

EVALUATION OF CHILD FRIENDLY SPACES

Ethiopia Field Study Summary Report February 2013



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Table of Contents

Summary	4
Background	6
Intervention	6
Design and Methods	7
Findings	8
Implications for Practice and Future Evaluations	20
Appendix	22

Summary

Child Friendly Spaces (CFS) is an intervention frequently used by humanitarian agencies for supporting and protecting children in emergencies. Leading agencies are collaboratively developing standards and guidelines for CFS while strengthening the evidence base through a joint agenda for learning and research.

World Vision International and Columbia University have begun a series of structured evaluations of CFS interventions in various contexts, to document evidence of protective and restorative effectiveness and to identify good practice in design and implementation. This report presents findings from the first study – an evaluation of a CFS implementation for Somali refugees in Buramino Camp in southern Ethiopia.

A structured literature review of CFS impact evaluations guided the development of an evaluation framework addressing methodological weaknesses of previous evaluation work and reflecting the programme design of the specific intervention. The study collected baseline data from a sample of children and their carers in advance of the implementation of CFS. These same children and carers were then interviewed between three and six months following CFS implementation, allowing comparison between those who had attended and not attended CFS in that period. This particular CFS programme emphasised functional literacy and numeracy skills, and made a more modest engagement in psychosocial activities. The CFS hosted children between the ages of six and 17. Evaluation tools were selected to assess impact with respect to three key areas: (a) the promotion of children’s social and emotional well-being (including the acquisition of skills and knowledge), (b) the protection of children from risk, and (c) supporting parents and communities in strengthening systems of child protection.

The study found that all children showed improved psychosocial well-being after several months in the camp, whether or not they participated in the CFS programme. Three selected measures of psychosocial well-being showed an appreciable overall reduction in difficulties, increases in pro-social behaviour and increases in developmental assets from baseline to follow-up in all children. This positive finding supports the idea of the resilience of children, and the relevance of individual, familial and community coping strategies – in addition to programmed activities – in adapting to life in the camp.

Children attending CFS made major gains in basic literacy and numeracy, an important priority for caregivers. CFS had a positive impact on these skills for all children. The greatest gains were among older boys, who had higher levels of existing skills than girls coming into the programme.

Against the backdrop of general improvement in psychosocial well-being over time, findings also indicated that attending CFS particularly promoted the psychosocial well-being of younger boys. There was a substantial decrease in reported levels of psychosocial difficulties among younger boys attending CFS. All CFS attenders with extreme psychosocial difficulties at baseline showed marked

improvement at follow-up in a slightly greater proportion than those not attending CFS, indicating the normalising role of CFS in supporting the adjustment of children.

Key concerns identified by children and their caregivers in the camp included unmet basic needs – such as food, shelter and education – as well as protection risks – such as attacks, abduction, and sexual violence and rape. Reporting of these concerns increased over time only for those not attending CFS. Similarly, the stresses that such concerns placed on caregivers also increased over time only for those who did not have children attending CFS. These findings suggest that attending CFS provided a buffer for children and their caregivers alike in the context of growing frustrations at camp conditions.

There was generally little to distinguish those assessed at baseline who ended up attending CFS from those who did not. However, young girls with greater ‘developmental assets’ (such as positive values and identity, familial and community sources of support, and a commitment to learning) at baseline were more likely to have attended CFS.

The evaluation established the CFS as impactful with respect to the objectives of developing literacy and numeracy, strengthening psychosocial well-being (notably among younger boys), supporting basic needs provision and protection in the face of increasing hardship in the camp, and buffering against the increased stresses faced over time by caregivers. Areas where programming could have been strengthened include greater commitment to structured psychosocial activities within the schedule, more active outreach to secure the enrolment of girls from the widest range of circumstances, and efforts to ensure gender sensitivity in the instructional approaches adopted.

These are findings from a single study in a single setting and are not presented as generalizable to other contexts at this stage. However, learning from this first study will inform subsequent evaluations in the planned series, with a view to developing a coherent evidence-base from which broader lessons regarding CFS may be identified.



Background

Child Friendly Spaces (CFS) are widely used as a form of intervention to address issues of child protection and psychosocial well-being in emergency contexts; however, little robust evidence of the impact of such interventions is currently available. As efforts are made to develop international standards and guidelines to support the use of CFS, it is important to develop and consolidate evidence of the protective, promotive and mobilising effects that CFS have on children.

World Vision International and Columbia University have formed a research partnership to carry out a series of structured evaluations of CFS interventions in various contexts, to document the protective and restorative effectiveness of CFS and identify good practice in design and implementation of interventions. A structured review of the literature on CFS impact evaluation (Ager & Metzler, 2012) was recently completed as an initial step. It identified a lack of baseline information and weakness of design in most studies – deficiencies that the current series of structured evaluations seek to address. The current study, of an evaluation of CFS implementation with Somali refugees in Ethiopia, represents the first attempt at incorporating rigorous sampling and design in a CFS evaluation. As it represents a single intervention in a single setting, the findings in this report cannot, of course, be generalised for all CFS; however, through the series of planned studies in varying contexts it is anticipated that an evidence base will be established from which broader lessons can be drawn to improve future interventions.

Intervention

Buramino refugee camp, located along the southern Somali-Ethiopian border, was selected in co-operation with World Vision Ethiopia as the first evaluation site. At the time of the evaluation, the Ethiopian Administration for Refugee and Returnee Affairs (ARRA), the main implementing partner of UNHCR, had organised five camps within two hours of the Dollo Ado transit centre to address the growing needs of Somali refugees who had migrated in response to drought and ongoing conflict in the region.

In January 2012, World Vision Ethiopia's first Child Learning Centre (subsequently referred to through this report as a CFS site) was established, offering a range of services to children aged six to 17 years. The second CFS site started activities later that year, in May 2012. Within the wide continuum of CFS programming approaches, these two sites emphasised functional literacy and numeracy skills. Based on discussions with ARRA and parents of children attending these centres, psychosocial activities, such as drawing, singing, and recreational play, were included, but to a modest degree. On-site counselling and a feeding programme were also offered. To help meet the overwhelming demand in the camp, each centre provided two three-hour sessions for children: a morning session for younger children aged six to 11 and an afternoon session for older children aged 12 to 17. The first CFS provided services for 784 children (500 aged between six and 11 and 284 aged between 12 and 17). The second CFS site provided services for 787 children (506 aged between six and 11 and 281 aged between 12 and 17).

Design and Methods

The evaluation framework reflected both the CFS programme's specific design and the need to address the major methodological weaknesses identified in previous evaluation work by the literature review. Measurement tools were selected to assess impact with respect to three key areas: (a) the promotion of children's social and emotional well-being (including the acquisition of skills and knowledge), (b) the protection of children from risk, and (c) supporting parents and communities in strengthening systems of child protection. Tools to measure psychosocial well-being included the Strengths and Difficulties Questionnaire (SDQ); a pilot, briefer, version of the Developmental Assets Profile (B-DAP); and an adapted Functional Literacy Assessment Tool (FLAT). Protection risks and vulnerabilities were assessed using items from the Child Protection Working Group (CPWG) Child Protection Rapid Assessment (CPRA), and through participatory discussions with children, parents and community members. Community perceptions and attitudes with respect to child protection were assessed through pre- and post-assessments of CFS facilitator knowledge and participatory community discussions of major concerns for children in the camp. Further details of these tools are presented in the Appendix.

Baseline data were collected using these tools, prior to any participation in CFS activities, from a sample of caregivers of children between the ages of six and 11 years and with children aged 12 to 17. These caregivers and children were re-assessed after three to six months of operation of the CFS programme. To help determine the specific contribution of the CFS programme, baseline and follow-up data were also collected from children, and their caregivers, who did not attend a CFS either by choice or because the CFS programme had reached maximum capacity. This comparison group was secured by random sampling in the CFS catchment area before opening the second CFS site (that is, before it was known which children would subsequently attend a CFS and which would not).

The study has considered 'attenders' to be those children who attended at least 70 per cent of available CFS sessions and 'non-attenders' to be those who never attended any CFS sessions. Baseline and follow-up data collections were successfully completed with the caregivers of 36 attenders and 68 non-attenders aged six to 11, and with 50 attenders and 37 non-attenders aged 12 to 17. The ratio of boys to girls was approximately even for all ages and groups.

Statistical analysis was used to determine whether there were significant differences between scores for attenders and non-attenders at baseline, follow-up, and in the 'change score' between the two. Scores for attenders and non-attenders were equivalent at baseline for almost all measures, indicating that non-attenders were a valid comparison group for judging the impact of CFS (differing only in attendance at the CFS).

Differences have been reported in the study findings only when they were statistically significant at the $p < 0.05$ level.

Findings

The CFS resulted in major gains in basic literacy and numeracy

All children who enrolled in CFS, not just the children forming the sample for the evaluation, were assessed for literacy and numeracy skills at baseline and again at follow-up. Non-attenders were not assessed, but were known to have little access to formal education in the camp.

Literacy scores at follow-up were appreciably higher than at baseline for children aged between six and 11, with average scores increasing from 0.07 to 0.36 on the literacy scale (see Appendix for details of the literacy and numeracy scales). Approximately 20 per cent of children who could not read at all at baseline (score 0) could read letters or words at follow-up (see Figure 1).

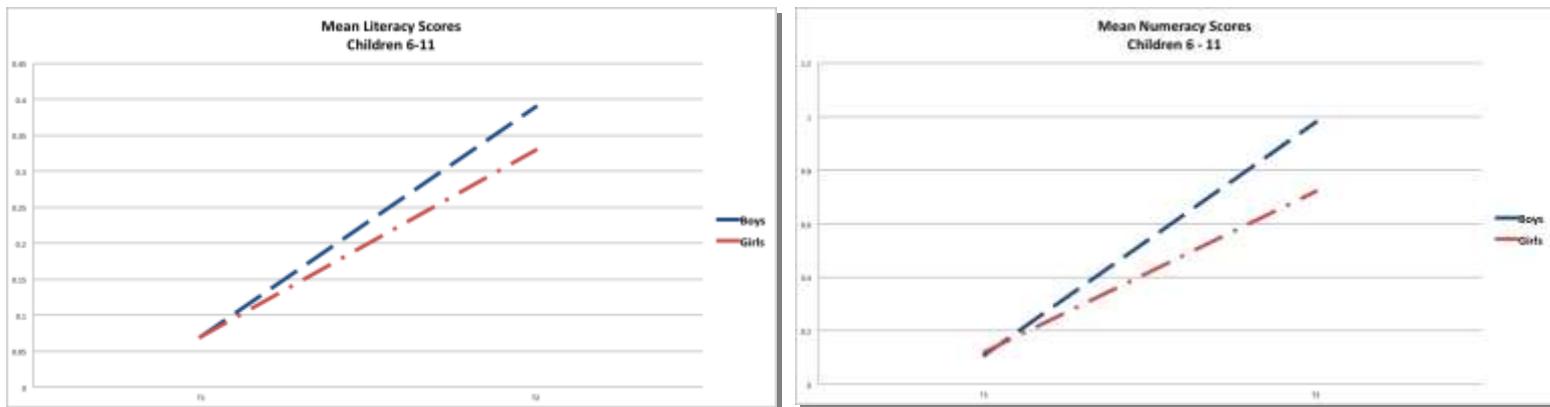


Figure 1: Increase in Literacy and Numeracy Scores for Girls and Boys (6-11)

Children aged six to 11 also showed major improvements in numeracy at follow-up, with average scores increasing from 0.11 to 0.86. The proportion of children who could recognize numerals 1 through 10 increased from four to 30 per cent, while those who could reliably recognise numerals up to 100 increased from two to nine per cent. Virtually no children in this age group had addition skills at baseline; however, six per cent of children had acquired some at follow-up. Among the older age group, boys showed greater improvement in numeracy than girls, with boys attaining an average score of 0.98 and girls an average of 0.72.

Children aged 12 to 17 showed even greater increases than younger children (see Figure 2). Average literacy scores increased from 0.70 (some letter recognition) to 1.74 (some ability to read words). The proportion of children with no reading skills fell from 69 per cent at baseline to 30 per cent at follow-up. Older children also showed major improvements in numeracy. Average scores increased from 0.91 (recognition of numerals up to 10) to 2.67 (ability to add numbers) between baseline and follow-up, while the proportion of children with no numeracy skills fell from 63 to 11 per cent.

Figure 2 indicates major differences between boys and girls in both baseline levels and subsequent attainment. While girls showed appreciable improvement in both literacy and numeracy, boys showed higher levels of skills to begin with and had achieved higher levels at follow-up.

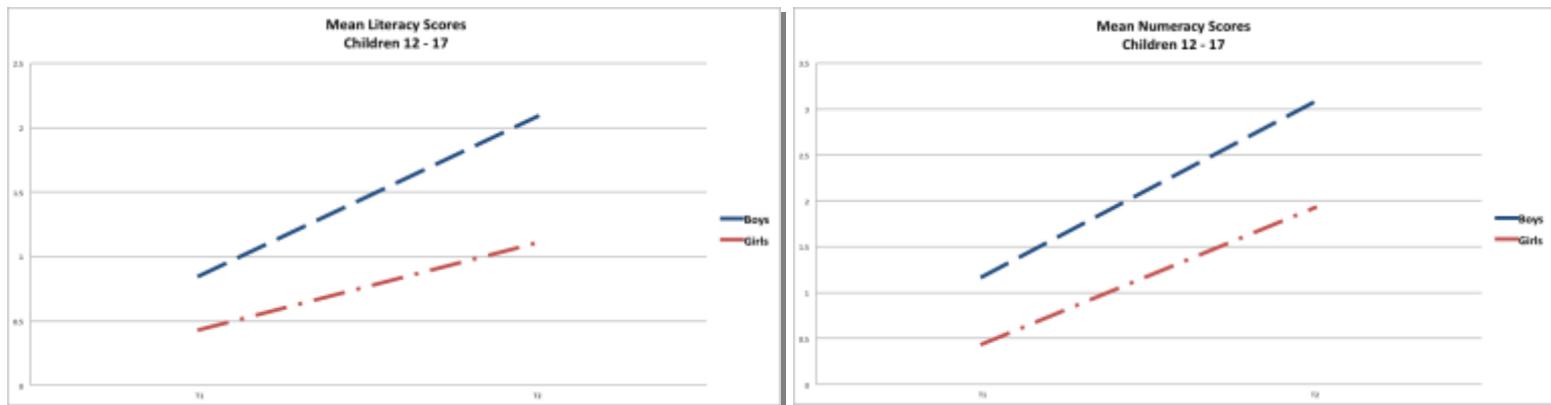


Figure 2: Increase in Literacy and Numeracy Scores for Girls and Boys (12-17)

Overall these are encouraging findings regarding the impact of the CFS on literacy and numeracy, which were major targeted goals of the intervention and a key priority for caregivers. In discussions with members of the Refugee Coordinating Committee (RCC), a refugee-appointed leadership group, regarding changes in the circumstances of children attending the CFS it was suggested:

“It is like light and darkness. Lack of education is like lack of light. Previously, they were like uneducated and they were like dark. Now, they have education...they are in the light.”

Another participant suggested:

“Now, they have their morale...they are encouraged because they are given bags, books...they are inspired.”

The difference seen between boys and girls is most readily attributable to the previous lack of educational opportunity in Somalia for girls. However, the greater improvement achieved for boys than girls may also suggest that the educational practices that were employed in the CFS are less effective for girls than boys.

All children showed improved psychosocial well-being after several months in the camp

Figures 3 through 5 show trends in scores on the SDQ Difficulties, SDQ Pro-social and B-DAP scales as measures of psychosocial well-being among children aged six to 11. These all showed appreciable positive improvements: reduction in difficulties, increases in pro-social behaviour and increases in development assets. On the SDQ Difficulties measure shown in Figure 3, average scores fell from a level suggestive of potential adjustment difficulties to scores clearly within the ‘normal’ range. On the SDQ Pro-social measure average scores rose from a low ‘normal’ range to scores clearly within the ‘normal’ range (Figure 4). On the B-DAP, the proportion scoring in the lower half of the scale decreased from 32 per cent at baseline to six per cent at follow-up (Figure 5).

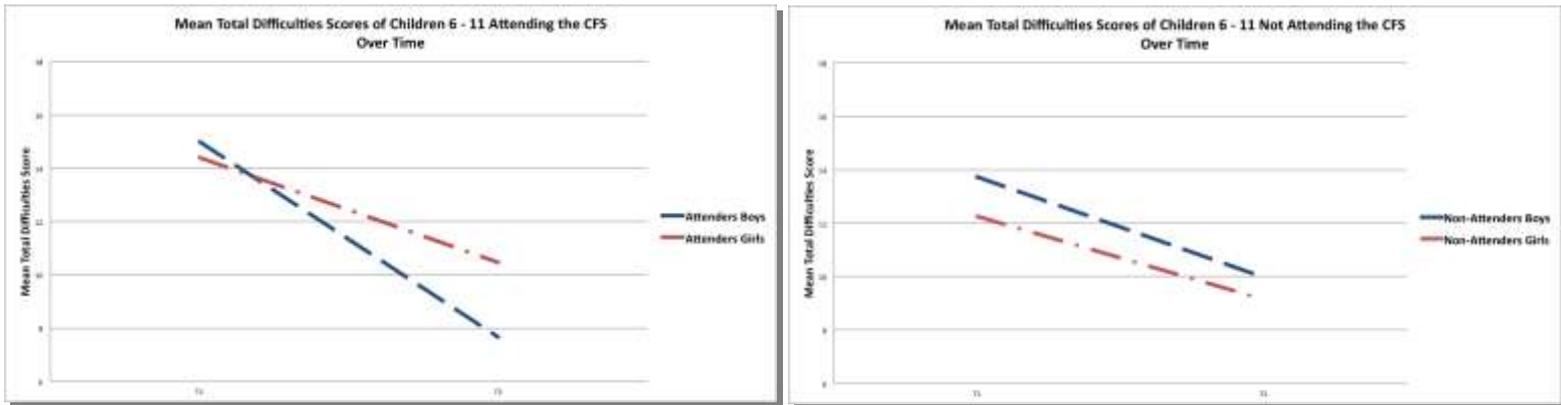


Figure 3: Reduction in Total Difficulties for Girls and Boys (6-11) Attending and Not Attending CFS

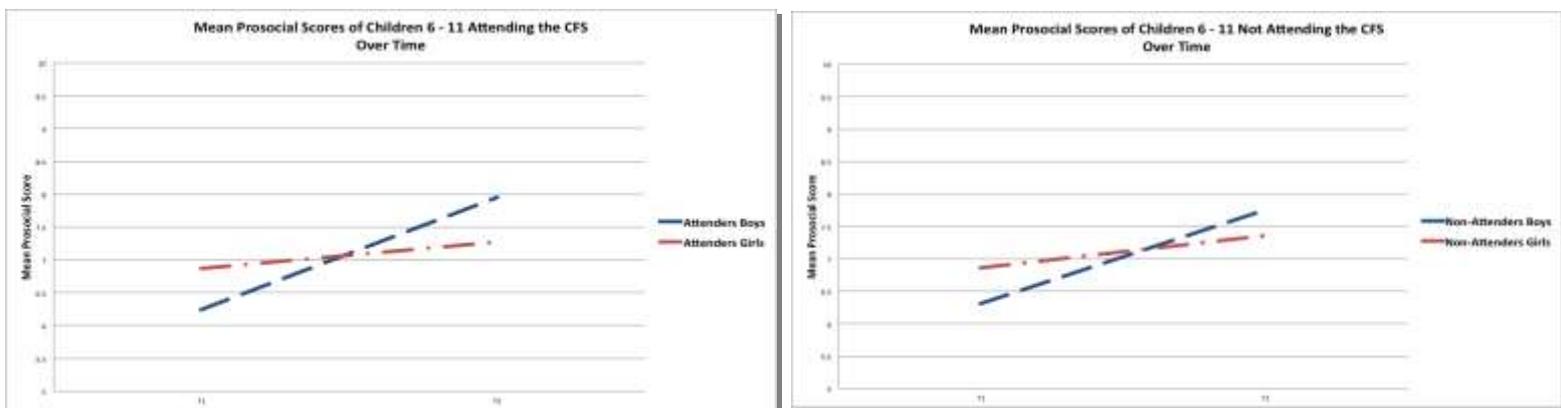


Figure 4: Increase in Prosocial Behavior for Girls and Boys (6-11) Attending and Not Attending CFS

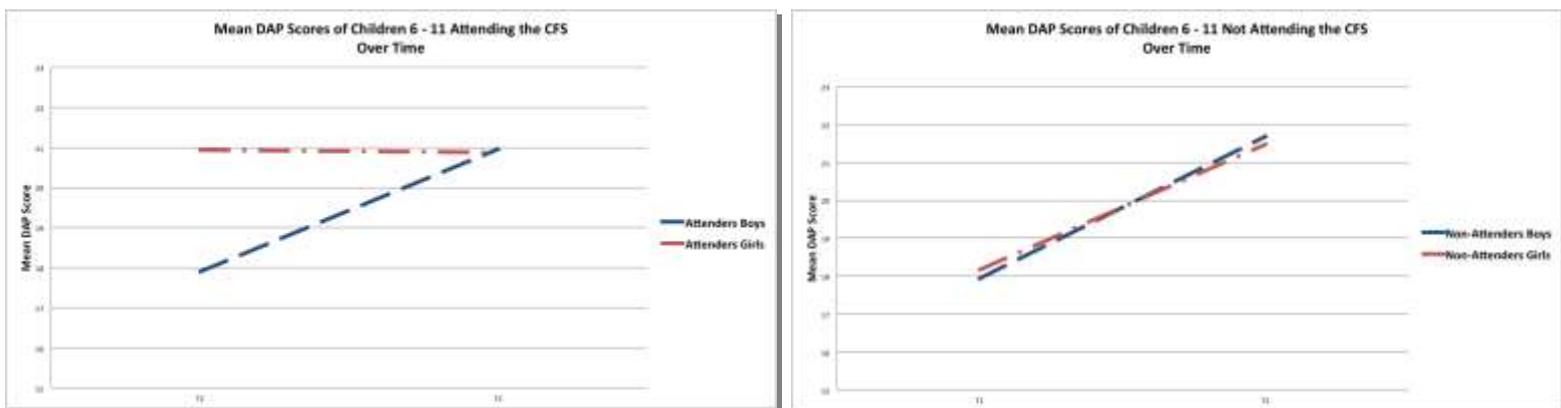


Figure 5: Trends in Developmental Assets for Girls and Boys (6-11) Attending and Not Attending CFS

Figures 6 through 8 illustrate similar trends on these scales for children aged between 12 and 17. Figure 6 shows that average SDQ Difficulties scores fell to well within the 'normal' range for this age-group (less than a score of 15) at follow-up. On the SDQ Pro-social measure (Figure 7) average

scores rose to levels well within the 'normal' range for this age-group (six and above). On the B-DAP (Figure 8) the proportion of children scoring in the lower half of the scale decreased from 36 to 5 per cent between baseline and follow-up.

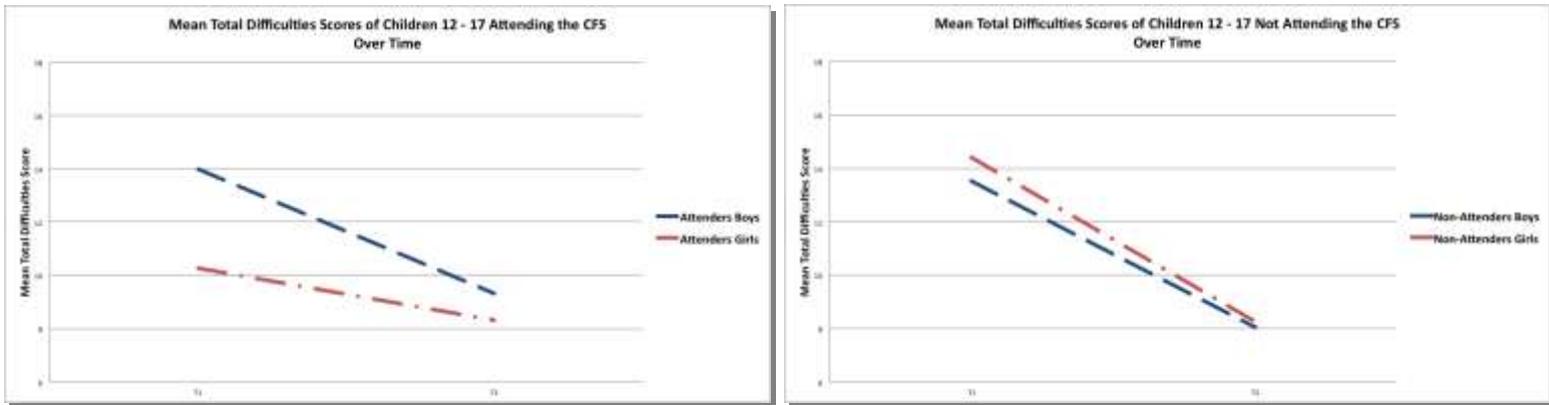


Figure 6: Reduction in Total Difficulties for Girls and Boys (12-17) Attending and Not Attending CFS

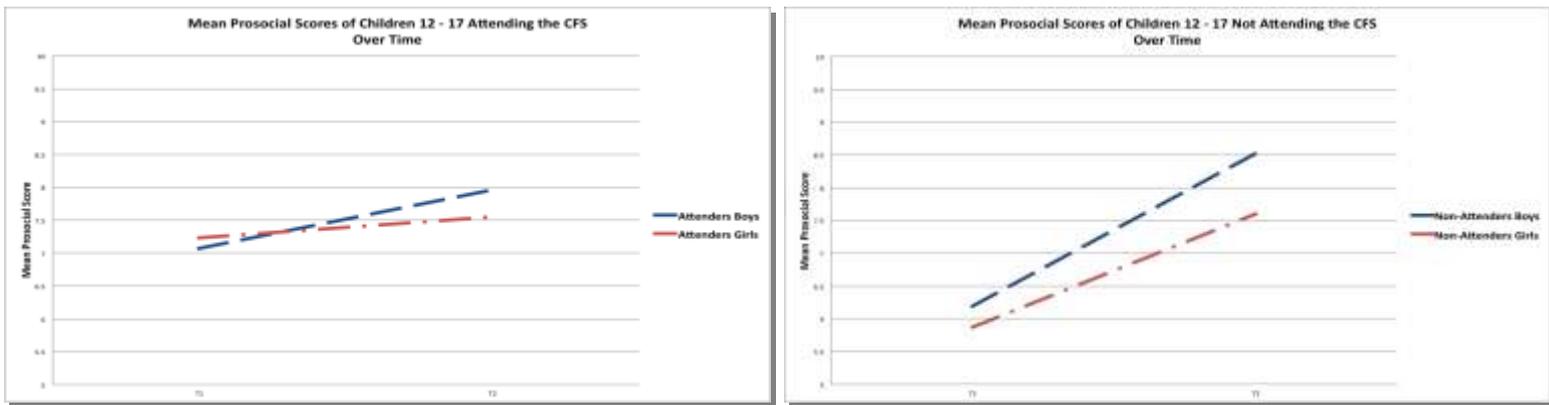


Figure 7: Increase in Prosocial Behavior for Girls and Boys (12-17) Attending and Not Attending CFS

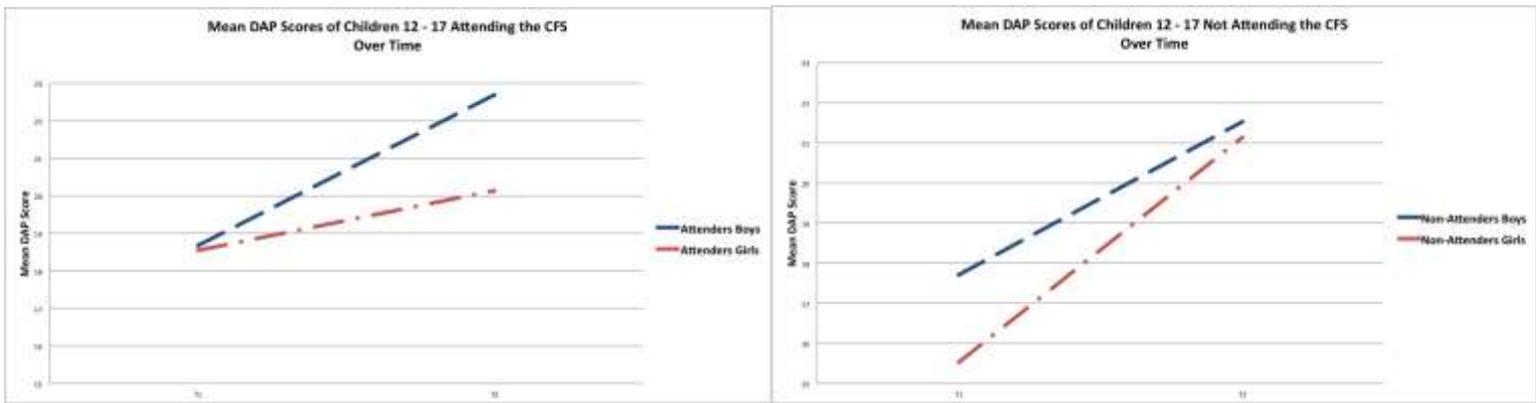


Figure 8: Trends in Developmental Assets for Girls and Boys (12-17) Attending and Not Attending CFS

Some important differences between attenders and non-attenders and between boys and girls are discussed next, but these differences need to be seen against the overall picture of substantively improved psychosocial well-being for children painted by Figures 3 through 8. This evidence supports the idea of the resilience of children, and the relevance of individual, familial and community coping strategies in adapting to life in the camp. These are frequently asserted in such contexts but seldom so unambiguously documented.

Attending CFS further promoted the psychosocial well-being of younger boys

Against the backdrop of general improvement, findings also suggest the further promotion of some aspects of psychosocial well-being for younger boys is associated with attendance at CFS.

For boys aged six to 11 attending CFS, the average decrease (see Figure 3) in SDQ difficulties (from 15.00 to 7.67) was appreciably greater than that reported for non-attenders (13.71 to 9.97). However, in the case of girls, decreases in scores were similar between those who attended and those who did not attend the CFS (from 14.40 to 10.47 and from 12.25 to 9.14, respectively). Indeed, on all other measures of psychosocial well-being, for all ages and sexes there were no indications of specific impacts of CFS attendance.

The steep decrease in psychosocial difficulties reported by the parents of younger boys who attended CFS suggests the value of structured activities and other aspects of the CFS programme in supporting the adaptation and adjustment of six- to 11-year-old boys. Discussions with parents and caregivers helped point to aspects of CFS provision that were important. For example, one parent remarked, “before opening the school, children were going around the market doing not good activities. They were made good with activities.” Another parent commented on the progress made since arriving in the camp, “At that time, they were with fear. They were scared about before while talking to you. Now they feel secure. They feel they are in a safe environment.”

Girls with greater ‘developmental assets’ were more likely to attend CFS

The other major finding, with respect to measures of psychosocial well-being, concerns the baseline scores of younger girls who attended CFS. Figure 5 illustrates that this group, on average, had appreciably more ‘development assets’ than all other groups: attending boys, and non-attending boys and girls. Given that the assessed development assets included positive values and identity, familial and community sources of support, and a commitment to learning (among several other assets), it is not surprising that having greater such resources was associated with enrolment in CFS. Girls with fewer assets may have been disadvantaged in enrolling for CFS, through a lack of either personal motivation, familial encouragement or social and economic means. More gender-sensitive, targeted enrolment practices, inclusive of door-to-door canvassing and community sensitisation campaigns on the importance of education for girls, may help bolster enrolment of girls with fewer development assets in future programmes.

All CFS attenders with extreme psychosocial difficulties at baseline showed marked improvement at follow-up

The SDQ Difficulties assessment provided a means to assess the progress of the most vulnerable children over the months of the CFS intervention. As noted earlier, scoring at 17 or above on the difficulties scale of the SDQ is seen, by convention, as ‘abnormal’ and suggestive of high risk of major psychosocial adjustment difficulties. For children aged between six and 11, a total of 40 children in the sample scored at this level at baseline. Seventeen of these subsequently attended CFS, 23 did not. Figure 9 below shows the progress over time of these 40 children. In the case of attenders, scores uniformly dropped to less-concerning levels by the time of follow-up assessments. Only two individuals remained in the ‘borderline’ zone; the remaining 15 all scored at levels associated with ‘normal’ levels of functioning. Those children scoring in the ‘abnormal’ range that did not attend CFS also largely improved over time, though two of this group maintained ‘abnormal’ scores at follow-up and four continued to score in the ‘borderline’ range.

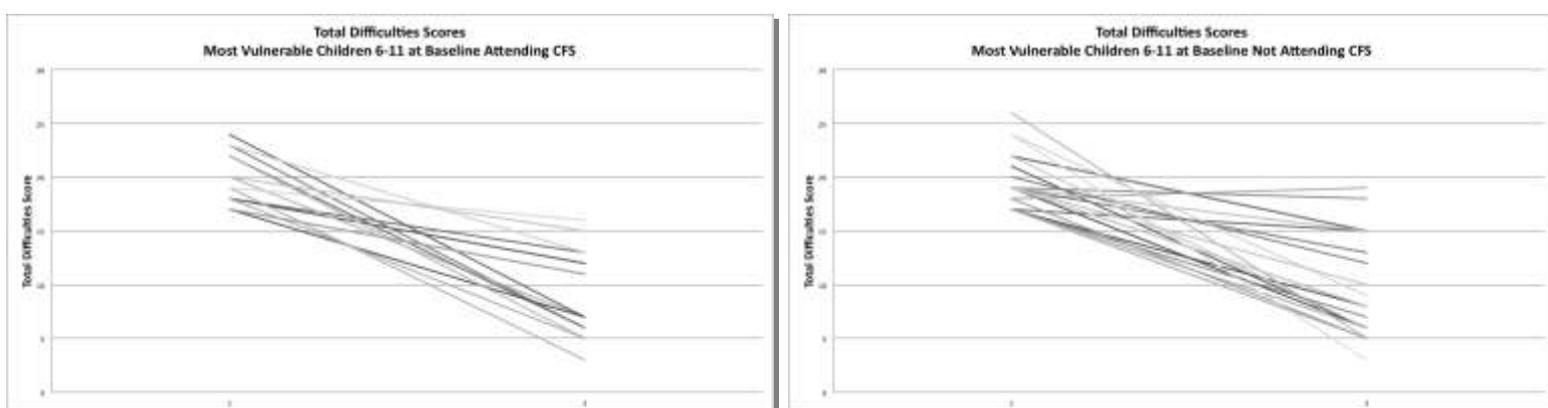


Figure 9: Decrease in Total Difficulties of ‘Most Vulnerable’ Girls and Boys (6-11) Attending and Not Attending CFS

For children aged between twelve and seventeen years, progress was similar to the younger children (Figure 10). Fifteen children scored in the ‘at risk’ range (defined as 20 or above with this age group) at baseline, seven of whom went on to regularly attend CFS and eight of whom did not. In the former group, scores uniformly dropped to less concerning levels by the time of follow-up assessments. Three individuals remained in the ‘borderline’ zone, the remaining four scoring at levels associated with ‘normal’ levels of functioning. The eight children scoring in the ‘abnormal’ range that did not attend CFS generally improved over time too, though one retained a high score in the ‘abnormal’ range at follow-up.

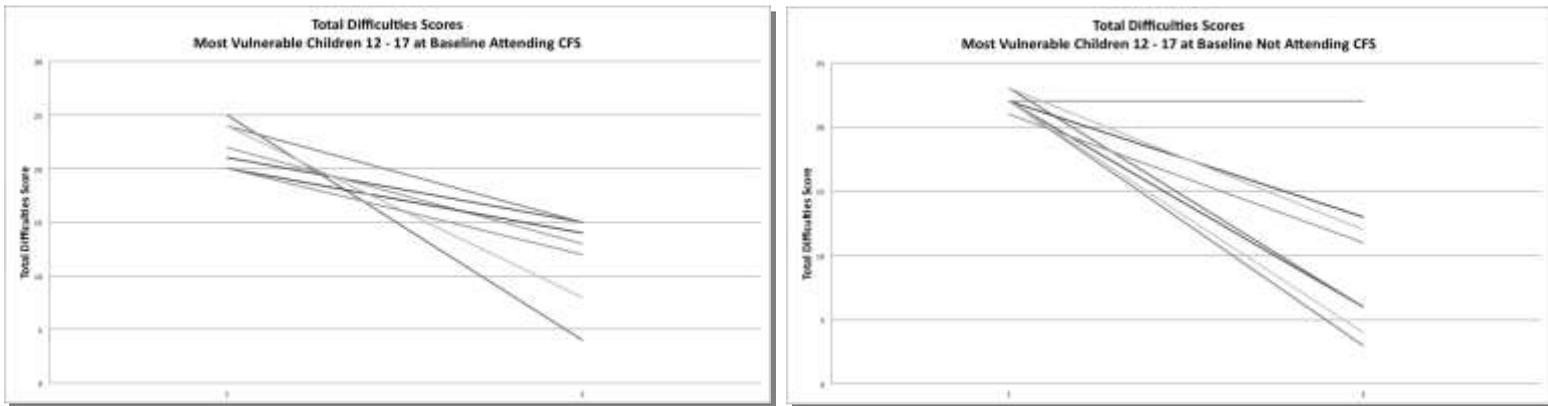


Figure 10: Decrease in Total Difficulties of ‘Most Vulnerable’ Girls and Boys (12-17) Attending and Not Attending CFS

While there was an overall lowering of SDQ Difficulties scores over time, these results provide some weak evidence of the normalising role of CFS in supporting the adjustment of children with extreme psychosocial difficulties. Focus group discussions with CFS facilitators provided similar anecdotal findings. A notable excerpt:

“Previously...there was a little girl. She used to urinate in the class because of stress and psychosocial problems. Because of the ways she was treated, she laughs, plays, is confident and academically she is active now compared to others.”

CFS supported a greater sense of provision and protection in the face of increasing hardship

Unmet Basic Needs

When asked about concerns for children in the camp, parents raised a wide range of issues. These included unmet basic needs, such as a food, shelter and education, identified using the CPRA. The likelihood of such needs being reported by parents as a concern for their children’s well-being was largely unchanged between baseline and follow-up for parents of younger children attending CFS (see Figure 11). However, there was an increase in the reporting of unmet basic needs over time for those parents of younger children not attending CFS.

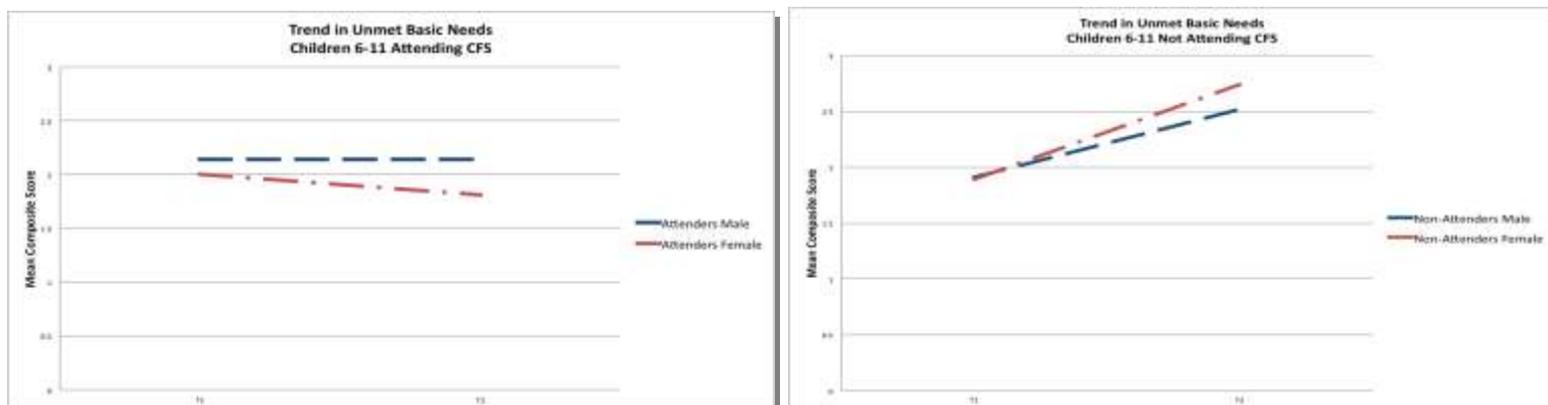


Figure 11: Reporting of Unmet Basic Needs of Girls and Boys (6-11) Attending and Not Attending CFS

There was a similar pattern in the responses of children aged 12 to 17 (Figure 12). A slight downward trend for boys and a slight upward trend for girls resulted in, overall, no change for those children attending CFS. However, those children not attending CFS showed an increase in reporting such concerns at follow-up. The fact that the CFS was directly addressing some of the unmet basic needs highlighted at baseline – through the porridge meal provided daily at the CFS and the provision of education – may be a partial explanation of this finding. However, increased concern over unmet basic needs among non-attenders signals perceptions of increasing hardship over time – a camp-wide trend that CFS appears to have buffered to some extent.

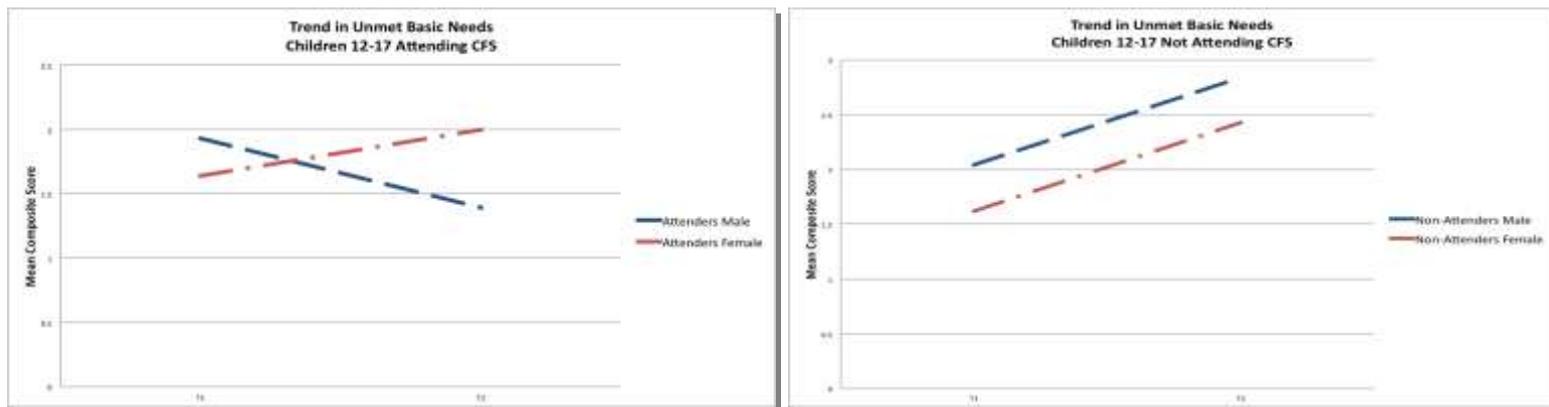


Figure 12: Reporting of Unmet Basic Needs of Girls and Boys (12-17) Attending and Not Attending CFS

Protection Concerns

CPRA questions were principally chosen to identify concerns regarding specific child protection risks or vulnerabilities. These included concerns such as attacks, abduction, and sexual violence and rape. The level of such concerns reported at baseline for parents of children aged six to 11 attending CFS was broadly the same at follow up; however, there was a substantive increase in such concerns reported by parents of same-age children not attending CFS (Figure 13). Similarly, the level of protection concerns reported at baseline by children aged 12 to 17 attending CFS had changed little at follow-up; while, for those older children not attending CFS there was a marked increase from baseline to follow-up in reported concerns (Figure 14).

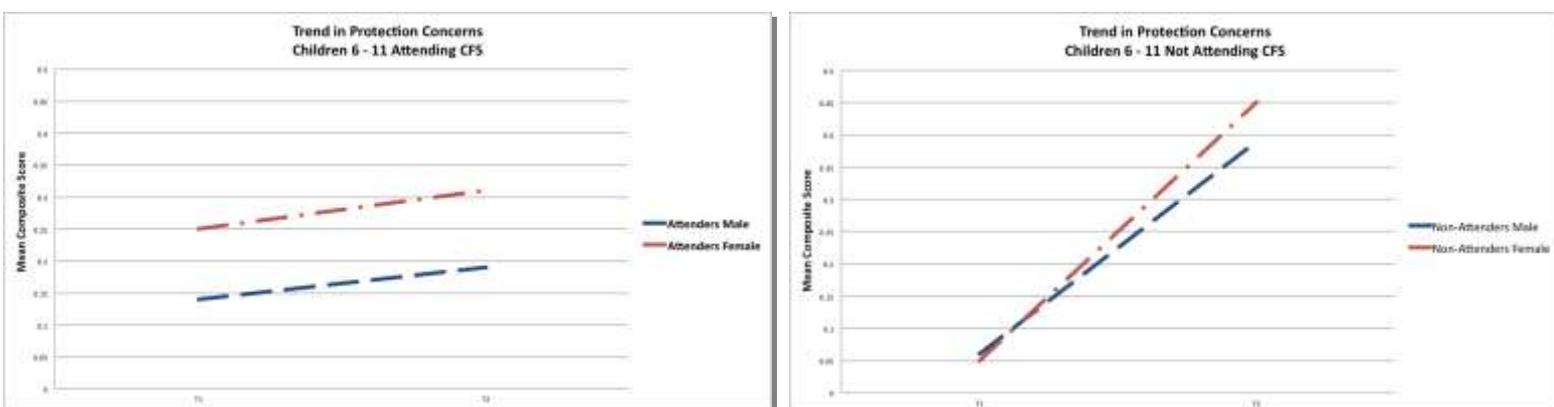


Figure 13: Reporting of Protection Concerns for Girls and Boys (6-11) Attending and Not Attending CFS

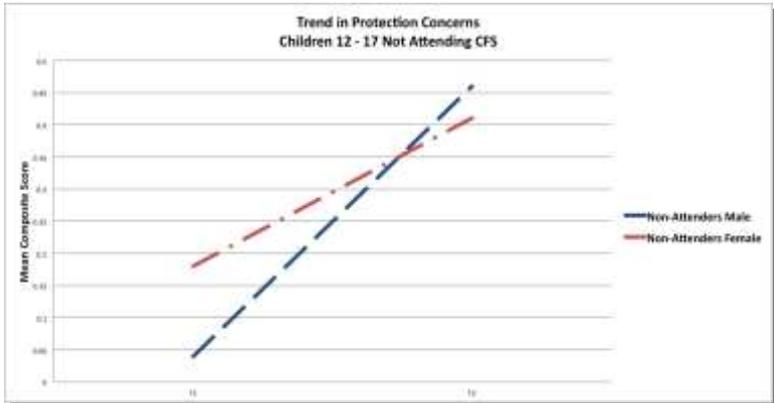
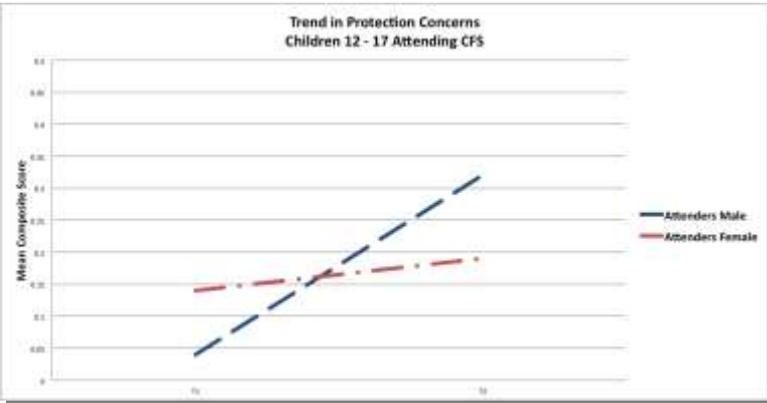


Figure 14: Reporting of Protection Concerns of Girls and Boys (12-17) Attending and Not Attending CFS

Attending CFS appears to have supported a greater sense of protection for children in both age groups. This conclusion was supported by participative discussions with children attending CFS, who indicated increased knowledge and awareness of protection risks and vulnerabilities – in particular of sexual violence and rape. Multiple groups cited shortage of firewood as a source of vulnerability to physical violence, sexual violence and rape of women and girls. For instance, one participant explained the lack of firewood as a major concern because, “if women go, they will be raped by the host community”.

In discussions with CFS facilitators, attitudinal shifts and increased knowledge of protection concerns by parents of attending children were suggested as a ‘by-product’ of regular interactions with programme staff. One facilitator remarked, “the parents also (now) are not beating their children rather they are discussing and getting directions from the children”.



Having children attending CFS reduced stresses on caregivers

Unmet Basic Needs

When asked about pressures related to caregiving after residing in the camp, parents again raised a wide range of issues, including the same unmet basic needs of food, shelter and education. The likelihood of these being reported by parents was largely unchanged over time for parents of children attending CFS. However, parents of children not attending CFS tended to report unmet basic needs as a source of stress more at follow-up than at baseline (see Figure 15). Similar patterns in the responses of children aged 12 to 17 regarding perceived contributions to the stress of their caregivers were noted (see Figure 16). As suggested above, such trends may be due – in part – to the direct educational provision and associated feeding programme of the CFS at a time when growing hardship conditions in the camp created additional strains on caregivers to perform even everyday tasks, such as washing clothes and cooking.

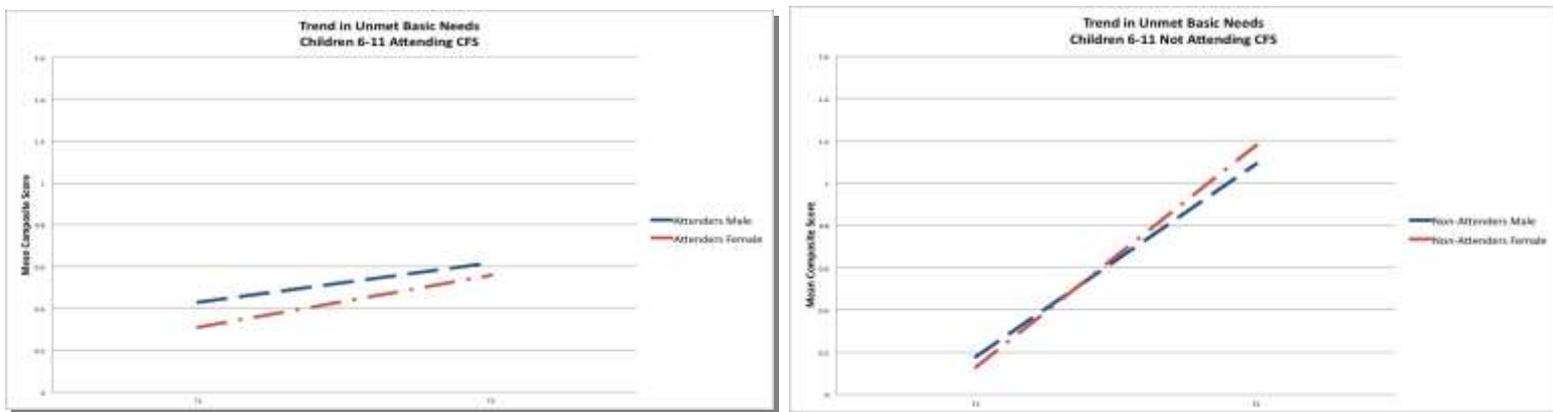


Figure 15: Reporting of Unmet Basic Needs as a Source of Stress for Caregivers of Girls and Boys (6-11) Attending and Not Attending CFS

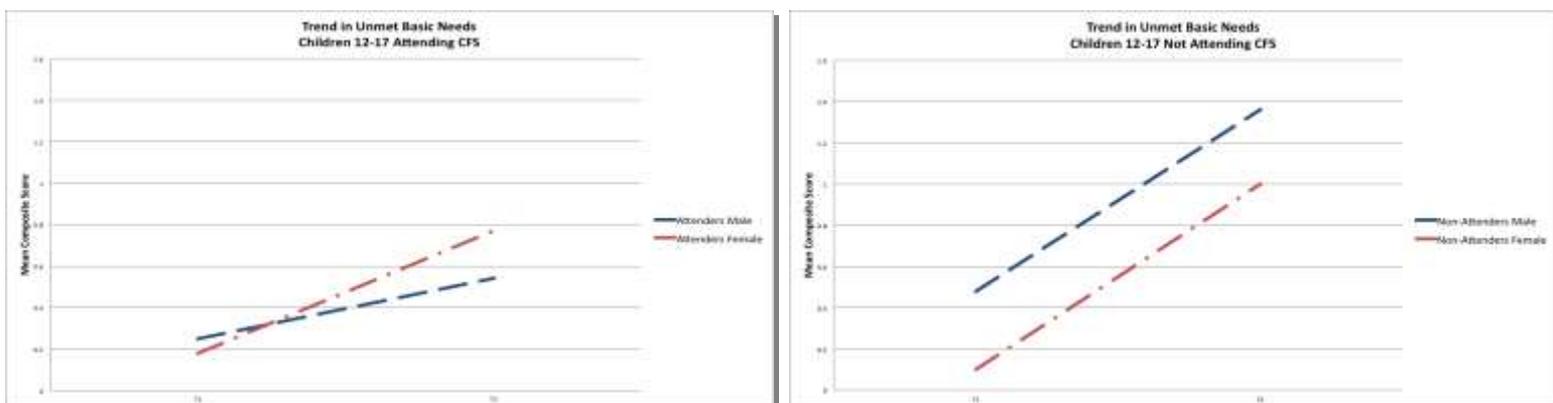


Figure 16: Reporting of Unmet Basic Needs as a Source of Stress for Caregivers of Girls and Boys (12-17) Attending and Not Attending CFS

Protection Concerns

Growing hardship conditions in the camp also created additional strains related to protection concerns. Creating a meal for one’s family was increasingly challenging due to scarcity of familiar food staples and protection risks for caregivers and their children from gathering firewood outside of camp borders in a hostile host community. Children’s safety, rape and the loss of a parent were cited as sources of additional stress for caregivers residing in the camp. Reporting on these three protection-related concerns, assessed by the CPRA, were at similar levels at baseline and follow-up in the case of parents of younger children attending CFS (see Figure 17). However, reporting increased over this period for those parents of children not attending.

Similar concerns were reported by children aged 12 to 17 (see Figure 18). A slight downward trend in reporting of sources of caregiver stress for girls and a slight upward trend for boys resulted in, overall, no change in the perceptions of children attending CFS of sources of stress for their caregivers. Those older children not attending CFS, however, showed an increase in reporting of such protection concerns as a source of stress for their caregivers. These findings suggest a slight protective effect of the intervention, through moderating caregiver stress in the context of additional burdens associated with increasingly harsh camp conditions.

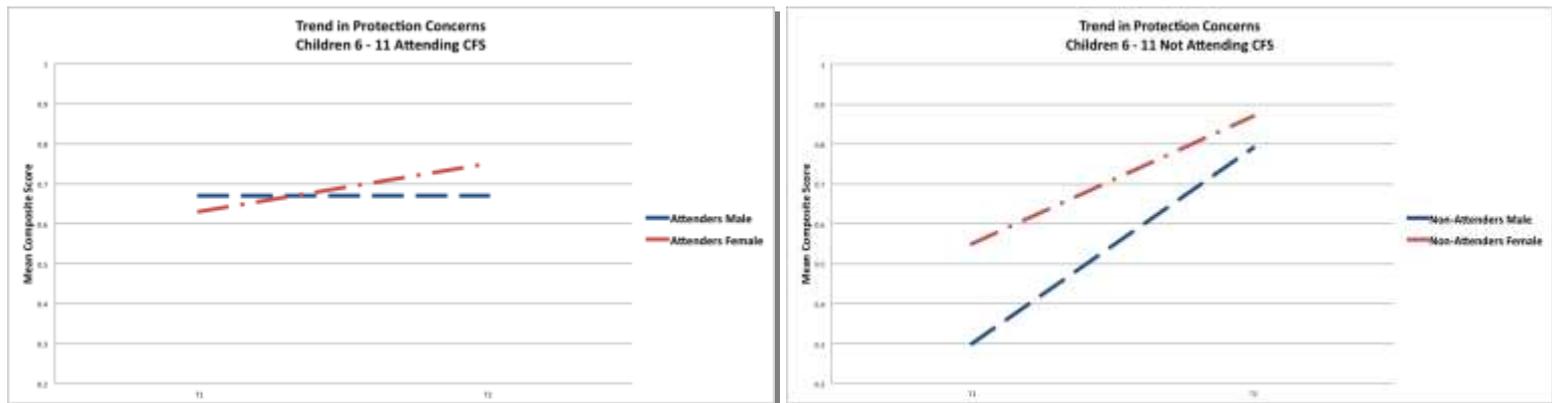


Figure 17: Reporting of Protection Concerns as a Source of Stress for Caregivers of Girls and Boys (6-11) Attending and Not Attending CFS

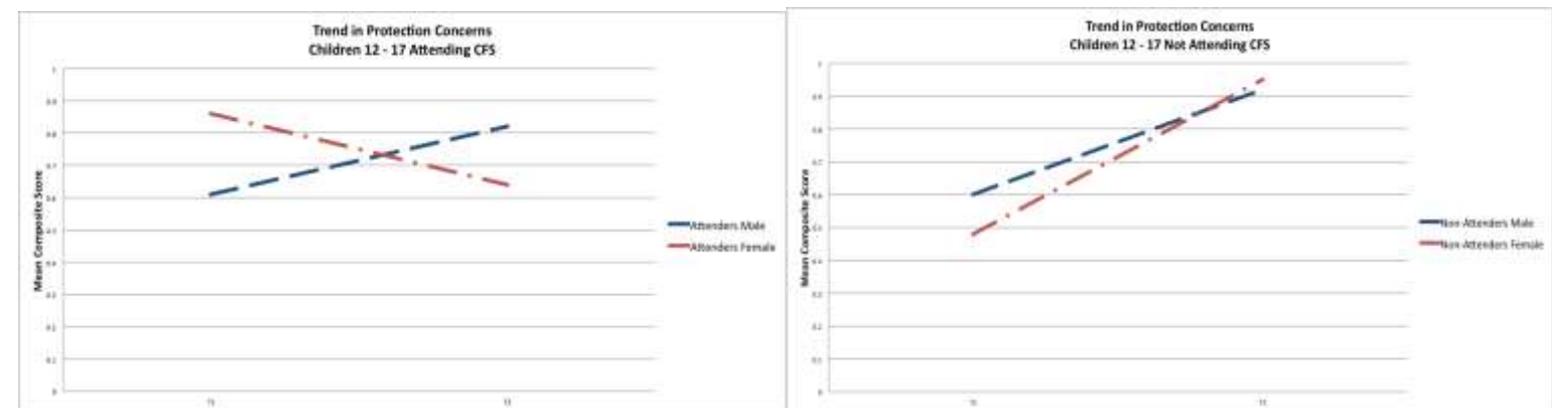


Figure 18: Reporting of Protection Concerns as a Source of Stress for Caregivers of Girls and Boys (12-17) Attending and Not Attending CFS

The rising frustration over camp circumstances and the challenges of providing adequately for children continued to weigh on caregivers, underpinning broader implications for the protection and support of children in the camp. Participative discussions with the Parents Committee for the CFS and with the Refugee Coordinating Committee (see photo below) illuminated these protection concerns for children and highlighted challenges inhibiting a parent’s ability to provide care, support and protection for children. One parent commented:

“We are facing a lot of challenges. People don’t have medicine. The hospital is only by name...there are no medications.”

Discussions also suggested that protection risks due to violence and abduction were much reduced in the camp setting compared to pre-flight circumstances in Somalia. But risks of sexual violence in the camp were a concern, and continuing and increased separation of children from caregivers (with secondary and return migration) a major challenge. One parent remarked:

“After we came (to) the refugee (camp), we got our children education. Forced abduction is less now, although still there is abduction but still Somalia is a home of war and killing. We have no firewood because of we cannot go out of camp in order to collect firewood and girls meet abduction and rape.”



Implications for Practice and Future Evaluations

This evaluation indicated that the World Vision CFS programme in Buramino was successful with respect to many of its key objectives. Children attending the CFS showed good progress in literacy and numeracy, with emergency educational provision having been a high priority for both the responsible governmental authority (ARRA) and parents. Against a back-drop of generally improving psychosocial well-being for children in the camp, CFS appears to have been particularly effective in reducing the psychosocial difficulties faced by younger boys. CFS supported a greater sense of provision and protection in the face of increasing hardship in the camp, and also appears to have buffered against the increased stresses for caregivers noted by those not attending.

The evaluation also suggests three areas where the programming effort may have been strengthened. First, the general lack of impact on children's psychosocial well-being in comparison to non-attenders may be attributable to the generally small amount of time dedicated to specific psychosocial activities at the CFS. Although the commitment to more formal literacy and numeracy at the CFS was understandable and in many respects commendable, the potential protective and promotive benefits of structured psychosocial activities arguably warranted more dedicated time for such work within the schedule.

Second, the observation that younger girls who attended the CFS tended to have a relatively high level of 'developmental assets' at baseline, suggests that access was more difficult for girls without a strong sense of identity, familial support and commitment to learning. This suggests the value of active outreach in the recruitment of children to attend CFS, engaging with community groups to promote inclusive engagement with the broadest possible range of households.

Third, the indication that boys progressed further than girls in literacy and numeracy through attendance at CFS – although it may partly reflect their differential 'readiness' for schooling – suggests attention should be given to adopting teaching methods and approaches that are clearly accessible to girls.

As noted at the outset, these findings are with respect to a single intervention in a single setting and cannot be generalised to other CFS interventions. However, after a series of such evaluations it will be possible to identify recurrent findings that speak to the general utility of a CFS approach as well as the specifics of particular interventions.

This first study also directly informs those future evaluations with respect to a number of methodological issues. For example, although the random sampling of households in advance of CFS implementation proved an effective means of securing an unbiased sample of those who attended CFS and those who did not, conducting interviews at follow-up with those not attending – and thus not traceable through the CFS – proved very time-consuming. In subsequent studies it is planned to explore the use of data collection using 'smartphones' with GIS capability to provide a geographic address of households for follow-up interviews.

Additionally, although active mobilisation of the community around child protection issues was not a major component of the evaluated CFS programme, more robust methods for assessing such impact will need to be developed for future contexts when this is a major focus of programming. The development of monitoring tools to measure the quality of, and time committed to, specific CFS activities will also be important in subsequent studies, allowing clearer interpretation of positive and negative findings.

Future studies also seek to refine effective, field-friendly methodologies for general evaluation purposes. In this respect, the piloting of a brief form of the Development Assets Profile in the current study represents an important innovation. It will be fed into broader work exploring the potential for using this tool on a routine basis in the context of humanitarian emergencies.

Appendix: An In-Depth Look at Tools

Strengths and Difficulties Questionnaire (SDQ)

The SDQ is a well-established tool used to measure child well-being, looking at 25 positive and negative behavioural attributes. The SDQ indicates both the difficulties experienced by children and their demonstration of pro-social behavior. The tool is available in over 70 languages and copyrighted for use. For more information, visit <http://www.sdqinfo.org/>

Brief Developmental Assets Profile (B-DAP)

The Developmental Assets Profile was designed to measure the presence (and change over time) of internal asset categories (Positive Values, Social Competencies, Positive Identity, Commitment to Learning) and external asset categories (Support, Empowerment, Constructive Use of Time, Boundaries & Expectations). These developmental assets help support healthy behaviours and well-being that allow children to develop and thrive into adulthood. In fall 2011, Search Institute and World Vision International collaborated to begin creating a brief version (B-DAP) of the institute's original 58-item Developmental Assets Profile to help assess the developmental condition of children affected by emergencies around the world.

The DAP was developed and is owned by Search Institute. Special permission was obtained for the piloting of the B-DAP in order to protect the quality and integrity of the research as well as the intellectual property rights of Search Institute. For more information, visit: <http://www.search-institute.org/developmental-assets> and <http://www.wvdevelopment.org/>

Adapted Functional Literacy Assessment Tool (FLAT)

World Vision's Functional Literacy Assessment Tool (FLAT) was used to measure functional literacy levels and further adapted to measure the numeracy skills of children aged six to 17 enrolled in CFS. The literacy component of this tool measures the highest level of reading a child can perform comfortably on a scale of 0 to 4 (see below). Based on the expertise of the national office programme staff, the FLAT was further adapted to measure functional numeracy skills on a scale of zero to six (see below).

Most children arriving in the camp had little or no exposure to primary school education in Somalia. The CFS provided literacy and numeracy classes at the grade 1 and 2 primary level throughout its implementation.

Literacy Score	Literacy Test Competencies
0	Unable to read
1	Able to read letters
2	Able to read common words
3	Able to read a paragraph of 4 simple sentences with Grade 2 text
4	Able to read a short local story of 10-12 sentences Grade 3 text and respond to two fact retrieval questions

Literacy Scale

Numeracy Score	Numeracy Test Competencies
0	Unable to recognize numbers
1	Able to recognize small numbers (0-10)
2	Able to recognize large numbers (11-100)
3	Able to add
4	Able to subtract
5	Able to multiply
6	Able to divide

Numeracy Scale

Child Protection Rapid Assessment (CPRA)

The Child Protection Rapid Assessment (CPRA) is an inter-agency tool designed for use following the rapid-onset of an emergency. It provides a means of rapidly identifying the pressing protection needs of children, and their prioritisation for programmatic response. For more information, visit: <http://cpwg.net/resource/cpra-guide-english-cpwg-october-2011/>