Longer-term mental health, developmental and systems impacts of Child Friendly Space Interventions in humanitarian emergencies

Summary Technical Report – Draft 3 October 2016

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Introduction

Child friendly spaces (CFS) are a widely used approach to provide psychosocial support to children while providing a safe environment in emergency settings. However, little evidence documents their outcomes and impacts. There is widespread commitment among humanitarian agencies to strengthen the evidence base of programming. Recognizing this, the Child Protection Working Group (CPWG) of the Global Protection Cluster and the Inter-Agency Standing Committee (IASC) Reference Group on Mental Health and Psychosocial Support in Emergency Settings have identified research in this area as a high priority.

In response to the commitment to strengthen the evidence base for humanitarian practice and the prioritization of CFS as a key area for research, World Vision and Columbia University, working with Save the Children, UNICEF, and Mercy Corps, embarked on a three-year collaborative project to document the outcomes and impacts of CFS and develop capacity for rigorous evaluation. These agencies regularly implement CFS as part of their emergency responses and agreed through this collaboration to support studies of their CFS in various crises when they occurred. Between January 2012 and September 2014, six studies were completed in five countries in Africa and the Middle East.

With support from the Research for Health in Humanitarian Crises (R2HC) programme, the project expanded its scope in 2012 with the objective to examine the longer-term impact of CFS in three locations – Uganda, Jordan and Nepal. These longitudinal studies examined the trajectory of children's mental health, well-being, protection and development as well as the sustained impact of CFS on strengthening formal and informal systems essential for children's support and protection. This technical report summarises the key learning from each of the longitudinal studies, which were implemented between 2012 and 2016.

This project received a grant from the Research for Health in Humanitarian Crises (R2HC) Programme, managed by ELRHA. The Research for Health in Humanitarian Crises (R2HC) programme aims to improve health outcomes by strengthening the evidence base for public health interventions in humanitarian crises. Visit <u>www.elrha.org/work/r2hc</u> for more information. The R2HC programme is funded equally by the Wellcome Trust and DFID, with Enhancing Learning and Research for Humanitarian Assistance (ELRHA) overseeing the programme's execution and management.

Uganda

| Study period: October 2012 – June 2014 | Insert photo here |
|--|-------------------|
| CFS implementing partners: World Vision Uganda and Save the Children in Uganda | |
| Evaluation partners: AfriChild:Centre of Excellence on the African Child | |
| Number of CFSs evaluated: 8 | |
| Age range assessed: 6 to 12 years at baseline (caregiver reports); children $10 - 14$ years at follow-up (self-reports) | |
| Programme focus: Traditional song and dance, art, storytelling, organised sports, unstructured free play, some literacy and numeracy | |
| Session availability per child: 5 days per week/ 4 hours per day | |

Setting

By late 2012, repeated attacks from the armed group M23 had resulted in over 130,000 asylum-seekers and refugees from the Democratic Republic of the Congo (DRC) fleeing to Uganda, many of which came to reside in settlement camps in the west of the country (UNHCR 2012a). Bordering the Katonga Game Reserve in the Kamwenge District of southwestern Uganda, Rwamwanja Refugee Settlement features over 40 square miles of woody savanna with patches of dense thicket, rolling hills and seasonal ponds (IUCN, 2013). Previously designated for refugees of the Rwandan crisis, the settlement was re-opened in April 2012 to support the swelling numbers fleeing the DRC. By the start of the current study in late September 2012, over 20,000 refugees had taken up residence with its capacity of 50,000 reached by the study's conclusion (UNHCR, 2012b, 2014).

The Office of the Prime Minister (OPM) in coordination with UNHCR and WFP have sponsored a longer term strategic option to promote farming as a livelihood among settlement members to help ease the future burden for external food assistance and strengthen local markets (UNHCR, 2014).

Intervention

In coordinated operations starting in August 2012, World Vision Uganda and Save the Children in Uganda phased implementation of twenty CFSs across the settlement. Of these, eight CFSs in five villages were included for this evaluation. Due to the availability of local contractors, construction of these CFSs, commonly referenced as *Obebes*, were phased according to estimated timelines and commencement of program activities started shortly after the construction was complete. This provided an opportunity for the evaluation team to interview caregivers and hold participatory sessions in the communities before and during the initial construction period, prior to the start of activities and after the initial community discussions were held by the program team to discuss the CFS design and evaluation efforts.

The physical attributes of all CFSs were similar and consisted of a tented activity area, latrines, a store and a variety of playground equipment. CFS activities were typically available for children of 6 to 12 years and included four-hour sessions filled with a range of psychosocial activities, such as traditional song and dance, art, organized sports and unstructured free play, and educational components, such as basic literacy and numeracy skills in the local dialect and English languages. At the time of baseline assessment, the number of children aged between 6 and 12 years on which this study is focusing, enrolled at a specific CFS ranged from 65 to 651.

Research Design

This longitudinal study adopted a population-based, cluster-randomized design encompassing five villages¹ of the settlement. Clusters were identified within each village by naturally occurring community boundaries, nyumba kumi. These clusters were randomly selected proportionate to population size from each village. The evaluation team worked with village chairmen and nyumba kumi leaders to estimate the number and typical size of households within each cluster. All adult caregivers in households residing in the randomly selected clusters were eligible to participate in the interview if a child between the ages of 6 and 12 years was residing in the home. Eligible interviewees were approached for consent to be interviewed. The enumerator team was encouraged to secure the primary caretaker of the child, if at all possible, and multiple visits to included households were made throughout the data collection period in each village to ensure the primary caretaker was interviewed. These same caregivers were interviewed three to six months later during the final weeks of the CFS programme in their respective villages and again 18 months following baseline interviews, when all formal CFS programming had ceased. In total, 689 caregivers were interviewed at baseline, 633 caregivers at endline, and 442 caregivers at follow-up. Children of these same caregivers were invited to participate during follow-up interviews if they were above the age of 10 at the time of interview. In total, 166 children were interviewed at follow-up.

The study employed a mixed methods approach consisting of caregiver and child interviews traced over three time periods (baseline, endline, follow-up) and participatory sessions in the community. Measurement tools were selected to assess impact with respect to three key areas: (a) the protection of children from risk, (b) supporting caregivers and communities in strengthening systems of child protection, and (c) the promotion of children's mental health and psychosocial well-being (including the acquisition of skills and knowledge). Measures were translated into the two local dialects by a trained translator and then confirmed through group translation and back translation to ensure evaluation team comprehension and accuracy in the contextualization of core constructs. Participatory sessions were completed at baseline and endline to identify key resources and institutions available to support, care for and protect children, understand and validate key constructs related to child wellbeing, and document the prioritization of perceived risks to children within the community. At follow-up, focus group discussions, key stakeholder interviews, and body mapping with children provided a more thorough understanding of the strengths and limitations of the current formal and community-based child protection systems operating in the settlement and the impact, if any, that the implementation of CFS had on these systems and capacities for child protection.

Survey data were collected using mobile phone technology. At baseline and endline the survey comprised of four main sections: questions drawn from the Child Protection Working Group (CPWG) Child Protection Rapid Assessment (CPRA), a caregiver rating of developmental assets (CRDA) based upon the Search Institute's Developmental Assets Profile, a locally-derived measure of psychosocial well-being (PSWB), and a vulnerability assessment. At follow-up, additional items related to economic status and activity of the household were incorporated to inform understanding of the opportunity costs associated with CFS attendance. Three measures of well-being were completed with the sub-sample of children aged 10 to 14 years interviewed at follow-up: the Children's Hope Scale, the Short Mood and Feelings Questionnaire (S-MFQ), and the Child Post-Traumatic Stress Disorder Symptom Scale (CPSS). Educational attainment was measured on the same sub-sample at follow-up using an adapted World

¹ Early in the settlement's development, the land was demarcated into *villages* that varied in population size, each being divided into further sub-units named *nyumba kumi*, derived from a local Congolese community structure normally constituting 10 households, but incorporating as many as 25 in this setting. Each village had an elected village chairman to which *nyumba kumi* leaders reported directly. This structure was eliminated by settlement management before follow-up data collection commenced; however, enumerator teams were still able to trace participants with the support of their former *nyumba kumi* leaders.

Vision Functional Literacy Assessment Tool (FLAT), administered in the local language of instruction within settlement schools.

Findings – Short-Term Impacts

- The CFS programme was found to be well utilised by younger children (6-12 years), but less so by older children (13-16 years).
- Caregivers, regardless of their child's involvement in CFS, reported a greater sense of protection for children and a heightened awareness of support structures for their protection within the settlement area over the initial evaluation period.
- The stresses that affected caregivers' capability to support, care for and protect children were also reported by caregivers (of both those attending CFS and those not attending CFS) to have decreased over time in the settlement area.
- CFS helped to bolster resources (assets) supportive of children's development and appeared to create a buffer against influences otherwise leading to the decline in children's social and emotional well-being.
- CFS assessed to meet higher quality standards had greater impact on promoting children's developmental assets and protecting psychosocial well-being than CFS assessed to meet lower standards.

Findings – Longer-Term Impacts

A detailed multivariate analysis of the adjustment and circumstances of children at follow-up -utilizing both qualitative and quantitative data - is ongoing. However, preliminary analysis indicates:

- Most of the short-term effects attributable to CFS attendance have dissipated in the longerterm. However, there is some evidence that attending CFS did insulate children from the impacts of worsening settlement conditions. Thus, the psychosocial wellbeing of children generally declined in the period from baseline to follow-up. However, CFS attendance resulted in reduced deterioration of wellbeing amongst boys. This effect was less marked in girls, even though they had shown greater short-term benefits from CFS attendance.
- The quality of the CFS intervention appears to strengthen this buffering influence.
- Girl CFS attenders tended to score lower on functional literacy and numeracy than girls who had not attended. Emphasizing functional numeracy and literacy skills in CFS may help to support skill development, particularly among girls. There were no differences in literacy or numeracy levels at follow-up between boys who had and had not attended CFS.
- CFS provided useful assistance in linking to key resources within the community or providing the necessary tools for children and caregivers to believe they can seek out such services.
- CFS was identified as part of the informal protection system, primarily used by caregivers and younger children as an alternative centre for child care; a source for language acquisition in order to transition into formal schooling; and a space to build peer relationships. Older children found less use for the space and remarked often on the challenges of participating in schools, citing class demotion as a primary method of English acquisition and potential source of dropout rates.

Jordan

| Study period: February 2014 – September 2015 | Insert photo here |
|---|-------------------|
| CFS Implementing partners: World Vision Jordan and partners | |
| Evaluation Partners: Family Guidance and Awareness Center (FGAC) | |
| Number of CFS evaluated: 1 | |
| Age range assessed: 6 –9 (caregiver reports), 10 –18 (child reports) | |
| Programme focus: Drawing, handicrafts, puzzles, games, storytelling, singing, drama, informational videos, life skills, hygiene and community mapping | |
| Session availability per child: 3 days per week, 2 hours per day | |

Setting

As a result of ongoing conflict in Syria, large numbers of refugees have been crossing borders into neighbouring countries, including Iraq, Jordan and Lebanon. Although not a signatory of the 1951 Refugee Convention, the government of Jordan recognizes Syrian refugees and over 590,000 Syrians had been registered by UNHCR in Jordan by the start of the study period in February 2014 (UNHCR, 2015). World Vision was one of many agencies supporting implementation of CFS in camp and municipality settings to provide support to Syrian migrants and, in the latter contexts, Jordanians residing in displacement-affected communities. The evaluation of a CFS programme in Zarqa, Jordan, commenced in February 2014, with endline data collection in August 2014 and follow-up data collection from June to September 2015. Zarqa is an urban setting and at the initiation of the study was accommodated a population of almost 52,000 registered Syrian refugees (UNHCR, 2015).

Intervention

The CFS was implemented through partners and supported and monitored by World Vision Jordan. The intervention was designed to provide services in two cycles: each cycle provided services three days per week for two hours each day over four months. The CFS activities were held in several rooms of a local community center within the town. Toilet facilities as well as a rooftop area were on site. Children were grouped by age (5 to 12 years and 12 to 17 years) for activities, such as drawing, handicrafts, puzzles, games, storytelling, singing, drama, and informational videos. Children were also engaged in sessions dedicated to life skills, such as hygiene, community mapping, and the importance of volunteerism. Reflecting governmental policy, activities were available for Jordanian children and Syrian refugees.

Research Design

This longitudinal study adopted a quasi-experimental design assessing the same children 10 to 18 years - and caregivers of children 6 to 9 years - at three points in time (baseline, endline and follow-up). CFS outreach workers conducted awareness campaigns in the area around the community center in the week prior to program registration and all children were registered on a 'first-come, first served' basis. All children registered after the 1st cycle had reached capacity were assigned to the waitlist condition and registered to participate in the program during its 2nd cycle. After eligible participants were approached for consent to be interviewed, baseline interviews were completed for all children and caregivers before CFS activities began for the first cycle, at endline in the week prior to the first cycle of activities ending, and at follow-up sixteen months after baseline interviews.

The study employed a mixed methods approach consisting of caregiver and child interviews and participatory sessions among these same children and caregivers, as well as stakeholder mapping and key informant interviews in the community. Measurement tools were selected to assess impact with respect to three key areas: (a) the protection of children from risk, (b) supporting caregivers and communities in strengthening systems of child protection, and (c) the promotion of children's mental health and psychosocial well-being (including the acquisition of skills and knowledge). Measures were translated into Arabic by a trained translator and then confirmed during an inter-agency training workshop to ensure the dialect and contextualization of core constructs was accurate. Participatory sessions were completed during the monitoring period between baseline and endline to identify key resources and institutions available to support, care for and protect children, understand and validate key constructs related to child wellbeing, and document the prioritization of perceived risks to children within the community. At follow-up, focus group discussions, key stakeholder interviews, and facility mapping in the community provided a more thorough understanding of the strengths and limitations of the current formal and community-based child protection systems operating in the settlement and the impact, if any, that the implementation of CFS had on these systems and capacities for child protection.

Survey data were collected using mobile phone technology. At baseline and endline surveys comprised of five main sections: questions drawn from the Child Protection Working Group (CPWG) Child Protection Rapid Assessment (CPRA), a caregiver rating of developmental assets (CRDA) based upon the Search Institute's Developmental Assets Profile, the Middle East Psychosocial Measure, the Arab Youth Mental Health Scale, and a vulnerability assessment. At follow-up, additional items related to the economic status and activity of households were again incorporated an adapted World Vision Functional Literacy Assessment Tool (FLAT) was used to assess functional literacy and numeracy levels.

Overall, there were 409 children and 346 caregivers interviewed at baseline, 252 children and 168 caregivers interviewed at endline, and 161 children and 141 caregivers interviewed at follow-up. Ongoing migratory movements were a major factor in securing modest response rates among caregivers at endline (71.5%) and amongst all groups at follow-up (60%, 67.5%, and 59.8%, respectively), resulting in the study having limited power for comparison and attribution of CFS impact from just one site. However, data still provides valuable insight into the trajectories of the mental health, psychosocial wellbeing and the protective environment of children affected by the Syrian crisis over an extended period in Jordan.

Findings – Short-Term Impacts

- The evaluation indicated that the CFS was most effective in achieving its intended objectives in relation to linking younger children to resource persons and reporting mechanisms available to support children within the community.
- There was no evidence that the CFS had an impact in reducing or maintaining perceived protection concerns or caregiver stresses over time.
- For older children, attending CFS was associated with higher levels of reported protection concerns and stresses of caregivers. It is unclear whether attendance at CFS exacerbated such issues or facilitated the reporting of issues common to all.
- The CFS appeared to play a role in supporting and promoting the psychosocial well-being of younger children.
- Among older children the CFS did not appear to be effective in promoting resilience, reducing anxiety- and depression-related symptoms, or acquiring developmental assets beyond what was found among children not attending the programme.

Findings – Longer-Term Impacts

A detailed multivariate analysis of the adjustment and circumstances of children at follow-up is ongoing. However, preliminary analysis indicates:

- At follow-up, the few short-term effects of CFS had largely dissipated.
- Protection concerns related to loss of belongings, being separated from friends, not being able to return home and not being able to attend school were the most frequently reported issues over the study period for all age ranges.
- Caregiver-reported protection concerns and stresses generally decreased over the long-term, regardless of CFS attendance. Factors that influenced the level of such reports were school attendance and the loss livelihoods.
- Protection concerns and caregiver stresses reported by 10-12 year olds and older children were broadly unchanged over time, although: school attendance and loss of livelihoods were correlated with level concerns reported.
- At follow-up average reported mental health symptoms remained below clinical cut-off levels for depression and anxiety and were on a continued decreasing trend for all children, regardless of CFS attendance. Age, gender, and levels of vulnerability showed some linkage with level of such reports.
- In contrast, developmental assets and resilience were observed to be on a declining trend across the study period for all children.
- CFS attendance had no measurable impact on functional literacy and numeracy scores, although the small sample size limits opportunities to examine trends across sub-groups.

Nepal

| Study period: June 2015 – June 2016 | Insert photo here |
|--|-------------------|
| CFS Implementing partners: World Vision International Nepal, Plan International Nepal, Save the Children Nepal and partners | |
| Number of CFS evaluated: 11 | |
| Age range assessed: 6 –8 (caregiver reports), 9 –17 (child reports) | |
| Programme focus: games, sports, drawing, reading, literacy and numeracy, singing, and traditional drama and dance activities | |
| Session availability per child: 6 days per week, 3 – 6 hours per day | |

Setting

A 7.8 magnitude earthquake struck the Central and Western regions of Nepal on April 25th 2015 causing widespread destruction of property and loss of life. The earthquake was followed by thousands of aftershocks and another powerful earthquake, measuring 7.3 in magnitude, struck on May 12^{th,2} In the aftermath, communities have struggled to rebuild homes, secure safe drinking water and proper sanitation, and provide temporary learning structures for children to replace nearly 35,000 classrooms destroyed. ³ The government of Nepal and international and local aid efforts have sought to provide shelter and basic necessities to nearly one million homeless. However, the aid effort was slow to meet the rural areas, where unpaved roads and paths hinder access particularly in the rainy season. The rugged terrain and building debris made for challenging response implementation as well as regular evaluation and monitoring practice by agencies.

Intervention

Several CFS models were used in Nepal ranging from direct service provision to implementation through local partners that were supported and monitored by the collaborating agency over the study period. The CFS activities were generally held in tented activity areas, temporary corrugated metal structures located on school grounds or other centrally located community areas. The exposure to the program activities varied by model ranging from session availability of 6 days per week, for 4 to 6 hours per day for 2 months to 6 days per week, for 3 to 4 hours per day over 6 months. Activities did vary by programme model, but all provided activities related to psychosocial structured and unstructured activities, such as games, sports, drawing, reading, literacy and numeracy, singing, and traditional drama and dance activities, as well as activities to bolster educational goals and life skills, such as hygiene, sexual and reproductive health, and language acquisition.

Research Design

This longitudinal study adopted a quasi-experimental design assessing the same children 9 to 18 years and caregivers of the same children 6 to 8 years at three points in time (baseline, endline and follow-up).

² Nepal UNOCHA – Nepal Earthquake 2015 Flash Appeal.

³ Nepal earthquake response, Plan international, 25 April 2016 Reflections and results One year later: <u>http://reliefweb.int/sites/reliefweb.int/files/resources/Plan%20Nepal%20report_final_email_1.pdf</u>

CFS outreach workers conducted awareness campaigns in each programming area in the days preceding program registration and all children were registered, regardless of programme capacity, during the first week of services. Given the differences in programme models and emergency response emphasis given to ensuring access to services for all children residing in earthquake affected areas the 'attender' vs. 'non-attender' analysis of the preceding studies was inappropriate. Rather, comparison was made based on a calculation of the broad 'level' of exposure to CFS: this took into account each child's self-reported frequency of attendance and their CFS's verified service provision availability (determined from attendance records). Comparisons were made between children receiving a low, medium and high 'dose' of CFS programming.

The study employed a mixed methods approach consisting of caregiver and child interviews and participatory sessions among these same children, caregivers and community members. Measurement tools were selected to assess impact with respect to three key areas: (a) the protection of children from risk, (b) supporting caregivers and communities in strengthening systems of child protection, and (c) the promotion of children's mental health and psychosocial well-being (including the acquisition of skills and knowledge).

Survey data were collected using mobile phone and tablet technology. The survey comprised five main sections: questions drawn from the Child Protection Working Group (CPWG) Child Protection Rapid Assessment (CPRA), the Emergency Developmental Assets Profile (EmDAP), the Children's Hope Scale, the Child Post-Traumatic Stress Disorder Symptom Scale (CPSS). Additional items related to vulnerability and the economic status and activity of households was again incorporated an adapted World Vision Functional Literacy Assessment Tool (FLAT) was used to assess functional literacy and numeracy levels. Several measures with validated Nepali translations were secured through academic partners. Additional survey items were translated into Nepali by program staff and then confirmed during pilot administration for accuracy in contextualization of core constructs.

Overall, there were 601 children and 238 caregivers interviewed at baseline, 418 children and 142 caregivers interviewed at endline, and 506 children and 203 caregivers interviewed at follow-up. All participants provided consent to be interviewed and opportunity to withdraw from the study. Participatory sessions were completed during baseline and endline to identify key resources and institutions available to support, care for and protect children, understand and validate key constructs related to child wellbeing, and document the prioritization of perceived risks to children within the community. Findings from the survey and participatory sessions were confirmed during community feedback sessions at follow-up along with key informant interviews and additional focus group discussions to examine the lasting influences of the CFS in each of the programming areas.

Findings – Short-Term Impacts

With the sub-sample of 263 participants completing all items of the survey at both baseline and endline, the following short-term impacts were observed:

- The CFS was impactful in achieving increased hopefulness and gains in developmental assets for rural frequent CFS attenders, especially boys.
- There is no evidence that CFS attendance impacted children's experience of symptoms associated with post-traumatic stress.
- More frequent CFS attendance was associated with gains in basic numeracy but not gains in basic literacy.
- Caregivers of more frequent CFS attenders reported reduced protection concerns and stresses over time, particularly amongst caregivers of boys.
- CFS did not appear to strengthen awareness of external resources available to children, or linkage of children to formal resources and reporting structures.
- However, there was some evidence to suggest that CFS strengthened awareness of community based mechanisms which assist in the protection of children, although significant barriers remain including the building of trust amongst children and ensuring access to key services.
- In participatory discussions, children indicated that basic needs, such as food, water and shelter, remained a top priority concern at both baseline and at endline. Privacy and safety concerns related to crowded living spaces and theft, and children's recognition of fear that impacted their daily life decreased over time. The fear of natural hazards, such as landslides and earthquakes, was reported as an increased priority concern

Findings – Longer-Term Impacts

Modelling based on bivariate and multivariate analysis of the adjustment and circumstances of children at follow-up is ongoing.

Costing

Questions of cost are inevitable as we seek to provide effective and high-quality programmes for children affected by emergencies. Documentation of the impact of CFSs has grown substantially during the course of the 5-year inter-agency, multi-country short and long-term evaluation series. Evidence suggests that CFSs provide a foundation for positive impact on children's lives. Demonstrated across a broad range of contexts, those impacts can be substantial, but are often small. This costing analysis provides a critical piece in further understanding contextual as well as organizational factors that play a role in providing effective, high-quality services for children in emergencies.

The primary objectives of the costing component were to estimate the average cost of the CFS per child attending during the specified period and to produce a model tool that could be used in other contexts by practitioners to estimate costs efficiently. In addition, the research aimed to achieve the following secondary objectives: to estimate the marginal cost per child (the cost of an extra child attending the CFS) and to estimate the marginal cost of running the CFS for an extra month. The tool design and development process is discussed in more detail in a companion document.12b

Data Collection

The data collection was carried out from July 2015 to November 2015 and included the integration of costing questions into surveys administered by enumerators in Jordan and Nepal as well as the completion of the costing tool by the research team. In Jordan, a total of 217 caregivers of children aged 6 to 9 years and 250 children aged 10 to 18 years were surveyed during follow-up data collection, 16 months after the initial baseline data collection in one CFS location. The costing tool was completed in collaboration with former program staff by reviewing the previous budget and project records for all CFS programs in Jordan.

In Nepal, a total of 146 caregivers of children aged 6 to 8 years and 437 children aged 9 to 18 years were surveyed during endline data collection, 2 to 6 months after the initial baseline data collection in each of 11 CFS locations. The costing tool in Nepal was completed by each partner agency – Save the Children Nepal, World Vision International Nepal and Plan International Nepal – during the monitoring period between program start-up and close. The separate inputs from each partner reflected the difference in operating approach and budgets across each organization.

Next Steps

Challenges remain in further integrating key programme design features into the existing model as well as providing insight into the opportunity costs of families and programme volunteers. This is critical to understanding adjustments that can (and should) be made in the programme's model related to its design, quality indicators, proposed implementation and expected barriers in order to provide both high-quality and cost-effective programming. Next steps include confirming the findings during a technical working group session in Nepal in November 2016, and conducting a more rigorous analysis of model and survey data to provide recommendations for policy and practice.

Conclusion

These three studies are the first step in understanding the longer-term impact of CFS programming for children in emergencies. These studies are not presented for comparison, but rather each presenting a different learning and reflection for future programming and policy efforts. Each, however, indicate caution in assuming that CFS attendance during a humanitarian crisis – even if it results in short-term benefits - confers significant advantages upon children in the longer-term.

Efforts to unpack to CFS curriculum and various programme design model approaches are the logical next steps. Working with the community and families in emergencies is challenging for a number of reasons, and may be better placed prior to emergency conditions. The potential for improving the overall programme design and effectiveness is well worth the extra time, energy and funding required to really target those key activities that will strongly promote children's social and emotional wellbeing and encourage connections to other formal and informal support mechanisms, such as schools or health centres, that are critical in a child's development. Understanding the roles that CFS may play in the broader protective environment for children can contribute directly to programming activities and goals targeted during implementation. For example, in Uganda, the CFS was commended by the younger children for its support in developing key language skills required by the formal education system. Supporting their language acquisition was a key step in their overall development and promoted access to other supportive and protective mechanisms within the community.

Further efforts should be made to document the challenges around implementation, particularly around the strengths and limitations of different programme models. Decisions to provide direct services or working through partners may largely be subject to contextual circumstances. However, it is important to understand the implications of these (among other) programming models to better develop effective monitoring and evaluation strategies.

Providing concrete recommendations for practitioners around ensuring quality is challenging. There are often trade-offs between programme reach, funding, and quality. Examining the linkages further between these as well as staff capacity and ongoing training may provide necessary documentation to shift current practice and programme design. The costing analysis will provide insight into the costs allotted per CFS and key steps to programme design, given funding constraints.