

Evaluation of Child Friendly Spaces in Emergencies: A Longitudinal Study of CFS Impact in Rwamwanja Refugee Settlement, Uganda

Key Findings for Internal Circulation

Draft Prepared by Sabrina Hermosilla, Janna Metzler and Alastair Ager
12 January 2015

This summary document provides an overview of the major findings from conducting follow-up (T3) data collection from communities in Rwamwanja that were served by CFS from 2012. It also suggests interpretations and reflections on these findings to support practice development.

A full write-up of the study will follow in the form of a paper drafted for submission to a peer-review journal.

Data Collection Periods:

T1: Baseline Data Collection – 10/4/2012 to 11/4/2012;
T2: 3-6 month End line Data Collection – 2/14/2013 to 3/13/2013;
T3: 15 – 16 month Follow-up Data Collection – 5/12/2014 to 6/12/2014

Sample Description:

Caregiver of children aged 6 – 12 at baseline:

- 633 T1-T2 matched interviews;
- 442 T1-T2-T3 matched interviews

Children 10 – 14 (whose caregiver also completed a T1-T2 matched survey pair) were also interviewed:

- 166 at T3 only

Analyses:

The main analysis is comparison of means score for children at T1, T2 and T3, distinguishing those that had attended and not attended CFS between T1 and T2. In italics we show a secondary analysis, considering the factor of school attendance at T3.

Key preliminary ‘take home’ messages:

- CFS attendance appears to have provided a ‘buffer’ for protection concerns within an increasingly challenging camp environment
- CFS attendance has – from the perspective of caregivers – provided a similar ‘buffer’ protecting children’s psychosocial well-being
- Children’s own judgments regarding psychosocial well-being suggest they report more concerns in the long term having attended CFS previously
- School attendance appears the greatest predictor of advances in literacy and numeracy, but also contributed to other aspects of protection and well-being

Domain	Key Findings	Interpretations & Reflections
Child and Caregiver Reported Protection Concerns	<p>Caregiver reported protection concerns for children decreased in the short-term, but increased in the long-run for all children. The CFS protected children attending from more dramatic increases in the long-run.</p> <ul style="list-style-type: none"> • CFS Attending: 5.46 to 4.84 to 5.93, $p<0.001$ • CFS Not Attending: 5.55 to 4.76 to 7.24, $p<0.001$ • Child self-reported protection concerns are higher in non-attenders than attenders (4.71 and 3.90, respectively) at T3. 	<p>Having attended CFS tended to provide a ‘buffer’ as the situation (protective environment) in the camp deteriorated for children over time. This effect was stronger when, additionally, children were attending school. For the small number of children who had neither attended CFS nor were now attending school, caregivers reported no overall change.</p>
Child and Caregiver Reported Stresses of Caregivers	<p>Caregiver reported stresses of caregiving decreased in the short-term and remained at similar levels in the long-run, irrespective of CFS attendance.</p> <ul style="list-style-type: none"> • CFS Attending: <ul style="list-style-type: none"> ○ T1 to T2: 4.51 to 4.00, $p<0.001$ ○ T2 to T3: 4.00 to 3.97, ns • CFS Not Attending: <ul style="list-style-type: none"> ○ T1 to T2: 4.40 to 3.92, $p<0.001$ ○ T2 to T3: 3.92 to 4.16, ns • Child self-reported caregiver stresses are higher in non-attenders than attenders (3.49 and 2.96, respectively) at T3. • <i>CFS attending (T2) & School Attending (T3)</i> <ul style="list-style-type: none"> ○ T1 to T2: 4.44 to 3.9, $p<0.001$ ○ T2 to T3: 3.9 to 3.9, ns ($p=0.9511$) • <i>CFS attending (T2) & not School Attending (T3)</i> <ul style="list-style-type: none"> ○ T1 to T2: 4.53 to 4.03, $p<0.001$ ○ T2 to T3: 4.03 to 4.17, ns ($p=0.3863$) • <i>CFS not attending (T2) & School Attending (T3)</i> <ul style="list-style-type: none"> ○ T1 to T2: 4.38 to 3.84, $p<0.001$ ○ T2 to T3: 3.84 to 4.2, ns ($p=0.0528$) • <i>CFS not attending (T2) & not School Attending (T3) [n=16]</i> <ul style="list-style-type: none"> ○ T1 to T2: 4.46 to 4.21, ns ($p=0.2283$) 	<p>All caregivers reported a reduction in stresses related to caregiving in the short-term, whether their children had been involved in CFS or not. These reports maintained similar levels over time The lowest rates of stresses were reported by caregivers of children who had attended CFS and who were currently attending school (and those of the small number of children who had attended neither CFS or school)</p>

	<ul style="list-style-type: none"> ○ <i>T2 to T3: 4.21 to 3.94, ns (p=0.4468)</i> 	
Caregiver Reported Psychosocial Wellbeing	<p>Caregivers of children not attending CFS reported modest reduction in their child's wellbeing in the short-term, and more severe reduction in the longer-term. Reports from caregivers of children having attended CFS showed maintenance of levels of well-being in the short-term and less deterioration over the longer-term.</p> <ul style="list-style-type: none"> • CFS Attending: <ul style="list-style-type: none"> ○ T1 to T2: 12.27 to 12.65, ns ○ T2 to T3: 12.65 to 9.03, p<0.001 • CFS Not Attending: <ul style="list-style-type: none"> ○ T1 to T2: 12.33 to 11.42, ns (p=0.0829) ○ T2 to T3: 11.42 to 7.81, p<0.001 • <i>CFS attending (T2) & School Attending (T3)</i> <ul style="list-style-type: none"> ○ T1 to T2: 11.68 to 13.3, p=0.0019 ○ T2 to T3: 13.3 to 12.88, ns (p=0.3789) • <i>CFS attending (T2) & not School Attending (T3)</i> <ul style="list-style-type: none"> ○ T1 to T2: 12.48 to 12.42, ns (p=0.8237) ○ T2 to T3: 12.42 to 10.83, p=0.0011 • <i>CFS not attending (T2) & School Attending (T3)</i> <ul style="list-style-type: none"> ○ T1 to T2: 12.66 to 12.08, ns (p=0.3061) ○ T2 to T3: 12.08 to 12.77, ns (p=0.3513) • <i>CFS not attending (T2) & not School Attending (T3)</i> <ul style="list-style-type: none"> ○ T1 to T2: 11.21 to 9.23, ns (p=0.0847) ○ T2 to T3: 9.23 to 8.75, ns (p=0.7324) 	<p>Attending CFS appears to have maintained children's well-being in the short-term and 'buffered' reductions in the long term.</p> <p>Attending school also clearly supports children's well-being at T3.</p>
Caregiver Reported Developmental Assets	<p>For those children attending CFS caregivers reported greater developmental assets in the short-run which were maintained over time. For children not attending CFS, there were no such improvements in the short-term, but over the long-term there were similar improvements.</p> <ul style="list-style-type: none"> • CFS Attending: <ul style="list-style-type: none"> ○ T1 to T2: 14.00 to 15.42, p<0.0001 	<p>CFS promotes the acquisition of assets in the short-term. However, all children gained developmental assets over time, with school attendance a major apparent contributor.</p> <p>Further exploration into the interaction of CFS and the formal education system is required to understand the transition between the two and ensure they work together</p>

	<ul style="list-style-type: none"> ○ T2 to T3: 15.42 to 15.46, ns ● CFS Not Attending: <ul style="list-style-type: none"> ○ T1 to T2: 15.20 to 14.31, ns ○ T2 to T3: 14.31 to 16.25, $p < .05$ ○ T1 to T3: 15.20 to 16.25, ns ● CFS attending (T2) & School Attending (T3) <ul style="list-style-type: none"> ○ T1 to T2: 14.40 to 16.38, $p=0.0027$ ○ T2 to T3: 16.38 to 16.49, ns ($p=0.8611$) ● CFS attending (T2) & not School Attending (T3) <ul style="list-style-type: none"> ○ T1 to T2: 13.86 to 15.08, $p=0.0024$ ○ T2 to T3: 15.08 to 12.34, $p<0.001$ ● CFS not attending (T2) & School Attending (T3) <ul style="list-style-type: none"> ○ T1 to T2: 15.92 to 15.26, ns ($p=0.3770$) ○ T2 to T3: 15.26 to 17.05, ns ($p=0.0620$) ● CFS not attending (T2) & not School Attending (T3) <ul style="list-style-type: none"> ○ T1 to T2: 13.06 to 11.28, ns ($p=0.1481$) ○ T2 to T3: 11.28 to 11.00, ns ($p=0.8769$) 	to support children's development.
Child Reported Children's Hope Scale	<p>The Children's Hope Scale was used (at T3) to assess children's perception of self-worth, wellbeing, motivation and resiliency.</p> <ul style="list-style-type: none"> ● Children who had attended CFS scored <u>lower</u> when compared to children who had not attended CFS (16.25 and 17.17, sd 6.24 and 6.88, respectively). ● Girl attenders tended to score lower than boy attenders (15.95 and 16.34, sd 5.49 and 6.71, respectively). ● Girl non-attenders tended to score lower than boy non-attenders (15.00 and 18.66, sd 6.50 and 7.06, respectively). ● CFS attending (T2) & School Attending (T3) $n = 30$; mean = 17.46667; sd = 6.295775; range 6-31 ● CFS attending (T2) & not School Attending (T3) $n=64$; mean= 15.67188; sd = 6.182553; range 6-35 	<p>Children who had attended CFS reported lower levels of hope than those who had not attended. It is not clear why. This could be seen as a 'harm', but could also reflect greater awareness of issues of self-worth and resilience.</p> <p>It is school attendance at T3 that is associated with higher hope scores.</p>

	<ul style="list-style-type: none"> • <i>CFS not attending (T2) & School Attending (T3) n=58; mean = 17.65517; sd = 6.763036; range 6-32</i> • <i>CFS not attending (T2) & not School Attending (T3) n=8; mean = 13.625; sd = 7.130167; range 6-25</i> 	
Child and Caregiver Reported Short Mood and Feelings Questionnaire	<p>The S-MFQ screens for symptoms of depression and loneliness and has been used previously in displaced and refugee settings in low and middle income countries (Angold, 1995; Thabet et al, 2004; Abdelmonium & Anwar, 2009). Higher scores are indicative of more symptoms related to depression and loneliness.</p> <ul style="list-style-type: none"> • Child report <ul style="list-style-type: none"> ○ All children: Mean = 7.68, sd 5.57 (scale range 0 to 26) ○ Girls and boys tended to score similar levels. ○ Children previously attending CFS scored <u>higher</u> than children who had not attended CFS (8.16 and 6.98, sd 5.82 and 5.16, respectively, ns). ○ <i>CFS attending (T2) & School Attending (T3) n = 29; mean = 7.931034; sd = 5.963766; range 0-20</i> ○ <i>CFS attending (T2) & not School Attending (T3) n = 67; mean = 8.253731; sd = 5.795357; range 0-22</i> ○ <i>CFS not attending (T2) & School Attending (T3) n = 57; mean = 6.684211; sd = 4.903198; range 0-17</i> ○ <i>CFS not attending (T2) & not School Attending (T3) n = 8; mean = 9.125; sd = 6.685539; range 0-18</i> • Caregiver report <ul style="list-style-type: none"> ○ All children: Mean = 5.30, sd 5.51 (scale range 0 to 26) ○ Girls and boys tended to score similar levels (Female n = 223; mean 5.399103; sd 5.81373; Male n= 215; mean 5.195349; sd 5.184356 (p=0.6992),ns) ○ Children previously attending CFS scored similar to children who had not attended CFS (5.22 and 5.55, sd 5.43 and 5.75, respectively, ns). ○ <i>CFS attending (T2) & School Attending (T3) n = 249; mean = 5.128514; sd = 5.540135; range 0-26</i> 	<p>For caregivers, children were scored similarly on this scale whether or not they had attended CFS. However, children themselves rated themselves higher (more concerns) if they had attended CFS. Again, it is not clear what may have contributed to this difference.</p> <p>Children attending school (either combined with CFS or not) tended to report fewer symptoms related to depression and loneliness compared to children not attending school, regardless of CFS attendance. Children not involved in either activity reported higher levels of symptoms than children participating in one or both of the activities.</p>

	<ul style="list-style-type: none"> ○ <i>CFS attending (T2) & not School Attending (T3) n = 81; mean = 5.493827; sd = 5.114009; range 0-20</i> ○ <i>CFS not attending (T2) & School Attending (T3) n = 92; mean = 5.282609; sd = 5.419391; range 0-23</i> ○ <i>CFS not attending (T2) & not School Attending (T3) n = 16; mean = 7.0625; sd = 7.406922; range 0-22</i> 	
Child Reported Child Post-Traumatic Stress Disorder Symptom Scale (CPSS)	<p>The Child Post-Traumatic Stress Disorder Symptom Scale (CPSS) screens for Post-Traumatic Stress Disorder in children with a section that assesses functional impairments. Higher scores are indicative of potential cases of PTSD in children as patterned after DSM-IV criteria. It has been used widely in humanitarian settings, but with unspecified clinical cut-offs for designation of PTSD (Tol et al, 2001; Tol et al, 2010).</p> <ul style="list-style-type: none"> • All children: Mean = 16.74, sd 9.92 (scale range: 0 to 51) • Boys tended to endorse more symptoms or at a higher rate than girls (17.82 and 14.66, sd 9.15 and 10.50, respectively, p=0.05). • Children previously attending CFS scored higher (endorsed more items or endorsed the same amount of items with greater severity) than children who had not attended CFS (17.35 and 15.83, sd 10.47 and 9.05, respectively, ns). • <i>CFS attending (T2) & School Attending (T3) n = 31; mean = 17.3871; sd = 10.59458; range 0-38</i> • <i>CFS attending (T2) & not School Attending (T3) n = 65; mean = 17.33846 ; sd = 10.49892; range 0-43</i> • <i>CFS not attending (T2) & School Attending (T3) n = 57; mean = 15.35088; sd = 8.51782; range 0-41</i> • <i>CFS not attending (T2) & not School Attending (T3) n = 8; mean = 19.25; sd = 12.4068; range 0-33</i> 	<p>Children attending school who had had no involvement in CFS reported lowest levels of symptoms related to PTSD on average. Of those children attending CFS, similar levels of symptoms were reported on average, regardless of their participation in school. . Overall, children with no participation in CFS or school reported the highest level of symptoms related to PTSD.</p> <p>As with the preceding two scales, we need to consider why children who had attended CFS tend to report higher levels of mental health challenges at T3.</p> <p>The ‘clinical cut off’ (defining children reporting symptoms at a level that might be associated with a diagnosis of PTSD) suggests the large numbers of children experiencing mental health symptoms, but should not be taken as evidence of disorder in the absence of other information.</p>

<p>Literacy and Numeracy Skills</p>	<p>113 children aged 10 – 14 were assessed at follow-up for functional literacy and numeracy skills, using the adapted World Vision Functional Literacy Assessment Tool (FLAT), to better understand the educational trajectory of children that had participated in CFS in the previous year. 66 children aged 10 – 14 who had previously attended CFS and 47 children who had not attended CFS were assessed. Assessments were conducted in the language of primary instruction, English, in the schools</p> <p>Literacy Level:</p> <ul style="list-style-type: none"> • Children who had not attended CFS tended to score higher on the literacy section than compared to those children who had attended (0.87 to 0.56, $p=0.04$), even when controlled for school attendance ($p=0.04$). • <i>CFS attending (T2) & School Attending (T3) $n = 21$; mean = 1.142857; sd = 1.651839; range 0-5</i> • <i>CFS attending (T2) & not School Attending (T3) $n = 47$; mean = 0.2765957; sd = .9935034; range 0-6</i> • <i>CFS not attending (T2) & School Attending (T3) $n = 43$; mean = .9767442; sd = 1.336099; range 0-5</i> • <i>CFS not attending (T2) & not School Attending (T3) $n = 5$; mean = 0; sd = 0; range 0-0</i> <p>Numeracy Level:</p> <ul style="list-style-type: none"> • Children who had not attended CFS tended to score higher on the numeracy section than compared to those children who had attended (2.15 to 1.23, $p=0.014$), even when controlled for school attendance ($p=0.009$). • <i>CFS attending (T2) & School Attending (T3) $n = 21$; mean = 2.00; sd = 2.167948; range 0-6</i> • <i>CFS attending (T2) & not School Attending (T3) $n = 47$; mean = 0.8510638; sd = 1.587707; range 0-6</i> • <i>CFS not attending (T2) & School Attending (T3) $n = 43$; mean = 2.418605; sd = 2.342491; range 0-6</i> • <i>CFS not attending (T2) & not School Attending (T3) $n = 5$; mean = 0.2; sd = 0.4472136; range 0-1</i> 	<p>This finding is consistent with participatory discussions in the community regarding CFS activities not being structured around opportunities for literacy and numeracy Further exploration into the curriculum focus of the CFSs is recommended to understand the weight of this preliminary interpretation.</p>
--	--	---

