9 Child Friendly Spaces: Promoting Children's Resiliency Amidst War

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Armed conflict creates profound protection and psychosocial risks that threaten children's development and well-being. In war zones, children typically comprise half the population, and they face a multitude of interacting risks such as attack, abduction, recruitment into armed forces, landmines, trafficking, sexual exploitation, HIV and AIDS, and dangerous labor, among others (Machel, 2001; Office of the Special Representative of the Secretary General for Children and Armed Conflict, 2009; Wessells, 2006). In addition to these physical protection threats, some of the greatest risks to children are psychosocial: children in war zones are often separated from their caretakers, suffer the death of family members and friends, have their homes destroyed, and are forced to flee to new areas (Bernard van Leer Foundation, 2005; Wessells & Kostelny, 1996; Williamson & Robinson, 2006). Many children descend into crippling poverty as their families lose sources of work and income, while others suffer from harassment, discrimination, and exclusion, particularly when forced to flee to new areas with different ethnic populations. Furthermore, education for children abruptly stops when schools are destroyed, teachers are dispersed, and travel to school becomes too dangerous because of attacks, landmines, sexual violence, and other dangers.

In war zones, most children experience multiple risks. As these risks accumulate in children's lives, there is an increased likelihood of negative developmental and psychosocial outcomes, such as fearfulness, anxiety, aggression, and hopelessness about the future (Garbarino & Kostelny, 1996a; Garbarino, Kostelny, & Dubrow, 1991). However, risks and other deficits provide only part of the picture of children's lives in war zones. Even in dangerous circumstances, there are protective factors such as being in the care of one's parents, religious beliefs and practices, and having access to friends and others who provide social support. These protective factors in the family and community, as well as individual sources of resiliency that children have, can offset many of the negative developmental outcomes that could otherwise occur (Donald, Dawes, & Louw, 2000; Kostelny, 2006). Broadly, when risk factors outweigh protective factors, children will suffer negative outcomes. However, if the protective factors outweigh the risk factors, children will likely exhibit resilience. In war zones, most children exhibit remarkable resilience and defy the media stereotypes of a "Lost Generation." Children who exhibit resilience may still need support, though not the specialized supports that are needed by severely affected children.

From this standpoint, it is vital in war zones to use a dual strategy of reducing the risk factors that harm children and strengthening the protective factors that support children's well-being.

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Consistent with social ecological frameworks of child development (Bronfenbrenner, 1986; Dawes & Donald, 1994), it is important to do this at multiple levels, such as the family, community, and society. Pragmatically, this means avoiding a deficits approach that focuses only on the risks and problems that exist. Equally important is finding and building upon the strengths—the assets, resources, and modalities of coping that are local protective factors. These protective factors are present in every group of people but may not be readily apparent to outsiders. The focus on strengths as well as deficits is part of the foundation of a resilience approach to supporting children's psychosocial well-being.

In war zones, one of the most widely used means of reducing the risks to children while strengthening protective factors for children is to establish Child Friendly Spaces (CFSs). Most CFSs aim to provide a mixture of protection, psychosocial, and educational support for children, who are defined under international law to include people between birth and 18 years of age. CFSs are favored by many agencies because they can be organized rapidly and can support large numbers of children of different ages. Also, they are relatively low cost and can be adapted to different environments. In fact, they can be organized under a tree, inside tents, or in whatever safe buildings which are available. As discussed below, they also serve as a useful foundation for engaging with a community, mobilizing people and networks, and developing other programs. The usefulness of CFSs has led to their enshrinement in standards and guidelines such as the Inter-Agency Network for Education in Emergencies (INEE) Minimum Standards (2010) and the Inter-Agency Standing Committee (IASC) Guidelines on Mental Health and Psychosocial Support (2007).

The fact that CFSs are widely used, however, does not imply that they are easy to implement effectively or are well understood. In fact, there is a paucity of hard evidence regarding whether and how CFSs produce positive outcomes for children. Implementers of CFSs face a daunting array of challenges such as how to include the most vulnerable children and how to achieve a well-coordinated approach among agencies. These and other challenges caution against romanticized views of CFSs, and they invite us to take a more critical, reflective stance as practitioners.

This chapter provides an overview of the functions and potential usefulness of CFSs and also analyzes the significant challenges that arise in implementing them in war zones, including post-conflict zones. The first section discusses the purpose and the functions of CFSs, outlining the prospective benefits for children who participate in them. To situate CFSs in context, the second section presents case studies from Afghanistan and Uganda. The third section examines various challenges to effective implementation of CFSs, and offers suggestions on how to manage these challenges in a manner that helps to systematize and strengthen practice in regard to CFSs.

The Purpose and Functions of Child Friendly Spaces

Broadly, the purpose of CFSs is to support the resilience and well-being of children and young people through community-organized, structured activities conducted in a safe, child-friendly, and stimulating environment. As outlined in recently developed Inter-Agency Guiding Principles on CFSs, "the specific objectives are to: (1) mobilize communities around the protection and well-being of all children, including highly vulnerable children; (2) provide opportunities for children to play, acquire contextually relevant skills, and receive social support; and (3) offer intersectoral support for all children in the realization of their rights. Depending on the context, CFSs are also used for a variety of other purposes such as laying a foundation for restarting formal education and supporting national education systems, enabling wider work on issues such as child protection and early child development, stimulating efforts on disaster preparedness and disaster risk reduction, and raising funds. Some of these activities extend beyond the emergency context into the early recovery period or even into longer-term development" (UNICEF, 2010, p. 1).

CFSs serve three primary functions: protection, psychosocial support, and nonformal education. Each of these promotes children's well-being and resilience.

Protection

Amidst chaotic and dangerous circumstances, CFSs can provide the safety and security that are crucial for a child's healthy development. Following armed conflict, danger to children frequently arises from protection threats such as gender-based violence, living or working on the streets, sexual exploitation, trafficking, exposure to landmines, crime, and drugs. Destroyed or damaged structures expose children to broken glass, exposed electrical wires, and other harmful materials. Being in a safe, supervised space where children can engage in normalizing activities reduces the risks of physical harm and also the negative emotional outcomes that result from ongoing fear and anxiety from being in dangerous environments (Garbarino & Kostelny, 1996b; Kostelny & Wessells, 2004, 2005).

CFSs can be useful in mobilizing communities to create a protective environment for children. War often shatters the normal protective functions served by families and community processes such as the activities of women's groups, youth groups, religious groups, and traditional practices. Particularly if CFSs are implemented in a highly participatory, empowerment-oriented manner rather than a top-down manner, the process of organizing CFSs engages community leaders, parents, women's associations, youth groups, and other subgroups in the community in the care and protection of children.

Typically, there are initial discussions about what the main threats to children are and about what is needed to help support children and youth. These discussions also identify natural helpers whom children and young people go to for support and who are respected by parents and community leaders. By engaging these natural helpers in planning and implementing the CFSs, there is immediate access to the networks, resources, culture, and creativity of the affected community. As the CFSs start up, the natural helpers frequently become animators of activities or even paid staff who help to organize the CFS. Through the work of the natural helpers and the activation of their networks, the community is mobilized to reflect on the situation of children and to use its knowledge and resources for supporting the care and protection of children. Indeed, CFSs may themselves become sites for communal discussions about children and how to support highly vulnerable children such as separated children.

In order for CFSs to serve their protective function, careful attention is given to making the CFS itself a safe, protective environment. This is frequently achieved by training animators conducting activities on child safety policies and a code of conduct that seeks to keep children free from abuse, exploitation, violence, and neglect. An important element of this training is in the use of positive discipline methods, which render corporal punishment unnecessary. For teenagers, discussions of gender relations and sexual violence can help to prevent gender-based violence. Through education and awareness raising for children, families, and communities about risks in the larger environment—including fighting, landmines, and threats to health—CFSs further contribute to children's protection.

Psychosocial Support

CFSs promote psychosocial well-being and recovery from stressful events through supportive activities that normalize life for children and enable positive social interaction. These activities include structured activities with peers and adults, informal education, and play and expressive activities that are culturally relevant that help children master stressful events, gain essential life skills that increase competency and resilience, and help children regain a sense of stability and hope. Most children can cope with past and present risks through being able to socially integrate with other children and being in the care of competent, caring adults (Garbarino, Dubrow, Kostelny, & Pardo, 1992; Werner & Smith, 2001). Following the enormous disruptions to children's

lives in their homes, schools, and communities that occur with armed conflict, CFSs help children regain a sense that things will be better and returning to "normal" again.

Play and expressive activities are also important in helping children mitigate negative impacts. In addition to promoting social interaction, play allows children the opportunity to work through and master difficult experiences. Expressive activities, such as drawing, drama, and storytelling, also help children relieve pent up feelings and make sense of stressful events. In addition, play contributes to children's healthy development. Through play, children develop important cognitive, perceptual, and motor skills, and they exercise their imagination and creativity.

Supporting children to engage in cultural activities can also foster psychosocial well-being and resilience. These cultural activities, such as singing, dancing, and participating in spiritual or community rituals, are crucial resources for children. Such resources help children find meaning in regard to past and current events, confirm one's cultural identity and sense of belongingness, resume familiar activities, and restore hope.

To enable CFSs to fulfill its psychosocial functions, it is important to make CFSs bright, engaging environments that feature children's art and local toys. The focus is on structured, interactive games and activities with children and adults, as well as free play, which helps children master difficult experiences. Fun and diverse activities can promote specific life skills and competencies such as cooperation, problem-solving, communication, and creativity. However, ongoing capacity building for CFS staff and volunteers is essential for effectiveness. Through training and mentoring, CFS workers can learn how to organize activities that are appropriate for girls as well as boys, how to engage children of different ages, and how to include children with disabilities. They can also learn how to make referrals for children who may need additional psychosocial or health support.

Supporting children's participation also contributes to the effectiveness of CFSs since children are often quite adept at choosing activities that are normalizing, culturally appropriate, and engaging. In addition, participation builds children's agency, which improves their psychosocial well-being. Following overwhelming experiences, regaining a sense of control and self-efficacy is essential for coping and well-being. Children's participation should be age appropriate and often includes steps such as children choosing their own activities and the organization of youth-to-child supports. As children develop their sense of self-efficacy and empowerment, they are more likely to become effective agents of their own protection and psychosocial well-being.

Nonformal Education

War-affected children frequently identify access to education as one of their greatest needs and as their pathway to a better future. From a psychosocial standpoint, going to school socializes and builds valuable support networks and life skills, and being a student is an age-appropriate role that gives children a sense of meaning and place in their families and societies (Nicoli & Triplehorn, 2003; UNESCO, 2010).

Because war often destroys schools and disrupts formal education, a useful strategy in war zones is to develop nonformal education, taking care to complement and support the reestablishment of formal education (INEE, 2010). For children whose schooling was interrupted because of armed conflict, CFSs provide similar types of routines, structure, and continuity that promote hope and well-being (Martone, 2007; Nicoli, 2003; Sinclair, 2002). Participation in CFSs that teach important cognitive skills such as basic literacy and numeracy contributes to children's cognitive competence. This competence is of vital importance since cognitive competence enables effective problem-solving, which is key for one's resiliency, protection, and well-being in the face of adversity. In addition, CFSs can also help to develop valuable life skills such as those of cooperation and nonviolent conflict management. These are important for building civil society and transforming cultures of violence.

It is important to recognize the interrelations and synergies between these three functions

of protection, psychosocial well-being, and nonformal education in regard to supporting children's resiliency. Without safety and protection, there can be no psychosocial well-being. In fact, the creation of a protective environment is a cornerstone of psychosocial well-being since it decreases children's exposure to risk and strengthens protective factors. As children's psychosocial well-being improves, so does their ability to learn and to participate fully in education, which in turn improves their psychosocial well-being, resiliency, and capacities for self-protection. Despite the current weak evidence base, a reasonable working hypothesis is that CFS's effectiveness increases through the dynamic interplay among these three functions of protection, psychosocial well-being, and nonformal education.

Two Field Exemplars

To situate CFSs in context, it is useful to consider two field examples from Afghanistan and Uganda, respectively. The Afghanistan example is useful because it illustrates a child participatory approach and linkages with other aspects of child protection. The Uganda example is useful because of its emphasis on young children and its evaluation approach. Both examples help to illustrate some of the challenges in achieving the intended objectives of CFSs.

Afghanistan

Afghan children and families suffered decades of war, grinding poverty, and natural disasters, including earthquakes, drought, and floods. By 2001, six million Afghans were refugees living in crowded refugee camps in neighboring countries, while approximately two million were internally displaced and lacked the protections given to refugees under international law. After the Talibans were overthrown in 2001, refugees and internally displaced persons (IDPs) desired to return to their villages, yet most villages had been decimated by the conflict, and community mechanisms were weak or broken. Upon return, most adults struggled to obtain basic necessities of survival, and many children experienced protection threats such as exposure to landmines and unexploded ordnance, dangerous labor, and trafficking. At risk of early marriage were girls, some as young as 8 years old, whose impoverished parents sought to obtain a "bride price" for their daughters. Since Afghanistan was one of the most heavily mined countries in the world, significant numbers of teenagers had lost a limb to landmines, and were stigmatized and unable to attend school.

During the Taliban era, girls had not been permitted to attend school, and many communities had no school. Yet children, parents, and community elders identified education as their primary need for children. In this context, ChildFund Afghanistan organized CFSs with a strong focus on nonformal education. The planning of the CFSs was done in close cooperation with the provincial Ministry of Education in order to ensure that the CFSs complemented and supported the formal education system. The CFSs were set up in tents, mosques, homes, and fields with separate CFSs for boys and girls according to cultural norms. Each village selected volunteers, some of whom were former teachers, who were committed to working with children. The CFSs taught basic literacy and numeracy skills, health and hygiene messages, and landmine awareness. Cultural activities, including singing and storytelling, were also incorporated. These local activities were backed by a wider strategy of building government capacities for education, such as strengthening teacher training to include child participatory methods and using alternatives to corporal punishment.

Ongoing capacity building for CFSs animators included training on participatory activities with children and being able to identify and refer the most severely affected for more specialized support. The ongoing training was necessary in part to offset the cultural norm wherein teachers disciplined students with a large stick. Also, the animators who had been teachers ran the CFSs as if they were miniature schools and used the hierarchical, nonparticipatory approach to education that had been customary in Afghanistan. In such a situation, it was impossible to create overnight

CFSs that were supportive environments and that built children's agency.

Children's agency, however, was supported by wider protection activities that complemented the CFSs. In particular, Child Well-being Committees that monitored and responded to child protection threats were established using a child participatory methodology. First, a group of approximately 10 boys (or girls) engaged in risk mapping by drawing their village and identifying where bad things happened to children. The children communicated their findings to villagers by conducting role plays that showed, for example, young children being injured as they fell into uncovered wells. Typically, these role plays stirred great excitement and led the adults to reflect how they could do a better job of protecting the children. Coupled with facilitation by ChildFund staff, the reflection led to the formation of Child Well-Being Committees that included a mixture of adults and children, with separate committees for males and females. Over the next 2 years, the committees played an active role in addressing protection threats, and children were active members of these committees. Over time, forced early marriage of young girls was reduced by collaborating with imams whose awareness had been raised in regard to the harmful effects of early marriage. Initially there been concerns that the approach might give young people too much power and might elicit backlash from adults. Yet the children led the way and found appropriate means of participating while also demonstrating respect for elders. In the intervention sites, both parents and children reported that the combination of CFSs and Child Well-Being Committees had helped to create a protective environment for children.

As the situation stabilized and schools reopened, care was taken to avoid competition between the CFSs and the schools. CFSs did not run during school hours but shifted toward providing other forms of support such as after school recreation and life skills development. Because teenagers had few supports and wanted to become literate, some CFSs were transformed into literacy centers. This example illustrates how CFSs are transitional supports that phase out as the situation changes, in this case by being transformed into other kinds of supports for young people.

Northern Uganda

In northern Uganda, decades of armed conflict by the Lord's Resistance Army (LRA) had severely affected children and families. As many as 60,000 children had been abducted (SWAY, 2007), while thousands of others, called "night commuters," poured nightly into towns seeking protection. By 2006, security had increased, and IDPs had begun returning home, though many remained in camps because their former homes had been destroyed and they continued to get some emergency assistance. In 2006, Christian Children's Fund (now ChildFund) started a number of CFSs in northern Uganda.

In the large IDPs camp of in Gulu district, there were no developmentally appropriate activities for young children. Children were left in the care of older siblings or alone, while their parents left for most of the day to work cultivating vegetables for their family to eat, as well as to sell. Though children were usually left in the care of older siblings, many of the young children were still unsupervised as the older siblings left them to engage in their own activities. As a result, young children were exposed to a number of protection threats, including being injured in road accidents, starting fires while trying to cook for themselves, finding dangerous objects such as discarded alcohol containers while playing, and being sexually abused.

To address this situation, three CFSs were organized for children 3–6 years of age. The CFSs were conducted in the morning, and groups were organized according to age (3 years, 4 and 5 years, and 6 years). Activities included singing, learning the alphabet, numeracy skills, storytelling, games, free play, helping clean the CFSs, and learning hygiene skills.

Thirty Child Activity Leaders facilitated activities for more than 1,300 children. The Child Activity Leaders were volunteers from the camp who had been selected by the community and who were trained on young children's protection needs, psychosocial needs, and implementing developmentally appropriate activities. Each week, the activity leaders incorporated a new theme into activities, such as teaching children the zone where they lived in order to avoid separation, or

teaching children how to wash their hands before eating and after using the latrine. The theme was incorporated into the various activities children participated in throughout the week.

In conjunction with the CFSs, a Child Well-Being Committee—comprised of community leaders—provided oversight and support for the CFSs. The committee members visited the CFSs daily, supported the volunteers, and engaged the community in monthly meetings on children's protection and well-being, including such topics as malaria control, children's hygiene, and camp cleanliness. The volunteers and committee members received food and nonfood items from the organization to motivate and compensate them for their time.

To identify the outcomes of the CFSs for children, research was conducted in April 2007 (Kostelny & Wessells, 2008). It took advantage of the fact that near the CFS sites there were children who lived in comparable circumstances but who had no access to CFSs or other outside interventions. This afforded the opportunity to compare the children who had or had not received the CFS intervention, thereby separating CFS outcomes from those that might have been attributable to improvements in the general economic or political situation. The data obtained from the comparison group identified important protection and psychosocial needs to guide future programming.

The methodology included a mixture of qualitative and quantitative methods and emphasized caretakers' perceptions of their children's well-being and safety. Focus group discussions were conducted with separate groups of elderly caregivers, single mothers, widows, and camp leaders in both groups. Open-ended questions and probing questions were used to learn about risks and dangers to young children's well-being that had been present a year ago and also about the current risks and dangers to young children. The reasons for any changes were also explored.

Quantitative data were collected from households of randomly selected children who had participated in CFSs. In the comparison group, households were randomly selected from each zone in the camp. The quantitative data were collected using a questionnaire that included items from the Strengths and Difficulties Questionnaire, which has been used in many countries. To identify locally appropriate indicators of child well-being, a free listing procedure was used in which local adults listed things that show a child is well or happy. Some of these locally generated items—such as sharing, being helpful, and playing with other children—corresponded with items from the Strengths and Difficulties Questionnaire. Other items were unique to this context and included having a good appetite, being obedient and well mannered, and having good hygiene.

Of note is that some of these items are quite different from those that might have been expected from Western respondents. For example, the importance that local people attached to knowing how to use the latrine correctly and to washing hands after use of the latrine probably reflect the realities of life in the camps. Although latrine use might not seem an important protection issue initially, its importance increases when one considers that diarrhea and related diseases are significant sources of morbidity and mortality in IDP camps in northern Uganda. Also, people in Uganda think of well-being not in individualistic but in relational terms. To have a child who defecates near a neighbor's dwelling is to damage the fabric of social relations.

The results showed that participation in CFSs had produced measurable improvements in children's protection, psychosocial well-being, and education. In particular, CFS participants were safer than children in the comparison group since while they were in a protected, supervised space, they did not suffer fires in the home, sexual violence, or being hit by cars on the road. Furthermore, children attending the CFSs were reported by their caregivers to have more positive social interactions with peers and adults, and learned more life skills than children who did not attend CFSs. Teachers reported that the children who had participated in the CFSs demonstrated greater school readiness and social competencies, such as sharing.

These results are best regarded with caution because the matching across groups was imprecise and children were not assigned to be CFS participants or nonparticipants on a random basis. Nevertheless, the research suggests that CFSs

do have positive outcomes in diverse domains. An important step in the development of CFSs internationally will be the regular conduct of systematic evaluations that focus not on process indicators but on actual outcomes for children. Hopefully, the emphasis will be not solely on Westernized indicators and measures but also on locally derived indicators and measures that are contextually validated and culturally appropriate.

Challenges

Significant challenges to the development of effective CFSs arise from the dangerous, chaotic, and time-urgent nature of armed conflict. Often the areas that have the greatest needs are the most difficult to access, and security problems may block access to large numbers of children and families. Even if access is achieved, logistics and security problems may make it impossible to organize CFSs on a significant scale.

However, many of the greatest challenges owe to the humanitarian response itself. This can be seen in the tendency of agencies to develop CFSs in a reflex-like manner, without having conducted a careful assessment to determine whether they are needed, safe, and contextually appropriate. Also, the lack of a strong evidence base makes it very difficult to know whether CFSs are effective in a particular context and which design features and implementation modalities are most effective. These and other challenges associated with the humanitarian response can be prevented through a mixture of awareness of the problems and the willingness to take concerted steps to address them. In this spirit, this section identifies some of the most significant problems and offers suggestions for managing them.

Coordination

Coordination is always a profound challenge in humanitarian crises, owing in no small part to the competitive nature of the humanitarian enterprise. Since agencies compete for funding, they often seek to "plant their flag," gain early and exclusive access to assessment information, and develop programs rapidly in a noncollaborative approach. In many emergencies, external NGOs that want to establish CFSs conduct their own assessments and then either keep the information collected to themselves or share it sparingly. Also, they work to get into high-need areas quickly and to get the jump on other agencies by establishing CFSs quickly. In some cases, this rush to show immediate activity and results, which donors frequently demand, leads to agencies working in the areas that are most accessible rather than those which have the greatest needs.

These challenges to the coordination of work on CFSs are amplified by the fact that in a large-scale emergency, a great number of agencies seek to implement CFSs, which are viewed as part of the frontline response to children's needs. In a dynamic, chaotic situation in which many agencies pour into a conflict zone and begin setting up CFSs, it is inherently challenging to track and coordinate activities across agencies. This challenge is particularly great since no controls or regulations exist that require agencies to work collaboratively.

In addition, there is little harmonization of approaches in regard to CFSs. In fact, agencies differ considerably in how they engage with communities, as some agencies emphasize community mobilization, whereas others deliver CFSs in a service modality. Whereas some agencies emphasize all three functions of CFSs—protection, psychosocial support, and nonformal education—some agencies may focus primarily on only one function such as psychosocial support. Large differences also occur in the extent to which CFSs take a multisectoral approach and integrate elements of information sharing, health, and hygiene. At the end of the day, these agencies can say they are implementing CFSs but in fact may be doing very different things.

Challenges arise also from the fact that CFSs sit at the intersection of three domains—protection, education, and mental health and psychosocial support. It has been inherently challenging to reach across the respective protection and education clusters as well as the coordination subgroup that often forms around mental health and psychosocial

support. Each coordination group is busy with its own areas of technical need, and time pressures make it difficult for practitioners to attend multiple coordination meetings.

To achieve the necessary levels of coordination, agencies should take a collaborative, interagency, multisectoral approach that is designed to harmonize approaches and provide comprehensive coverage while avoiding gaps. A significant step toward this harmonization of approaches is the development of the first interagency *Principles for Child Friendly Spaces in Emergencies*: *Field Testing Version* (UNICEF, 2010)[1] and the process of field learning to strengthen them that will take place over the next few years. These principles call for all CFSs to adhere to these principles:

- Take a coordinated, interagency approach which links the various sectors or clusters, such as protection, health, education, and shelter.
- Conduct an assessment.
- Use CFSs as a means of mobilizing the community to care for and protect children.
- Organize integrated supports and services.
- Make CFSs highly inclusive and nondiscriminatory, including highly vulnerable girls as well as boys, children with disabilities, children who are infected or affected by HIV and AIDS, and children at different stages of development.
- Ensure that CFSs are safe and secure.
- Make CFSs safe, stimulating, and supportive environments.
- Provide ongoing training and follow-up support for animators and staff.
- Monitor and evaluate CFS programs and use the information to improve the quality of practice.
- Develop and follow an appropriate phaseout strategy.

The principles stipulate that while one cluster (such as protection or education) or group takes the lead in coordinating work on CFSs, it is crucial to link and collaborate with other sectors or clusters. The principles call for the coordination mechanisms to do much more than convene meetings for purposes of information exchange. The mechanisms should actively identify and address gaps in coverage, develop coordinated approaches to training and capacity building, and share tools such as those used for capacity building and evaluation purposes.

Quality

A recurring lesson from the field is that it is considerably easier to establish CFSs than it is to achieve appropriate levels of quality in their implementation. Amidst the rush to set up CFSs, agencies sometimes organize what is best regarded as a collection of recreational activities rather than a set of processes that have been carefully designed to achieve specific objectives. Among the greatest challenges is the low levels of capacity of many local and national people who implement CFSs in zones of armed conflict. For example, relatively few CFS workers in large-scale emergencies have a good understanding of child development and how to organize activities that aid the development and well-being of young people at different stages. Furthermore, understandings of how to engage children who have disabilities may be quite low. In societies in which parents discipline their children through the use of corporal punishment, workers may have little understanding of, or skill in using, nonviolent forms of discipline.

To achieve appropriate levels of quality, it is essential to have well-defined objectives and outcomes that guide the organization of CFSs and to provide ongoing training and capacity building to strengthen the skills of CFS workers. A key part of capacity building is field mentoring and problem-solving, as 1- or 2-week trainings are insufficient for preparing local workers to handle the complex situations that inevitably arise. In addition, it is advisable to take a phased approach to implementation in which CFS workers implement basic activities and processes before they attempt to implement activities and processes that require higher skill levels. For this reason, the interagency principles provide guidance on initial and more

[1]The second author was the lead consultant in the development of these principles.

advanced steps. Another necessity is an effective system of monitoring and evaluation, without which it is impossible to know whether CFSs are achieving their intended objectives. Work on monitoring and evaluation should focus not only on process indicators related to, for example, the numbers of children who participate in CFSs, but also on indicators related to children's outcomes and well-being. After all, the purpose of CFSs is to improve children's well-being.

Do No Harm

One of the greatest challenges in regard to CFSs is to avoid causing unintended harm, which can occur in many ways. Poor coordination is frequently a source of violations of the Do No Harm imperative, since it can result in duplicate assessments that leave affected people feeling frustrated and angry over the fact that NGO workers arrive repeatedly in their camp or setting and ask questions, yet they do little to improve people's well-being. Harm may also result from inappropriate placements of CFSs. For example, if CFSs were located near military bases or sites of military operations, the participation of children in the CFSs could place them at risk of recruitment, attack, or sexual exploitation. Similarly, if an agency established CFSs in tents that inadvertently displayed the color of particular political groups, local people or armed groups might see the CFS as politically active and detain or attack participants.

CFSs can also cause harm when they fail to support the education system. Not uncommonly, CFSs are established as parallel systems that have little or no contact with the formal education system. In the absence of coordination with the education system, CFSs may compete with schools for child participants or even for teachers, who may earn higher salaries working for external NGOs. In addition, CFSs can cause damage by enabling harmful practices toward children. If, for example, children are beaten, sexually exploited, or discriminated against in CFSs, the resulting harm would outweigh any good that the CFSs might have caused.

CFSs may also cause harm by virtue of the way in which the affected community is engaged or not engaged. Too often, CFSs are established following a brief consultation with affected people and in a service modality. This approach, like the tokenistic participation that is visible in many humanitarian settings, disempowers people at a moment when they need to regain their sense of self-efficacy. In some cases, CFSs may be imposed on affected people, thereby reproducing patterns of colonial domination. The dynamics of imposition can also come from within, as groups of affected people say they want external agencies to set up CFSs as services since they hope that the agencies will bring more food, health care, and other necessities (Wessells, 2008, 2009). Conversely, efforts to avoid external imposition may set up CFSs through existing community networks and social structures, including traditional leadership structures. However, these structures may be guided by local power elites and may exclude people who are stigmatized or who live in the margins.

To fulfill the potential of CFSs and wider humanitarian accountability, it is essential to avoid causing harm through work on CFSs. The challenges outlined above are poignant reminders of the complexities inherent in organizing CFSs in zones of armed conflict. These and other Do No Harm challenges can be prevented by adhering to the interagency principles outlined above and attending to and managing the power dynamics of the local context. A high priority for prevention is to work with ethical awareness, which is essential for supporting and protecting children in their hour of need.

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