



Advancing Child Mental Health and Protection in Humanitarian Settings:

Evidence of Effectiveness of the Child Friendly Spaces Toolkit

R E S E A R C H S U M M A R Y

Overview

This 3-year collaborative study sought to **compare the effectiveness of two psychosocial** approaches to implementing **child friendly spaces** in the West Nile refugee response, Uganda from 2019-2022. Using a 3-arm Randomised Control Trial, it compared the effect of using the **Toolkit for Child Friendly Spaces in Humanitarian Settings**, the **'Standard' guidelines**, and no intervention in achieving **child mental health, psychosocial well-being and protection outcomes**.

As the **third and final phase** of almost 10 years **of collaborative research into CFS**, these findings **further the evidence base** for advancing the design and implementation of first-line mental health and psychosocial support (MHPSS) for children affected by conflict and displacement.

This document is a **summary** of this latest research together with recommendations. More detailed methodology, findings and analysis will be available in forthcoming academic journal articles.



IMAGE ABOVE: Children playing at a World Vision run CFS in Bidibidi settlement, West Nile region, Uganda. © Derrick Kyatuka, World Vision 2022.

Key Message:

The study found **strong evidence** that both the **Toolkit and the Standard approaches** can have **immediate as well as longer-term** psychosocial benefits for younger **children and adolescents**.^{2,3} Whilst it found considerable variation in the impacts of the two approaches, the **Toolkit was overall found to be more effective in sustaining many aspects of psychosocial change**, particularly amongst adolescent girls and ethnic minorities.

To ensure **sustained, holistic impact in protracted settings**, efforts should be made as early as possible to **transition CFS into a wider programme of complementary and community-led services** and to **strengthen community support structures** that address both the needs of children and caregivers.

Why this Study?

Child friendly spaces (CFS) have been widely used by humanitarian agencies to address the psychosocial and protection needs of children in the aftermath of crisis. In **2012**, in response to calls for evidence of impact, **World Vision and Columbia University initiated a major collaborative inter-agency, multi-country research programme** into the impact of these interventions on the mental well-being and protection of children.⁴

With additional funding from UNICEF, Save the Children, Plan, and Elrha, the group went on to conduct **in-depth research into the short and longer-term impacts** on younger and older children. The findings showed that **CFS can have positive impacts** on children's psychosocial health and well-being but found its **effects dissipated over time** and with **little impact on adolescents**. The short-term effects also varied across contexts, characteristics of participants and quality of programming.⁵

Results from these studies led World Vision and the International Federation of the Red Cross to produce the Toolkit for Child Friendly Spaces in Humanitarian Settings.⁶ The purpose of this resource was to guide the implementation, monitoring and evaluation of CFS or similarly named programmes. Until then, agencies referred to a set of general guidelines to inform implementation of these programmes.⁷

This study sought to test the comparative effectiveness of this Toolkit with the more widely available Standard guidelines. It focused this time on just **one setting** (north west Uganda). It also assessed the **short and longer-term impact on both younger children and adolescents**.

² See page 5 for explanation of Toolkit & Standard approaches.

³ 'Immediate' refers to changes recorded directly after completing the three month programme. 'Longer-term' means nine months after the end of programme.

⁴ Evaluation of Child Friendly Spaces | World Vision International; also Final Research Report

⁵ Metzler, Savage, Yamano, Ager, 2019; See also Do we need to rethink Child Friendly Spaces? Research Snapshot, Elrha

⁶ The Toolkit for Child Friendly Spaces in Humanitarian Settings | The Alliance for Child Protection in Humanitarian Action (alliancecpha.org)

⁷ IASC Guidelines for Child Friendly Spaces | Save the Children's Resource Centre

What are Child Friendly Spaces?



A CFS is an humanitarian programme approach designed to provide safe spaces for children whose lives have been disrupted by war, natural disaster, or other emergencies. They provide opportunities to play, learn, and strengthen psychosocial well-being through a range of structured and unstructured activities led by trained animators from the community. Various names are used to describe them e.g Safe Spaces.



ABOVE: Children playing at World Vision's CFS in Bidibidi settlement, West Nile region, Uganda. © Derrick Kyatuka, World Vision 2022.

What is the CFS Toolkit?

The *Toolkit for Child Friendly Spaces in Humanitarian Settings* is comprised of four components:

- **Operational guidance**
- **Training manual for implementers**
- **Training manual for facilitators**
- **Activity Catalogue for running activity sessions.**⁸

The *Toolkit* is widely available on the

Alliance for Child Protection & Humanitarian Action website and **Save the Children's Resource Centre**

'Toolkit' vs 'Standard' approach

Standard

The *Standard* approach used by World Vision in this study **evolved from the inter-agency guidelines that were developed in 2011.**⁹ This approach offers an **open, non-prescriptive** range of suggestions for **group-based** facilitation of **recreational and play based activities** over a **12 week** period.

To ensure quality programming, the *Toolkit* was consulted for general operational guidelines and training of staff. For the **running the sessions and activities** they **referred only to the *Standard* guidelines** set out in the World Vision manual.¹⁰

Toolkit

The CFS programmes that used the *Toolkit* approach **used all four components of the CFS Toolkit**, which included the **Activity Catalogue** to guide sessions. The Activity Catalogue provides resources to **ensure quality delivery of 40 sequential, structured sessions that build upon one another** over a set period of **12 weeks**. Whilst they can be used as standalone sessions should attendance fluctuate, they have been designed for sequential use.

The activities are organized into **seven psychosocial themes** (see below), and based on therapeutic approaches, art therapy activities, child development and education resources. Play is an integral part of the activities.



⁸ The Activity Catalogue is appropriate for use by any programme with similar aims to CFS.

⁹ See footnote 6

¹⁰ Toms, C. & MacLeod, H. (December 2006). *Children in Emergencies Manual*. California: Children in Ministry, World Vision

Research Location & Method

The research team examined three CFS in the West Nile refugee response of Uganda, an area where World Vision Uganda, alongside other agencies, provide humanitarian services to South Sudanese refugees fleeing instability and conflict.¹¹ For a period of three months, children and adolescents received MHPSS and child protection services, as well as other community-based complementary services including formal schooling.

Using qualitative and quantitative methods and a Randomised Control Trial, the study examined changes in mental health and psychosocial well-being including the acquisition of skills and knowledge, and protection for children aged 6 to 8 years (referred to here as 'younger children'), and older children aged 9 to 14 years (referred to here as 'adolescents').

1,178 caregivers and 1,280 children from four villages in Omugo settlement participated in the research, predominantly from the Bari tribe, as well as several other ethnic groups. Children were assessed prior to the start of the programme, immediately after the close of the 3-month programme, and again 9 months afterward. Children on the waitlist for the CFS formed the control group.



ABOVE: Adolescent boys reading at a World Vision run CFS in Bidibidi settlement, West Nile region, Uganda. © Aggrey Nyondwa, World Vision 2019.

¹¹ Six CFS were originally planned to be examined but Covid-19 restrictions prevented three CFS from running.

Findings

1. In the **immediate term**,¹² both the **Toolkit and Standard** programmes led to **clear, positive mental health impacts** for **younger children**, with varying impacts on adolescents. The **Standard was more effective** than the **Toolkit** in helping to **reduce psychological distress in adolescent ethnic minorities** in the short-term as well as increase hopefulness and enhance individual capacities for resilience.
2. Over the **longer-term**,¹³ both the **Toolkit & Standard** programmes led to **a clear reduction of perceived risks and psychological distress**, however the **Toolkit was more effective in strengthening capacities for resilience**. The **Standard** reduced reporting of daily caregiver stresses.
3. The **Toolkit** was **particularly effective in sustaining change especially amongst girls**. Both **younger and adolescent girls had longer lasting improvements** in mental health after attending the **Toolkit** programme. Younger girls were more resilient whilst adolescent girls were buffered from using more negative coping strategies. The **Standard had longer-term benefits for boys**.
4. **Both programmes had limited impact on strengthening community capacities for child protection and MHPSS**. Given the highly interactive group of community leaders and Child Protection Committees (CPCs) that existed in that community, the CFS lacked intentional mobilisation efforts.
5. **Greater attendance** (over 49% of sessions) **had a direct positive effect** on mental health, resilience and - for adolescents - functional literacy outcomes.
6. **Female caregivers of young children attending the Toolkit programme reported higher levels of stress** over the study period. This was associated with **both negative** outcomes such as lower levels of hopefulness as well as **positive** impacts, including higher levels of functional literacy and lower levels of psychological distress. This suggests a myriad of contextual risk and protective factors underpinning mental health and developmental progress in this setting.



¹² 'Immediate' or 'short-term' refers to changes identified immediately after the end of the 3 month programme.

¹³ 'Longer-term' refers to changes identified 9 months after the end of the programme.

Background

SUMMARY OF FINDINGS



Improves mental health

Main finding: CFS reduces the psychological distress of children and adolescents
Implication: CFS can be effective as a first-line mental health intervention that has immediate and longer lasting benefits for children and adolescents.

STUDY NAME:



An RCT of enhanced child friendly space interventions for children affected by conflict & displacement

RESEARCH PARTNERS:



World Vision; Columbia University Mailman School of Public Health; AfriChild

FUNDED BY:



Elrha Research For Health in Humanitarian Crises (R2HC)

LOCATION OF RESEARCH:

West Nile region, Uganda



DATE:



2019-2022



Toolkit's lasting impacts on girls

Main finding: Both younger and adolescent girls attending the *Toolkit* had lasting improvements in mental health.

Implication: *Toolkit's* Activity Catalogue requires innovation to improve immediate mental health outcomes for girls



Immediate & lasting impacts on younger boys

Main finding: Younger boys in both interventions had immediate and lasting improvements in mental health. Standard was more effective in reducing protection concerns and daily stresses of caregivers.

Implication: Contextualisation of activities needed by both approaches if activities are to be engaging, relevant and accessible for adolescent boys.



Variable impacts for ethnic minorities

Main finding: *Standard* produced positive change amongst ethnic minorities in immediate term, *Toolkit* did so for longer term.

Implication: *Toolkit* requires improvement to better support immediate psychosocial and protection needs of ethnic minorities.



Connection found between parental stress and child mental health

Main finding: Female caregivers of young children attending *Toolkit* programme reported higher levels of stress over the study period, related to both positive and negative outcomes.

Implication: Include caregivers as part of broader intervention.



Limited impact on community capacities

Main finding: Neither intervention directly improved children's recognition of communal resources to support MHPSS wellbeing and protection. There was limited engagement with critical existing community protection systems.

Implication: Innovation needed in outreach and community engagement to support community protection systems. *Transition CFS* as early as possible to integrate with community supports and provide comprehensive package of services for whole community.



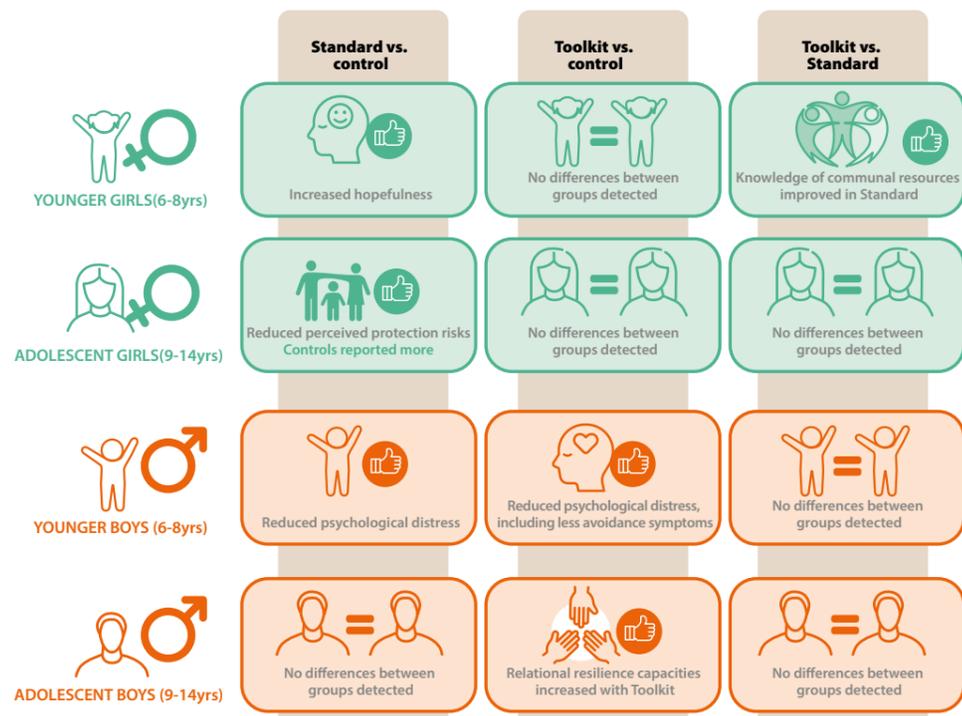
Quality assurance and attendance help ensure greater impact

Main finding: Greater attendance equated to greater gains in mental health, resilience, and functional literacy skills.

Implication: Continuous monitoring of quality standards and attendance levels as well as refresher training for staff are essential.

Who did it work for in short term¹?

Overview of outcomes by gender and age group



Key to symptoms:

Intrusion:
flashbacks, nightmares or distressing memories

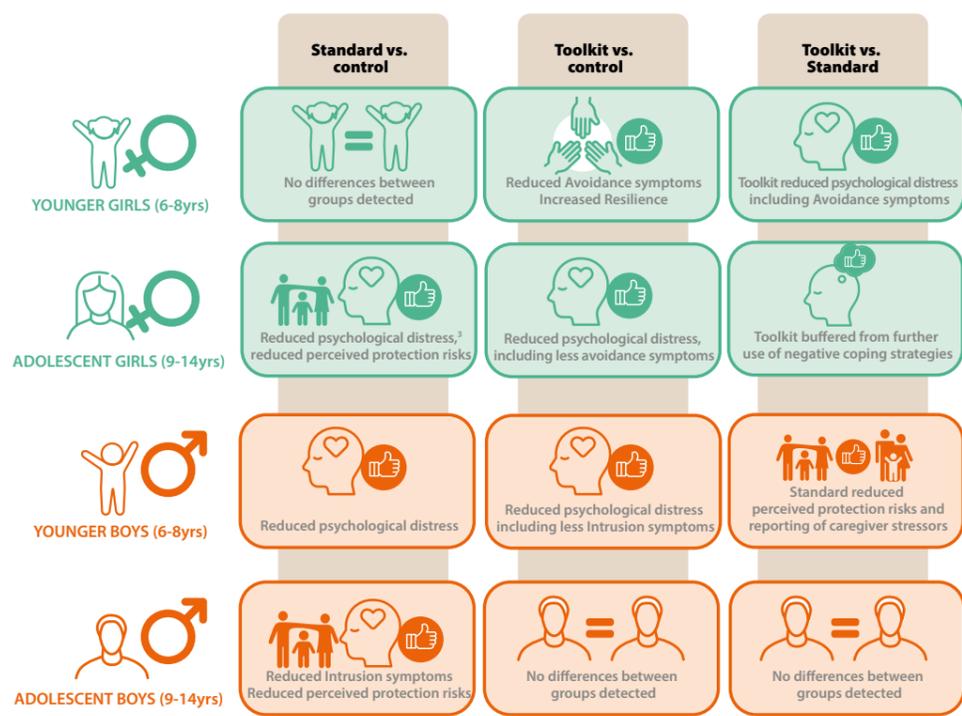
Avoidance:
behaviour that avoids recalling traumatic event; inability to experience positive emotion

Cognition and mood:
negative emotional state, disinterest and detachment

Arousal & reactivity:
irritability, recklessness, problems with sleep or focus

Who did it work for in longer term²?

Overview of outcomes by gender and age group



¹ Short term = at the end of the 3 month programme

² Long term = 9 months after the end of the 3 month programme

³ Including changes in 3 symptoms: Intrusion, Changes in cognition and mood, and Arousal and reactivity.

⁴ Including changes in all 4 symptom clusters.

Conclusions & Recommendations

- Both approaches, but particularly the *Toolkit*, offer an effective mental health intervention that have clear positive outcomes for children and adolescents.
- Providing CFS as a first-line response can have positive mental health and protection benefits that alleviate the effects of conflict and displacement.
- For **optimal sustained impact**, CFS must be **more intentionally tailored to the local context** and actively support and **integrate into other complementary protective services** that support family and community structures.
- In protracted settings, **efforts should be made as early as possible to transition CFS into programmes that coordinate with existing child protection systems**, and **provide a comprehensive package of MHPSS and protection services for the whole community**. **Alternative frameworks or support centres** are needed to address the complex needs of both caregivers and children in protracted emergencies and fragile contexts.
- More innovation** is required to ensure the *Toolkit* activity catalogue is **tailored** to meet the specific needs and differing abilities of **young adolescents, especially boys**, as well as improving life-skills, basic literacy and numeracy skills. Above all, **contextualisation of activities** is needed to examine and address harmful traditional and sociocultural norms around **ethnic identity, gender** and **differing abilities** to ensure positive benefits for all children.
- Funding should continue** for delivery of CFS or similar interventions that **offer immediate, scalable support**, but **resources** are also **urgently needed to support their transition** into **alternative integrated** service and support packages or **comprehensive CPHA programmes**.

Recommendations for future research

- Further understanding of the **link between caregiver stress** and MHPSS interventions
- Action learning research on **community-driven interventions** such as:
 - Effective centre-based integrated packages of intervention in protracted emergencies/fragile contexts
 - Effects of complementary services on sustaining the MHPSS outcomes

Research 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 between 2019-2022.

Columbia University: Janna Metzler, Terry Saw, Yuan Zhang, Cheng-Shiun Leu, and Cassie Landers

World Vision: Kevin Savage, Agatha Kadondi, Aimyleen Gabriel and Frieda Mwebe

Africhild: Denis Nono, Simon Enamu, and Clare Ahabwe Bangirana

For more information and journal articles visit the **project page on Elrha's website**, or contact:

Dr Janna L. Metzler, Adjunct Assistant Professor Heilbrunn Dept of Population & Health, Mailman School of Public Health, Colombia University, New York. jl2200@cumc.columbia.edu

Aimyleen Gabriel, Senior Child Protection Programme Adviser, World Vision UK
Aimyleen.gabriel@worldvision.org.uk

The team would like to thank all the children, caregivers and data collectors who contributed to this research.

Further Reading

- **From Place to Space: Field Insights on adapting child friendly spaces during Covid-19**, Metzler, Gabriel, Mwebe, Savage. *Forced Migration Review*, March 2021
- **The Toolkit: Operational Guidance for Child Friendly Spaces in Humanitarian Settings**, Snider & Ager, published by World Vision International & International Federation of the Red Cross Reference Centre for Psychosocial Support, 2018
- **Child friendly spaces impact across five humanitarian settings: a meta-analysis**, Hermosilla, Metzler, Savage, Musa & Ager, 2019
- **Do we need to rethink Child Friendly Spaces?** Research Snapshot, Elrha 2020.
- **Humanitarian Research - Child Friendly Spaces | Disaster management | World Vision International (wvi.org)**

Funding

This research project was funded by **Research for Health in Humanitarian Crises (R2HC) programme**, which aims to improve health outcomes by strengthening the evidence base for public health interventions in humanitarian crises.

R2HC is funded by the **UK Foreign, Commonwealth and Development Office (FCDO)**, **Wellcome** and **UK National Institute for Health Research (NIHR)**

Visit elrha.org for more information about Elrha's work to improve humanitarian outcomes through innovation and partnership.

Programme funding for the CFS interventions that were studied was provided by World Vision Korea.



BELOW: Children playing under the rising sun at a World Vision run CFS, Bidibidi settlement, West Nile region, Uganda. © Aggrey Nyondwa, World Vision 2019.



All images copyright World Vision 2022

Written by: Siobhan Calthrop, Aimyleen Gabriel & Dr Janna Metzler

Design: whiz-creative.co.uk

World Vision UK

World Vision House, Opal Drive, Fox Milne, Milton Keynes, MK15 0ZR

tel: **+44 (0) 1908 84 10 00** fax: +44 (0) 1908 84 10 01 email: info@worldvision.org.uk



worldvision.org.uk Follow us: [@WorldVisionUK](#)     

At World Vision, our focus is on helping the most vulnerable children, in the most dangerous places, overcome poverty and injustice. Inspired by our Christian faith, we've worked together with communities, partners, local leaders and governments, for over 70 years, so that children – of all faiths and none – are empowered to experience fullness of life. World Vision UK is a registered charity no. 285908, a company limited by guarantee and registered in England no.1675552. Registered office as above.

FRONT COVER IMAGE: Children playing at a World Vision run CFS in Bidibidi settlement, West Nile region, Uganda. © Derrick Kyatuka, World Vision 2022.