ones and trying to adjust to major life changes.

In order to address psychosocial and health concerns, Plan Philippines uses visuals and educational materials and activities to help children identify and address their emotions. For example, there are signs and pictures posted throughout the CFSs illustrating the importance of hand-washing, using clean water and other public health practices that help prevent illness and disease. Plan Philippines also has an established a relationship with Department of Social Welfare and Development—together, Plan Philippines and the Department of Social Welfare have mechanisms in place for facilitators to refer children who are in most need of counseling.

In more severe cases, children with HIV/AIDS and children with disabilities or special needs may assume they are not welcome at CFSs. In addition, these children are seen as the most vulnerable, because they also suffer from social stigmatization. Local beliefs in North Sudan make it shameful to have a child with disabilities in the family. Therefore, families often make these children stay at home, thinking that they cannot learn (Gladwell, 2011). In order to address this barrier, Plan International in North Sudan organized a workshop to raise parental awareness about children with disabilities and their right to education. The country staff also noted that peer-to-peer groups are particularly effective for including these children. A staff member said “other children are able to find these children better than us. If we make children aware that children with disabilities have the right to come to school, they will find them and advocate for this. Sometimes children are more effective than adults” (Gladwell, 2011). Plan Philippines has long supported peer-to-peer groups. In one of the CFSs, children were encouraged to include their special needs peers in singing and dancing. However, in order to be better prepared to deal inclusively with various types of disabled children, staff and facilitators also requested more training.

2. Economic Status

Generally, the lower the household income or class, or the poorer the circumstances, the more pressure there is in families for all to work, including children. Especially after an emergency, older children are more likely to take on increased responsibilities either in the home or to supplement their family’s income. During the rebuilding phase post-emergency, the family unit faces an increased amount of work in labor intensive duties. Parents are required to spend a large percentage of their time re-establishing their homes.
or finding new livelihoods because their former homes or livelihoods were destroyed or disrupted. This increase of labor-intensive duties trickles down to the older children who are capable of performing such duties.

As mentioned, a child can experience multiple barriers simultaneously. In the Philippines, men are commonly expected to be breadwinners in their families. Therefore, adolescents, especially boys from poor households, feel increased pressure to contribute to their family’s incomes. In focus group discussions, all of the male adolescents mentioned various types of income-generating activities, such as farming, scrapping for metal, or carpentry. In one CFS, facilitators stated that sometimes parents bring their sons to cash-for-work programs, even though it is strictly prohibited to hire children; meanwhile, female adolescents cited taking on in-home duties such as taking care of younger siblings, doing the laundry for the whole family, cleaning the home, or fetching water. Even though they are not directly contributing to family’s incomes, the girls’ activities are still labor-intensive and time-consuming.

Since work either inside the home or outside the home fulfills the immediate needs of the family unit, CFS activities become secondary. The nature of a child’s work during an emergency can lead to long unregulated work hours for little return. Moreover, often the condition of certain income-generating activities are harmful, such as scrapping metal, which was cited as feasible work by a number of male adolescents in the Philippines. It should also be noted that these children may have already started working long before moving to the IDP or refugee camps, and thus have fallen behind in school. Facilitators in North Sudan and the Philippines observed that children from poor households have more difficulty learning in CFSs than their peers, because they do not know how to read and/or write properly. In smaller classes like in the Philippines, facilitators were able to give extra support to these children. However, in larger settings in North Sudan where there could be 60-300 children in a CFS, it remains a challenge for facilitators to work with children of different ages, levels and learning abilities (Gladwell, 2011).

While it is hard to accept that a child may need to help his or her family by working, one good way to involve children in CFSs is to hold CFS activities for adolescents during non-work and non-school hours (see Box 1). This way, a child can still have access to CFS activities post-emergency.

**Box 1. Good Practice: Engaging youth with summer camp in the CFS**

Plan Philippines, in collaboration with the local government, hosted a four-day summer camp for the children within the IDP camps that took place in the CFS. A staff member conducted meetings with the youth and asked the youth to propose activities for this camp. The activities included workshops on kite-making, dancing, arts and crafts, theatre and life-skills. This was a successful project in that it was well-attended by the youth. It is worth noting that this particular CFS has many adolescents attending CFSs because many activities are youth-led. *(Source: Plan Philippines)*
3. Social, political and cultural contexts

Broader circumstances that are external to the child’s physical or financial situation can also act as barriers to CFS attendance or access. This includes a number of social, political and cultural barriers, such as gender and ethnic conflicts.

In terms of gender-related barriers, as mentioned, older girls are often expected to contribute to care for their younger siblings. In North Sudan, CFS facilitators said that this is one of the main barriers preventing adolescents from attending CFSs. Similarly, in the Philippines, because of gendered responsibilities in the home—for instance, girls doing laundry and taking care of younger siblings—a number of adolescent girls in our focus groups said that their chores cut into their CFS time and prevented them from attending. On the other hand, adolescent boys, who generally have more mobility to exit the IDP camps and entertain themselves outside of the CFS, seemed to not be as engaged in the psychosocial activities of the CFS. As boys who are more action-oriented than girls, they would rather do something more kinetic like play soccer or basketball (see Box 2). There have been a number of effective ways to address this gender barrier. For instance, in North Sudan, an educator at Plan International said that “girls have the desire to come, but sometimes parents force them to take care of their younger siblings, so we started letting the younger ones come too” (Gladwell, 2011). The organization also set up a kindergarten in the CFS, so that siblings can attend together. In other countries, it is observed that male volunteer facilitators are particularly helpful in engaging adolescent boys to attend CFSs more regularly as male facilitators could serve as role models and mentors to the boys. An interesting observation in the Philippines was that all the volunteer facilitators were female and it was the adolescent boys who did not attend as frequently.

Gender is a socially-constructed concept. At an early age, girls and boys are taught what it means to be feminine and masculine. In many cultural contexts, girls’ movement is much more restricted than boys’, which creates a barrier for adolescent girls to attend the CFSs. In an internal evaluation, Save the Children Yemen reports that some activities may be culturally-inappropriate for girls so they do not attend CFSs (Ager, Alastair & Metzler, 2012). Similarly, adolescent girls in Niger tend not to want to come to CFSs because they are co-ed and it is against their religious beliefs to play with boys after a certain age (Ager, Alastair & Metzler, 2012). In other countries, for example in Ethiopia, South Sudan, Pakistan and Afghanistan, early marriage is often accepted and tolerated. Child Protection staff based in those countries noted that adolescent or even pre-teenage girls cannot attend CFSs because they are married off at young ages and are no longer considered children by society.

Ethnic differences remain a challenging issue as well, especially in areas that have a long history of ethnic conflicts. For instance, in Mali, clashes between the Sonrai and the Taureg have discouraged the Sonrai from attending CFSs. Another example is North Sudan, where staff members noted that their lack of understanding of “the customs and traditions among the southerners is difficult, because there are so many tribes and traditions in one place, and we are from the North” (Gladwell, 2011). Even when the different ethnic tribes are present at the refugee camps, it does not always mean that they
get along well. Many facilitators observed that some children do not want to sit with those from other tribes.

Box 2. Good Practice: Finding a culturally-appropriate incentive that engages adolescents

Example 1: Life-skills course in Liberia
One CFS operated by Save the Children in Liberia was experiencing a lack of general interest among adolescents. Since children in Liberia rarely progress toward secondary education, there are plenty of out-of-school youth in Liberian CFSs. In order to engage and build educational capacity among teenagers, Save the Children hosted a six-week training course on life-skills, for adolescent youths. After successfully completing the course, the children celebrated with a graduation ceremony and received an official certificate from Save the Children and the government ministry. For the adolescents, there was a genuine sense of achievement because they did not attend a formal school. The training course was successful in reaching Save the Children’s target population. Save the Children replicated this life-skills module in three other countries in Africa. In order to conduct this project, Save the Children hired a team to conduct a Life-Skills Training of Trainers (ToTs). CFS facilitators participated in the ToTs and implemented the curriculum for the adolescent youths in their communities.
(Source: Plan Uganda)

Example 2: Dance competition in the Philippines
Adolescents in one IDP camp in the Philippines were not regularly attending the CFS. However, dance teams are very popular among Filipino youth. In order to engage the youth, Plan Philippines in coordination with the Humanitarian Response Consortium (HRC) hosted a dance competition in the CFS. The winning team would perform at a festival in town. Even when the CFS was not formally in session, the adolescents used the CFS structure for practice. During these practices, teenage boys and girls from various backgrounds brought their younger siblings to teach them how to dance as well. During one of the practices, a dance team brought a disabled child. When asked why, the youth said that they brought him to the CFS so that the child would not have to remain in the hot IDP tents all day. Instead, the disabled child could at least observe the dance practice. This good practice not only engages the youth but also promotes inclusion.
(Source: Plan Philippines fieldwork)

4. CFS operations
How and where a CFS is run, as well as the staffing, programming and activities affect who attends. Operational barriers include the location of CFSs, inadequate facilities at CFSs, a lack of appropriate activities for youth of different ages, the lack of parental awareness of CFSs, and the lack of coordinated and multi-sectoral approaches.

In an ideal situation, a CFS should be (i) close in proximity to a community, (ii) have sufficient facilities that are conducive to learning and playing, and (iii) more importantly, ensure security. In North Sudan, access is particularly challenging for those who live
further away from the CFS. One facilitator said “there are lots of children who don’t come, especially the ones that are further away,” and another facilitator said that “the main problem is the children who live outside the camp fence—they don’t really come. Actually there are lots of children who don’t come. But we are really full too” (Gladwell, 2011). Humanitarian organizations have different approaches to addressing this concern. For instance, Save the Children in the Philippines organizes “mobile CFSs,” in which facilitators ask faraway communities to set aside an area for a CFS. Facilitators bring toys to the communities and play with the children at the designated venue. This good practice is one of many attempts to bring CFSs to communities that are often inaccessible.

Facilities are also an important factor in attracting children to attend CFSs. In the Philippines, facilitators noted that it is a challenge to keep the children at the CFS if the building is far from latrines and the water source. In North Sudan, the lack of latrines remains an issue for inclusion of girls, particularly during menstruation. Studies show that girls do not like to share the same latrines with boys (Gladwell, 2011). Plan International in the Philippines builds CFS structures in close proximity to the camp sites (see Box 3). Facilitators say that children enjoy these structures that are made from natural materials more than polyvinyl tents, because they are cooler inside, more waterproof and wind-proof. “We used to conduct activities at a room in the municipality building. It was very small. Since the CFS was built closer to the camp site and the space is larger, there have been more children attending CFS,” said a facilitator.

Security is another important issue. During the focus group discussions at CFSs in the Philippines, many boys mentioned the police station as a place that they like, because “police stopped the fights in the camp.” Facilitators confirmed that there have been a number of incidents involving intoxicated male adults. Security is also of great concern to the refugees in North Sudan. CFSs are fenced, and access by adults is strictly monitored and controlled. Staff at Plan International explained that the fence keeps everyone except for the educators, the children, and official visitors out. It also keeps the children away from the Nile River—a potentially dangerous area because of concerns that children might drown in the river or be attacked by crocodiles, snakes or scorpions when they go near the river (Gladwell, 2011).

The quality and diversity of CFS activities are key factors in attracting children to attend CFSs. Volunteer CFS facilitators play an important role because they use the training manuals to design concrete activities and implement them with the children. An assessment of CFSs in IDP camps in North Darfur, Sudan shows that activities are “inappropriately age-targeted” (Ager, Alastair & Metzler, 2012). Similarly, many facilitators in Way Station, North Sudan cited the large and unpredictable number of children as a problem. “Even if they are the same age, some of the children have not been to school before and can’t write,” said a manager (Gladwell, 2011). “The training I received mainly focused on children from 6 to 12. So, I have to innovate activities to work with the adolescents,” said one of the facilitators in the Philippines. It is challenging to meet the diverse needs of the children, especially in terms of finding materials and conducting activities that are suitable to each age group. Similarly, CFS activities should be sensitive
not only to various ages but also to children’s schedules. For example, in Indonesia, Plan International staff carefully arrange schedule of CFS activities, so that they do not overlap with children’s nap or meal times.

**Box 3. Good Practice: Using local materials to construct CFS structures in the Philippines**

In the Philippines, Plan International has gradually replaced CFSs made from polyvinyl tents with structures that are made from indigenous resources.

The new CFSs buildings have advantages over tents: they are built close to IDP camp sites and other facilities, such as latrines and water points; and they prove effective in coping against the tropical climate of the Philippines—they can withstand strong rain and wind and are cooler in temperature. The indigenous structures also demonstrate the creativity of the local community—for instance, a basketball stand made from a tree.

Also, construction of indigenous buildings engages parents and the communities-at-large because building the CFS is integrated in Plan International’s cash-for-work program and Women Friendly Spaces (WFS). Community members are paid to contribute to the building of this structure while the women in the WFS sew the *nipa*—a type of tree used to build houses—for the walls and the roof together for income generation. Plan International encourages culturally and environmentally-appropriate practices and gives community members a voice in the decision-making and design process of the CFSs. Using locally-available materials to construct CFSs is a great way to support the local economy, rebuild a sense of self-confidence, and encourage participation in child protection.

(Source: Plan Philippines fieldwork)

Some parents and community members do not fully understand CFS activities (see Box 4). There are two reasons for a lack of awareness and involvement in CFSs. On the one hand, parents and community members are preoccupied after an emergency with finding an income. In the Philippines, for instance, parents leave the care of their younger children to
older siblings, or in some cases, relatives. In North Sudan, research shows facilitators have difficulty involving parents because they “always say that they are busy [...] on a daily basis they are not involved; because they are too busy looking for food and with home business” (Gladwell, 2011). On the other hand, humanitarian organizations do not fully adopt a participatory approach. One senior manager in North Sudan acknowledged that “community members were not involved in any kind of initial assessment,” and that parents are unlikely to “have any kind of meaningful role in running the CFS [...] probably the most that happens is just telling them that the CFS is there” (Gladwell, 2011). It is important to raise community awareness on the positive impacts of CFSs and involve the community in setting up CFSs.

Box 4: Good Practice: Community-based outreach initiatives

Example 1. In Afghanistan, the staff at a CFS were having challenges in reaching the most vulnerable children. CFS facilitators could not easily locate certain children with disabilities, those from different tribes, and adolescent girls in the community. In order to aid the CFS, several charismatic community leaders made door-to-door home visits and informed parents about the CFS and the overall functioning and benefits of a CFS. Since these leaders were already trusted members of the community, their encouragement and support of CFS activities during their door-to-door visits were very helpful in attracting more parents to allow their children—especially adolescent girls—to attend the CFS. Also, during the door-to-door visits, these community leaders were able to observe if there were any vulnerable children in the homes that were not accessing CFSs. Some of these vulnerable children were only revealed during the door-to-door visits because parents, out of desire to protect them, often did not allow these children to leave the home. At times, parents hide their children because of certain physical or mental disabilities. The door-to-door visits help in inclusion because these community leaders are able to educate and encourage parents to allow their children to join CFS activities. (Source: Mike Wessels)

Example 2. In Uganda, Plan International conducts theatre workshops for children in their CFSs. At the end of this workshop, the children prepare skits to be performed in front of their parents and the entire community. Facilitators invite parents and community members to come to the CFS on specific days when the children are performing their skits. Usually, these skits are educational and highlight the importance of HIV/AIDS prevention or gender-based violence prevention. By attending these performances, parents and community members are able to see the lessons that children are learning and understand the overall positive benefits of CFSs. (Source: Plan Uganda)

Finally, the lack of coordination and the lack of a multi-sectoral approach can create barriers for children to attending CFSs. In one CFS in the Philippines, some parents asked their sons to help them in a cash-for-work program, an initiative based on rebuilding the
local economy. The program operated by humanitarian organizations strictly targeted adults, but its lack of oversight enabled children to participate, taking away the children’s time from other educational activities. CFS staff at Way Station, North Sudan commented that there are many aspects of IDP camp sites they are dependent on but have no control over—such as shelter, food programs, and water and sanitation. “If these things fail, you have lots of sick children and it affects the mood of the whole place,” said a CFS manager (Gladwell, 2011). The mode of partnership is also an issue when there is no clear joint operational plan or responsibility. In some countries, Plan International delivers the program—from setting up to running CFSs. In other countries, such as North Sudan, Plan International works in partnership with other NGOs. A manager noted that there was no lead agency, and “everyone is trying to do everything” (Gladwell, 2011).

More Good Practices and Recommendations

We identified a number of good practices that have been implemented by humanitarian organizations in different countries. At the same time, we have strived to provide more recommendations with the aim of addressing children’s diverse needs more systematically. In order to do so, we conceptualized four sets of recommendations. The first set deals with NGOs’ internal procedures for designing, implementing, monitoring and evaluating CFSs. The other five sets of recommendations focus on key stakeholders; namely children, parents, community members and other partners.

These recommendations include both short-term and long-term suggestions. Depending on time and resources, humanitarian organizations may not need or be able to implement all of the recommendations in all circumstances.

1. **Prioritize CFSs in programming**

While CFSs are a common intervention in humanitarian assistance, people in the affected area do not necessarily think of CFSs as a priority issue. A senior manager of an NGO shared that after a certain disaster the country team at first did not think it was necessary to set up CFSs because there were other competing demands. Even in rapid assessment findings, it was not clear that respondents wanted to have a shelter for their children, because they were preoccupied with other priorities concerning adults. It is important, however, to prioritize CFSs, which are one of the few interventions on child protection in emergencies, and develop a plan of action. Recommendations include:

- Developing a how-to guide on setting up and running CFSs in specific local contexts. This guide should be in the form of checklist of dos and don’ts. It should also provide concrete examples, and additional resources.
- Enhancing the quality of rapid assessment. The current rapid assessment relies mostly on numbers provided by the local governments. A manager at Plan International said that these numbers are not always reliable and are oftentimes not even available. It is also important to take into consideration the social, cultural, environmental factors that are not always reflected in numbers.
- Providing training on psychosocial support for all staff. While facilitators are currently trained to work with children, many respondents in this research...
emphasized the need for more systematic training on the psychological needs of a child. This may be costly to fully implement because it requires further research on the training needs, development of training materials, and budget for regular trainings.

- Providing more systematic training for facilitators and ensuring gender balance among facilitators. Findings in this research show that there is the dearth of quality training materials for facilitators, especially in addressing a complex issue such as inclusion. At the same time, it is important to share more good examples of unstructured activities that facilitators can use in different situations (i.e., large classes, mixed-aged groups).
- Providing adequate security, including easy access to latrines and water, at CFSs.
- Improving the monitoring of CFS activities. At the moment, facilitators keep attendance records, which do not usually tell much about who is going to CFSs and how they participate in the activities at CFSs.
- Collecting evidence-based data on issues regarding children’s needs. This data is particularly effective in engaging in dialogues with donors, policy makers, and community leaders. For instance, in this research, donor agencies expressed the needs for more evaluations of CFSs, and more information-sharing among agencies.
- Creating channels for children to express their voice and opinions about activities within CFSs, and with emphasis on increasing levels of autonomy and competence. One common method is to conduct surveys to collect children’s feedback.

2. Increasing individual capabilities

From a rights-based approach, provision of adequate services is only part of the solution. The other part is to increase the capabilities of the right holders—children, in this case—to be able to access the services. Even though CFSs are provided in many IDP camp sites, some children cannot go to CFSs because of the lack of capabilities—health and special education needs, for examples.

Box 5. Good Practice: Using “Photo Voice” to increase child participation and expression in CFSs in Indonesia

Plan Indonesia uses “Photo Voice” techniques in the adolescents in IDP camp sites. The children are given cameras to record what happens in their living environment. As a result, this provides rich data on the lives of adolescents in the camp—about what they encounter in everyday life and issues that are important to them. At the same time, this approach encourages a child’s right to participate by allowing the children to express their voice and opinions about what happens in the camp. This practices increases child participation in humanitarian interventions and empowers children and adolescents. (Source: Plan Indonesia)

- To support these children, humanitarian organizations should ideally conduct needs assessments on different groups of children to identify which groups need the most help and what kind of support they need. Every child has their own
capabilities, and a needs assessment allows facilitators to individualize the activities to accommodate the children’s own needs. When possible, facilitators can also create a profile for each child, which records their abilities and needs.

- Conduct risk assessments on the type of risks and stigma children may face in the short and medium terms. For instance, children with disabilities or those living with HIV/AIDS often suffer from social stigma. Efforts should be made to engage families and communities in reducing the stigma.
- Design activities that are appropriate to different groups (sexes, ages, disabilities, and ethnicity). Some examples of innovative activities are dance groups, drama clubs, and outdoor sports.
- Raise self-confidence and promote child participation through Photo Voice (see Box 5)
- Encourage peer-to-peer groups among the children

3. **Raise parental awareness in investing in children’s long-term needs**

While CFSs provide substantial support for children in emergencies, children spend the majority of their time with their parents or guardians. Efforts should be made to involve parents in the planning and implementation of CFSs:

- Understand parents’ priorities that may get in the way of sending children to CFSs.
- Integrate women-friendly spaces into CFSs; so that mothers and female caregivers and their younger children, especially those under six years old, can benefit from these spaces (see Box 6).
- Engage fathers in CFSs through innovative approaches, such as vocational training, sports activities, and income-generating efforts. All too often, support for children comes from the perspective of mothers or female guardians. It is seldom realized that men can contribute to child development as role models and promote positive masculinities.
- Raise parental awareness of the long-term needs of a child, including key issues such as psychological support in emergencies, reproductive health, gender equality
- Empower facilitators to do home visits, so that facilitators can learn more about the environment that children are currently living in, as well as discuss key issues with the parents related to their children's needs.

4. **Involve communities in supporting child protection**

In this research, donors and practitioners recommended that humanitarian interventions should make use of the resources available in the community, and involve the community in supporting child protection. For instance, religion and traditional beliefs play a vital role in the lives of most people throughout the world. They also lend a lot of support in case of emergencies.
It is important for humanitarian organizations to

- Gain an in-depth understanding of the local contexts. Experts at donor agencies recommended recruiting staff with in-depth local knowledge, and identifying available resources, such as potential allies of CFSs, role models, and quotes from religious texts that could be used to support the idea of inclusion of all.
- Gain support of cultural and religious leaders to promote CFS activities. One way to accomplish this goal is by presenting evidence-based data on the issues of concern to the children.
- Encourage communities to discuss the social and cultural barriers for children to fully develop their skills and knowledge. For instance, local staff can use the research developed in this report to gain a better understanding of the barriers that children are facing in the community. After collecting evidence, humanitarian organizations should find opportunities to discuss the findings with the community.

5. Work with development partners and private sector to ensure child rights

Humanitarian efforts often require a lot of coordination from different partners (see Box 7). It is important to:

- Work with the formal education sector to align schedules, and help children better transition into schools. This can be done cost-efficiently, if humanitarian organizations can create and maintain a clear channel of communication with schools.
- Share information on programs, including challenges and good practices. As mentioned, CFSs are a common intervention that is implemented by different humanitarian organizations. Publishing success stories as well as lessons learned creates avenues for improving the quality of CFSs in general. In case of joint programs, it is important to have clear operational plan and responsibility, as well as regular channels of communication to update on the progress.
- Raise local entrepreneurs’ awareness of child rights and engage them in providing job skills and vocational training for adolescents. In many societies, adolescents gain local knowledge and skills through hands-on activities, such as beekeeping, poultry and small animal husbandry, brick-making, handicrafts and carpentry.
These activities contribute to the local economy, and build the self-esteem of adolescents.

- Link better with the refugees’ next destinations—whether they are returning home or moving to another camp site—and create a follow-up mechanism for children who need special support.

**Box 7. Good Practice: Integration of other child protection interventions with CFS**

In Sri Lanka, UNICEF integrated tracing programs with CFSs in refugee camps, for the purpose of reuniting separated children with their families. After the civil war in Sri Lanka, the refugee camps were dealing with a large number of separated and unaccompanied children. UNICEF established CFSs in the camps, hired certified social workers as facilitators who hosted tracing programs in these CFSs. The facilitators (certified social workers) were trained to implement the tracing process. As a result of the program, and a strong network of information exchange between various CFSs in different refugee camps, a number of unaccompanied children were identified and able to be reunited with family members.

(Source: UNICEF)

In Niger, many families are unable or fail to register children at birth. Birth registration is important in ensuring a child’s protection because if they are not registered, a child may be deemed stateless. World Vision integrates birth registration by coordinating with the municipal government—families can bring their children to CFSs once a week to have their children’s birth registered. This practice also raises the awareness of parents in understanding the types of activities that occur in CFSs, and encourages them to bring their child to the CFS.

(Source: Plan Senegal)

**Conclusion**

As stated, Child Friendly Spaces are a significant humanitarian-assistance intervention for the purpose of child protection. In fact, implementing CFSs after an emergency is a practical way for local and international NGOs to begin development work in a community—CFSs are a helpful starting point for meeting longer-term development needs. Based on the data from CFS implementers around the world and from fieldwork in the Philippines, the challenge is meeting the varied needs of a diverse group of children. The reason why this remains a challenge is because of the shifting definition of inclusion. Who needs to be included and who are the most vulnerable must be assessed on a case-by-case basis. It is essential for an organization to focus on understanding the cultural, social, and political environment within the community and comprehend the living situations of the target population. All these factors affect inclusion and those who attend the CFSs. After these factors are understood, an organization should create and modify CFS activities and programs around the specifics needs of the people, especially for those that are most
vulnerable. The various good practices stated discussed in this paper are ways to achieve aspects of inclusion that are contextually appropriate to the situation. CFSs make a positive impact, and the importance of inclusive practices is recognized. These good practices pave the way for Plan International to accomplish a greater sense of inclusion by meeting the needs of older children and all vulnerable populations.
Interviews Conducted

Most respondents wish to remain anonymous for the purposes of our report.

Research Associate in Columbia University Mailman School of Public Health. (2013, 23 March). Personal interview.
Staff in Plan Bolivia. (2013, 7 May). Phone Interview
Staff in Plan Indonesia (2013, 30 April). Phone Interview.
Staff in Plan Pakistan. (2013, 3 May). Email Interview.
Staff in Plan Philippines. (2013, 1 April). Personal Interview.
Staff in Plan Senegal. (2013, 25 April). Phone Interview
Staff in Plan Uganda. (2013, 30 April). Phone Interview.
Staff in UNICEF. (2013, 22 March). Personal Interview.
Mike Wessels. (2013, 2 February). Phone Interview.
Bibliography


Save the Children. (n.d.). Psychosocial Games and Activities.


Annex A: Research Question

In order to answer the main research question, we examined four specific questions, and sub-questions.

1. **How does inclusion figure in the objectives, activities and outcomes of CFSs in the global Child Protection in Emergencies (CPiE) sector?**
   a) How is “inclusion” viewed and defined by different agencies in the Emergencies sector?
   b) What are the global standards for inclusion in CFSs?
   c) What are examples of promising research and best practices, including tools and guidelines, for how CFSs can address the needs of children of different sexes, ages, abilities and backgrounds?

2. **In Plan International’s current theory and practice, how do CFSs identify and respond to the needs of children of different sexes, ages, abilities, and backgrounds?**
   a) What are the specific objectives and activities that address the needs of children of different sexes, ages, abilities and backgrounds?
   b) How does Plan International measure, monitor and evaluate the commitments to addressing the needs of children of different sexes, ages, abilities and backgrounds?
   c) How is Plan International’s thinking and practice different to or in line with the overall CPiE sector thinking on CFSs and inclusion?

3. **What are the identified successes and challenges of addressing the needs of children of different ages, abilities, genders and diverse backgrounds for Plan International?**
   a) What are the challenges for Plan International’s staff in including children of different sexes, ages, abilities and backgrounds in CFS programs?
   b) What are the identified barriers for children of different sexes, ages, abilities and backgrounds in accessing Plan International’s CFS programs?
   c) What are the best practices for including children of different sexes, ages, abilities and backgrounds in Plan International’s CFS programs?

4. **How can Plan International’s CFS programming be improved to more adequately meet the needs of children of different sexes, ages, abilities and backgrounds?**
   a) What policies can Plan International develop to address the needs of children of different sexes, ages, abilities and backgrounds?
   b) What kind of tools, resources and training can Plan International provide their staff to promote inclusion?
Annex B: Research Tools

1. Interview Protocol

*Introduction:*

Depending on the context, we adapted the introduction to be audience-appropriate. The standard introduction should contain the following information:

- Identification of the researchers and purpose of the interview: “Hello, I’m [name]. I am doing research for Plan International in [name of place], Philippines from April 1-8. In this research, I would like to learn from you about your views concerning the needs of children from different sexes, ages, abilities and backgrounds, so that Plan International can better address those needs in their programs.”
- Confidentiality: “Your responses will not be published and your name and contact information will be kept confidential. To save time, I would like to record this interview, would that be ok with you?”
- No promise: “This interview is meant for research. Participation in this interview doesn’t promise that you will be selected for Plan International’s current or future programs.”
- What to expect in the interview:
  - “The interview will last about [X] minutes.”
  - “You can skip questions that you don’t want to answer.”
- Clarification, if needed: “Before we begin, do you have any questions for me?”

*Key questions for “CFS providers” (Staff at Plan or any other organizations delivering CFS)*

1. When was the last time that your agency delivered a CFS program?
   a. Probe: What was the issue (emergency, disaster, conflict)? What were the interventions?
   b. Probe: What was your involvement?
2. Can you tell me about who are the children that go to CFSs?
   a. Probe: Do you have any aggregated data? If yes, are the data disaggregated in terms of sexes, ages, abilities and backgrounds?
   b. Probe: Are there any different needs among these groups? Can you give examples?
3. How do you design your CFS program to meet the different needs of children?
   a. Probe: Can you give examples of specific activities and go through each activity?
4. How do you measure the effectiveness/value of activities in CFS program?
   a. Probe: What kind of indicators? How are they collected?
5. Are there any challenges in implementing these activities?
   a. Probe: Can you give specific examples of those challenges?
6. How do you overcome those challenges?
   a. Probe: Can you give specific examples of any success stories?
b. Probe: What are the specific tools, resources used to overcome the challenges?

7. How do you want to see your CFS program in the next year?
   a. Probe: Do you want the CFS program to be more accessible? If so, for whom? What changes will you make to achieve this goal?
   b. Probe: Of those who attend CFS, who are the least likely to come back? What changes will you do to make CFS more attractive to them?

Key questions for “CFS users” (parents, CFS alumni, etc.)

1. Did you/your siblings/your children go to CFSs?
   a. Probe: Can you give examples of activities at CFS that you or your siblings or your children participated? And outside CFS?
   b. Probe: Tell me about the children that you or your children often hang out with in CFS? Did you make new friends in CFS?
   c. Probe: How often do they go to CFS?

2. When did you/your children/your siblings stop going to CFSs?
   a. Probe: What are the reasons why you/your children/your siblings did not go to CFS anymore?

3. Do you have any children/siblings that didn’t go to CFSs? Or did you know of any children who didn’t go to CFSs?
   a. Probe: Can you tell me more about who those children/siblings are?
   b. Probe: What are the challenges for them to go to CFSs?

4. What are the issues affecting children in the community?
   a. Probe: Of those issues, which ones concern you the most?
   b. Probe: Which children/youth are the most vulnerable in your community?

5. What agencies are working with children in the community?
   b. Probe: What kind of support do they offer?
   c. Probe: How do you and your children use those support systems?

6. How do you want to see CFS in the next year?
   a. Probe: What changes do you want to make?
   b. Probe: How can we solve the issues mentioned?

Closing

Before closing the interview today, do you have anything else about the needs of children coming from different groups that you would like to share?

Thank you for your time.
2. Focus Groups

A. Focus Groups 1& 2 with Child Protection programmers and/or implementers (Plan International Staff)

Materials used: markers, flipchart.

Focus: Barriers to Inclusion – 45 Minutes

Activity: Participatory Ranking Methodology (PRM) exercise. Ask the group to name 10 things that are the biggest barriers for children accessing CFSs (their own or other children).

Write down these reasons and make boxes on a flipchart. Ask the participants to vote on the biggest and most challenging barriers for children attending CFS put telling them to rank each problem from 1 – 10, 10 being the most problematic and 1 being the least.

Purpose: To obtain both qualitative and quantitative data on current and most prevalent issues there are to inclusion from the perspective of its recipients.

After the activity is finished ask the group the following question: what are some recommendations can you make in order to remove or alleviate these barriers?

B. Focus Group 3 with CFS facilitators (community-based volunteers, animators, caregivers)

Materials used: markers, flipchart, stickers of different shapes which have colors of blue, green, and one yellow. Mark one or two (depending on the number of participants) of the stickers with a black dot.

Activity: Ask everyone to introduce themselves and then put a different sticker on the back of each participant. Tell everyone you put a sticker on each of their backs and that they have to put themselves into groups without talking. Observe and see how each group divide themselves up. Did they divide themselves by sticker color? Did they divide themselves by shape? What happened to the two people with a sticker with a black dot? What happened to the one person with the yellow sticker?

Ask the group the following questions:
1) What did you observe? What happened here?
2) Why did you choose to divide your groups the way you did?
3) How did the person with the yellow sticker feel?
4) How did you interact with the person with the stickers that were not of the same color?
Purpose: To set the tone to get people thinking about inclusion and diversity and have the group realize how people naturally group themselves based on common traits.

After the activity is finished ask the following questions:

Concerning access
1) Tell me, does this exercise remind you of any issues affecting the children attending CFSs?
   Probes:
   A. What are the lives of these children like? Their challenges and strengths?
   B. What types of children attend? How old are they? How many males and how many females? What is their religious and socio economic background? Do any children with disabilities attend & what type of disabilities do they have?
      If so, how do CFSs treat/accommodate those children?
   C. What type of children do you feel need the most help?
   D. What kind of help do these children usually need? Physical? Emotional? Mental?
   E. Of those who are not targeted, who eventually attends the program?

Concerning inclusion
2) Describe the behavior of children when attending CFSs.
   Probes:
   A. Do they all play together or do they separate themselves into groups?
   B. If so, what types of groups do they separate themselves into?
   C. Do the children all play together outside the CFSs? Why or why not?

Concerning community involvement and participation
3) Who in the community usually gets involved with CFSs? (As stakeholders, beneficiaries and recipients)
   Probes:
   A. What organizations provide services to help children?
   B. Are they locally-based or international?
4) What are the impacts of the CFSs within the community?
   Probes:
   A. Are there any changes in how and who in the community are assisted before and after CFS was established?
   B. What are these changes?
   C. Why did these changes happen?
   D. Do you feel like there is support for having children from mixed backgrounds in the program?

Concerning retention
5) What are some reasons that some children do not attend CFSs? Of those who go to the program who stays? Who drops out?
   Probes:
A. Do a lot of children continue to attend CFSs or do they stop after a certain time? Why or why not?
B. What are some external factors that affect CFS child attendance?
C. What are some recommendations you can make in order to improve attendance?

C. Focus Group 4 with parents of CFS attendees

Materials used: markers, flipchart, Post-it notes, large pieces of paper, yarn, wrapped candy, beach ball

Focus: Access and Community Support – 45 Minutes

Activity: Tell the participants to get into a circle. Tell them that the circle represents their community. Each one of them represents a person, place, or organization that provides support to children. Instruct people to say out loud the forms of support that exist in the community for their children. Once they say something they have to hold on the piece of yarn and then pass it to another person and the other person has to mention another support system for a child. Keep going until all members have said at least one form of support for a child and the yarn creates a web. Now, throw a beach ball into the middle web section and see if the web supports the beach ball.

Ask:
1. What do you think the ball represents? *Represents a child
2. Did this web adequately support the beach ball “child”?
3. What would happen if one person where to release or soften their hold on their part of the “web?”

Purpose: To get the group thinking of all the different ways a child can be supported and the importance of all these systems working together in order to ensure that a child doesn’t fall through the gap. Then ask these questions:

1) Based on this past exercise, in what ways have the CFSs filled these “gaps” in supporting the children in your community?
2) Identify other needs of children that are currently not being supported?
   Probe:
   A. Why would some children fall through the gaps?
3) Identify the reasons why these some children’s needs are not being supported?
4) Identify some reasons why children may not always attend CFSs?
5) What do the children like about going to the CFSs? What don’t they like?
6) What type of friends does your child have outside the CFSs?

Focus: Barriers to Inclusion – 45 Minutes
Activity: PRM exercise. Ask the group to name 10 things that are the biggest barriers for children accessing CFSs (their own or other children).

Write down these reasons and make boxes on a flipchart papers. Ask the participants to vote on the biggest and most challenging barriers for children attending CFS put telling them to rank each problem from 1 – 10, 10 being the most problematic and 1 being the least.

Purpose: To obtain both qualitative and quantitative data on current and most prevalent issues there are to inclusion from the perspective of its recipients.

After the activity is finished ask the following question: what are some recommendations can you make in order to remove or alleviate these barriers?

D. Focus Group 5 with Boys (ages 13 and up) & Group 6 with Girls (ages 13 and up) - Children who attend CFSs

Divided into two groups that are separated by gender.

Focus: Access and Community Support – 45 Minutes

Materials used: pens, drawing paper, crayons, pencils, Post-it notes, star, animal and heart stickers, sunka shells, sunka board

Activity: Ask the group to draw their community. Make them pretend that they are taking you through a tour of their community through the drawing. Ask the children to specifically draw the places where:

1) They like to go and play or “hang out”
2) They go to frequently
3) Children do not frequent or like go to

Then give the children the stickers and ask the children to:

1) put stars stickers in the places that they go frequent the most
2) put heart stickers in the places that are their favorite in the community
3) put animal stickers in places that their friends go to the most

Ask the children to present their drawing and take you through a tour of their community through their drawing and ask:

1) Why do you go to the star sticker places?
2) Do you like going there?
3) Why do you like going to the heart sticker places? Why are those places your favorite?
4) How do you feel about the other places in the community that do not have a sticker?
5) Is there any other place that you did not draw? Explain why
Barriers to Inclusion – 45 Minutes

Materials used: sunka board and sunka shells, post it notes, pens and paper

Activity: PRM exercise. Ask the group to name 10 reasons why children do not attend CFSs (their own or other children). Ask each child to write it down on a Post-it note. Put the post it notes inside the sunka holes. Give each child 55 shells. Tell each child that they have to vote on the reasons from most challenging to least challenging by putting 10 shells inside the hole that is most challenging, 9 shells to the hole that is not as challenging and go all the way down until they have 1 shell left and put that shell to the least challenging.

Look at how the children voted and ask the following questions:

1) Pick out the post it notes with the most votes and ask why they were chosen as the most challenging
2) Pick out the post-it notes with the least votes and ask why they were chosen as the least challenging.

Purpose: To obtain both qualitative and quantitative data on current and most prevalent issues there are to inclusion from the perspective of the children who attend CFSs.

After the activity is finished ask the following question: what can they do to address the challenges?
3. **Observation Protocol**

Occurred at field site. Boys and girls are observed at the CFS while a lesson is being taught or an activity is taking place.

1) **Walk-through** – Ask the facilitators to take you through a walk-through of the CFS. During the walk-through, write down the significant areas that were pointed out. Ask the facilitator the significance of each area, who is permitted to go to the area and why the facility was set-up the way it was.

2) **Mapping** – Map out the CFS and mark all the significant areas mentioned in the walk-through.

3) **Observe the children and facilitators** (4 hours) with the follow points in mind:
   - How are the boys and girls sitting? Are they sitting together or parallel, interacting together, or separately?
   - If children are interacting separately, are all the groups being supervised by the facilitators?
   - Is one group participating more than the other?
   - Are there children that are not participating?
   - What are the informants doing?
   - What is the physical setting? (Is there a roof, walls, ceiling, latrine, and water supply?)
   - How are the facilitators/caregivers talking to the children? Are there different ways that they speak to different children?
   - How do the children interact with the facilitators/caregivers?
   - Make note of the condition of the space. Are certain areas targeted by the children as a place to gather? Are certain areas empty?
   - Do activities seem age/gender appropriate?
   - Where do they feel safest in the community/CFS? Where do they feel least safe?