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Minimum Standards for the Protective Spaces for Children and women in Emergencies.



Gender and Child Cell,
Provincial Disaster Management Authority
Khyber Pakhtunkhwa.

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Message from Director General PDMA Khyber Pakhtunkhwa.

Pakistan is placed within vulnerabilities prone zone and wide-open to natural and human induced disasters, such as floods, cyclones, earthquakes, landslides, droughts, fire and conflicts. Although the legal frameworks of Pakistan (including the constitution) support human rights and equality with a special focus on vulnerable population, various social norms and discriminatory practices can exacerbate the impact of a disaster event on women, girls, men, boys, transgender, elderly people and persons with disabilities. It is therefore critical to understand the different impacts that crises can have on most at risk population. Disaster responses must ensure that the different needs, priorities and capacities of women, men, girls and boys, and of those exposed to multiple vulnerabilities (people living with disabilities, sexual and gender minorities, senior citizens, different caste/ethnic groups, etc.), are addressed when designing, planning, implementing, monitoring and evaluating the Disaster Risk Reduction (DRR) and Disaster Risk Management (DRM) effort. Gender and Child Protection in Emergencies (CPIEs) is a cross cutting theme and unique area for interventions. The developed Minimum Standards for Protective Spaces of Children and Women is one of the efforts to ensure uniformity in the implementations of child protection related interventions at field. I hope that these standards will not only strengthen the inclusive response of PDMA, but it may also help to bring all stakeholders together under uniform standards.

Sharif Hussain

Director General

PDMA, Khyber Pakhtunkhwa.



Message from Program Manager Gender and Child Cell PDMA KP.

PDMA, Khyber Pakhtunkhwa has to deal with numerous crises since its inception. The children and women are the most vulnerable segments of society in case of any disaster or crisis. In order to address this important area, Gender and Child Cell (GCC) has formulated Minimum standards for protective spaces for Children in emergencies. These standards offers practical guidance on protective standards for children and women in time of emergencies. It has been developed in partnership with the UN agencies and international NGOs who actively involved in implementation of child protection services. The document in hand, has been endorsed by the Global Protection working group. It represents the collective learning and thinking of the world on the way to optimize the impact of efforts for children through careful and strategic coordination, and the way to avoid unintended harm through fragmented and fewer coordinated responses. By developing this minimum standards for child protection in emergencies we recognize that child protection is a social obligation we all share.

Syed Musaver Shah Gillani

Program Manager

Gender and Child Cell

PDMA, Khyber Pakhtunkhwa.



1. Introduction

The Minimum Standards for Protective Spaces for Children, Khyber Pakhtunkhwa September 2021 are a revised and expanded version of the *Minimum Standards for Protective Spaces for Children* developed by the National Child Protection Sub Cluster Pakistan in July 2012. The standards were modified in view of COVID -19 pandemic and according to the context of Khyber Pakhtunkhwa with assistance of **Child Protection Sub-working Khyber Pakhtunkhwa (KP)**.

The purpose of these minimum standards is to encourage consistency and ensure quality in relation to the establishment and running of all protective spaces for children and women throughout Khyber Pakhtunkhwa Pakistan, which in Pakistan may take the name of Child Friendly Spaces, Children and Women Friendly Spaces, Protective Learning and Community Emergency Services and names in local languages. The standards are also supported by Standard No 24- Shelter and Child Protection of Minimum Standards for Child Protection in Humanitarian Action.

“Child protection concerns are reflected in assessment, design, monitoring and evaluation of shelter programs. All girls and boys and their caregivers have appropriate shelter provided that meets basic needs including protection and disability access and which facilitates longer term solutions” Standard 24-Shelter and Child Protection, Minimum Standards for Child Protection in Humanitarian Action.

Protective spaces (PS) or Child Friendly Spaces (CFS) are a child right’s programming approach that supports children’s well-being during emergencies. PS protect children by providing a safe space with supervised activities, by raising awareness as to the risks faced by children and by mobilizing communities to create a protective environment.

PS can be defined as places designed and operated in a participatory manner, where children affected by natural disasters or armed conflict can be provided with a safe environment, where integrated programming including play, recreation, education, health, and psychosocial support can be delivered and/or information about services/supports provided. Generally, CFS refer to a relatively short to medium term programme response and are very often operated from tents and/or temporary structures (i.e. in schools, under a tree or a vacant building). They are usually operated by NGOs or governments.

The standards are developed in conjunction with the following document/guidelines for broader principles and practical guidance:

- 1- *A Practical Guide for Developing Child Friendly Spaces* – UNICEF
- 2- <https://resourcecentre.savethechildren.net/library/toolkit-child-friendly-spaces-humanitarian-settings>)
- 3- <https://gbvresponders.org/empowerment/womens-and-girls-safe-spaces/>
- 4- https://www.dropbox.com/s/5pdnvn5tnk0ek6c/Philippines%20CFS_in_emergencies.pdf?dl=0
- 5- *Minimum Standards for Child Protection in Humanitarian Action* – the Alliance for Child Protection in Humanitarian Action – Pillar 3, particularly Standard 15

- 6- [Guidelines for Child Friendly Spaces in Emergencies for Field Testing](#) - UNICEF
- 7- [PLaCES concept Note 2012](#) UNICEF
- 8- [Child Friendly Spaces, Facilitator's Manual](#) 2009- Save the Children
- 9- [Standard Process and Minimum Standards for Child Protection Program](#)- Save the Children
- 10- [Minimum Standards for children in alternative care in Pakistan \(first Draft\)](#)
- 11- [Children in Emergencies Manual](#)- World Vision

2- Description of Protective Spaces

PS are spaces within the community where children and women can access free and structured play, recreation, leisure and learning activities. Among other psychosocial support interventions in the context of an emergency, PS may provide educational and psychosocial support and other activities that restore a sense of normalcy and continuity. These are designed and operated in a participatory manner, often using existing spaces in the community, and may serve a specific age group of children, or a variety of age ranges.

Aside from being a psychosocial support intervention, PS also serve as a venue for identifying vulnerable and at-risk children and facilitating their referral for immediate response. PS could serve as an entry point for helping to identify priority child protection risks in the community and sharing child protection messages with communities, families, children and authorities. PSs 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, and offer an entry point for other interventions such as protection, nutrition, health and WASH. Ideally, During the COVID-19 pandemic, psychosocial support sessions on tele –Helpline 1700 are needed for parents, including parenting sessions, which particularly address the need to teach them how to help their children in recovering from their negative experiences.

There are specific contexts where setting up PS may not be necessary. These include post-emergency situations where: children have a known safe area for play and recreation (i.e. community playground); and communities where the Child Protection Committees (CPC) or its equivalent mechanism, remains functional after emergency and is able to organize adequate psychosocial support services and identify vulnerable children for referral.

3. Objectives

General Objective:

- To support the resilience and well-being of children through community-organized, structured activities conducted in safe, child friendly, and stimulating environment, and to serve as a venue for identifying vulnerable and at-risk children and facilitating their referral for immediate response.

Specific Objectives:

- Provide opportunities for children to play.
- Mobilize communities around the protection and well-being of children, including highly vulnerable children.
- Provide multi-sectoral support for all children in the realization of their rights, including access to other services.

Serve as a venue for identifying vulnerable and at-risk children, and facilitating their referral for immediate response, and serve as an entry point for helping to identify priority child

protection risks in the community and sharing child protection messages with communities, families, children and authorities.

4. Types of Child Protection Interventions and Best Practices

Protective spaces support children's rights to protection from violence, psychosocial wellbeing, learning, participation, recreation and play in the times of emergencies. Some interventions and best practices in the context of KP during the previous emergencies are outlined below.

- a) **"Mobile spaces"** – In addition to the more traditional fixed spaces, the use of vans and buses, often painted with communication messages, carrying facilitators (including from health, nutrition or other sectors) and recreation and learning items are commonly used to make regular, periodic visits to certain locations. This significantly increases the coverage of child protection services and enables access to the harder to reach, more marginalised areas (e.g. away from recognised camps or displacement 'hubs' close to roads, etc).

- b) **Integration with women friendly spaces** – While women friendly spaces (WFSs) had been used by some child protection sub cluster members and other organisations (notably GBV sub cluster members) in 2010 (and before), these spaces were generally set up physically separate to children's spaces and with separate objectives and activities. UNICEF and partners introduced a new emergency model of *Protective Learning and Community Emergency Services (PLaCES)* for children and women whereby each space included a co-located private space for adolescent girls and women. Other organisations such as Save the Children also included services and breast-feeding spaces for women in the CFS, and World Vision used a model of *Women and Infant Friendly Spaces (WIFS)* managed within their health program, with protective benefits for women and infants. In early 2012, organisations operating in Jalozai Camp, KP, systematically worked to link up children's spaces with women's spaces run by other organisations for co-location and complementarity. There was a clear recognition that services for women enhanced access of certain groups of children to the same space, and that some services and information/awareness objectives such as GBV were relevant to both children and women.

- c) **Integration with other humanitarian sectors and services**– Integration of other sectors and services, such as education, health, nutrition, and WASH, have increasingly been essential to the effectiveness of protective spaces for children and women. This integration enables the fulfilment of multiple rights in one location, responding to the holistic needs of the individual, reducing the need for travel by children and carers to different locations (with potential security related implications and/or socio-cultural barriers), and enabling access to services and information in a safe and protected environment. Save the Children in Peshawar Valley is practicing an integrated approach where the same location is used for *Temporary Learning Centres (TLC)*, *Child friendly Space (CFS)* and *Health and Nutrition Services*. The activities take place at different timings making it easy for the target population to access the services in one location.

- d) Inclusive spaces for children with disabilities** – Children with disabilities are one of the most marginalised groups in Pakistan, and the active facilitation of their participation is an essential component of protective spaces. The experience of Handicap International in running inclusive CFS in Pakistan, and the technical support of the Ageing and Disability Taskforce (ADTF) to the Child Protection Sub Cluster, has strengthened the understanding and operationalization of this principle. Looking at the fact that the CPS is not a long-term service, the selected space requires some modifications to make it inclusive. This is mostly in off camp areas.
- e) Adolescents’ participation** – Engaging adolescent girls and boys not only as groups with special needs for information and services, but also empowering them as active members of Child protection committees and adolescent Groups, as facilitators as well as agents of change within their communities is crucial. The involvement of adolescents especially girls, in group facilitation, has been highlighted as a best practice by the CP Sub Cluster members running protective spaces and should remain key element. The involvement of adolescent girls and boys as group leaders for multiple activities will also encourage them to become our future leaders.

Several global working groups and agency specific manuals and guidelines on child friendly spaces have been developed and are available to the Child Protection sub cluster, including through the Child Protection sub cluster link on humanitarianresponse or pakresponse:

<https://pak.humanitarianresponse.info/clusters/child-protection>

<http://pakresponse.info/MonsoonUpdates2011/Clusters/Protection/ChildProtection.aspx>

https://reliefweb.int/sites/reliefweb.int/files/resources/Minimum_Standards_for_Age_and_Disability_Inclusion_in_Humanitarian_Action_0.pdf

5. Core Principles

This section highlights the key principles for planning, developing, and operating Protective spaces (PS). It is recommended that these main principles are integrated into all planning and operating efforts of the PS during its entire programme cycle.

Principle 1: PS are secure and "safe" environments for children.

Children require immediate support and a safe environment in challenging circumstances. All involved actors (i.e. government, donors, international organizations, NGOs) should commit to ensuring that children are safe and secure at all time in an emergency. PS provide a safe and supportive system for children and families during a time of crisis. A safe environment has always been a focus of PS. As such, safety must be factored into the design of a physical space and operations of the PS. PS should be part of the original design of camps. Field staff can support safety efforts by providing information and sharing knowledge with parents and children and encouraging their active participation in the process developing a safe environment for children.

Principle 2: PS provide a stimulating and supportive environment for children.

It is important for the PS to provide an environment that supports children. A supportive environment entails three key elements: i) a wide range of appropriate activities and programmes; ii) a physical environment to facilitate the activities and programmes; iii) encouraging, supportive and sensitive staff. In an emergency, children need to feel that they have structure in their lives. As such, it is important to have a well-structured programme in PS. Children should have the freedom to choose activities, and decide which activities to participate in. The physical structure is also important to carry out a range of diverse activities. Availability of appropriate materials, tools, and play objects are essential. Also, if there is a shortage of these materials, there are risks that there would be competition, fights, and frustration among the children. Child and community participation in the selection of activities will enhance the supportive nature of the PS. Staff should be aware of and practice a child-centered active learning approach. Children should be allowed to establish bonds and interact socially as much as possible. Stimulating and supportive environments for children are beneficial because they:

- Provide a healing environment for children and families in an emergency
- Reduce the impact of the emergency, by offering and encouraging structured play and recreation activities;
- Support children's resilience and return to normalcy, bringing a sense of order and routine back into the lives of children by establishing predictable routines;
- Incorporate psychosocial supports, facilitated by trained staff to reduce the psychological and social impact of the emergency on children;
- Support positive socialisation of children with peers.

Principle 3: PS are built on existing structures and capacities within a community.

Externally driven and implemented programmes often lead to inappropriate supports and frequently have limited sustainability (IASC-MHPSS guidelines: 11).

On the other hand, successful programming in an emergency builds on and integrates into existing capacities and structures of communities, civil society, and governmental organizations. It is a matter of using and applying existing, available resources, services, and daily routines of families. "During crisis situations communities develop survival mechanisms

to respond to unknown circumstances. Understanding these coping mechanisms is essential for developing activities and services in the PS that are appropriate for the situation. It is important to understand how families perceive and pursue their livelihoods under crisis situations. In developing a PS there must be an understanding of the lives of the families and children in the community. Understanding the lives of children and families is essential for any child-centered design and programme. Where possible, it is important to build both government and civil society capacities”¹ Sometimes CFS interventions are implemented for a longer period. However, they should complement and not compete with other services (for example, informal or formal education opportunities.)

Principle 4: PS use a fully participatory approach for the design, implementation and Monitoring

Meaningful “participation gives voice to different sub-groups of children and enables the sense of local ownership that contribute to programme quality, equity and sustainability”². The importance of involving the community at the initial stages has been documented. The most effective and sustainable approach for promoting psychosocial well-being and recovery is to strengthen the ability of families and communities to support one another. The benefits of involving families and children are multi-fold:

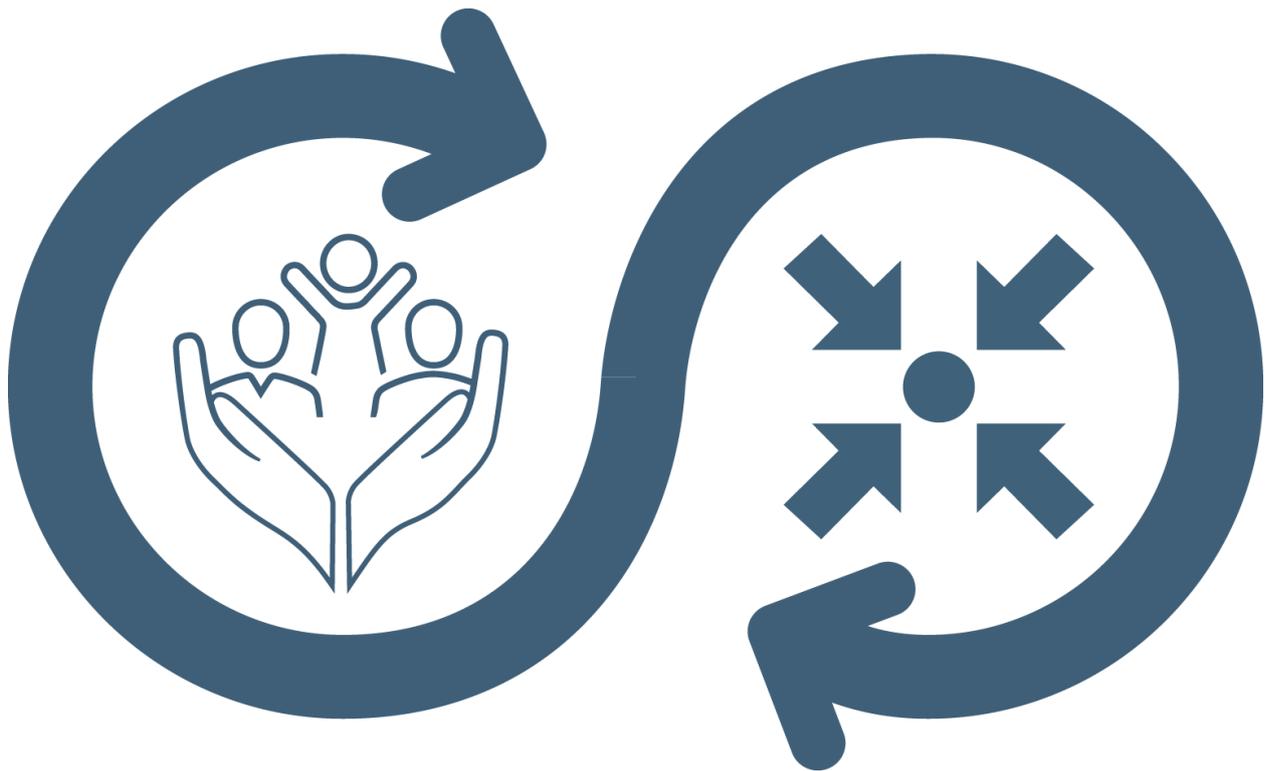
- Families have expert knowledge about their communities. They will be able to determine what would or would not work.
- Participation will help to avoid challenges and misunderstandings in the long-term.
- Active participation will empower members of a community. It will provide them with the opportunity for ownership and a sense of control over their lives in unstable conditions.
- The contribution of each actor to the development of the initiative according to their capacity and in cooperation with other partners provides the possibility for more sustainability.
- Community participation in the monitoring of the PS will lead to the improvement in the quality of the services provided.
- Greater accountability to affected populations.

Principle 5: PS provide or support integrated services and programmes

Activities and programming should be integrated as much as possible. ‘Multisectoral programming that intentionally includes and addresses child protection considerations (such as children’s particular risks, vulnerabilities, developmental stages, etc.) contributes to higher-quality impacts. This improves the outcomes of other sectors, promotes positive outcomes for children and ensures their well-being.

¹ p. 11. MHPSS.

² (Psychosocial Module-CD Training: 22)



Integrating child protection into the work of all other sectors³

The three most involved sectors of a PS are education, protection, and health (however, PS are not limited to these sectors alone and provide opportunities for engaging different sectors i.e. water and sanitation). Activities that are integrated into wider systems (i.e. existing community support mechanisms, formal school systems, general health services, general mental health services, social services, etc.) tend to reach more people, are often sustainable and tend to carry less stigma⁴

Depending on the context of the emergency, one of these sectors may already have strongly developed activities in each sectoral area. Alternatively, the specialization of the operating NGO may determine the type of predominant activities/services supported or offered at the PS.

Providing or supporting integrated services and programmes means:

- Provision of an integrated set of mutually reinforcing basic package of services for children and their families (i.e. support to mothers and babies, recreation, and counselling for parents);
- Holistic integrated services and supports;
- Provision of basic services, using a rights-based approach to ensure the rights to survival, development, participation, and protection;
- Coordinated referral systems/mechanisms to ensure children have access to relevant basic services, such as clean water, nutritional food, sanitary cleaning facilities, latrines, immunisation, care and treatment for HIV (Human Immunodeficiency Virus) and AIDS (Acquired Immune Deficiency Syndrome), etc; Additionally, provide information about different sectors, sending messages about hygiene, nutrition, and health, and how to gain access to various services;

³ CPMS 2019-Pillar 4

⁴ (IASC-MHPSS guidelines: 11).

- Integrated programming that addresses the needs and gaps in services, building on local capacities.

Principle 6: PS are inclusive and non-discriminatory.

An inclusive process and a non-discriminatory approach ensure that all children regardless of their class, gender, abilities, language, ethnicity, sexual orientation, religion, nationality have equal access to PS. “The best interests of a child should be the primary consideration considered what will be the impact for children and avoiding doing harm. In many cases, however, the most vulnerable groups, including children at risk are unable to access the services and programmes of the PS. There are many reasons for this:

1. Activities in the PS may conflict with the daily lives and livelihood requirements of the most affected groups.
2. Usually caregivers bring children to PS on a voluntary basis. At times, the most vulnerable families may not understand the value of PS for their children;
3. PS activities may be inappropriate or may conflict with the cultural beliefs of groups within the community;
4. The most severely affected and vulnerable families are less likely to participate in community processes for planning and operations;
5. Gender equity are upheld and the differences of class, caste, religion are accepted;
6. Accessible to everyone, including pregnant girls and women and children with disabilities.
7. The activities in the PS shall be designed to cater the needs of all age groups, especially adolescent girls . culturally sensitive arrangements such as *pardah walls* etc will be made to ensure inclusiveness of the girls.

Many of these obstacles can be overcome by establishing early inclusive, nondiscriminatory, and participatory processes for design and operation of the PS. Inclusive and non-discriminating processes are not finite and are not limited exclusively to the beneficiaries of programmes. The PS moves well beyond target groups by involving the community and staff. Efforts in the type and extent of outreach programmes have a strong impact.

6. Preparedness:

The preparedness phase shall be considered from the following 4 dimensions: (1) social preparation and coordination; (2) prepositioning/purchase of supplies; (3) recruitment and capacity building of CFS staff; and (4) site selection and setting up of CFS physical structure.

1. Social Preparation and Coordination

- Assessment should be conducted to look into the possible need for CFS. See Annex 1.
- Map the existing facilities and infrastructure in the target areas, including schools and other community structures. Before deciding to set up PS structures, decide whether a structure is needed at all. Consider making use of existing structures (e.g. schools, community halls, and day care centres), if they are safe and secure.
- Identify other actors and agencies that could provide support to the implementation of PS (e.g. a pool of interpreters for the deaf, or other groups that could provide support to other children with disabilities).
- Referral pathway of the community should be established at the start. See Annex 2 for sample referral pathway.
- When coordinating with local government, discuss the objectives of the PS, the process of implementation, and the transition and exit strategies.
- Coordinate with the members of the working group members and other existing agencies to avoid overlapping services and activities.
- Coordinate with schools to make sure that the PS are complementing rather than competing with them.
- Agree on the roles and responsibilities of different partners in maintaining and ensuring the implementation of CFS.
- In all circumstances, conduct a community assessment to ensure the PS strategies adopted are adapted to the specific needs and characteristics of children and families. The assessment and ensuring understanding of the situation could be carried out incrementally.

2. Prepositioning/purchase of supplies:

- Purchase basic PS materials/kits. Refer to Annex 3. Basic materials are needed for the conduct of PS activities. This should consider the children's developmental level, age, gender and specific needs, and must be culturally appropriate. All PS should provide drinking water for the children.
- The provision of food in the PS shall depend on the decision of the local CPWG members in coordination with the Nutrition Cluster. Other stakeholders can also be tapped to provide food, with due consideration for local capacity to sustain.

3. Recruitment and capacity building activities:

- The feasibility of PS staffing needs to be considered during the planning phase. Weigh the numbers and capabilities of staff to be recruited with the objectives of the PS. Encourage more diversity in the recruitment of PS staff, to include men and women, possibly from different backgrounds and with different levels of expertise. Link the selection and recruitment of staff to all the objectives of the PS.

- Identify possible volunteers and staff who could be trained to implement and/or facilitate a PS. Staff should possess the necessary qualifications.
- Train child protection and other staff of government, agencies, organizations and community volunteers on children's rights; child protection; how to set-up and implement a PS and facilitate sessions; and basic reporting and documentation. Include orientation on the community referral pathway.
- Everyone who works in a PS should receive initial training, as part of an ongoing process to build capacity that includes further training and coaching.
- The training should include; children's rights; child protection; child development; child protection policy; psychosocial support; PS set-up and implementation; communicating with children; and reporting and referral. The training should also pay attention to protecting children and facilitating play for all. Over time, as PS staff develop new skills, they will be in an increasingly important position to enrich the work done in and through the PS.
- Sessions on mother-infant interaction, mother-play sessions and infant and young child feeding programmes (through the Health and Nutrition Cluster) could also be conducted for the PS staff, particularly those facilitating sessions for the 0 to 2 age range.
- The staff should also be trained on the effective use of prescribed PS monitoring tools and processes.

4. Identification of prospective CFS sites/locations:

- Coordinate with the Child Protection Working Group to ensure equitable distribution of PS across the affected areas and avoid duplication and overlapping.
- Once an area has been identified as a target for setting up a PS, identify a suitable location together with the community, and secure agreements with owners of the land or building and local government agencies.
- Ensure that PS locations are near community services; a potable water source (not more than 20 meters away); and to separate toilets for boys (1:50), girls (1:30), and adults (1:20). If there are no potable water source and toilets, these need to be installed. The toilets should also have access to a hand washing facility including soap and water, and a trash bin; and be accessible to children with disabilities.
- Coordinate with your logistics team, and/or with a local specialist or the local Engineering Office of the government to look at the area and make suitable recommendations for making the site safe.
- Consider the communicable disease environment, such as the prevalence of malaria (open still water sources) when choosing your site.
- If having a fixed physical space is not possible, consider doing outreach or mobile activities as an alternative method of delivery. Outreach activities are those that benefit typically under-serviced populations, and include mobility action, for example, PS in buses, and mobile tents set-up in different
- Areas that can be used as PS. For school-based evacuation centers, classrooms and open spaces may be identified as PS. The PS shall include easy access to toilets and other WASH facilities.

5. Space Requirement, Lay-Out and Structure:

- Although the space allocated for a PS will greatly depend on what is available and what is appropriate (for example, the number of children that can safely participate and the types of activities planned), the prescribed area is 1m² per child and 72m² for the tent.
- Ensure that the PS is accessible to children with disabilities (for example, there are ramps for wheelchair access in addition to or instead of steps). If possible, have indoor and outdoor spaces to allow for team games and sports activities, as well as space for activities such as reading and facilitated sessions.
- The PS needs a secure storage area for its materials. If a secure area is not available, security personnel (or community volunteers tasked to secure the materials) are required to ensure that they are not damaged or stolen. There should also be a secure area for the first aid kit and storing confidential files, or confidential files should be stored securely in an office.
- Divide the PS into separate zones by marking out areas for different activities or groups, with ropes, curtains, etc. By dividing the space, facilitators can conduct a number of different activities at the same time. The PS can be divided and cordoned off according to ages, gender, specific areas or the types of play that will be conducted – quiet play, active play, and structured activities.

7. LOCATION AND TARGET GROUP

Protective Spaces can be set up in camps (formal/informal), open spaces (embankments, roads etc.), school buildings, host communities or communities affected by the disaster. A protective space can be set up together with, or attached to, other services such as health centres, therapeutic feeding centres, temporary learning centres, women's community centres, etc. 'Co-locating' services may provide better coverage of the target group, streamlined services, more access to vulnerable groups, and more effective pooling of limited funds. Mobile Spaces can be established in the relief phase for the children who have been living in temporary shelters such as school or hospital buildings, in camps (formal/informal), and in open spaces such as embankments and on the roads where static spaces cannot be established.

A safe environment for children and adolescents can be called anything that makes sense to children and the local community and which encourages participation and inclusion. Talk to children and families about a name that makes sense, particularly in the local language, **before** opening the centre. Some of the names used in Pakistan have included *Khqula* ("Beauty" in Pashto), Child Protection Centres, "House of Light;" PLaCES (Protective Learning and Community Emergency Services); Meena's Place.

A PS is a community initiative that is designed and implemented both with and for families and communities. When children participate in a PS, parents and caregivers can attend to their daily activities without worrying for their children's safety. However, parents and caregivers sometimes also participate in the PS activities as a family.

PS are generally designed for boys and girls under the age of 18 years. In KP's cultural contexts, separate spaces or activity schedules may be needed for boys and girls so that girls can fully participate and have their distinct needs met. Some PS are targeted at children of specific ages, such as baby friendly spaces designed for mothers and infants, or for young people over the age of 18. Efforts should be made to reach out to highly vulnerable children. This includes children who are working or out of school; unaccompanied children; children who are heads of households; street children; pregnant girls; minority children; or transgender children. They are less likely to access PS. Identifying these groups may require a range of steps including:

- Advocate for the inclusion of children who are highly vulnerable and aim to include these children and their caregivers in assessments and planning for the PS.
- Locate the PS in or near places where there are significant numbers of vulnerable children to make it easier for them to attend.
- Include other, less vulnerable children in the PS to reduce the chance of stigmatising vulnerable children or singling them out.
- Work with people or organizations that specialize in working with traditionally excluded groups (e.g., children with disabilities, street children, transgender children).
- Make sure the space is physically accessible to all children.
- Train PS staff in child-friendly, participatory approaches that include highly vulnerable children.

- Reach out to caregivers of children with special needs (through outreach and home visits) so that they know all children are welcome. Discuss ways to support their inclusion and participation in the PS.
- Flexible activity schedules to allow specific groups such as working children or girl mothers to participate in the PS.

Some PS may have children from many different religious or ethnic groups. It is important to respect children's religious preferences, such as enabling them to dress in a manner appropriate to their beliefs or being aware of prayer times, etc. PS staff must show respect for all children, regardless of their religious or ethnic affiliation, gender or sexual orientation.

Increasingly, PS facilities may also be shared by different groups of people. For example, women, older people or men may also need a safe space in emergencies. These groups usually access the PS at times set aside for them.

7.1: Minimum Standards

- i. Consultation and agreement with community regarding the location and design of the protective spaces through a participative mapping exercise with a group of boys and girls of different ages, as well as community leaders, women, men and caregivers.
- ii. Organization/stakeholders working on child protection in that locality should also be consulted to avoid duplication of facilities and to integrate the services.
- iii. The safety and security of the area (e.g. removal of hazards, access to safe water non-military environment, safe access road etc) have been assessed and ensured.
- iv. The location of PS should be accessible to the target groups. Access to outdoor safe area for recreational activities, area for private discussions (individual counseling/group counseling) between children and psychologists or facilitators.
- v. There is enough indoor and outdoor space for the number of children attending sessions to do the full range of activities scheduled.
- vi. Indoor play areas have proper ventilation/air circulation. Indoor play area is organized so that children can choose and access play materials with minimal assistance
- vii. There is a space for staff, parents and other visitors separate from that used by children where administrative tasks can be done and private discussions can take place
- viii. Privacy for women and girls (e.g. using purdah walls where appropriate, not locating the space close to men's meeting areas).
- ix. Locate spaces in or near places where there are significant/large numbers of vulnerable children & women.
- x. The PS is enclosed on all sides and has a specific entrance through which people can enter and exit
- xi. Do NOT establish protective spaces in an area where there are already nearby protective spaces
- xii. All measures have been taken to ensure physical access for children with physical disabilities. PS need to be accessible for children with wheelchairs or crutches (e.g. through portable wooden ramp).
- xiii. Water and sanitation facilities either in the enclosure or close by, with facilities for children with disabilities⁵ which is accessible for children with wheelchairs or crutches

⁵ See also Ageing and Disability Taskforce *Technical Guidelines for Health, Water and Sanitation, Hygiene and Shelter Programmes in Emergency* (July 2012)

- (e.g., portable wooden ramp, rope, or handgrip in latrine, brightly coloured for vision impaired).
- xiv. Spaces should not be overcrowded. A suggested ratio of children to a single tent or room would be 40 – 60 at one time. Separate sessions or activities for children in three age ranges: young children (0-7 years), school aged children (8-12 years), and adolescents (13-18 years). Staff must make arrangements to effectively deliver the session with multiple age group children.
 - xv. For mobile spaces, a team of facilitators should be available to visit at regular intervals to the same location and offer predictable services, as per pre-informed schedule agreed by communities.

8. SERVICES

Protective services should be implemented with sensitivity to child development, and the distinct needs of girls and boys and of different age groups. They should be designed in consultation with children, women, caregivers, and community members (including men). Protective Spaces should consider the context, the socio-cultural norms, and the impact of displacement when designing services for girls, boys, and women. All the children attending the PS should be registered (registration form annexure 2). In most parts of Pakistan, girls' attendance in school is well below boys and this may be girls' first chance to access learning. In most rural areas mobility of girls and women is restricted as well as their participation in public life. Overall, experience in Pakistan with protective spaces for women has shown that women generally place vocational sessions and practical skills as a first priority and that this also facilitates family and community acceptance for participation of girls and women in protective spaces and services, as well as to support and empower women and girls to become agents of change in their communities. A summary of the list of proposed activities is given in annexure 5

8.1: Minimum standards for

8.1.1: Mental Health and Psychosocial Support

- a. Protective spaces should support families and caregivers (e.g. via positive parenting, helping family members deal with their own distress) and community networks (e.g. women and youth groups) to promote Mental Health and psychosocial wellbeing. One psychologist support should be provided per 4 to 5 spaces. Service tools kit must be provided to psychologist.
- b. PS staff (facilitators/psychologists/ monitors etc.) must have proven skills in communicating with children and must be able to identify signs in individual children that require more specialized attention and/or referral (e.g. abuse, severe distress).
- c. In most cases children will not require one-on-one counseling. Where such cases are identified, a local counselor or social worker should be available. (it needs to be noted that in many areas of Pakistan there are no qualified psychologists). Therefore, the social workers must have some basic Psychosocial First Aid training so that they can deal with these issues and the cases should be referred to specialized services.

- d. A clear referral and follow up mechanism must be in place for every protective space showing local service providers and contacts, and all staff should be familiar with the referral mechanism. Record of referrals and follow up of such cases should be maintained on regular basis.
- e. Mental Health and Psychosocial Support should also be available for care givers and Child Protection staff (who may also be affected by the emergency).
- f. PS staff (male and female) must be available in the protective spaces during working hours.
- g. Availability of a private space for children or women to meet comfortably and confidentially with CP staff or counsellor.
- h. Information related to meetings with counsellors or referrals is confidential and should not be displayed publicly (including numbers of cases, types of issues, etc).
- i. Include ways to reach out to and encourage adolescent girls with babies and young children to benefit from the protective spaces: e.g. separate timings, inclusion in women’s centres, discussion groups, baby friendly spaces.
- j. Strengthening existing youth clubs and supporting adolescents to play an active role in protective spaces and their communities (e.g. as members of CP committees).
- k. Children and parents/ caregivers in the need of the specialised MHPSS services will be referred to those services for further assistance.

8.1.2: Basic Literacy and Numeracy

- a. Teaching and educational display materials should be appropriate (i.e. commonly understood) and accessible (i.e. large print and pictorial representations) in language/s that are most appropriate for the children and women of that area.
- b. This activity should not replace regular schooling and children should be encouraged to attend regular schools once the schools are open.
- c. The Basic literacy and numeracy for the young children should be used for preparing them for school. The illiterate girls and boys should be equipped with the basic literacy and numeracy so that they can also be enrolled in the schools.
- d. A protective space or CFS is not a school and staff should be clear with communities from the beginning about the differences. The name of the space may also be important to project its correct meaning to communities (communities should also be consulted on names).
- e. Children with moderate to complete visual loss will require some amount of dedicated support from a CP facilitator to ensure their participation in literacy and numeracy activities. Seek advice and support from the Age and Disability Task Force on how to include children with disabilities.

8.1.3: Life Skills Based Education

- a. Include sessions appropriate for children and adolescents on communication skills, leadership, empowerment, and self-protection. ⁶

⁶See also Life Skills Based Education Manual (in Urdu only), Child Protection Sub Cluster, Khyber Pakhtunkhwa, 2009

- b. Provide basic awareness on key information related to health (including nutrition, hygiene promotion, waste management, disaster preparedness and disaster risk reduction (i.e. prevention and mitigation of disaster related impacts on children),
- c. Sensitive female health related issues such as reproductive health; adolescent reproductive health etc. should be discussed keeping in view the culture and tradition of the community.
- d. Basic Mine Risk Education (MRE) on avoiding landmines, Unexploded Ordnance (UXOs) and Improvised Explosive Devices (IED) should be given (even in flood-affected areas far from military operations, mine incidents affecting children occurred in 2011 when flood waters dislodged and carried UXOs). For more detailed MRE, a specialised agency may be needed.
- e. Life skills should also be provided to engage the children in the prevention of child protection issues and further sharing the information with the peers.

8.1.4: Recreational Activities

- a. Play and recreational activities for children of different age and gender groups should be arranged in separate spaces, or at different times. Particular attention should be given to encouraging participation of girls and consulting with them on types of recreation they enjoy, including local traditional games. Cultural sensitivities and community acceptance should be considered, while gender stereotypes should be avoided (e.g. girls have shown themselves to be very willing to play cricket, if the appropriate space is provided).
- b. Include activities accessible to children with disabilities.
- c. Engage children, adolescents, and women in the spaces in making their own toys, puppets, and games out of commonly available materials. This will also provide examples for communities to recreate when they move back to their own homes.

8.1.5: Services for Girls and Women⁷

- a. Services should be attractive for girls and women and should justify their attendance.
- b. Active engagement of male decision makers of the families and community gatekeepers (e.g. religious leaders) is essential to encourage support for women and girls' participation.
- c. Consistent interaction with women and social mobilisation and door-to-door or tent to tent campaigns helps gain trust and encourages women to participate.
- d. Include a private space for services such as breast feeding, advice from nutrition / health workers, psychosocial support, peer discussions.
- e. Include community and ethnic celebrations.
- f. Activities should include a focus on the practical and social needs as well as the inherent rights of women and girls through rights based awareness sessions and skills, and practical activities such as literacy, learning and catch-up classes, vocational and livelihood activities (handicraft, kitchen gardening, tailoring), as well as nutrition, health and hygiene awareness and services.

⁷ See also *Keeping Adrift: Documenting Best Practices for Addressing Gender based Violence from the Platform of Women Friendly Spaces*, ShirkatGah (2011) on www.pakresponse.org (Child Protection and GBV links)

- g. Cases of GBV should be recorded on standard Incident Reporting Forms and copy sent to the GBV sub-cluster (or recognised coordinating mechanism) in the province.
- h. Cases of GBV should be referred to appropriate services and facilitators must be aware of referral mechanisms. Case management for GBV survivors should only be conducted in the protective space where trained, dedicated staff are available (this would be supported by UNFPA (UN Fund for Population Agency) and partners and GBV sub cluster members)⁸.

8.1.5: First Aid and Emergencies:

- i. Every space must display referral contact details for local child protection, health, and other services with emergency numbers (the functioning of the numbers to be regularly checked by staff).
- ii. At least one staff must be trained in basic first aid.
- iii. An evacuation plan must exist in every protective space. Staff and children must be familiar with the evacuation plan by conducting drill sessions.
- iv. Staff should be oriented/aware of what to do in case of floods, earthquakes, and other disasters
- v. Emergency sand buckets, first aid box, fire extinguisher or blankets must be available.
- vi. Emergency run bags containing important documents are available at all protective spaces.

8.2: Identification, registration, tracing and reunification of unaccompanied and separated children

- a. In the preparedness phase and/or first phase of response, orientation (or refresher) on the relevant mechanisms (provincial or even at the district level) should be made to all sub-cluster members by local authorities and/or Sub Cluster Coordinator, with reference to the *Framework for Action* and *Action Charts*⁹(NDMA).
- b. Sub-Cluster or appropriate coordinating mechanism should develop simple flow-charts with locally identified responsible actors for each stage in the process.
- c. Staff have received basic training in identification of unaccompanied and separated children, and they know whom to contact for assistance in documentation, tracing, and reunification (e.g. Social Welfare Department/ Child Protection Units, IRC (International Rescue Committee), ICRC (International Committee of the Red Cross), etc).
- d. The shelters (public, private, community based) for the children should also be mapped in the area so that those children who need temporary shelter should be placed there till they are re-unified with their families.
- e. CFS should also invite the related authorities to register children and issue birth certificates.

⁸ See also *SoPs on Gender Based Violence* (GBV Sub Cluster Pakistan, 2011) including the section on Child Survivors, www.pakresponse.org (GBV link)

⁹*Framework for Action for Separated, Unaccompanied and Missing Children in Emergencies* (NDMA – awaiting final endorsement) 2011; including Annexes: Action Charts for Provinces (Child Protection Sub Clusters, Balochistan, Punjab, Sindh, Khyber Pakhtunkwa, FATA) 2011. www.pakresponse.org (Child protection link)

8.3: Identification, registration and referral of vulnerable children

- a. Staff has received basic training in identification of vulnerable children such as children from poor households, children with disabilities, survivors of sexual or physical abuse, working children etc. should be identified and registered by staff/facilitators (referral form -annexure 3)
- b. Staff must report concerns of violence, including SGBV, against children. They must observe local legal requirements in reporting, where they exist.
- c. Maintain confidentiality: information about survivors should not be shared with others without the informed consent of the survivor unless
 - there is a risk that survivors might try to hurt themselves
 - When there is a risk that survivors might hurt others
 - When a child is in danger
 - When laws or policies require mandatory reporting (such as in the case of sexual exploitation and abuse by humanitarian staff).
- d. If information needs to be shared with another organization, always obtain the written consent of the survivor or of a parent or guardian if the survivor is a child. Informed consent means that the survivor will be informed about which information will be shared, with whom and for what reason. It is not ethical to share personal information about the survivor or their situation (e.g. giving their name or other identifying information) with anyone else – at home or in the workplace.
- e. Staff knows how to refer cases and follow up with the Child Protection Unit (CPU) in the District Social Welfare Department (or relevant local authorities) for registration and close monitoring (revisit for determining accountability).
- f. Cases requiring individual, specialised assistance (e.g. health, psychosocial support, mental health, legal assistance) should be referred to a trained professional for case management.

9. EQUIPMENT, MATERIALS AND SUPPLY

- i. A protective space may be a tent, room, open structure, hut or even bus – depending on the availability of space, the climate, and the emergency context. The list of the supplies for the PS is given as annexure 4. Apart from this, however certain minimum standards should be followed, including respect for local cultural requirements.
- ii. All protective spaces must have a protective wall.
- iii. Purdah walls are required for spaces for women and adolescent girls.
- iv. Plastic mats be provided for sitting.
- v. Use of locally available materials where possible (for structures and for play and learning items) generates economic activity in disaster affected areas.
- vi. Respect for environmental sustainability (e.g. in use of timber or scarce resources)
- vii. Consideration must be made for a second emergency exit.
- viii. Water, Sanitation and Hygiene (WASH) facilities (a water point, washing pads and separate latrines - for boys, girls/women, and person with disabilities) should be

- provided in all protective spaces as per the sphere standards <https://handbook.spherestandards.org/en/sphere/#ch001> (check save the children).
- ix. Play, learning and drawing materials must be age appropriate and special attention should be given to ensuring the inclusion of recreational items that girls and communities accept (recognising that cultural norms may prohibit girls' participation in certain games).
 - x. Story Books (Small), Storytelling Books (Large with Pictorial), Writing Work Books.
 - xi. Learning and drawing material should include necessary stationary items for learning. Material may be changed/replaced as per availability of funds.
 - xii. Include special items for children with disabilities (e.g. balls that make noise – available in local markets).
 - xiii. Include age appropriate non-formal education items such as story books or comic books (including pictorial and large print) in local language, puppets, slates, educational toys, DRR (Disaster Risk Reduction) games (e.g. UNESCO (United Nations Educational Scientific and Cultural Organization)), psycho-social games (e.g. Save the Children).
 - xiv. Supply of sports and recreational material for indoor and outdoor activities.
 - xv. Consider games that can be made from local or recycled materials (e.g. musical toys from cans, clay toys, local games with stones).
 - xvi. Encourage children, adolescents, and women to make books, puppets, toys etc. that can be used to support the activities.
 - xvii. Display special charts and posters for the hygiene sessions, risk education, child and women's rights, safety and security of children, disaster risk reduction.
 - xviii. Source appropriate, accepted materials on gender-based violence (through GBV Sub Cluster members including UNFPA) and sexual abuse.
 - xix. Books for record keeping such as attendance register, visitor's book, stock register etc.
 - xx. Complaint box with follow up mechanism of the complaints.
 - xxi. Display information banners and sign boards, preferably in local languages.

10. STAFFING

10.1: Staff recruitment:

The proposed job description of the PS staff is given as annexure 7. It is beneficial to recruit people to work in the PS who are existing community mobilisers and volunteers. Find people with interest, skills, and possibly prior knowledge and experience in working with children of different ages and backgrounds. This includes people who used to work with children (for example, nursery, kindergarten, primary or secondary school teachers; social workers), or mothers and grandmothers, sports coaches, or youth interested in helping with activities.

Child protection considerations are crucial in recruiting and selecting people to work in the PS. All potential staff, facilitators and volunteers must be screened to ensure children's safety. Ideally, it would be helpful to have a criminal background check of anyone who might be involved with a PS, but this may not always be possible. All the staff shall be required to sign the code of conduct (sample is given as annexure 6) Try to get references too from previous employers. It can also help to involve the community in choosing staff, facilitators and volunteers that they trust to work with children. Conduct interviews with all the possible candidates for working in the PS to

find out their knowledge of children's rights, their attitudes toward discipline of children, and their motivation for wanting to work in the PS. Keep records of all adults who seek employment or a volunteer role within the PS.

10.2: Compensation:

Compensation (salary, incentives) for staff, facilitators and volunteers will vary in different situations, depending upon the local salary rates, local volunteer policies and labour laws, in-kind contributions and future plans for sustainability. It is very important to coordinate levels of compensation with other sectors regarding the incentives they provide to facilitators and volunteers. Otherwise, some services may be left understaffed, such as qualified teachers leaving schools to facilitate activities in PS because incentives were higher in the PS.

10.3: Training and Capacity Building:

Staff and volunteers should receive an initial training, followed by capacity building over time through training, supervision and mentoring. This enables them to keep children safe and promote their psychosocial well-being. It also brings opportunities to develop new skills and take up new challenges, enriching the work done within the PS. The format, length and frequency of training and supervision vary depending upon local circumstances. However; it is essential that adequate funds and resources be dedicated to training, supervision and mentoring.

Training of CFS facilitators should include an orientation to children's rights and protection, facilitation skills and how to work with communities and child caregivers. Once staff, facilitators and volunteers have been selected, ensure that they:

- Are briefed on the child protection policy.
- Understand, agree to and sign the code of conduct.
- Understand complaint mechanisms and how they can report any concerns about child protection violations in the PS.
- Know their role in the PS and their responsibility for protection and care of children.
- Know how to identify and refer children who may have protection concerns or are in need of specialised services (e.g., psychological counselling).
- Receive regular supervision in their work, and support for their own well-being.

Other training topics may include:

- Child development, the impacts of emergencies on children and the concept of children's psychosocial well-being
- Responsibilities of staff and volunteers, relevant to their roles (including general operations of the PS and safety considerations)
- Medical and psychological first aid (PFA)
- How PS can benefit children's recovery and social and emotional development.
- How to engage with caregivers and community members.
- Connecting PS to family, community and local protection and health systems.
- How to communicate and work with children of different ages, genders and abilities.
- How to organise group activities in an inclusive and participatory way for all children.

- How to facilitate various types of activities with children (e.g., play and recreational activities, sports, arts and crafts, song, dance, theatre, basic literacy and numeracy, life skills, health and hygiene activities).
- How to use positive discipline and handle challenging behaviours and situations
- Self and team care. PSYCHOLOGICAL FIRST AID Facilitators can provide basic, immediate psychosocial support to children (or caregivers) in distress. Psychological First Aid (PFA) helps children (and adults) to feel calmer, safer, more hopeful and socially supported, and able to meet their own needs. It also involves helping them to link with basic needs and other supports, that may include referral to specialized psychological supports as described above. PFA involves:
 - Looking for signs a child is distressed or unsafe
 - Listening to the child's concerns, and
 - Linking the child with social supports and other services, if necessary.

10.4: Supervision and mentoring:

Supervision and mentoring are critical aspects of capacity building for all PS staff and volunteers. Supervision ensures accountability of the programme, as well as support and encouragement for staff and volunteers. Mentoring can include, for example, a supervisor observing or coaching facilitators running a session for on-the-job learning. More experienced PS facilitators can also mentor those with less experience.

Supervision and mentoring sessions give the opportunity for staff and volunteers to share experiences and challenges, receive regular feedback and guidance in responding to different challenges, and reinforce key messages and principles of the PS (e.g., inclusion, participation). Supervision sessions should be scheduled regularly, and staff and volunteers should have access to supervisors whenever they have questions or require support.

10.5: Staff Well-being

Caring for staff and volunteers in the PS is also an important aspect of supervision and mentoring and in creating a supportive environment to minimise stress. Staff and volunteers may come from the affected community themselves and be exposed to stories of children who have experienced very distressing events. Effective supervisors create a culture of openness and sharing. They promote a positive team spirit by ensuring staff well-being and stress management are a priority. Supervisors can encourage staff and volunteers to maintain good work habits and work-life balance, and ensure they have access to confidential support when needed.

11. CHILD PROTECTION COMMITTEES (CPC)

Among the most widely used community mechanisms for child protection are community-based child protection groups – often called ‘Child protection committees’ ‘Child welfare committees,’ and ‘Child protection networks,’ among other terms. The groups vary considerably regarding their formation, composition, roles and responsibilities, and functioning modes. Not all these groups focus solely on child protection issues, and some do not call their work ‘child protection.’ Nevertheless, for the purposes, they are referred to collectively as community-based child protection groups.

A community-based child protection mechanism (CBCPM) is a network or group of individuals at community level who work in a coordinated way toward child protection goals. Effective CBCPMs include local structures and traditional or informal processes for promoting or supporting the wellbeing of children

The main rationale for developing such community groups is that, in many contexts, local and national governments are unable or unwilling to fulfil their obligations to protect children and fulfil children's rights. For example, following an armed conflict that had divided a country, the government may lack the presence or capacity in many areas that is needed to protect children. Also, community members can influence social norms and values, some of which may harm children. In addition, community-based child protection groups are a low-cost way of reaching large numbers of children, though in less depth than, for example, a family-oriented or individually oriented casework approach. The provision of support on a wide scale is made possible by building horizontal connections among community-based child protection groups, and vertical connections with district-level and national-level mechanisms, both formal and non-formal. A significant advantage of community groups is that communities are natural units for collective planning and action, which community groups can help to mobilize. Furthermore, community groups can draw on the community resources, helpers, and practices that potentially can support child protection. By engaging communities' sense of agency, their values, and their own human, physical and cultural resources, it is possible to mobilize communities for child protection and to create contextually appropriate, sustainable supports that outlive the life of externally funded projects.

To improve the effectiveness of child protection interventions through the involvement of community, child protection committees (CPCs) comprising of local males and females are formed to ensure the protection of children on the ground.

11.1: Objectives of the Child Protection Committee

- To mobilize, sensitize and orient target community regarding child rights and child protection issues.
- To support and facilitate the target community as well as partners for implementation of child protection project activities.
- To identify, report and address child rights violation and work for its solution and prevention in the target community.
- To inform the target community about existing care and support facilities through referral system and to follow up the cases.
- To prevent child rights violation through different advocacy and awareness campaign and events
- to strengthen social networks for children's care and protection.

11.2: Composition of the Child Protection Committee:

Child Protection Committee will be comprised of the following potential members:

- **Religious Leader (1);** Highly influential religious leader of the area would be encouraged and motivated to be part of the Committee;
- **Union Council member (1-2);** It can be UC Nazim or Counsellor, depend upon the willingness, effectiveness, and potential of the members;
- **Teacher (1-2);** The teachers can be from primary/middle and high schools who must have the capacity to work on CP issues related to education.
- **Health Care Provider (1);** HCP can be from Basic Health Unit, Rural Health Center or other health department or institution, having willingness to work on CP issues particularly related to health.
- **Community Activist (1-4);** it can be any potential and influential members from the community; it can also be a social worker or member of local village committee etc.
- **Student (1-2);** one or two students would also be part of CPC to represent adolescent/youth group at their respective areas.

Other than the above-mentioned members, parents, grandmothers, other family members, community notables and people of influence and others may be involved in the CPC with full consideration of maintaining impartiality. People with disabilities and from minority groups should be actively encouraged to participate in CPCs. The Child Protection committee should comprise of 9-11 members. Keeping in view the cultural context of KP separate Child Protection Committee for male and females should be constituted so that they can work effectively and effectively address the child protection issues.

11.3: Functions of the Child Protection Committees

- ✗ CPCs clearly understand their responsibilities and receive regular trainings in related areas (including child rights, community-based advocacy, social mobilisation, development of community-based action plan).
- ✗ All the members of CPC identified as community volunteers through mutual consensus.
- ✗ Regular coordination between CPC and staff members.
- ✗ Meetings be arranged between CPC and other Working partners.
- ✗ Developing and implementing a monitoring and reporting system to monitor and report child rights violations.
- ✗ Undertaking child rights specific awareness campaigns to ensure that everyone is aware about the rights of children and less CR violation incidents occur
- ✗ Child protection network in the village/mohalla to prevent child abuse, violation, and exploitation.
- ✗ To monitor Child Protection center activities.
- ✗ To monitor child protection issues at community level.
- ✗ To respond to child protection issues.
- ✗ To do their efforts to control child rights violation and exploitation.
- ✗ To make strong coordination with government line departments to address CP issues and get services for children especially most vulnerable children.

- ✂ To raise the awareness of the community regarding child protection issues.
- ✂ To do their efforts for the identification of service providers.
- ✂ To develop and strengthen linkages with service provider organizations.
- ✂ To solve the problems that arise in the community especially with organization staff.
- ✂ To ensure the functioning of child protection centers in the absence of organization staff.
- ✂ To develop and strengthen the child protection committees in such a level that to convert it into Community Based Organizations/Village Based Organization and to register CBO/VBO with SWD (Social Welfare Department).

12. MONITORING, REPORTING and EVALUATION

- i. Implementing and supporting organizations should monitor the protective spaces regularly according to the minimum standards monitoring check list and submit the monitoring report within a week time.
- ii. Implementing organizations should report regularly to the sub cluster or the *Department of Social Welfare (SWD) and Child Protection Welfare Unit* each district, including on referrals made. All reporting on activities or assistance for children, must disaggregate (count separately) the number of girls and boys and by age group.
- iii. Identified cases of vulnerable children should be shared with the *Social Welfare Department (SWD), Child Protection Unit (CPU)* or relevant service providers immediately.
- iv. Staff must be aware of referral mechanisms for local service providers and contact points.
- v. During visit of protective space, monitoring team members shall interact with children, child protection committees and relevant stake holders.
- vi. Monitoring team is advised to conduct various practical and physical exercises with Children to observe the impact of CFS.
- vii. A panaflex (in local vernacular where required) explaining complaint/feedback mechanism is posted in waiting area. Follow up of complaint box complains shall be done.
- viii. Referral case status shall be checked

Evaluation:

A CFS can be evaluated at three levels. The first level is the most straightforward and concerns the outputs of the CFS, i.e. what has been done. The next level is about outcomes of the PS, i.e. what has happened in the lives of children as a result of the PS. The third level – and the most complex to evaluate – concerns the longer-term impact or goal of the PS. Evaluation at this level usually requires technical support and is not covered in this guidance.

(For detailed guidance about impact evaluations, please see: World Vision operational Guidance for Child Friendly Spaces in Humanitarian Settings)

Evaluating outputs: CFS managers are most likely to focus on evaluating their work at output and outcome level. For activities where children are briefly attending a PS, an evaluation will be at output level. This includes indicators such as the number of children attending, the number and type of activities conducted, facilitators trained and supervised, satisfaction level of the children participating, and quality standards met.

Information for this type of evaluation can be accessed from existing monitoring reports such as attendance records, staff and volunteer activity records, and programme management reports. A quick round to evaluate activities with children can be included in the session, using a smiley faces exercise, for example. Quality standards should be checked too using a checklist. This is important as it provides for the safety and protection of the children, no matter what the setting.

Evaluating outcomes: In a PS where the same group of children is attending for a longer period of time, it might be possible to measure some level of change at the outcome level. Outcome areas of PS programming will typically include the acquisition of skills and knowledge, changes in emotional and social well-being and changes in the protection of children.

This can be done through most significant change stories, case stories, focus group discussions and simple surveys on children's emotional and social well-being. It is good to use quantitative and qualitative measures (e.g., surveys, focus groups with children of different ages/genders/abilities and caregivers) in M&E activities to best understand how the CFS is operating and the effects it is having (positive or negative). For example, find out if children perceive the PS as a safe place, have a sense of belonging, if they enjoy the activities in the PS and if they feel confident to access help for protection of psychosocial concerns.

Quality monitoring and evaluation is crucial in ensuring quality programming in CFS. It is achievable and can be done in ways appropriate to each situation. Having M&E technical expertise is important and can help with any level of evaluation.

13. Sustainability:

Protective spaces established in emergency response are temporary, transitional supports. From the outset, organizations should develop plans for exit and/or transition into community-based child protection centres (or other community structures) in partnership with community, including girls, boys, women and men. Some community based Child Protection Centres have, in turn, transformed into registered *Community Based Organizations (CBOs)* in Pakistan for long term sustainability.

By associating the Child Protection Centres with schools the exit strategy can focus on securing government resources and staff for an increased enrollment, ensuring a school community that welcomes mainstreamed children, and a child friendly environment. World Vision's experience in this area shows that mainstreaming and literacy can be done in a few months with children above school entry age, while accelerated primary learning can take 2 to 3 years before a child can enter a regular middle school class. In this regard a transition strategy should take these time-frames into account and use curriculums accepted by the

mainstreaming schools - ideally these programs will be taken on by NGOs or government departments with longer term intentions in the area, to cater for all school aged children.

- i. Protective spaces may be closed once schools re-open or can be transitioned into Child Protection Centers including the function of early child development centers, spaces for youth clubs, literacy initiatives, or vocational training activities.
- ii. Special attention should be made to preparing and mainstreaming out of school children aged below eleven into primary school and those aged eleven plus into accelerated primary learning perhaps in middle schools (this can be done with education cluster and partners).
- iii. Younger children can be transitioned into either voluntarily run play groups or *Early Childhood Development (ECD)* centers attached to schools.
- iv. For out of school children consideration can be taken for turning protective spaces into satellite schools with government employed teachers, where distance prohibits regular attendance at the schools.
- v. Youth volunteers and adults from within the community should be encouraged and mentored to volunteer to take on facilitation / management of community-based structures.
- vi. All of these transitions require advocacy with the community, education and social welfare departments. In rural areas the problem of absent teachers may need to be addressed before mainstreaming more children into non-functioning schools.
- vii. In all areas learning without fear needs to be emphasized for schools accepting children returning to school or entering for the first time.
- viii. Preferably MOU/LOU should be signed between the phasing out organization and the related government department.

Annexures

1. Child Protection Rapid Assessment Tool

Information Needed:	Responses:	
Date of visit: (dd/mm/yy)		
Assessor's Name:		
Organization:		
Is this an area or a site?	Area:	Site:
Is this location rural or urban?	Rural:	Urban:
Estimated Population:		
Province		
District:		
Source (s) of Information:		
1. Direct threats to life		
Are there any reported cases of children:		
Killed in this conflict?	No:	
	Yes:	
	How Many (Approximate No.)	
Children Injured in this conflict?	No:	
	Yes:	
	How Many (Approximate No.)	
Are there children missing?	No:	
	Yes:	
	How Many (Approximate No.)	
Injured by landmines?	No:	
	Yes:	
	How Many (Approximate No.)	
Who is taking action about UXO/ landmines?		
2. Access to Essential Services (Particularly vulnerable children may include, but are not limited to, separated children, children on the street, girls, disabled children, child-headed households, minority children and children in institutions.)		
Information Needed:	Responses:	
Are there groups of children without access to:		
Food	Yes:	

	No:
	Who:
Water	Yes:
	No:
	Who:
Shelter	Yes:
	No:
	Who:
Health care	Yes:
	No:
	Who:
Education	Yes:
	No:
	Who:
Have these cases been reported?	Yes:
	No:
To which organization/agency?	Name and the person of organization/agency:
3. Separated/Missing Children: (Separated children are those without both parents or without their previous legal or customary primary caregiver, but not necessarily separated from other relatives. They may therefore include children accompanied by other adult family members.)	
Information Needed:	Responses:
Are there any reported cases of:	
Separated children No:	Yes:
	No:
	How Many (Approximate No.)
Missing children No:	Yes:
	No:
	How Many (Approximate No.)
Unaccompanied children No	Yes:
	No:
	How Many (Approximate No.)
Children sent away to safe places No:	Yes:
	No:
	How Many (Approximate No.)

Have there been large population movements	Yes:
	No:
	How Many (Approximate No.)
Have families generally moved together as a group?	Yes:
	No:
	How Many (Approximate No.)
Are there groups of children living together without adults	Yes:
	No:
	How Many (Approximate No.)
Do they include children less than 5 years of age?	Yes:
	No:
	How Many (Approximate No.)
Are there individual adults who have assumed care responsibility for a large group of children?	Yes:
	No:
	How Many (Approximate No.)
Give details:	
List any organizations taking care of separated children	
4. Children in Situations of Armed Conflict:	
Information Needed:	Responses:
Are there reported cases of boys in situations of armed conflict?	Yes:
	No:
	How Many (Approximate No.)
Are there reported cases of girls in situations of armed conflict?	Yes:
	No:
	How Many (Approximate No.)
Where were these children during the conflict?	
What has happened to these children?	Returned home:
	Still missing:
	Referred to Child-Caring Institutions:
	Injured in the conflict:
	Recruited:
	Abducted:

	Rape and other gender-based violence:
5. Children in Child Caring Institutions:	
In the residential facility or childcare institution, are there?...	
Children with disabilities?	Yes:
	No:
	How Many (Approximate No.)
Orphaned children?	Yes:
	No:
	How Many (Approximate No.)
Abandoned children?	Yes:
	No:
	How Many (Approximate No.)
Children in Conflict with the Law?	Yes:
	No:
	How Many (Approximate No.)
Abused Children?	Yes:
	No:
	How Many (Approximate No.)
Adult prisoners (Are there children in adult prisons?)	Yes:
	No:
	How Many (Approximate No.)
Others	
What is the total estimated number of children in institutions here?	
Are the staff present and caring for the children?	Yes:
	No:
Do they have adequate food and water?	Yes:
	No:
Please write name and location of institutions:	
6. Additional Protection concerns:	

Are there other serious protection concerns for girls not identified above?	
Are there other serious protection concerns for boys not identified above?	
Please write the names of any organizations working on child protection issues in the area:	

2. PS Registration Form for Children

Registration Form for Children	
Name of Protective Space:	
Address of the PS	
Date of Registration:	
Name of Child:	
Sex of Child:	
Age of Child (Date of birth):	
Education level:	
Name of parents/guardians	
Name of siblings attending the CFS:	
Contact number of parents/guardians	
If guardian is not mother or father, what is their role/relationship:	
Emergency contact person if guardian is not reachable:	
Does the child have any disability?	
Description of disability:	
Disability due to emergency or before?	
Does the child have any medical conditions that the PS staff needs to be aware of?	
Parent/guardian consent (signature) that the agency is allowed to take pictures of the child at the CFS:	
Form completed by (name of PS staff member): Date:	

If a facilitator changes:

Note: If the child does not have a legal guardian (is orphaned, or separated from his/her family), the child needs to immediately be referred to the District Social Welfare office or any other designated authority by the government.

3. Protective Spaces Service Referral Form

Protective Spaces Service Referral Form	
Name of Protective Space	
Address	
Tehsil	
District	
Province	
Name of PS staff who conducted the referral	
Name of the PS staff who is responsible for follow-up	
Name of the PS supervisor who received this form	
Name of parent or guardian who was contacted	
Relationship of guardian who was contacted	
Relationship of guardian to child (father/mother/grandmother/ sister...)	
Name and age of the child	
Date of Referral Agency/department that the child was referred to	
Contact name and phone number of referral agency	
Reason of referral	
Follow-up actions that need to be taken by PS staff	
Date of follow-up appointment with agency/ department	
Date of follow-up appointment with family of child	
Comments	
Follow-up visits with referral agency or family	
Date	Summary of follow-up visit

4. Minimum list of materials to compose the PS Kit

1. 1 Tarpaulin Sign – Child Friendly Space (National Child Protection Working Group) (3 x 5 feet)
2. 4 x 25 metre tarpaulins (4 pcs) – can be recycled tarps
3. Crayons (3 dozen single boxes)
4. Pencils (5 dozens)
5. Paper (different colours and types) like coupon bond, art paper or construction paper (5 reams)
6. Child friendly scissors (1 dozen)
7. Glue (1 dozen)
8. Rubber bands (5 boxes)

9. Rubber, beach or rattan balls (assorted sizes, different types, different colours, 1 dozen)
10. Stress balls (30 pcs)
11. Skipping rope (5 pcs)
12. Story books (Filipino books preferably, 2 copies of each title, at least 5 stories)
13. Building blocks (5 packs)
14. Puzzles (assorted sizes, 6 pcs)
15. Flash cards (different types – numbers, letters; 3 sets)
16. Board games (e.g. drama, chess, scrabble) (1 of each)
17. Flashlight (1)
18. Whistle (30)
19. Rechargeable Lamp (1)
20. Plastic boxes to hold these materials (2 pcs)
21. Cleaning Kit – Pail, water dipper, walis tingting, walis tambo, dust pan, trash can, detergent
22. Wash Kit – pail, water dipper, soap, hand sanitizer

5 Sample PS Activities

TYPES OF ACTIVITIES			
Try to mix the types of activities in a Child Friendly Space, alternating between structured, less structured, less structured physical and quiet, and indoor and outdoor. Activities you can Organize for Different Purposes			
Type of Activity	Examples Purpose	How it Helps Children	What We can Do
Creative	Painting, drawing, clay, collage, making dolls, puppets, and animals, pasting pictures using grains of wheat, corn, sand, etc., bookmarks / greeting cards from dried flowers, finger painting, posters	<ul style="list-style-type: none"> • Helps children to express their feelings and ideas • Externalizes emotions, promotes understanding, self-esteem, and empathy • Promotes experimentation • Promotes creativity and respect for the resources available by using local materials or materials from nature 	<ul style="list-style-type: none"> • Guide children with a theme – their family, the mountains, the ocean/beach, nature, etc. • Encourages children to decorate an area • Organize displays and invite parents/community members to see them
Imaginative	Dance, theatre / drama, music, singing, role play acting performances	<ul style="list-style-type: none"> • Develop creative and social skills, coping skills, self esteem • Helps children understand what 	<ul style="list-style-type: none"> • Invite community members to perform and hold workshops with the children

	(dance, drama, singing)	<p>happened/happens in their lives as they act out experiences</p> <ul style="list-style-type: none"> • Creates fun, relaxes, and promotes team spirit, active participation 	<ul style="list-style-type: none"> • Organize performances for the community
Physical Sports	football, volleyball, outdoor team games, handball, local traditional children's games	<ul style="list-style-type: none"> • Develops self-confidence • Builds relationships and team work skills – interaction with peers, rules, and cooperation • Develops motor skills, muscles, coordination 	<ul style="list-style-type: none"> • Designate specific safe areas for sports and games • Create a rotation system for sports equipment • Form teams Hold tournaments • Schedule different times for boys and girls if necessary
Communicative	Story telling – books/oral, reading, story time, conversation time, discussion groups	<ul style="list-style-type: none"> • Helps children express feelings in words without personalizing • Appreciates local culture and tradition • Develops imagination • Allows children to discuss issues that are important to them 	<ul style="list-style-type: none"> • Have a story telling hour, encourage children to make up stories • Start a story with one sentence and ask the children to continue (add on) to the story • Use a story to start a discussion • Facilitate discussions with groups of children, following their areas of interest and/ or guiding them through a theme, such as one of the risks they or their peers face • Encourage children to develop key messages for others in the community, authority figures, and other actors; facilitate the communication of these messages to these audiences by

			children, e.g. through performances, discussion, scheduled meetings, or written/ visual media such as posters, letters and pamphlets.
Manipulative	Puzzles, building blocks, board games	<ul style="list-style-type: none"> Improves problem solving skills Builds self-esteem and cooperation 	<ul style="list-style-type: none"> Children can work alone or in groups Set aside a quiet area

6. Sample Code of Conduct when with children

We expect that you will:

- Be understanding about the importance of submitting to our screening requirements (such as criminal record checks).
- Treat all children with respect and dignity in accordance with our Core Values using appropriate language, respecting their privacy and keeping information about them confidential.
- Listen to children. Be sensitive to the signals they send you about how comfortable they are with you (their language, conversation and physical intimacy) and respond accordingly.
- Stop any interaction with a child if a child says stop or if the child appears uncomfortable with the interaction.
- Always ask permission from a child and the child's parents or care giver (as appropriate) if you wish to take photos or videos, making sure you explain carefully how you will use them (your use of images must be as expressly agreed with us, especially considering risks of displaying images on-line).
- Be culturally appropriate in how you speak, act and dress.
- Always be in view of another adult when with a child; that is, don't be alone with a child unless it is unavoidable or the child is in immediate danger. This is for the child's protection and to protect you from possible false accusation. Where you are visiting (or working as a contractor in) project, you must be accompanied by a designated staff member at all times.
- Not become involved sexually with a child whether by direct contact, exposing them to sexual materials or other non-contact sexual activity (grooming).
- Not hit or abuse any child. Corporal punishment is not recommended rather alternative methods of discipline is encouraged. Abuse can happen though your physical actions, words or emotional messages you send.
- Not hire children to help around the house or otherwise exploit children through inappropriate labour. Children have a right to education and play.

Please REMEMBER:

- You are always responsible for your behaviour towards a child, even when the child's behaviour can be interpreted as inappropriate (for example, seductive behaviour).

- You must comply with all applicable local, national and international laws about child protection.
- You must immediately report any suspicions of inappropriate behaviour.
- There are processes for investigating accusations which respect all involved.
- Non-compliance with this Code of Conduct will be taken very seriously. In the case of employees, it may be grounds for termination of employment. Where considered necessary or appropriate, non-compliance will be reported to relevant authorities.

I have read and will comply with this Code of Conduct (to be signed below where not appended to an agreement):

Name: _____ Date: _____

Signed: _____

7. PS Staff and Job Descriptions

Job Description	
<p>Child Friendly Spaces Monitor The Child Friendly Spaces Supervisor monitors/ensures that the activities are properly implemented and that children are properly cared for.</p>	
<p>Roles and Responsibilities</p>	<ul style="list-style-type: none"> • Supervise the Facilitator in X Protective Space locations by visiting Protective Space on a regular basis, ensuring that activities are implemented in an appropriate manner and according to schedule • Ensure accurate attendance is taken at least two times/week and given to Coordinator on Thursdays • Ensure that missing children are followed up and that regular meetings occur between PS and communities • Ensure that safeguarding standards are understood and met • Ensure a safe and child friendly atmosphere in the PS • Ensure that children are safe, and that fighting and physical discipline do not occur • Ensure that health and safety regulations are understood and followed and that health and safety incidents are recorded. • Ensure that equipment inventories are up-to-date and that replacement needs are highlighted. • Assist the Facilitators in solving problems arising in the PS • Work with PS Facilitators to establish weekly activity schedule. • Assist the Facilitators in working with children to develop new, creative activities, as appropriate. • Ensure the participation of all groups of children, especially the most vulnerable, including girls and the disabled

	<ul style="list-style-type: none"> • Assist the Facilitators in conducting parent and community meetings • Screen for and monitor protection needs and gaps in and around the PS. • Ensure that all children suffering from ill health, malnutrition, violence, abuse, exploitation, or neglect are referred to appropriate services
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Job Description

Protective Spaces Facilitator

The Protective Spaces Facilitator implements structured activities at the PS to create a learning environment that provides structure and safety, as well as contributing to the child’s emotional security and positive cognitive and physical development.

<p>Roles and Responsibilities</p>	<ul style="list-style-type: none"> • Supervise and support children’s play activities from 8 to 11 in the morning and 4 to 7 in the afternoon, 5 days/week including Fridays • Ensure a variety of structured games and activities within the PS, catering to the needs of children of different ages, genders and abilities • A daily/weekly activity schedule should include free time, recreation, expressive activities like drama, drawing and time for small group/large group activities • Morning activities should be conducted for pre-school children aged 3 to 6 • Afternoon activities should be designed for participation of children aged 6 to 12 and 13 to 18 • Plan activities for the coming week with a variety of programmes and activities for each age group, that engage girls’ active participation. Post the activity schedule at the beginning of each week so children know what to expect • Promote equal participation by boys and girls • Ensure a safe and child-friendly atmosphere within the PS, and that no physical discipline or fighting occurs • Ensure that children’s participation is considered in the development of the PS and its activities • Ensure that all games and equipment are accounted for and stored securely at the end of the day • Ensure that children will be safe going to and from the PS • Screen for and monitor protection needs and gaps in and around the PS • Conduct a visual assessment of the children every day to check for possible protection concerns and/or identify children who are malnourished, or who have health or psychosocial risks. When necessary, report to supervisor • Take accurate attendance at least twice per week to determine who is attending and who is not • Follow-up with children who are not coming to sessions
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	<ul style="list-style-type: none"> • Ensure that children have regular breaks so they can drink water and get to the toilet • Ensure that water is delivered regularly, that there is enough for all children attending, and that it is safe to drink • Promote participation by children who have mental or physical disabilities • Attend scheduled staff meetings • Be a positive role model and demonstrate conflict-solving behaviour • Liaise with parents and the community regularly to keep them informed of any developments or problems within the PS and surrounding areas
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Job Description	
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Protective Spaces Coordinator	
The Protective Spaces Coordinator ensures the proper implementation of the Child Protection Project.	

Roles and Responsibilities	<ul style="list-style-type: none"> • Supervise the PS Supervisors/Monitors and Child Friendly Facilitators in X PS locations • Provide training and orientation for PS Supervisors/Monitors/Child Friendly Facilitators on setting up and managing a PS, Child Rights, Child Participation, Child Protection (including the Child Protection Policy), and provide on-going support and mentoring to practice these concepts • Ensure that safeguarding standards are understood and met • Compile quantitative and qualitative updated data and reports • In coordination with Child Protection team members, support regular participatory activities with different groups of children to identify issues affecting children in their communities, and assist the teams in developing appropriate responses • Report general protection issues in the operational areas to the Child Protection Manager • Ensure effective links are developed with the camp services and/or other emergency initiatives • Participate in the Child Protection assessment and analysis process • Work with the community and/or camp authorities to address protection issues • Communicate and share learning with other Child Protection Coordinators involved in the emergency response • Ensure referral systems (re: health, education, psychosocial, income generation, food security, etc.) are identified as appropriate • Advocate when necessary that other international and local service providers in the area should act on behalf of children affected by the emergency in relation to the PS
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	<ul style="list-style-type: none"> Screen for and monitor protection needs and gaps in and around the PS
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8. Monitoring Checklist

Minimum Standards for Protective Spaces for Children Khyber Pakhtunkhwa August 2020 Provincial Disaster Management Authority (PDMA)

Introduction

This Monitoring will be helpful for evaluating the child protection services during humanitarian response. The checklist will work as a reference tool for the service providers who are operating or sustaining the protective spaces for children.

Special Note: The monitoring staff should utilize consultation with children, women, older people, persons with disabilities, community members, facilitators as well as observation to complete the questions.

1		General Information and Data			
1.1	Date and time of monitoring visit				
1.2	Name of person conducting the visit				
1.3	Service Provider (Optional)				
1.4	Name of camp/ village				
1.5	Name of District/UC/Village				
1.6	Type of protective space (circle one)	Children only	Children & Women		
1.7	Date of establishment of the protective space				
1.8	Number of facilitators (men/women)				
1.9	Number of children attending today(according to age and gender)	Age Group	Girls	Boys	Children with disability
		0-4 years			
		5-10 years			
		11-14 years			
		15 – 18 years			
1.10	Number of children registered	Age Group	Girls	Boys	Children with disability
		0-4 years			
		5-10 years			
		11-14 years			
		15 – 18 years			

1.11	Are minority groups present in this community /location? If yes, indicate the number of children and type of group concerned?			
1.12	If this is a children <u>and women's</u> space, - How many women are registered?			
1.13	If this is a children <u>and women's</u> space, - How many women were present today?			

2	Location & Target group	Yes	No	Comments
2.1	Were communities consulted in the location and design of the space?			
2.2	Is the location safe from hazards? (e.g., holes, rubbish, military points, reasonable distance from roads)			
2.3	Do children have access to safe outdoor area (either on site or through visits)?			
2.4	Is there an area available for private discussions with children or women?			
2.5	Have gender considerations been incorporated (e.g. purdah walls, separate women's/adolescent girls' space)?			
2.6	Is the space accessible to people with disabilities?			
2.7	Are the WASH facilities accessible to people with disabilities?			
2.8	Are there more than 60 children present at one time in a single tent/room? (if the space is bigger, note in comments)			
2.9	Are the sessions organized by age group?			
2.10	If mobile outreach is included, is there a schedule available for regular visits?			

3	Services	Yes	No	Comments
3.1	Is individual counseling with a trained person available if needed? (on site or by referral)			
3.2	Is a clear referral mechanism in place and displayed?			
3.3	Are female and male facilitators/staff available in the space?			
3.4	Is confidentiality of cases maintained (e.g. locked, not visible, private space for counseling)?			
3.5	Are there any school-going children present in the space during school hours? [ask children]			
3.6	Are the needs of children with disabilities addressed? (e.g. adapted recreation & learning items)			
3.7	Are there separate sessions or activities for children of different age groups?			
3.8	Do adolescents have any role in the space or as member of the CP Committee?			
3.9	Are appropriate learning materials (e.g. posters, books) available in local / commonly understood language?			
3.10	Are there sessions covering: a. Child protection (self-protection and			

	<ul style="list-style-type: none"> prevention) b. Life Skills c. Hygiene d. Health/nutrition e. DRR f. Mine risk g. Birth Registration 			
3.11	Do recreational spaces exist for children?	Indoor	Outdoor	Both
3.12	Are girls actively engaged in recreation / cultural activities at the time of visit?			
3.13	Are there services for breastfeeding girls/women? (e.g. private space, scheduled visits of trained health/ PSS staff, info on breastfeeding)? <i>(If applicable)</i>			
3.14	Are cases of Gender Based Violence being recorded on the standard incident reporting format and referred?			
3.15	Have staff been trained in how to identify and respond to cases of separated or unaccompanied children			
3.16	Can staff identify to whom vulnerable cases (including SC/UAM, disabilities) should be referred?			

4	Child Protection Committees	Yes	No	Comments
4.1	Is there a CP Committee?			
4.2	Is there a female CP Committee (or equal female membership in the Committee if only 1 Committee)?			
4.3	Does the committee have a ToR?			
4.4	Are committee members familiar with the ToR (Terms of Reference) and aware of their roles/responsibilities? (ask female and male committee members)			
4.5	Do the committees include: <ul style="list-style-type: none"> a. Older persons b. Persons with disabilities c. Adolescents groups d. Minority (if present in the community) 			
4.6	Does the committee meet regularly, and are records kept?			
4.7	Does the committee has addressed any child protection issue?			

5	Staffing & First Aid	Yes	No	Comments
5.1	Are there at least 2 facilitators (one male, one female) present in the space for managing the strength of 40 children?			
5.2	Have these facilitators received specialized training in: <ul style="list-style-type: none"> a. Running protective spaces / CFS? b. PSS specifically for children? c. Code of Conduct? d. Basic first aid? 			
5.3	Is an activity plan / schedule displayed in local / commonly understood language? (also ask children)			

5.4	Are emergency numbers displayed?			
5.5	Are first aid items (e.g. first aid box, sand buckets, fire extinguisher, shovels, basic first aid kit) available?			
5.6	Is there an evacuation plan? Has it been practiced (drill/mock exercise)?			

6	Equipment & materials	Yes	No	Comments
6.1	Is there a boundary wall?			
6.2	Is there a purdah wall (for women & adolescent girls)?			
6.3	Are there separate WASH facilities for boys and girls?			
6.4	Are any special items for children/people with disabilities available?			
6.5	Are play material available for children of different age group?			
6.6	Is the inventory of the supplies properly maintained?			

General Observations:

Specific Recommendations / Suggestions:

Feedback/debrief was held with: (name of staff, date, signature)

Follow up actions needed by staff member / organization:

Next visit or follow up

Signature of the staff