

Child friendly spaces: understanding effective implementation

A randomised controlled trial (RCT) in Uganda deepens our understanding of child friendly spaces (CFS), building on existing research.

CFS should transition into wider programme of community-led services

This study compared the effectiveness of two approaches to implementing CFS in the West Nile refugee response in Uganda, finding strong evidence that both approaches can have immediate as well as longer-term psychosocial benefits for younger children and adolescents. However, they had limited impact on strengthening community capacities for child protection and MHPSS.

Findings indicate that funding should continue for delivery of CFS or similar interventions, while CFS should be transitioned into a wider programme of complementary and community-led services for sustained impact.



Children playing at a World Vision run CFS in Bidibidi settlement, West Nile region, Uganda. Credit: Derrick Kyatuka, World Vision Uganda

Background

CFS are used by humanitarian agencies to address the psychosocial and protection needs of children in the aftermath of crisis. Based on previous research, a Toolkit for Child Friendly Spaces in Humanitarian Settings synthesized existing inter-agency standards to guide implementation, monitoring and evaluation while also expanding to include a package of sequential, structured psychosocial activities that can be tailored to local circumstances. The RCT, conducted with Columbia University, addressed a need for rigorous evidence to inform practice and understand effective mechanisms for delivering outcomes for children.

How the research was conducted

Using a three-arm RCT, changes in mental health and psychosocial well-being, acquisition of skills and knowledge, and protection were assessed for 1,178 caregivers of children aged 6 to 8 years and 1,280 children (aged 9 and 14). Children were assessed at pre-start, immediately post-close, and 9 months post-close and randomized into one of three groups: one based on established inter-agency standards, one based on the Toolkit; or a waitlist control group.

Key findings

- In the immediate term both the Toolkit and Standard CFS led to clear, positive mental health impacts for younger children, with varying impacts on adolescents. The Standard was more effective than the Toolkit in reducing psychological distress in adolescent ethnic minorities, increasing hopefulness and enhancing individual capacities for resilience.
- Over the longer-term both the Toolkit and Standard CFS reduced perceived risks and psychological distress. The Toolkit was more effective in strengthening capacities for resilience. The Standard reduced reporting of daily caregiver stresses.
- Both younger and adolescent girls had longer lasting improvements in mental health with the Toolkit. The Standard had longer-term benefits for boys.
- Both CFS had limited impact on strengthening community capacities for child protection and MHPSS.
- Greater attendance (over 49% of sessions) had a direct positive effect on mental health, resilience and - for adolescents - functional literacy outcomes.

Implications for humanitarian practitioners and policymakers

Both approaches, but particularly the Toolkit, offer an effective mental health intervention that have clear positive outcomes for children and adolescents and help alleviate the negative impacts of conflict and displacement. Funding should continue for delivery of CFS or similar interventions.

Still more innovation is required to meet the specific needs and differing abilities of young adolescents. Meaningful participation of adolescent girls and boys throughout the programming cycle helps achieve effective contextualisation of the intervention, while developing their skills and capacities.

Involvement of parents, caregivers and trusted adults in promoting children's socio-emotional learning and protection as well as support for caregivers mental-health to reduce the related impacts of stress on their children's well-being should be prioritized in regular CFS operations.

Given the highly interactive group of community leaders and Child Protection Committees (CPCs) that existed in the community where this study took place, the CFS lacked intentional mobilisation efforts. A CFS transition into alternative integrated service and support packages, and coordinate with existing child protection systems that support family and community structures, is urgently needed.

Recommendations for future research

Further understanding of the link between caregiver stress and MHPSS interventions. Action learning research could be conducted on community-driven interventions, such as effective centre-based integrated packages of intervention in protracted emergencies/fragile contexts, and effects of complementary services on sustaining the MHPSS outcomes.

About the study team

The research was a collaboration between World Vision UK, World Vision Uganda and World Vision International; the Heilbrunn Department of Population and Family Health, Mailman School of Public Health, Columbia University; and AfriChild Centre for the Study of the African Child, Makerere University, Uganda.

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Keywords

Child friendly spaces, mental health and psychosocial support, protection, children, adolescents, South Sudanese refugees, Uganda

Articles and further reading

[Elrha Project Page](#)

Advancing Child Mental Health and Protection in Humanitarian Settings: Evidence of Effectiveness of the Child Friendly Spaces Toolkit, [Research Summary](#).

From Place to Space: [Field Insights on adapting child friendly spaces during Covid-19](#), Metzler, Gabriel, Mwebe, Savage. Forced Migration Review, March 2021



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<http://www.elrha.org/programme/research-for-health-in-humanitarian-crises/>